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Date: May 08, 2024

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

>> Good morning.  
>> Good morning.  
>> I made it on the computer, Kathy.  
>> KATHY CUBIT: Oh, good, Minta.  
>> CARRIE BACH: Good morning everyone, this is Carrie Bach. We will get started. First I want to check, Kathy, are you on the line?  
>> KATHY CUBIT: I am here. Good morning everyone.  
>> CARRIE BACH: Good morning, Kathy. Okay. First I would like to remind everybody that your presence and participation in this meeting is your consent to be recorded. Excuse me, we have started. Just so you are aware.  
>> JULIET MARSALA: My voice is a little higher than Karis this morning. Okay. We will go ahead and get started with our attendance. Kathy is already on the line. Ali Kronley? Carl Bailey? Cindy Celi?  
>> Good morning, this is Cindy.  
>> CARRIE BACH: Hey, Cindy. Neil Brady? Gail Weidman?  
>> KATHY CUBIT: This is Kathy, Gail will be joining around 11:00 AM.  
>> CARRIE BACH: Thanks, Kathy. Jay Harner?  
>> Present.  
>> CARRIE BACH: Hi, Jay. Juanita Gray? Latoya Maddox?  
>> I am here.  
>> CARRIE BACH: Hi, Latoya. Thanks for joining.  
>> You are welcome.  
>> CARRIE BACH: Laura Wilmer-Rodack?  
>> Hi.  
>> CARRIE BACH: Hi, Laura. Leslie Gilman? Linda Litton?  
>> Here.  
>> CARRIE BACH: Hi, Linda.  
>> Hi.  
>> CARRIE BACH: Lloyd Wertz? All right. We were unsure if Lloyd could join is virtually or not. Matt Seeley? Michael Grier?  
>> Hi, Carrie. I am here.  
>> CARRIE BACH: Hi, Michael. Minta Livengood?  
>> This is Minta, I am here.  
>> CARRIE BACH: Hi, sorry that I mispronounced your last name.  
>> It's okay. Everybody does that.  
>> CARRIE BACH: Monica Vaccaro?  
>> Good morning, I am here.  
>> CARRIE BACH: Hi, Monica. Pam Walz?

>> Hi, I am here.

>> CARRIE BACH: All right, and we have an alternate for Patricia. Is Kiziann Powell here? I am sorry if I mispronounced Your name. And Rebecca May-Cole.

>> I am here.

>> CARRIE BACH: Hi, Rebecca.

>> Good morning.

>> CARRIE BACH: Did we have anyone join us in the meantime? I see Ali is here.

>> Good morning.

>> CARRIE BACH: Good morning.

>> Do we have a quorum? Okay.

>> CARRIE BACH: With that, I will turn this over to Kathy for the next section.

>> KATHY CUBIT: Thank you, Carrie. I will review some housekeeping. This meeting is being recorded. Your participation in this meeting is your consent to being recorded. This meeting is being conducted in-person and as a Webinar. To comply with logistical agreements, we will end promptly at 1 p.m. To avoid background noise, please keep your devices muted and the microphones off unless you are speaking. Remote captioning is available at every meeting. The CART captioning link is on the agenda and in the chat. It is very important for only one person to speak at a time. Please state your name before commenting and speak slowly and clearly so the captionist may capture conversations and identify Speakers. Please keep your questions and comments concise to allow time for everyone to be heard. Webinar attendees may submit questions and comments into the questions box located in the GotoWebinar pop up window on the right side of your computer screen or use the raise hand feature to be put in queue to speak live. Those attending in person should use one of the microphones and wait to be called upon to speak. Before using a microphone, please press the button on the base to turn it on. You will see a red light indicating that the microphone is on and ready to use. When you are done speaking, press the button again to turn it off. If you have questions or comments that were not heard during two public comment periods. please send them to the resource account email found at the bottom of the meeting agenda and the LTSS SubMAAC webpage. Moving on to emergency evacuation. In the event of an emergency, go to the Assembly area to the left of the Zion Church on the corner of Fourth and Market. If you require assistance to evacuate you must go to the safe area located right outside the main doors of the Honor's Suite. OLTL Staff will be there to help. There are instructions on how to exit onto the back of your agenda. I will pass it now onto Juliet for OLTL updates.

>> CARRIE BACH: Juliet, before you begin, may I remind everyone, the questions that did not get answered from last month's meeting are now being sent out by listserv. If you don't have that we can make sure you have the information to sign up for the ListServ. Thank you. Go ahead, Juliet.

>> JULIET MARSALA: Good morning. I am Juliet, with the office of long-term living. I have lots to update you on today so we will jump right in. You can see from the updates list we will talk about procurement updates, the MCPAR, federal final rule, the centers for Medicare and Medicaid services final report, - - program. Many of you are familiar with the next slide, our procurement update. There are no updates to provide for - -. THC RSA was posted January 30. If there are any questions related to that there is an account folks can send questions to. The independent enrollment broker has been finalized and OLTL is leading to work with - - annual

report. Referred to as MACPAR. This information is posted on the website along with our external quality review report. There is a link embedded for the PowerPoint. However, you can also go to [WWW.THS.ca.gov/Health Choices / HC ? services/pages/CHC ? publications.aspx](http://WWW.THS.ca.gov/Health%20Choices/HC%20services/pages/CHC%20publications.aspx). Stakeholders can find a summary of the MCPAR background. The 2023 report submission that reflects activity for the calendar year 2022. An interpretation document assist in understanding data about the report. It was noted in one of the follow-up questions that the medical loss ratio for PA Health and Wellness was not included in the original MCPAR report due to an error that CMS, they have one. They can also be found in the portal. For the purposes today, PA Health and Wellness was - - was 89.30 percent. We encourage you to visit the site for background and supplemental information about that report. For use of reading you can take a look at the interpretation document as well listed there. Go over to the next slide, we want to talk about the impact of loss of activity happening at the federal level. Particularly, drawing people's attention, the proposed and final federal rules. CMS finalized three rules, improving access to Medicaid fee for service and managed care program. We have listed here, embedded in the PowerPoint, links to those documents. The final federal rule we are spending a lot of time on analyzing and evaluating for the purpose of our program are the nursing home staffing standards, ensuring access to Medicaid services, take a look at the service program and Medicaid and CHIP managed care access, finance and inequality. Final rule. We know folks are eager to understand how this impacts the program. DHS is a whole is working to implement. Many requirements contained within the rules had effective date ranges from 2 to 6 years. We have time. Pennsylvania, has in many of these rules - - [Low audio]. Any communication on the impact of this program, will be released across the department. You will see how everything fits together. Many things impact multiple departments and programs. It is a DHS might effort. We ask for your patience as we perform analysis. We will come back to the LTSS Subcommittee at future dates for additional information. If we go to the next slide, before I talk about this I wanted to add that we are also wanting to bring to folks attention the finalized rule coming out of the health and human services. Often - - [Low audio] who has finalized the section, final rule connected to the rehabilitation act of 1973. Which further strengthens protections against discrimination of people with disabilities and their access to all of our services and program is better touched by better health and services. Aligning with the Americans with disabilities act, we have the Americans with disabilities act with us for decades. This final rule is exciting and that it really spells out and terrifies expectations. It also clarifies the visibility of those expectations and what is required of all of us to ensure people with disabilities have access to the services we provide and building health equity with those efforts. I encourage you to take a look at that, I encourage all providers listening and take a look. Double check and ensure your programs are also aligned with all of the requirements.

>> I want to let everyone know I was on a meeting.

>> CARRIE BACH: Is that Juanita?

>> It is. Thank you. I had trouble with getting in today. I'm sorry.

>> CARRIE BACH: Sorry about that, Juanita. We are glad that you are here.

>> Thank you.

>> JULIET MARSALA: Also wanted to show the evidence-based review report. OLTL received findings from CMS on a report, also referred to for the CHC 1915 C home and community based services waiver. Part of the Ella TSS program. At this time the report has not been made available to the public by the office of long-term living. CMS makes these points available on their website. There has been questions regarding the role, expectations, particularly in nursing

facilities. We want adequate time to review and discuss that. We are also internally looking at those roles and expectations and clarifications with preparations for discussion. Rules and expectations versus coordinator in nursing facilities will be a topic in the future, at future LTSS Subcommittee meetings. We want the notes, commentary on our health services for participants. OLTL works closely with the office of mental health and substance abuse services, OMHSAS, and we are working to compile a refresh of current data and are working with the Medicaid research center to help provide additional findings on that data to help us further understand the integration of behavioral health services. In addition, there is an update on the human services transportation study. That I think is here, there are not any updates at this time. That's what I thought. It is still in the works come as soon as we know there is an update we will pass it along. We want to highlight the final rule that was published yesterday to establish the first ever regulations for adult protective services. Which is a long time coming. The U.S. Department of Health and human services, HHS, through the administration for community living announced yesterday a final rule to establish the first federal regulations for Adult Protective Services. These new regulations will promote high-quality Adult Protective Services and will improve consistency and services across states. With the final rule, ACL aims to support the national network that delivers Adult Protective Services with the ultimate goal of better meeting the needs of adults who experience or at risk of maltreatment or self-neglect. In partnership with the Department of - - are evaluating the final goal. We will be providing updates and any changes they come along with. Finally, not on the PowerPoint, I have to cheat here. On behalf of the Department of aging, I wanted to talk with this group about - - care retention and recruitment. And strengthening of - - care providers. The Dom care programs provide homelike supervised living care arrangements for adults 18 and up. Who are unable to live independently and have informal supports. They don't need nursing facility care but while they are not in the Ella TSS system, they are part of the continual care. There are continual - -'s that may benefit from Dom care help. Private home, the provider, they are certified for the areas agency on aging. They serve - - residence. The area of aging to administrative work required to certify Dom care homes. Dom providers and residents provide ongoing care management to those who receive provision. Furnishing, meals, supports, for professional support and other care facilities. Transportation, about attending medical appointments and providers receive - - when the study to client and Dom care providers, individuals who are offering up private residence to individuals who are engaging with older adults who can benefit from that. Only 36 of 67 counties have Dom care programs. Pennsylvania Department of aging is seeking to increase retention and recruitment of Dom care providers. And will be providing financial assistance and utilizing funds towards these efforts. They will be launching additional advertising and pay information. Marketing campaign, information, so that there can be recruitment. If anyone is interested in exploring the Dom care program and being a provider, it is a qualified etc., they can contact their area agency on aging or call 717-783-1550. And then if folks have other questions for the Department of aging, I want to highlight they have - - today over here, thank you Jonathan. If folks have additional questions. And I think that is it for me. Thank you.

>> CARRIE BACH: Thank you, Juliet. I guess we will open the floor up for questions. Are there any committee members?

>> Yes, Juanita. Hello?

>> CARRIE BACH: We can hear you. Go ahead.

>> JUANITA GRAY: I did not hear the beginning because I had a hard time getting back on the

webinar site. I heard a couple of things. She said participants have their choice to do their plans and all of that. That is not true. I just experienced something where I was threatened and was not given a choice. For my services my way. They made up multiple lies in which I have been on this committee for years. And I know the ins and out. They also challenged my cognitive, you know, mental health. But my ability to make choices by myself. They lied on everything. They make these plans up without our input. They asked a bunch of questions but they really don't ask a lot of questions. They devise plans and communicate with the other individuals and say oh, you cannot do this. Because they told me to make sure that you can't do this. This is not that. That's not true. I have a whole list of things. I want to write up a letter. I was going to write because they are defrauding us as participants. I want y'all to know that. They are taking too much of our rights away. I heard what she said. We are not in agreement with that. We are definitely not. Of all the things to implement, we are not. I'm going to contact the Department of Justice to do an investigation and get an audit. Because I had just been threatened to put in a nursing home because I did not agree with what they were doing. This is my life, that is what this program is for. Right?

>> CARRIE BACH: Is is Carrie. Thank you for sharing that.

>> JUANITA GRAY: It's a lot more, it's a lot more.

[Multiple speakers]

>> JUANITA GRAY: It's a lot more but I know I cannot take up this meeting for it. CHC and management and the decision-makers, what they are trying to do is chase direct care workers away. So that we don't have support. Our family takes care of us. I have experienced that. I am just telling you.

>> CARRIE BACH: Can I ask you one question? You mentioned you were using the services my way model.

>> JUANITA GRAY: Yes.

>> CARRIE BACH: Were you removed from the program?

>> JUANITA GRAY: No, they threatened me. They said we will dwindle down your direct care hours. I am very sick and they said can't you get formal supports that can work for free? They were asking me all of these questions and said we can put you in this daycare and everything. Why would I do that? When I have a loving, caring family to take care of me. Why would I do that? They said well, you don't need this, will do this. They did not give me a choice. It is supposed to be my choice. That's what I'm trying to tell you. They were nasty, they were threatening me and saying that people that make decisions, they make up all of this stuff to get me away from my support. So their plans are lies. I sit here and keep listening to this woman that you're implementing these programs and plans for people to be removed from their house and give them basic need. That's not right. That's inhumane.

>> CARRIE BACH: Thank you for sharing all of that with us.

>> JUANITA GRAY: You are welcome. I will be writing a letter for you to have and I will cc everyone on it.

>> CARRIE BACH: I can see a lot of - - writing right now.

>> JUANITA GRAY: Yes, I need to be in touch. I was waiting for the president to contact me. When I needed, nobody called. So I will have to go and make a report because if this is inhumane. This is abuse. It is abuse of the system, funds, abuse of us. It's fraud. Our participants in need and we are being taken advantage of.

>> CARRIE BACH: Will again, thank you for sharing. I know you will stay on top of this and there are people here taking note of the story you just shared with us.

>> JUANITA GRAY: I will be writing what I can with my right hand.

>> I understand.

>> JUANITA GRAY: I'm just saying I will have all of the letters sent to everyone. And make it happen.

>> JULIET MARSALA: Thank you. Do we have any other comments from committee members, or questions?

>> CARRIE BACH: This is Carrie, I will take a moment to ask the question. You mentioned the transportation study. Do you have an update on the transportation summit?

>> JULIET MARSALA: So, I am eager to have a transportation summit follow-up as well. As is everyone. The request of the folks participating in the transportation summit, OLTL has procured a new license. We are still in the process. You heard last month it is a very, very long process. I believe we had labor quote requests evaluated. One of the things we have to evaluate is one of the things we were questioned on. Full transparency. - - [Low audio] We had to submit additional steps to provide rationale as to why we are requesting a second alternative by way of a compliance platform. We are still working for that process. As soon as we get access to that we will - - [Low audio].

>> CARRIE BACH: What do you mean by 508? What is that?

>> JULIET MARSALA: 508C compliance for accessibility. With regards to whether or not these technology platforms need accessibility requirements under the Americans with disabilities act, but - - [Low audio] which we have recognized from stakeholders that prefer a platform that is also 508C compliant. We had to go through extra steps.

>> CARRIE BACH: Thank you. Any other questions from committee members before we open up the public comment?

>> - - [Low audio] Possible for someone else to - - [Low audio]?

>> CARRIE BACH: Someone would have to look at contracts for that. To see if it is OLTL meeting, it will be hosted through OLTL or OLTL contract. That's one way, a long-term solution would be after that we - - [Low audio].

>> Can I rephrase? - - [Low audio]

>> CARRIE BACH: As a contractual question I would have to follow up on specifically. We have to check and see if it is in any of our contracts. I would also like to note we have WebEx, which is a 508C compliant platform that we are using for our public meeting today. However, again, hearing from the stakeholders preference, their request to not schedule it until a zoom platform is obtained. That is what we are doing.

>> Thank you for that update. At this time we will open up to public comment. Questions?

>> JULIET MARSALA: Unfortunately, today, I have to leave at noon. Randy will be here for the second round of public comments. I will try to call back and if I can. Take advantage of this one. Going once, going twice. Anything in the chat? We do have some in the chat. For those of you who are virtual, we are working on getting our public individual Off of mute. While we wait, I will take the opportunity to - - [Low audio] come out for public comment period. Probably later this summer. There will be a 30 day window for public comments once we release the drive and it changes. It will be reviewed and prepared based on the things we learned over the last five years. We just want to encourage folks to think about the community health choices waiver. What you've been experiencing the last five years and preparing your thoughts. In preparation for the public comment period.

>> - - [Low audio] Is not the only one? In the chat?

>> We will continue to work on the technical side and catch those individuals question at our

second question period. Does anyone else have questions?

>> I do. This it is - - this is more of a statement. In my way, serves, and my way, any of the services. Is the participant the one supposedly making up their health, it is for their life and well-being. And whatever their goals are. Are they the ones that are supposed to be making up their plan with the help of the coordinator? And not the other way around with them not giving them a choice.

>> JULIET MARSALA: Thank you for that question. I hear your concerns. - - [Low audio] Certainly very concerned with the experience you have had. I know folks will be working on the, following up with you. This is Juliet. To your question about the process, procreating the service plan. One of the core elements of community health choices is that it's a person driven process. That the person is at the center of services. The person is driving. And the direction, identifying their own goals is relaying their preferences. Their service need location preferences, scheduled preferences, service provider preferences and choices. It's also coupled with the assessment process to ensure that services are meeting the needs as required under our federal regulations and guidelines. There is this balance between the two. But ultimately, it is a person driven service. Model and approach. It should uphold the values of being person centered. Does that mean you get everything you might want? Possibly not. Because there are limits to services, supports and what a person's needs are as related to our federal regulations. That being said, all of the care managers and supports coordinators, all supporting individuals should be endeavoring to help support all of our participants to reach their goals. Whatever goals they may be, services contained within the services array of Community HealthChoices or whether it's connecting the individual with other supports. Community supports, informal supports, other organizations and opportunities that may abound nationally. In addition, folks have heard about how to navigate a program that human services has rolled out to further support individuals awareness and connectivity to a lot of community resources. Many resources that I don't even know about yet that I look forward to learning about. I use that to re-center. But certainly, person driven and person centered processes and approaches are a core value of CHC.

>> JUANITA GRAY: And they did not really help me all that much. I hear how you put it in perspective to make sure the CHC, management and whatever team they were were looked at on the light side. That is not what they are doing. Services that were there, they are in place and doing well. And I just believe they are steering it away from people that are already doing well. And I don't think that is the case. I understand how you made it sound. So they are doing all of this positive stuff in our life. That is not true. I wanted to put that on record.

>> JULIET MARSALA: I appreciate that, Juanita. There is certainly a lot of room for improvement. At all times. Which is why OLTL goal is to get back to basics. To make sure we are improving things and making sure training is in place. And that people are aspiring to uphold those values provided. It is not perfect. But it is a core value that services strive to uphold.

>> JUANITA GRAY: I was in a stakeholder meeting, it documents that the way things are being, they challenge mine cognition, cognitive, you know, abilities. One person put I had one third grade education. That is not true. They make up plans and lie on them. To make us have to go to your program. You guys are doing that on purpose. I don't know you for sure but the rest of them aren't. And they are taking away our ability to choose. And it is wrong.

>> JULIET MARSALA: I appreciate you bringing that up today, perspective is important.

>> This is Latoya, if I can chime into what Juanita is saying. It is not just happening to her

but to a lot of us out here that are under Community HealthChoices. I was having a conversation with a friend about how communication across the board sucks. It is really bad. Really, really bad. And we are suffering as consumers because we bring it up as individuals to OLTL but there is no enforcement when it comes to MCO. That with the PDS agency and other service providers, we have to deal with it. We are waiting months for home model, transportation is just. People are paying out-of-pocket. There needs to be better enforcement with all of that. That's all I have to say.

>> JUANITA GRAY: Thank you for saying that. Are you on the subcommittee?

>> LATOYA MADDOX: I am on the participant committee, yes.

>> JUANITA GRAY: What is your name, please? Can you write this down? What's your name?

>> LATOYA MADDOX: Latoya Maddox.

>> JUANITA GRAY: You got that? I just wanted to write because that CHC and management is taking advantage of us and so is whoever they say they send the reviews. It's horrible. This whole process is horrible. Has to be redone and we want to be a part of it. We got tired of people speaking for us. We are the sick people, we are the disabled. We have a voice. Differences are for us. I don't care if it's in-home, a nursing home, I don't care if it's in the hospital. We are tired of you guys talking over us and putting us in programs we did not agree with. We are going to fight to be a part of it. A real part of it. We want our voices heard. Not yours.

>> JULIET MARSALA: I am also going to put, again, Juanita, I do appreciate it. The voices of participants are incredibly important. I am going to take a moment and save public comments, we have public comments. To highlight again, each of the managed care organizations have the complete process, which is an important process. However, this is always, you always have the option to contact the participant line with the office of long-term living, - - family members. That number is one 800 six - -

[Multiple speakers]

>> JULIET MARSALA: I have been respectful. May I?

>> JUANITA GRAY: S.

>> JULIET MARSALA: We have someone documenting this. Participant line is 1-800-757-5042. I want to make sure folks have that. We have heard from the prior meeting, review every single complaint that comes into this hotline. We track them to conclusion so we can see what is happening across the board. We can talk at a later meeting if that is of interest to the committee about monitoring effort, corrective action plans, sanctions and other tools of the office of long-term living uses to manage the CHC program, we would be happy to do that. If the committee is interested. I would also, again, like to encourage, particularly participants who are impacted by these programs. Such as yourself, Juanita and Latoya. To submit comments as well. Committee members will certainly be aware of it. I hope that all of our advocacy agencies, all of our provider agencies, and every person who is involved in CHC, our Managed Care Organizations is will ensure participants, the public comment period. That is open as well. Because I would love to see more participant comments on the services they need and what affects them as well. That opportunity, as we encourage them, to contact us at any other time as well.

>> JUANITA GRAY: I'm sorry, thank you. Is this Juliet?

>> JULIET MARSALA: Yes, ma'am.

>> JUANITA GRAY: I just wanted to make sure it was you I was talking to. I did not mean to



interrupt. It just hit my mind that quick. I was not being rude. It is that we never get a chance to be heard. You know, we get a couple of minutes and it just overwhelms me to listen. But also, I just wanted to thank you. Like I said, we are the participants. We have elements but we are being treated with harshness. It's like being bullied. It's not proper. It's not even legal. I heard her say we put Adult Protective Services, we had to be protected from them. From this kind of treatment. I don't feel like we have been treated fairly. We are disabled. But we should not be bullied and taken advantage of. I hear that and I felt that just from her comment. I did not mean to interrupt you. It just happened. You know? So it was not intentional. Not that kind of person. But we also need to be a part of - - [Low audio] decision-makers for the services in the CHC. And the evaluation process, and all. We need that. We need to be a part of that. Because, you are making a decision for me and taking away my voice. And of the decision. Talking about me. Your writing about me. You're making all of these programs about me. But you did not hear from me. It's not fair.

>> JULIET MARSALA: I appreciate that, Juanita. This is Juliet. Concerned, certainly. Especially, that our participants are being bullied into different aspects, decisions or choices. I'm going to take this opportunity because we have time to spare. To highlight some of the rights and responsibilities of participants. Particularly rights. What I want to highlight for participants in particular is, participants have a right to include anyone they want. On their own support team. And that person can and should be invited at that participants direction. To any, and all, of their service meetings, calls, to help be an advocate, be in support. Be what that participant needs. To help folks to the process. This may help minimize this and feeling like it is a lot of people versus me. I want to highlight, disciplines can share with their supports coordinator who they would like to have presence at all of their in-person meetings or telephone meetings. Supports coordinator should help ensure that happens. Ensure that meetings occur with all the numbers on your team present. I just want to highlight that for your benefit and anyone else who might be listening in today.

>> JUANITA GRAY: That's not exactly what I meant. I meant we should be making our decisions for our services on whatever the CHC has a board or someone on a panel making decisions for us. It should be some of us on the third. Just like when you guys invite us to be subcommittee members on all of that, we are only able to talk and defend ourselves, but we have not made any decisions. When it comes to policies. You guys are making that for us. I appreciate this gentleman, I cannot think of his name. The one who started the program. And a group of whoever else started. Stakeholders, it's really, really something honorable of them. On a whole, our community. That think it's the best thing. I am a godly person. I think it's fantastic but, it is not working for us as participants. As beneficial to us as it should be. It's more or less a dictatorship and that is how we feel.

>> JULIET MARSALA: I appreciate those comments.

>> CARRIE BACH: This is Carrie, while we still have a few minutes. Are you allowed to tell us how many applications you received for the CHC RFA?

>> JULIET MARSALA: No comment.

>> CARRIE BACH: 2 to 4?

>> JULIET MARSALA: No comment.

>> CARRIE BACH: 5 to 6?

>> JULIET MARSALA: Carrie.

>> CARRIE BACH: I am reading her face.

>> JULIET MARSALA: I cannot make any comments on RSA. That is something that can be

emailed to the RA account. I have no comment, and I cannot it.

>> CARRIE BACH: Absolutely, thank you.

>> KATHY CUBIT: This is Kathy, Latoya has a question in the chat. I don't know if she can take her self off of mute to ask.

>> LATOYA MADDUX: Yes. Because sometimes I forget that I call certain places. Is there an email address for the OLTL concerns, comments and complaints?

>> JULIET MARSALA: I don't believe there is one specific to complain. But certainly, any comments and questions related to LTSS, there is an email RA-PWLTSSUBMAAC@pa.gov. Also the DHS website, there is an email address that is specific to OLTL. That you can select that we do monitor. Certainly, if we received any participant concerns through any OLTL emails we would certainly route them through the process. Good point. I will go back to my team and see what we can do to make that happen.

>> LATOYA MADDUX: Thank you.

>> CARRIE BACH: This is Carrie, do we have any questions in the chat? Any final? Sorry, go ahead.

>> SHANRICA PINE: We have a question from Sarah - - [Low audio] you can take yourself off of mute to ask the question.

>> Can you hear me?

>> CARRIE BACH: Weekend.

>> SARAH: I wanted to ask a question about the OLTL complaint process. I have seen it from both sides as a service coordinator. And I have seen that when a participant does call OLTL regarding services, for instance, they did not get a - - when they were supposed to. Or the assessment process took over five days. I have seen an escalation go through from the participants to the MCO, directly to the service coordinator. When there is overall complain about something like Juanita did, it doesn't really get tracked through MCO into the service corridor. And how do you resolve that? How does OLTL track those complaints?

>> JULIET MARSALA: I was going to see if Randy was back to do a step-by-step process. Services, there is multiple different complaint pathways depending on which program a participant is in. To your point, with regards to the Community HealthChoices pathway. That information is on the DHS website and within the CHC agreement. There is a whole appendix to the complaints process. Which I cannot recall all of the specific steps right now. But it is available publicly. That will walk folks through. And let you know exactly what the CHC MCO's are required to do. All different steps in the process, the ones that may impact the service correlator as well. Steps that do not, - - has to follow-up. Requirements outlined in the CHC contract. And then - - [Low audio] a complaint process that is managed with us directly in the office of long-term living. There is also the grievance process and the appeals process. Depending exactly what the nature of the issue is. That is complaints, grievances, service related, as are classified as MCO's. We have a few minutes with MCO's in the room. How about we call them up and they can share information about the process to answer your question as it relates to CHC. Can we pull up - - [Low audio]? David is coming to the Microphone.

>> DAVID: Good morning, thank you Carrie. Singer director of clinical operations for Community HealthChoices. We have an extensive complaints remediation process. Complaints come in either through member services or through the Office of Long-term Living. We have gathered the information and disseminate to the appropriate - - [Low audio] within CHC. If it is the service coordinator, the service correlator will address it directly. The complaint is, supervisor,

manager, as well as regional leadership. We take that to review the complaint and report back within, depending on certificates. Within the same day or two days. Of receiving the complaint. there will be steps taken to remediate it.

>> Thank you. AmeriHealth Caritas? Missy is coming to the microphone.

>> MISSY: Good morning, Missy with Consumer Assessment of Healthcare Providers and Systems CAHPS. For our process, we accept complaints to the mother service line or through the office of long-term living. Information on a complaint is handled by a that do embed information out with the appropriate department within AmeriHealth Caritas Keystone First resolution. Participants have an opportunity to invite others to be part of the process and eager to receive information MCPAR resolutions can be further appealed if not satisfied with the purchase time that they go through the complaint process. And the answers they received. Encouraging communication with service coordinators, there are - - [Low audio] services so that we can work with providers to solve is an expeditious manner.

>> CARRIE BACH: Thank you. - - [Low audio]

>> JENNIFER BURNETTE: Good morning everyone, Jennifer - - with 2023 Home and Community-Based Services. Similar to CHC and Consumer Assessment of Healthcare Providers and Systems, we have the same opportunity for people to call in. For complaints. We have customer service representative to help people fill out the form, they are fully versed in how to support a person's, if a person calls and it just does not know what to do. We also have complaints for the office of long-term living and pretty much any individual can come through with complaints to our service coordinators. Pretty much any pathway they get to us. We have the same set up will be contact service coordinators. We ensure they know what's going on and go through the whole, I don't want to go through the same thing. We have a whole team of people who - - [Low audio] it escalates and goes through the next process. Thank you.

>> CARRIE BACH: Thank you, Jen.

>> JUANITA GRAY: I have a comment. I'm sorry. I did try to contact the supervisor and those who manage, no one called me back until late did go the other route and then I got a quote from one of the supervisors and they were very kind, I actually like the supervisor. But I tried to communicate to direct supervisor and they blocked me. Like what I'm trying to say. So I didn't just do that. They don't want us to get the complaints to you guys so they try to block our complaints. And when we do go through review processes or anything, I just feel like, that is what I'm talking about. Participant services being abused.

>> Thank you, Juanita.

>> JUANITA GRAY: You are w.

>> JULIET MARSALA: Looking at time, - - [Low audio] the public comment period. I want to recognize that the employment recognition day, I want to recognize employees across the Commonwealth who continually work hard to provide services and supports that impact us every day. Both the office of long-term living team, - - [Low audio] across the common health. You don't realize you were impacting us. The roadways our parks, our teams from the Department of aging. There is so much that goes across, that happens across the Commonwealth. They need to recognize - - [Low audio].

>> JUANITA GRAY: I want to recognize - - [Low audio]

[Applause]

>> JUANITA GRAY: I want to recognize direct care workers and the people taking care of their families and loved ones. Friends, neighbors. Because they work very hard and I pray that this

program you know, serves these purposes. Because that's what it was for. It was made to be something good so thank you to the president, cochairs, chairs, to all committee members, the board, committee members themselves. Because this is something that is needed and necessary for the life of people. Thank you for all of your hard work.

>> CARRIE BACH: Is is Caria, thank you for saying that. I certainly second thought. I thank my lucky stars every day for my direct care worker, Kyra, who is sitting next to me. And now she will tell me, why did you do that? But I do, I think my lucky stars for those who support me through this process. As Juliet said, there is a number of people behind the scenes supporting me and I don't even know that. And I appreciate all of the work that does go into making our programs and the state functional on a daily basis. Again, thank you to those of you in the room. We appreciate you very, very much. With that, I think our next presenter is here and ready to go? I am getting the nod of yes. We will move on to our 2023 Home and Community-Based Services consumer assessment of healthcare provider systems, otherwise known as the CAHPS Survey Area for Improvement.

>> BRIAN MACDAID: Hello everyone, my name is Brian MacDaid - - office of long-term living. I want to thank you for the opportunity to do a follow-up to our - - [Low audio] regarding 2023 HCBS CAHPS survey. With me is Mr. Steve Kissner, I'm sorry. Also with me this morning is Mr. Steve Kissner who is our subject matter expert, supporting efforts with the HCBS CAHPS survey for our office. Hopefully everyone can hear me now. Sorry. We will move to the next slide. I just want to go over a quick recap. Focusing this morning on the Managed Care Organizations, the opportunity to present in regards to the steps they are taking. In response to survey findings of 2023. We want to quickly go through a recap. Of various key measures identified as far as areas in need. With that, I will go over quickly our composite measure scores. You recall, last time we were here to do our presentation on 23 findings there was an ask from one of the members of the audience in regards to trying to add or make visually apparent our goal for OLT L. With our survey, we have maintained usage of 86 percent. Chart per goal, indicating whether or not there is areas of concern in response to survey findings, this step is reflective of seeing what we have for various reporting. Regarding performance measures throughout the office. That said, 86 percent. As we see we have this nice, green line. 86 percent for our first chart here, in regards to staff being reliable and helpful. As you can see, a quick recap for AmeriHealth Caritas, - - UPMC 85 percent. State as a whole - - staff are reliable and helpful. If you notice there is a new column. We are very happy to have this. This is representative of a national benchmark per se. Healthcare research and quality. Item that is a lot, AHRQ. Basically they do analysis, they give data and information. They just started this CAHPS survey on a national level. Basically their most recent data was available during their AHRQ CAHPS HCBS survey chart book. Resources are part of this presentation as well. Once again, it says 2024 but is representative of data collected from various states that participates in providing this information for 2022. In regards, specifically, to the national composite measure scores. As you can see, comparison to what AHRQ ever recorded for 2022, they are basically right at 86 percent themselves in this area. Next slide, please. We have a question.

>> Real quick, what is - - [Low audio]?

>> BRIAN MACDAID: Sarah, had to look. Question was, WHO IS considered staff? During the course of the survey, administration is really in regards to individual caregivers who come into the home. Individuals who provide services to the individual in their home as well. And sometimes

individuals when they do respond to this. Sometimes considered service corner, as well. Primarily focusing on individuals who come into the home to provide services for the individual. If no other questions, we will continue. The next, sorry. The next composite measure we will discuss quickly is regarding service coordinators are helpful. For 2023, as a recap, for Keystone First, as well as PHW, 90 percent above our goal. Also, Fortran 56, they are at 92 percent. Aggregate average at 91 percent. As we see, state average lines up with AHRQ reported for 2022. We are actually right on target as far as AHRQ and state. Next is choosing the services that matter to you. Once again, the goal was 86 percent. ACH/KF was 81 percent. PHW, 80 percent. UPMC, 82 percent. State aggregate was 81 percent. Though we are at 81 percent and below 86 percent, keep in mind, AHRQ for what they were seeing other states, they are at 80 percent themselves. For 2022. Once again, this is continuously going to be, we continue to work on these plans regarding addressing strengthening participants perception that they do have the right to choose services most important to them. Next slide. This one is of course, in regards to transportation. Once again, the goal is 86 percent. For ACH/KF, 78 percent. PHW, satisfaction is at 79 percent. UPMC, 80 percent. Once again, state, we are at 79 percent. - - 79 percent, AHRQ, on a national scale, at 76 percent. Our next slide is regarding personal safety and respect. We are for ACH/KF, 94 percent. Which is above 86. PHW, 94 percent as well as UPMC and of course state aggregate was 94 percent. Just slightly above AHRQ in regards to what they reported, 93 percent. Next slide. Composite measure regarding planning your time and activities. Once again, unfortunately, as Priestley reported earlier this spring, we were below the goal of 86 percent for ACH/KF at 57. PHW, 60. UPMC, 58 percent. State, 58 percent. Just slightly below AHRQ reporting for 2022. They were at 59 percent. This was all composite measures in which we had information from AHRQ to compare. Next slide, please. Sorry, for those on the phone we are sitting at a weird angle, hard to look at the slides. Anyway. The next slide is regarding overall participant experience. AHRQ does not have this type of comparison available to use. Just a quick recap. Our goal was 86 percent. Whereas, we found for ACH/KF, they are at 80 percent. PHW at 80 percent and also UPMC is 81 percent. For state, we are at 80 percent. Below, of course, the 86 percent goal that we had in regards to overall participant experience. Which was, again, a combination of composite measures - - [Low audio]. All right. And, our last one I will head over to Mr. Steve Kissner. Service plan included all the things important to you. This one did not have a AHRQ to compare against. Recap, we were below this as well. Our goal of 86 percent, this was basically for AmeriHealth Caritas, ACH/KF, 67 percent. As well as PHW, 65 percent. UPMC, 67. State is at 66 percent. Once again, with regards to individuals who completed the surveys. As far as how they felt with regard to personal care service plan, completing goals and the things that are important to them. With that, I will hand it over to Mr. Steve Kissner and - - [Low audio]

>> STEVE KISSNER: Thank you very much, Ryan. My name is Steve Kissner. The remaining slides we will go over our single question slides. The first one is receiving care from a dentist office or dental clinic in the last six months. We have stated earlier, OLTL goal is 86 percent. Keystone First was 38 percent. PHW, 32 percent. UPMC at 34 percent. Overall state was at 35 percent. CHC's are currently exploring other means to increase dental services at this time. Next slide, please. The next slide is, if received care, rate your dental care. Ratings are one through 10. Nine and 10 are the highest scores on this. Our OLTL goal was 86 percent. Consumer Assessment of Healthcare Providers and Systems is at 60 percent. Increasing by seven percent from last year. PHW, 65 percent. Increasing by six percent from last year. UPMC, 57 percent. And overall state is at 61 percent which is a three percent increase. Next slide,

please. Ability to do things in the community. Again, the goal is 86 percent. AmeriHealth Caritas, 25 percent. PHW, 27 percent. UPMC, 30 percent. an increase. State, 27 percent. Three percent increase from last year. Next slide, please. Aware of housing rights and how to get information for preventing evictions or foreclosure.

>> MATT SEELEY: - - [Low audio] Previous life?

>> STEVE KISSNER: Sure.

>> MATT SEELEY: My memory is - -. Last time you were here - - [Low audio] seven percent - - [Low audio] E Am I making that up? - - [Low audio]

>> Microphone.

>> BRIAN MACDAID: Just to address that, there is, I believe, in the past, we have reported this in different ways. In the past, it has been kind of low. I have seen it as low as seven percent. Nonetheless, your concern is important. Because we, too, have concerns with regards to making sure individuals have the ability to continue to be involved in their community. That is definitely an area of concern that we continuously work on. One of the things we have noticed, there were some dips, especially in 2020 with a lot of individuals who responded in a negative manner for that. For 2023, this is gradually starting to rebound. Individuals are starting to become more involved in their communities. Nonetheless, the goal is 86 percent. We really want to see this continue to grow through various efforts of individuals that support the community. Whether a service coordinator, caregiver or whatnot to continue to improve in this area. This is to make sure, because all who - - [Low audio] with MCO's, the program name is community. So we continue to encourage individuals to do that. Steve Kissner.

>> that was going to be my point. In communities, it doesn't look like people are going to - - [Low audio].

>> CARRIE BACH: This is Carrie. I too, find that number quite alarming. Because that is what program is really about. I would definitely like to take a moment to say that this number represents the stories we are hearing when they are brought to this committee as individuals. This number is representing those individual stories. So with that, please go on and continue. We will hold for any questions after that.

>> I had a quick question on the site as to whether AHRQ has one of those composite measures.

We did focus this morning for the purpose of this presentation, to focus on composite measures available for AHRQ. But we do have individuals and recall I think their numbers were in the same area as well. For future reports that we present for individual questions like this. We will make sure whatever it is, AHRQ - - [Low audio]. My apologies. We use AHRQ data like a new toy that we get to play with.

>> Just to add, starting at 11:30 AM is CHC. So I'm sure we will see efforts in this area.

>> PAM WALZ: Can I ask a question?

>> CARRIE BACH: Can you hold until the end of the presentation?

>> PAM WALZ: Absolutely.

>> STEVE KISSNER: Steve again, moving onto the next slide. Aware of housing rights and how to get information to prevent eviction or foreclosure. 86 percent goal, Consumer Assessment of Healthcare Providers and Systems with 73 percent. PHW was at 77 percent with four percent increase from last year. UPMC was also at 74 percent. They increased three percent from last year. Overall state that increase 75 percent from 2023. Next slide, please. This particular slide is concerning the staff program. This is a conversion of our goal. Our goal is 14

percent. For this particular one which would equal out to be 86 percent. If it was reversed otherwise. For AmeriHealth Caritas, two percent increase to 16 percent. PHW decreased 1 percent. For 15 percent on it. UPMC at 18 percent, overall state at 16 percent. Stated earlier, anything below 14 percent is what we are shooting for. So all plans are about 14 percent at this time. Next one, please. Next one is whether you were able to get an appointment for counseling or mental health treatment as soon as you need it. Goal is 86 percent. We started this question back in 2022. So we only had the information for 2022 and 2023. AmeriHealth Caritas at 60 percent, PHW at 64 percent. UPMC at 61 percent. Overall state is at 61 percent. Next slide, please. As you can see, this is our sources. Office of long-term living and analysis of HCBS CAHPS survey measures scores and - - the next resource is the chart for AHRQ. If anybody would like to take a look for 2024. Data, like Brian said is for 2022. Thank you so much. Once again, are there any questions in the room for us at this time? If not we are happy to pass the microphone over to - - [Low audio] to do the presentation. The first one will be a representative from PA Health and Wellness.

>> Can we go back and answer the question while 2023 Home and Community-Based Services gets ready? Go ahead, Pam.

>> PAM WALZ: Thank you. Were nursing home residents included in this survey? I am particularly for the initial slides about satisfaction with staff, satisfaction with service coordinators, etc.

>> BRIAN MACDAID: Yes, Brian again. The survey itself is for the health and community-based services. For individuals in the community. Not particularly in nursing homes. It is where the survey is registered.

>> PAM WALZ: I think that's an important thing for us all to keep in mind. That those are, it is just HCBS and we do not have a sense of satisfaction level for people who are in facilities.

>> BRIAN MACDAID: Actually, at times, with our - - [Low audio] we do work with groups such as the predicate research Center. In which they do purchase as well as outreach with staffing. And providers in regards to the nursing home settings. In regards to getting that feedback which is as you said, definitely essential. And critical to help ensure as far as global care that services are receiving as well.

>> PAM WALZ: It would be great to find out specifically what those reports and things are.

>> BRIAN MACDAID: Yep. As I said, I will take that back to our director Gio - - in that area.

>> PAM WALZ: Thank you.

>> BRIAN MACDAID: You are welcome.

>> KATHY CUBIT: This is Kathy, Rebecca has a question. Rebecca, do you want to unmute yourself.

>> REBECCA MAY-COLE: Can you hear me? Again, going back to concerns around the question about the ability to do things into the community. I think the exact phrasing is also important to understand and was it a yes/ no? Was it on a scale from 1 to 5? I just think that warrants diving into a bit further and understanding phrasing I think is important also because I think like everyone else I am also concerned about the low results there. Thank you.

>> BRIAN MACDAID: Thank you for that response. Thank you for that specific question. We do follow guidelines for CMS in regards to the question. In regards to the response values. The question is that we do require these results that were shared this morning. Our essentially the top five scores. As far as individuals being asked this question. I believe for that question specifically it is a yes, Or no response. It is a top possible ones that we consider. So

essentially, we follow guidance provided for the CAHPS survey. It's available through - - [Low audio] online through the CMS website. If you like to see the specific questions, working closely, - - [Low audio] as well as a survey administrator to ensure we are following guidance.

>> I want to add something, I know we are getting close and need to move to MCO's. I just want to be careful that language matters. The CAHPS surveys are not satisfaction surveys. They are talking about a member's experience. It is not necessarily commenting whether or not someone is happy or dissatisfied with the amount of time in the community. It is really documenting only 25 percent has the experience that they want. One could easily say they are closely aligned but I want to be careful in characterizing that the intensity of CAHPS is captured through what people are experiencing. Not necessarily from their experience. I know that sounds really technical and wordy but it's important to make that distinction with regards to the survey. Are you sure participants - - [Low audio]?

>> JULIET MARSALA: So, what I will say, this is Juliet. I am not the expert on CAHPS. But it is the national validated tool that has been researched extensively. Certainly that can be the thing that Brian takes back to MRC but I want to ensure that MCO's have enough time.

>> BRIAN MACDAID: Essentially, the kind of answer that, Juliet is correct with regards to satisfaction survey. It is one of the reasons why we consider it very valuable. And also, being taken into consideration, quality measurements like - - [Low audio]. So, with that said, it is more than just whether you are satisfied or not. He wants to help with a deeper understanding. Experiences, services they receive in the home and the community. The ability to be active in the community as well as services received at home. Service coordinators are the ones with the caregivers themselves in the individuals' homes. It definitely is something of great value. It also understates - - [Low audio] we are receiving a lot of positive support from our managed care organization as well. Because the data collected and provided by the administration and the survey is very valuable. As far as addressing any identifying areas that could potentially work as well. As well as identifying areas of strength and weaknesses. It is a process. We continuously strive and definitely encourage individuals who have participated in the survey because I always wonder about this group and any other individuals concerned. The value of this. I know we are probably all guilty in using one 800 number you don't know. You may just hang up. But definitely, we do prioritize that number and try to communicate that through various - - [Low audio]'s and outreaches. Prior to administration survey, definitely respond to that and participate in the survey. It's really a great way for us to make this program work and become stronger and better. I encourage you to always do that. Don't be shy. We encourage individuals, if they are not contacted by phone or - - [Low audio] to participate in the survey. Don't be shy, feel free to reach out. And respond, our letters, for example - - [Low audio] we do have contact letters were participants. I say potential because not everyone is going to be essentially called as we meet our threshold. But if you wish to participate in the survey, pay attention for that letter as well. Call the number and we would be happy to have you participate in surveys as well. Like I said, it's a great opportunity, a powerful tool. We encourage not just clients but all participants to take full advantage of it.

>> CARRIE BACH: Thank you so much for that presentation. If anyone has additional questions we will have another public comment period. At the end of this meeting. I will now go ahead and allow MCO's to get into their presentation. PA Health and Wellness, are you ready?

>> I am. Hi everyone, Heather Mosley from PA Health and Wellness PHW. Here to talk about improving the experience for our participants. The areas I will go over have been identified. An area that we will need to work on. Not necessarily - - [Low audio] but we want to improve



that much more to help improve that experience. The first area I will go over, thank you. It is staff are reliable and helpful. Areas identified for improvement were gaps in care and satisfaction with care attendant. Initiatives we are working on our our service coronaries reaching out to identify gaps in care for personal assistance services. To ensure backup and emergency plans are in place. Tracking and trending responses to member contact assessment for how satisfied are you with your personal care attendant? Per vendor to identify opportunities for improvement. Working together with provider relationsdepartment. Next slide. Services that matter to you. The person centered service plan includes all things important to you. Areas to improve our available services. We began a vendor spotlight series once per month. Giving an in-depth overview of waiver service and what specific vendors have to offer. Including specific needs and barriers each service can address. Services that matter to you. Available services. PHW authorization team will task program coordination to support group cues when a provider is placed and authorization is updated. PC support team will be updating finalized PCSP and mailing the same day. Transportation to medical appointments. Areas to improve our complaints. Tracking and trending medical transportation complaints. Customer service agents have an email with complaint and can send it to the mailbox. Members of the trust rotation mailbox work complaints through adequate transportation management. Known as MTM. Or medical assistant transportation program, also known as MACP. Turnaround time is conducting biweekly meetings with MTM to review service standards, ensure network coverage for each zone and discussion of actions moving color. Improve participation awareness of housing services. The service coronation team awareness of housing related information including the use of PHW standardized assessment tool to identify housing needs of participant. key initiatives, continue to provide service correlator entities, training regarding housing and housing related services. Planning your time and activity. Area to improve, specificity and participants care plan has been developed to ensure participants are comfortable. SC is assisting with planning common activities. Raven lamented the use of the plan care within the home health agency exchange. This document details participants preferences and needs. Special circumstances, and participant specific requests. This can also be reviewed by authorized provider, only reviewed by authorized providers. SC maintaining updates as they occur. Mental health treatment, ability to schedule a mental health appointment as soon as needed. We have ongoing medication with behavioral health MCO managed care organizations regarding agile health appointment availability trends. Behavioral health coordinator is conducting detailed mental health provider searches and ordination of setting appointments. Behavioral health coordinator assistance with setting up transportation services to the mental health appointments. Advising participants to request to be placed on the provider cancellation list when a timely appointment is unavailable. Increase participants awareness of supplemental nutrition assistance program, snap benefits. Improve identification of participants eligible, strengthening outreach awareness. Regular outreach encounters and redetermination is done in SNAP and - - to ensure service coronaries are reviewing snap benefits with participants. Regular outreach to dual special needs plans participants identified as not having SNAP. Added SNAP benefits to care gap closure value-based purchasing with an added incentive to address with participants. Our final one is my disappearance dental care and services. Rating of dental care. We are working on creating questions in our member contact assessment to ensure service court matters are reviewing dental care appointment with disciplines. Service partners were educated in quarter one onto the provider search feature on the tray 55 website. Service partner to distribute dental kits to disciplines with face-to-face encounter. We have updated

dental resource list. Another area we are focusing on. We have committed a dental committee. To make sure we are constantly working on this and improving the number of people, participants, getting their dental visits completed. We are doing a quarterly review on claims data showing participants getting annual dental exams. Also, outreach and education on insurance. And dental education that we will review with our service coordinators. Any questions for me? Thank you.

>> CARRIE BACH: Thank you very much, next is UPMC.

>> JAMIE KENNEDY: Hi, everybody. Jamie Kennedy, Director of quality for HCBS health plan. I have been part of UPMC health plan since 2018 and have the benefit of getting the survey off of the ground from the very beginning. I have seen so many ways that we have been able to use this survey and take it seriously. With unique tools to CHC. All product that we have, this is only focused on CHC and community-based members. The amount of research and time that goes into using these across the health plan throughout the year when we educate providers, service coordinators, educate internal teams based on results of the survey. It's very impactful and people request it. Internal teams want to know about this information that we have. We have a large audience that are waiting to hear results of this survey year-to-year. Primarily I want to focus on areas identified for improvement. In 2024 that we will focus on. I want to highlight that. Everything you hear from each of these MCO's and especially UPMC, we have directly implemented strategy based on results and we take it very seriously. To kick things off, next slide. We kick things off in 2021, 2022. Action plans. We continue to assess whether strategies are working, useful, whether we need to keep them in motion or stop because they were not successful. For anything remaining successful, it will be implemented in those years and we continue to have in place. A lot of times, so strategies have helped our call center, service coordination helpline, service coordinator process center meeting with participants and doing person centered - - [Low audio] for further education.

[Multiple speakers]

>> JAMIE KENNEDY: All areas are education with service coordinators and - - [Low audio] entities. During 2023 we put in a few more interventions based on the actions findings areas related to choosing services that matter to you. Our rate was 82 percent. State average was 81 percent. This composite measure includes the second question and that table. Does your PSCP include all, most, some, or none of the things important to you. For this, UPMC scored 67, state was 66. One percent growth for us. We celebrated because one percent growth and that question was amazing. We were at 66 percent for years. Because of the importance placed on this question and on this topic. Really reinforce during coordination training the importance of reviewing the whole of services available to you all based on the needs and which services will help them in the community, versus employment, received all day. Community information. Not just focusing on services. They also start asking participants before signing the PSCP if their PSCP or person centered service plan includes all things important to them. They include things that may be brought up by the participant, instead of just - - [Low audio] to address PSCP includes everything important to them. Participants have a printed copy of their person centered service plan to share with providers. You can print it or - - it can get signed. We want to make sure we understand the importance of sharing information and including caregivers in the service plan so they can customize based on their preferences. Service coordinators are reminded to utilize UPMC resource plan - - everyone in our staff can access without guide and provide updates to new resources for events going on to keep it fresh and up-to-date. The next one I have, to composites. Listen and communicate well, and rate and state

average was both 87 percent. The other one was a stock are reliable and helpful. 86 percent, state average 85 percent. This composite means a lot to me. I have been a provider agency, I have had my own before. I had to train caregivers. I am very committed to the onboarding process. I have taken it on on an annual basis to educate providers on what the survey related to staff question, results are. I turn it into a training to make sure there onboarding program with caregivers and participants so they can also make sure that all of these things that are so important to healthy and reliable services being delivered. Making sure the person is being covered. When people are asked about their experience. We also included more specific questions for nervous coordinators to ask with our monitoring call to ask for specific questions about the caregivers services. About the behavior, liability. Health services are changing the question. We felt we had been waiting for an increased amount of detail in monetary notes about how we create ourselves on how useful that training has been. Next slide. Transportation to medical appointments. We know this is a common area of concern, this committee and across the state. This is an interesting thing I want to point out. We have composites for, UPMC 80 percent, state, 79. Both exceeding 74 percent average. Our concern about the quality of transportation, Pennsylvania from feedback received. It was nice to see that we have a much higher than the national average. Her pH W, you can see this monitors and addresses real-time complaints. Regarding transportation services. We have one person dedicated to transportation concerns and complaints. Each complaint is looking to and regularly taught to those contractor transportation providers who address policies as needed as a result of a complaint. Service coordination is also provided between service correlator, answers correlator Associates. Provided transportation, education for obtaining rides for both medical and nonmedical appointments. Managing expectations and expected timeframe. Sometimes concerns are just managing expectations and understanding how far in advance you should call in to get those scheduled so there is a greater reliability of the right showing up on time. UPMC continues to provide rides that medical assistant transportation denies. Knowing how to apply for the supplemental nutrition assistance program, 82 percent, state average, 84 percent. We regularly assess this with another dashboard. Closely monitoring. Results are slightly higher on a different question based on our assessment process. But we focus on these here come our newsletter article. Sent out to educate participants. Assisting with applications when processing Medicaid renewal. And we have a new education focused on entering participant knowledge and understanding. Because sometimes people don't know that SNAP, food stamps or - - other terms that it is called. So we take time to look at why the results of this question may be our lower than the actual elevation of the program. Rating dental care, you can see the score for nine and 10. You can see it is rated at 57 percent, state at 61. We are very active, dental workers meet bimonthly since 2021 to discuss dental services, benefits, denials and complaints. We have an officer on their and we talk to our contracted administrator. We take these very seriously and want to improve. We want denials lower. So we continue to work on that consistently. UPMC care managers assist participants to locate dental providers that speak the participant's language and are accessible. Next slide. Mental health treatment strategies, we found on the question added two years ago, last time on how we were rated. UPMC 61 percent, state also 61 percent. Continuing as a whole health plan across all lines. To offer more support in this area. Especially using our digital platforms that we have added ritual behavioral health resources. You can be anywhere from a platform. Anywhere care platform, - - website where you can click on behavioral health resources. Where you can find reminders on the healthcare app to manage medications, behavioral health coaching. We have a behavioral

health concierge chat center. And they can provide certified eligibility, help schedule appointments, if not a crisis center. They will respond if people are in crisis. We encourage them to call 911, call or text 988 for the lifeline, go to the emergency room. We also have our X well, another app available with stress management messaging program to help, people can get involved by texting - - [Low audio]. We realize through a couple of these questions, focus areas relating to mental health and community integration. We needed more specialized support available for service corners. For helping people get connected. To their community, people who matter to them. Help them overcome things keeping them - - [Low audio] preventing them from connecting with family and friends, cultural activities, things like that. During those conversations during the person centered planning meeting, service correlator will identify if there is social isolation issues or a need and desire for social connections. Help put those goals into the person centered service plan. Figure out the barriers keeping them from being able to access, visit friends and family, things they want to do. Identify social determinants of health needs. There is a referral that can go to the community connection team by our community engagement team to our task meeting. They have a lot of resources and also help those remainders meet these goals and plan. They are kicking it off in quarter two of this year. Next slide. The survey for housing assistance strategies. Aware of housing rights and how to get info to prevent eviction. I left out the full question. In this state specific question, not in the standardized survey. You could see UPMC was 74 percent, state average, 75 percent. We have invested heavily into a housing strategy team. Multiple people across the state with expertise in various parts of housing rights, resources or eviction laws. We have a great referral program in our team management system. Service correlator's who are following up on - - assessment or just a monitoring call, they realize this person is having a housing issue. They can learn more, fill out housing referrals. Send it to the housing strategy team. In 2023, housing strategy at UPMC received over 2000 referrals from service corners. Only two percent eviction or foreclosure. Often it was they needed resources and assistance to find more affordable housing or accessible housing. They help connect community members facing eviction or foreclosure to prevention resources and educated service coronation on that process. Through informal training. For the sake of time I will not go through all of the rest of the great data we have. But I want to highlight we were also able to enroll - - [Low audio] nursing home stay and help stabilize housing often, those members face institutionalization. We were able to help them stay: I have a long-term nursing home stay. We have other referrals to legal, partnership and getting involved with things like service animal, getting service animals approved and things that may help over time, housing issues. Moving onto the next one. Planning time and activities, this is well covered by state partners. Survey question asked in the last three months, when you wanted to, how often could you do things in the community that you'd like? Response rate is for those who answered always or mostly yes. UPMC rate was 36 percent. State average was 27 percent. The chart - - [Low audio] national average. We have identified this area as an important focus area for UPMC since before the pandemic. We know this is a concern for community members. A lot of our strategy started and have people from that timeframe. I've already covered the community connections that will address service coordinator's. This slide I want to focus on a new - - [Low audio] distribution. This will provide participants with a free - - [Low audio] data plan allowing them to integrate communities and interface with UPMC and coordinators. Have access to - - [Low audio]. Other apps would be made available and applying activation, they potentially connected and have special digital literacy ready to help with device troubleshooting, and so far since February we have assisted in

delivering - - [Low audio]. With that, on the next slide I will take questions.

>> CARRIE BACH: Do we have any questions in the chat? Okay. Thank you, UPMC. AmeriHealth, ready?

>> Good afternoon, Marcy Kramer, director of quality - - [Low audio]. Next slide please. I listed areas of improvement identified based on 2023 HCBS CAHPS results. We will go through those one by one on the next slide. First area of improvement, staff are reliable and helpful. Choosing - - that matter to you. We track and trend data from multiple sources to identify providers or areas of initiation. There are several important data as you can see we use data from plan of care, including participant experience survey. Looking at complaints related to health services. Looking at the - - report and we also looked at CAHPS data related to the recommendation and rating of personal service coordinators. We also have - - [Low audio] personal assistant and cognitive rehabilitation staff. Next slide, please. Okay, so, the following three areas are interconnected. We have the intervention connected to those three areas. Choosing services that matter to you, PCSP includes all things important to you and, planning your time and activities. Improvement actions, we trained service coronaries to use find help.org to share information by way of newsletters, plan websites, applications. We have mobile wellness and opportunity centers that bring education and community resources to participants in rural zones and communities. We are exploring the possibility of distributing the all about me magnet to new participants 2024. This addresses whether or not that magnet was helpful to his offense. The magnet itself is a regular sheet of paper, rather large, it does not address - - [Low audio] how they like to spend their free time and if they'd like to be more active in the community. Service coordinator, when they meet with participant, they fill out this night. Basically a dry erase board. They can record on that magnet and change anytime in the interim. We collect participant experience data from the plan of care, as mentioned earlier. We incorporate LTSS benefits to the participant website. Providing instruction on any requirements. We provide training for service coronation staff. Ensuring they asked participants if they wish to create goals for areas triggered, housing, food insecurity, activities of daily living. Offer choice of services from their LTSS benefits that matter to the participant. One of the things that did not make it on here that we noticed was the ability to do things in the community, that was important in the presentation from Brian and Steve. I want to give you information about actions into that area. Service correlator's visit with participant, they encourage community integration goals as part of plan of care. We have seen increases in nonmedical transportation since the end of the public health emergency, beginning May 2023. Participants are attending community-based activities. We anticipate the rate without measure will increase as we get out of the public health emergency. Next slide, please. The next areas we will look at our transportation and housing rights. Transportation, to medical appointments. We have a transportation resources grid. Service coronaries use this to assist participant in order to secure transportation. Information on that grid determines where transportation resource for the participants in Pennsylvania. How to access and tap into those resources. Service coordinators are always willing and available to assist participant in scheduling and coordinating medical transportation. The next area is housing rights including preventing eviction and foreclosure. We have housing staff rounds. We also increased the number of housing court Nader's to further support participants with housing insecurity and provide coordination with housing resources. We developed a frequently asked questions document. Developed to assist service coronaries in answering participants commonly asked questions. Next slide, please. The next one, satisfaction of dental care and mental health

treatment. Rating of dental care, we've done a lot here the last year. We have digital interactive campaign notifying participants of annual dental visits and that campaign offers resources with the plan participants website. When they see the text message they can opt out or go to the plan website. There is a link that they can connect to the plans website and access resources. We review utilization data to participants who did not complete an annual dental visit. We provide outreach and encourage participant to schedule and complete annual dental visit. We are in the process of identifying participants that an appropriate Lee utilize the emergency department for dental issues. We educate the participant to the appropriate data provider. We look at complaint-grievances related to dental services. If there are any providers or issues identified we go in for remediation. We explore the possibility and opportunity of offering mobile dental events in areas where we see the most gaps for annual dental visit. We have a dental committee that meets monthly. Especially the first few months where we develop our action plan. This group is very interesting, not only in improving the satisfaction of care but also increasing the volume of participants that access dental services. This is a whole approach. Next slide, please. Okay, so the mental health treatment. So we are looking at the ability to get an appointment for counseling or mental health treatment as needed. So community health choices MCO's and - - MCO's meet on a quarterly basis to discuss statewide behavioral health partnership meeting. We encourage participant to consider virtual appointments to secure appointments sooner. Like other MCO's, we encourage participants to get on the cancellation waiting list. Next slide, please. SNAP benefits. One of the neat things we have done is contracted with benefits data trust. Matching participants to state SNAP moment list and outreach to participants whose households are eligible. But not able to get enrolled in SNAP program. This will provide between 1520 200 AmeriHealth Caritas CHC, Keystone First participants. This not only looks at SNAP but other programs where they screen participants for intervention. Cutting across any other areas for participants. Looking at multiple benefit programs. Spending approximately 900 and 1300 benefit applications on behalf of participants in 2024. We have a SNAP video on the participants plan website. Currently being updated. The video provides an explanation of SNAP benefits. We dissipate in the advisory committee, covering SNAP benefits during those meetings. Next slide, please. And I think we are at the very end. Thank you for your attention. If you have questions I will entertain them now.

>> CARRIE BACH: This is Carrie. Do we have any questions for any presenters regarding the CAHPS survey? it does not look like we have any in the room. Annie and Jack? Go ahead, please.

>> Are there any questions in the chat? Go ahead. From OLTL, I once again wanted to thank each of the plans for their framework. As far as the HCBS CAHPS survey. There's a lot of stuff behind the scenes. We have grown. Recognizing here and there some others. In regards to positivity, with regards to administration of survey. Use of information collected. For participants responses. Just want to close this and say thank you to all participants. Other times, asking a bunch of questions can be tiresome for individuals. It is definitely very useful and beneficial as far as information collected and gathered. Thank you so much to all participants that have been actively supporting the survey. Thank you so much, once again.

>> Hi this is - - [Low audio] we do have a question in chat from Brian.

>> In regards to planning activity, why are scores so low? How is this measured? What is the expectation of coordinators for MCO increases? - - [Low audio]

>> BRIAN MACDAID: Hi, this is Brian. I think with various presentations that were just given,

plans identify this area - - [Low audio] each of the plans are approaching this in different ways. They maybe have plans to address.or just recap what we discussed from a specific area. So I guess we start with UPMC. So, sorry, Jamie. - - [Low audio] Correct me if I'm wrong, basically they are just wanting to know an individual's ability to get in the community as far as involvement. And to address why scores are so low in that area.

>> JAMIE KENNEDY: Jamie Kennedy from UPMC. I am not sure behind the responses that make the rate low. Part of qualifying for this program. There are a lot of imitations people have to overcome for activities and get the support they need. Having staff available to get somewhere in the community. Whether a church or cultural event. There's a lot more that has to be done. It costs money, sometimes it cost money for people to attend an event. How does the barriers come through as person centered planning meeting. And sometimes they want the program to - - sometimes they want the program to stay out of it. They have other systems. There is probably - - [Low audio] part of the mystery for all of these years, we just have to keep figuring out what it could possibly be. What systems, supports or technologies would help overcome this.

>> BRIAN MACDAID: Thank you, Jamie. In that case we can ask for Heather. If you mind, - - [Low audio] and of course Heather, once again, she is with PHW.

>> HEATHER MOSLEY: Hi. We have a limited use of care within CPA exchange, the national health agency. If the participant is communicating with us, something they want to do. We help them. The communication, I know a lot of times things come up last minute. That they would like to do. We need to review that and see how we can help them.

>> BRIAN MACDAID: Thank you. Then, quickly, Marcy? Marcy, once again, is with AmeriHealth Caritas.

>> MARCY KRAMER: As far as Consumer Assessment of Healthcare Providers and Systems Keystone First, I will reiterate what Juliet said. This is a member experience survey. Not a participant satisfaction survey. Although the difference is a minor tweak to that, you know, and that, one of the things we have found is participants may not know what's available in the community. One of the things our service coordinator has a participants and advisory committee and newsletters is, to get out information on what is actually available in those communities. That is one thing that I believe will help in getting those scores up. If we can make services, if we can make community events available and known to participants so they know what to expect when participating. As I mentioned earlier we have seen an increase in non-Medicaid transportation authorization. For participants. We are hopeful the rate will increase over the next year. And continue on after the public health emergency is over.

>> Thank you, we have an additional question from Amy - -. Regarding this process, does - - [Low audio] outcomes, participants, the complaints they get? Does the MCO document report OLTL on every complaint they received? To some complaints get treated informally?

>> BRIAN MACDAID: I guess the program represented from each plan is separate from CAHPS.

>> - - [Low audio] From AmeriHealth Caritas. Thank you for your question, Amy. We have a rich response provided for the participant. OLTL does receive a response to every complaint sent in for resolution.

>> This is - - Gary from UPMC health choices. They receive written responses to formal complaints as well as operating - - [Low audio] all complaints submitted to the plan.

>> Joan from trend 55, we do the same thing. I would add there is a - - [Low audio] we submit, those are carefully looked at. We are given, we get information from doing those reports. That

is something we report to OLTL.

>> CARRIE BACH: Any additional questions in chat? Yep.

>> For the sake of time I will take Sarah off of mute. Sarah, you have the floor.

>> SARAH: Hello, Sarah, senior advocate in the resource Center for - - [Low audio] solutions. I wanted to piggyback on the question that was answered as far as the planning committee. The planning and - - plan. Being able to go out in the community. Three MCO's, you had an action plan. Keystone First said it was listed. I want to know where specifically is it listed in plan of care? The connections to the community and what you are doing to do that. Also, is the service coordinator, is it their job to make those connections? SNAP as well. This is a separate question. Kind of similar. If the person wanted SNAP benefits, is it the act of the service coordinator to facilitate that? Is there a Medicaid department you have at MCO's? I have seen that UPMC has one. Does PA Health and Wellness have one? Does Keystone First have one? What's being done about that?

>> MCO's! [Multiple speakers] Nine.

>> I was going to say the same thing.

>> Dave here to answer your questions, I will do my best. The expectation is that our service coordinators will work with participants to identify if there are additional community resources that they can assist the interested participant that they may be eligible for. The service coordinator can assist in that conversation. They can assist with three-way calls to get them to community resources. Depending what the participant interest or need is. We have an eligibility team that will assist individuals in completing applications such as SNAP benefits or Medicaid renewals, - - [Low audio]. The service coordinator will work with participants - - [Low audio]

>> - - [Low audio] AmeriHealth Caritas, I think this question is for us, David. One of the questions I heard is where end of the PCSP is that? If the participant would like to list that, and that my services of the PCSP, outlining services in place to meet the participant goal. Connections, we rely on the participant. We also have - - to assist with identifying available resources with participant. SNAP benefits are assistive if ever requested by service coordinator, we can help participant apply over the phone or via the website if that's the participant backup.

>> SARAH: Can I add something.

>> - - [Low audio] UPMC AmeriHealth Caritas Keystone First, we also require service coordinators to be equally versed in all services. And other available services. Our coordination is done through nine external service coordination. All agencies have a local presence. In addition to SNAP benefits they are able to help people with resources available in the community. We train service coordinators on a biweekly basis, we have - - into those trainings and train on SNAP. How to use community connects, it is actually on the.[Multiple The - - [Low audio] platform, our service court Nader's look to it.

>> Any other questions?

>> SARAH: Can I add to that? My comments is, the service coordinator at Keystone had a higher caseload. Then the other two MCO's. How can a service coordinator take their time to actually help with the social aspect of life? SNAP benefits, housing. Food, anything. When they have such a high caseload. In my experience I work with people through waiver, beginning to end. Service coordinators do not ask those questions. It is not about community connection. It is not about SNAP benefits. It's more so about what services do you need? What do you need help with? Their physical. I know during the assessment you ask about mental health, things



like that. Service coordinators are not asking about anything other than what is going on in - -. Asking, do you have any goals? Sometimes the participant is like, what kind of goals? What do you mean? Okay, Medicaid? I mean, not Medicaid. Emergency alert, you may be home alone. Goals are tailored to long-term supports. Not tailored to anything outside of that. Before there was a section you had for as BOH. How is that being used to follow-up with the person? Afterwards. When you need help with something else. Life, - -, primary care physician. It seems like there's a gap in care.

>> - - [Low audio] Thank you for your question. We do have our caseload numbers and clients at this time. If you have specific concerns regarding participant situation, please reach out to me. - - AmeriHealth Caritas.com.

>> SARAH: But I am talking about generally. I think in the last, January, I might have logged 60 people through the waiver process beginning to end. Me sitting in their assessment, found AAA for Maximus and also MCO's assessment. I gather data to share with you guys to talk about what I am seeing. I want to know how to address this. This may not be the meeting for it. Not sure. Who do I contact? Do I talk to about how to change things? I understand you are not exactly on round level. Whatever, rules, policy you have in place, they are not trickling down to the ground level.

>> This is - - [Low audio] from long-term living. What I would like you to do is send me an email so we can have this discussion at the state level. As we monitor MCO's. Send me an email. My name is RNolan@pa.gov. Send me an email and I will follow up with you.

>> CARRIE BACH: This is Carrie. Do we have any other questions from committee members were in the room? We will go with this first and then take the chat. Any other questions?

>> LATOYA MADDOX: This is Latoya.

>> CARRIE BACH: Go ahead.

>> LATOYA MADDOX: You give a plethora of information. Which was good. To the point of what the young woman was saying before. As a participant, she is right. I get asked about my health and certain things should be red flags, red flags, red flags. Mental health, red flags. There is no follow-up. In the participant handbook, I have one somewhere and can find it online. Are there numbers to call if we want to do it ourselves? SC's are not at capacity where they can help us where we need support. Is there numbers we can call? Listed in help participant handbooks? Phone numbers? For behavioral health, other stuff? I know also.

>> Latoya, this is Randy. Yes, purchase of an handbook. You can also call into the hotline, MCO's, or office of long-term living will help with that. We are trying to program and improve the program so SC's have more time to address something. Especially issued on the social side like community integration and activity. Like that. If you have a different complaint, issue or participant, they can call any of the hotlines.

>> LATOYA MADDOX: Yeah, but, to the point that, a lot of stuff we have to get assessment. It's, something that could prevent a long-term health condition. But we just did an assessment which I mentioned before. We have to do another assessment for something we need added to the plan.

>> We are looking at that - - add something in the community to impact assessment. We are taking a look at that.

>> LATOYA MADDOX: Okay.

>> CARRIE BACH: Anything in the chat?

>> This is Sherry, we have a hand raised. - - [Low audio] You are being taken off of mute.

>> Hello, my comments goes all the way back to discussion of the transportation summit. And of

the adopting zoom as a platform. I want to put on the record why it is folks feel so strongly about that. From a participant side of things. I understand there are several different 508 compliant platforms. Zoom makes it easier for folks that need an interpreter. It makes it easier for folks who cannot access the board to ask questions. As an example, myself, I am not physically able to type. So I cannot participate in a meeting like this. In the experience of these meetings, I often have to wait a long time to be heard. I'm okay with that but for some folks they may forget what their question or comment is. One way you can address that piece of accessibility in the platform you are in is, rather than always going to the room first. Mix it up. So that folks who are attending virtually have the ability to participate at near the same level people in the room might. Rather than always going to people in the room, first. That would be a really big help.

>> CARRIE BACH: Thank you, Brenda. We will definitely see if we can mix it up next month.

>> Thank you.

>> CARRIE BACH: You bet, thank you.

>> Hi, - - [Low audio] again. We have another hand raised. Davon, you are being muted.

>> Hi, Sorry, that was a mistake.

>> It's okay.

>> Thank you.

>> - - [Low audio] A question, sorry. This question is from Sarah McFadden. Sarah, you are being Taken off mute.

>> SARAH: I wanted to also ask, participants who use their benefit due to Medicaid renewal. Is there a department within the MCO's that help people get their benefits back? There is another, I came across a few participants lost Medicaid eligibility. They were 24 hour care participants. There is no one there. The service coordinator can't really assist because they are coming up as an eligible, not eligible or something like that. They are not assisting with the decay process. They are left on their own. The counties office cannot physically help because they cannot come to their home. What is there to address those who have lost Medicaid? Lots of people are losing Medicaid. Is there anything in place for former participants? Due to ineligibility or whatever. How do you assist them?

>> RANDY: This is Randy, I will ask MCO's to come up. We put a lot of processes in place to address issues. Eligibility for financial reasons or functional reasons. They're putting things in place, not taking a lot doing new assessments on them. We want MCO's to follow up on a lot of these cases of people that are either above eligibility or may - - [Low audio]. A number of reasons. We have MCO's follow-up so I will turn it to them.

>> Jennifer from PA Health and Wellness. We have an extensive process that looks at eligibility. We are constantly looking at what's going on with eligibility for all participants. It's a very long, I am not involved. It's a very involved process. I would say save time next meeting to put on the agenda to talk about results. Discuss what's going on in that space. Don't know if that is something we can do.

>> I don't know, it's been six months since we have done that.

>> - - [Low audio] With Consumer Assessment of Healthcare Providers and Systems. We also have the ability to reach out to participants who lost eligibility to work with them and help them renew with PAS providers to give them the determination. Having established relationships with participants, encouraging them to do the paperwork. OLTL and Penny have done a really good job at renewal process. - - [Low audio] The paperwork that comes out is repopulated, new information. We verify and send it back in. Also renewal process online - - [Low audio] is

also very user-friendly. It's easy to help walk participants through that.

>> KATHY CUBIT: This is Kathy, if MCO's could add if they are adding their participants in nursing facilities that are losing eligibility.

>> PHW is.

>> KATHY CUBIT: Thank you.

>> DAVID: David from PHW - - we do issue letters prior to that. Phone calls to participants. Our service coordinator does maintain a connection with participants for the period of time. It's a process, they assisted him in appeal or completing application. If an eligible, connecting them with resources. Penny or other community resources - - [Low audio] program. In addition to service Grenada connections, we have automated calls made to individuals with recently lost eligibility to remind them of potential eligibility. Counties office for UPMC if in need of help completing thought.

>> CARRIE BACH: This is Carrie. Some of you already know this. I work for - - [Low audio] Center for Independent living. We have a team who helps with these things. Initial applications, renewal applications, as well as those deemed ineligible. Possibly need to go back and re-complete the application or admit something that seems to be missed in the system where we need to reach out to MCO's or OLTL. We have 18 that will help with the participants process. Also, we are not the only - - [Low audio] across the state that will also help you with those services.

>> This is - - [Low audio]. There is a question in the chat from Amy - - [Low audio]. Thank you for answering the question about complaints. MCO responds says they respond in writing and report formal complaints. Suggesting MCO's have an informal complaint process. Who determines whether a complaint is treated as formal versus informal? Are informal complaints tracked and reported to OLTL?

>> MISSY: Missy with AmeriHealth Caritas. I'm happy to respond separately about the process. We will provide that response.

>> JENNIFER: Jen from pH W, I will do that as well.

>> - - [Low audio] From UPMC, will respond following this meeting. Don't want to miss classification of formal versus informal complaints.

>> Hi, - - [Low audio] again. Sarah has her hand raised. Sarah, you are being taken off of mute.

>> SARAH: Thank you. Question regarding complaint process. Can a participant go directly through OLTL? Instead of MCO's? First, without the OLTL saying you can file complaint with MCO? Sometimes I guess whoever determines whether it is formal or informal, as I said earlier, if it's about services rendered it will always go to OLTL. If it's about something else it doesn't quite get there sometimes. What's the process for online complaints directly to OLTL? Not complaints, grievances to OLTL. Rather than sometimes your own hold a long time. It's not as easy to make a complaint.

>> RANDY: Randy from OLTL, no formal complaint or grievance process. If we have complaints, concerns through our hotline we refer out to MCO's for follow-up. If you want to file a formal grievance or complaint it must go back through MTL. That's the process for external review. You also wait for a hearing for your field. We do have a lot of issues, concerns through legislators, through hotlines. We refer those out and I have a team that works closely with MCO's to resolve those issues.

>> SARAH: Okay because OLTL governs the MCO. Right? Okay, so, the participants, they feel like if they are telling on their service coordinator, the supervisor or manager will sweep it under

the rug. They want to come directly to the source. They want to go directly to whoever the MCO. It says on all of those participant things, you have the right to call the number listed but that number, they ask you if you file a complaint with MCO first. Also participants don't want to go through MCO, they prefer to go right to OLTL.

>> RANDY: They can come directly to OLTL. Just know that we don't have a formal process. Depending on what the issue is. I will reach out to MCO's. If it is something that needs to be looked at closely or expedited, I would reach out to Mike at MCO to resolve issues. Ultimately, Department of OLTL overseas program, expectation is MCO's work to correct issues or complaints identified.

>> SARAH: That you are working on? A formal complaint or grievance process?

>> RANDY: No, the formal complaints and grievance process we monitor from our federal site. Regulations on how the process is put into place. It has to go back through MCO to an external review. And it can go to appeals. That is the process we adhere to at the office of long-term living.

>> SARAH: Okay. Thank you.

>> RANDY: Sure.

>> We do not have any questions in the chat anymore.

>> CARRIE BACH: Any further questions or comments? If not I am going to turn it over to Kathy to close out our meeting.

>> KATHY CUBIT: Thank you, Carrie and everyone, for participating today. I want to remind everyone our next meeting will be hybrid. Wednesday, June 5. Again, thanks to all state employees. Part of state employee appreciation day, I hope everyone has a great rest of your day. Thank you.

>> CARRIE BACH: Thanks, Kathy.