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Date: 06/05/2024

Event: Long-Term Services and Supports Meeting

>> Hi everybody, this is Carrie Bach. We will give it about 30 more seconds before we start the meeting. If everybody could find a space, that would be great. Thank you. Kathy, we are pretty settled here in the room if you want to get started.
>> KATHY CUBIT: Good morning everyone, this is Kathy Cubit. I want to welcome everyone to today's meeting. I will turn it over to Carrie now to the rollcall.
>> CARRIE BACH: Thanks, Kathy. I just wanted to remind everybody that this meeting is being recorded. Your participation in this meeting is your consent to being recorded. With that, I'm going to start with Ali Kronley.
>> Good morning.
>> Good morning. Anna Warheit.
>> Good morning.
>> Carl Bailey . Cindy Celi . Neil Brady.
>> Good morning everyone.
>> Hi, thanks for joining us. Gail Weidman .
>> Good morning, this is Gail.
>> Hi Gail. Jay Harner . Juanita Gray . Latoya Maddox .
>> I'm here.
>> Hi there. Laura will be joining us in about 15 minutes. Leslie Gilman . Linda Litton . Lloyd Wertz .
>> Present.
>> Hi Lloyd. Matt Seeley We have just joining us as a proxy today. Jeff would you like to introduce yourself?
>> My name is Jeff Heisman, I am filling in for Matt today. Sorry he is off this week.
>> Thanks for joining us. Michael Grier .
>> I'm here, thanks.
>> Good to see you. Minta Livengood . Monica Vaccaro .
>> Good morning, this is Monica.
>> Hi Monica. Pam Walz .
>> Hi, I'm here.
>> Thanks for joining us. Patricia Canela-Duckett .
>> Good morning everyone Rebecca May-Cole .
>> Hi there, and.
>> Good morning everyone, nice to be here.
>> CARRIE BACH: Hi, Rebecca. Do we have anybody who has joined us since we started rollcall? Please announce yourself.
>> KATHY CUBIT: This is Kathy, I can see Jay Harner and Linda litton on the remote side of members, I don't of interval a meeting but I do want to acknowledge they appear to be present.
>> CARRIE BACH: Thank you, Kathy.
>> KATHY CUBIT: Okay, I think I will move on now to the housekeeping talking points. As Carrie mentioned, this meeting is being recorded. Your participation is your consent to being recorded. This meeting is being conducted in person and webinar to comply with logistical agreements, we start promptly -- unless you are speaking. Remote captioning is available at every meeting. The captioning link is on the agenda, and it is important for only one person to speak at a time. Please state your name and speak slowly and clearly so they can capture information and identify speakers. Please keep your comments and questions concise to ensure everyone can be heard, webinar attendees may submit questions and comments into the

questions box located in the go to webinar pop up window and on the right side of your computer screen or use the raised hand feature. Those in person she is use one of the megaphones, and please wait to be called upon to speak. To use the megaphones come up at the base you turn it on. When you are done speaking, press the button again to turn the red light and microphone off. Time is allotted on the meeting agenda for two public comment periods, if you have questions or comments that were not heard please send them to the resource account email found at the bottom of the meeting agenda and the LTSS SubMac webpage. The emergency evacuation procedures can be found on the back of your agenda. In the event of emergency, everyone must leave and go to the assembly area of the left side of the (word?) church on the corner of fourth and market could if you require assistance to evacuate, go to the area right outside the main doors of the owners suite and OLTL staff will be there to help. With that, I think we can turn things over to Juliet for OLTL updates.
>> CARRIE BACH: This is Carrie, I would also like to remind everybody, when you speak please state your name clearly before you start for our remote captionist. We actually have Randy with us today for the OLTL updates, thanks for joining us today. Are you ready?
>> I get to sit in and the microphones don't work for good morning folks, this is Randy Noland I am the director of the Bureau of chlorinated and entered services, I will be giving the updates for OLTL today. We will just go through. We are going to talk a little bit about document updates. We're going to go over some information about living independence for the elderly program, the LIFE program. We will have our recent messaging and community HealthChoices. As far as procurement updates, the CHC request for application as you know was posted on the marketplace on January 30 could all questions regarding the RFA and its contents should be directed to procurement via the resource account that is listed here. We are in a blackout period and have no other substance in regards to that procurement. Acumen for the independent enrollment broker, all the contracts have been signed and finalized. We are meeting with (word?) to over our weekly basis on the things we are adding to the contract. We met with them earlier this week to talk about the beneficiary support system services that we are putting into place with them. They're working on some documentation for us, then an on-site live demonstration of their system so we can push forward. Just generally, the BSS services, we are looking for them to do case management type services not only to get individuals through the enrollment process, but also help individuals when they are already on the program. To maybe help them with hearings or grievances, or if they have other complaints on MCO they can go to IEB but it is an added entity that will help our participants go through the system, and there is a system in the system. Some good things coming out with that, more to come on that once we get that in place. There is no update on the agency with choice program, that is telling the situation and has been, so we have no update on that but that is kind of all the active procurements that we have. So I want to talk a little bit about the LIFE program pretty nationally it is known as the PACE program, and Pennsylvania is known as the LIFE program. As you know, we already have a PACE program, our pharmaceutical program in Pennsylvania but we don't want to have something with the same name. So nationally, PACE stands for program of all-inclusive care for the elderly. All PACE providers in Pennsylvania have "life" in their name, you will see that in the name of the program. We first started in fomenting the LIFE program in PA in 1988. We were one of the first is to do the program and bring it up. The focus of the LIFE program is to have individuals living individually in their homes and communities for as long as possible by providing a whole array of services for them. It is a managed care plan program that provides comprehensive, all-inclusive services bid that includes medical services, LTSS services, any services for the individual. So the LIFE providers do assessment on individuals, they have care plans in place. There is a lot of training that goes around it. Teams meet on a regular basis but talk about all the participants in the program, what their service needs are, what their requests are. And one of the biggest things that is promoted in the LIFE program, is it centers around the hub which is a day center type of hub. It allows individuals to come into the program, it's like an adult day care. They can get physical therapy, speech therapy, occupational therapy. There is outings and social activities, they can get their laundry done, they can get showers. There is also a clinic in each of the LIFE centers come they go to the

clinic for their medical needs and get their prescriptions, get their pharmaceuticals and medication through the LIFE program for they can get meals, there is meals at the center, they can also get meals that are sent home. So it provides a whole array of services that the person is assessed for in the program. They also provide transportation. A number of the LIFE programs have their own vehicles and vans to provide transportation. Other programs have to contract out for transportation services, but they provide transportation back and forth for the individual. Right now, the statewide total enrollment in the LIFE program is 7993. That was based on Aprils data figures. That number kind of flows up and down within 50 to 100 depending on enrollment. One of the unique aspect of the LIFE program is enrollments are always the first of the month, and if people choose to leave the program for whatever reason, disenrollment occurs at the end of the month for that is one of the differences between the LIFE program and committee health choices, community HealthChoices you can unroll any time, but LIFE it is the first of the month for there are websites for information about the LIFE program could kind of the way it is set up statewide, there is a program, we approved different programs by ZIP Code. So usually there is only one LIFE provider in a county. We do have a couple counties that have multiple LIFE providers because of size of county. Like in (NAME?) County, I have a couple LIFE providers down there, the population is so dense but so we have multiple LIFE providers there. We are active in 54 counties. We are trying to go statewide, it is very difficult to bring the program up in some of our more rural areas where we may not have the population for a full LIFE center. But we are working both with CMS and our LIFE providers to try to address that and bring those counties on board so that we can have LIFE as a viable option across the state. Like I said it is a managed care program, it is an alternative managed care program to CHC could participants can choose the LIFE program, it is not mandatory, but it is an option. We tried to do a lot of education about the program, the IEB when somebody calls and to get information, the IEB that has scripts that talk about the LED program. If people are interested they will forward that person's information to the local LIFE program for them to follow up with the individual and see if they are viable and interested in joining the LIFE program versus CHC. We sent letters out once a year to all of our participants in all of our programs, and forming them. It is an informational letter about the LIFE program, so that even our population in CHC will information every year about what the LIFE program is, and if they want to transition into that program. We try to do a lot of outreach and marketing and education about the program. We are always continuing to build the program. Next couple slides will show you the list of the various LIFE providers that we have. In the counties they are involved in. I'm not going to read through the whole list. As you can see, we have 19 providers with 52 different sites out there. So we do have a lot of options for individuals if they want to go to the program. Next I will switch over to the OLTL updates on the ListServ. As you know, we frequently communicate important program updates via the ListServ. Here are specific ones or areas you can follow could we put information out there about our home community waiver providers, OLTL service coordinators, there is information about community health choices that go out, information about the LIFE providers, information about nursing home transition providers could and we put information out about adult and residential licensing providers and our licensing process. We had a ListServ that went out on May 29 that was related to the Department of human services new public facing website platform. It is a complete change in the DHS website. So there was some information that was sent out about that, transition to that is only going to affect the DHS.PA.gov website. It will not affect other websites like child welfare information system or the PROMISE system or the enterprise link information for children across networks but it won't affect those networks, just the DHS website itself. We encourage anyone interested in receiving information related to available services to subscribe to the websites through the Caritas, there is a number of ListServ's after you can subscribe to could you can navigate to the ListServ .DHS.PA.gov could click on a link of it will give you a list of ListServ's you cancel tried to be basically all you need to do is type the name of the ListServ in, it will populate pit next, you click on, we call that the hamburger menu. In the top right-hand corner of the screen and choose to subscribe or unsubscribe, then pick the ListServ you want to be in and give your information, and you will get the ListServ that comes out. All right, last thing I want to talk about is the CHC

and OBRA waiver renewal. Amendments will be available for public comment in June. A Caritas will be sent out once he public comment period is announced in the PA bulletin for there will be a presentation on the renewal and amendment during the July LTSS meeting. Our anticipated publication date is June 15 and so in the next 10 days. So look for that. This is your opportunity to provide comment in regards to the waiver, both the CHC and OBRA waiver as we go through the renewal process. It will be out there, do you know how long we're going to have it out for comment period? 30 days for the comment period. You have about until July 15 for the comment period could I encourage everybody to look at it, make comments. Your comments and input and feedback are utilized, everything is reviewed and we utilize that as we move the program into the future. We do that with the agreements, we do that with the waivers. So please provide your input into that. And with that being said, I will turn it back over to Carrie for public comment, or for questions.
>> CARRIE BACH: Thank you, Randy. We will start with committee members, do we have any committee members who have questions? Oh, except Lloyd. Sorry, next time. Anybody else?
>> This is Monica from the brain injury Association of Pennsylvania. Randy, I am very excited to hear that Maximus will be offering some case management services could we would very much like to be able to offer them some training in brain injury, working with people with cognitive impairments can be very challenging and we have seen some not so great outcomes in the past. We can talk about that off-line.
>> Thank you, I will make a note of that. That will definitely be one of the things we look at when we are training the staff and bringing different groups and to assist with trainings. Thank you.
>> Okay, thanks.
>> CARRIE BACH: Please go ahead.
>> I just wonder if there are differences you might be able to highlight in the waiver renewal update that we can focus upon as an advisory committee, or just general public? We can know to look for those things.
>> Jenn (NAME?) is here come our policy director.
>> Good morning, Jenn Hale. I'm had to think about that question. We are going to do a conference of review of the changes at the July meeting, and it is by having a conference of discussion during that meeting, also assessing public comment during that meeting. There are some things that we are proposing in the waiver that are a result of come if you all remember Julius listen and learn session in the fall of last year, I think. We came out of that with some things we took back and evaluated and are making changes based on that feedback, also feedback from the many LTSS meetings we sit in. I feel like that comprehensive review will be July 2, and we will give you areas to focus on for sure. Does that help?
>> Sure, thanks. Appreciate it.
>> Do we have any questions in the chat from committee members?
>> KATHY CUBIT: I don't see any on the committee side.
>> CARRIE BACH: Thank you, Kathy. We do have one here in the room again. Go ahead, Jeff.
>> This is Jeff from Pennsylvania SILC. The first part is more relevant to UPMC, that is with the changing agreements with hospital systems. In the Southwest, we have UPMC I guess are going to be taking over Washington health system but I know there have been a few other changes, like Lehigh and Jefferson have sort of merger agreements but I'm just wondering if those will be impacting CHC consumers and if any communications have been done to consumers in those areas.
>> I guess I will call the MCO for that and especially with UPMC. David?
>> Unfortunately, I do not have a case for the on our system side. Generally speaking, it should not impact CHC directly, but we can get more information from the UPMC clinical services side.
>> Thanks. I'm also wondering about the other MCO that may have had contracts with Washington health system.
>> This is just from AmeriHealth Keystone, we will have to get back to you on that.
>> Same thing, but perhaps to come back on the MCO responses for next month.
>> CARRIE BACH: I wanted to take a moment to piggyback off of Randy's comments about the ListServ and remind everybody that we did make a change to the agenda schedule, and said of

reading the answers to questions from the previous meeting we are sending those out by Caritas for just a reminder to keep your eyes out for that. If OLTL isn't able to answer your question today, keep your eyes out for that because the answers might be coming before the next meeting. Thank you.
>> I do have one update on one of the questions from last time in regards to the department getting a zoom license we can have transportation summits. Unfortunately the Commonwealth cannot tap into other people's zoom good but we did just get approval from our IT people that we can get a license for Zoom, so we are in the process of working on a purchasing for that license but once that is done, we will be setting up, we will be beginning to set up meetings by zoom once we have a license there. Then I will set up the next transportation Summit.
>> CARRIE BACH: Thank you, Randy. That is wonderful news. Thank you for the update. And literally everybody that just changed. All right, I don't see any other questions in the room from committee members. Do we have any in the chat.
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>> We have one question in the chat could can a PROGRAM refused to enroll someone? If so, what are the reasons they can refuse enrollment? Do they have to send a denial notice to explain why?
>> RANDY NOLAN: Yes, the LIFE program does assessments on everybody to determine if they are appropriate for the program. There is a process in place in the federal regulations that allow the LIFE programs to determine if somebody is what they call safe to serve in the community. So they can make decisions based on that, if they fail the assessments, if the person is not safe to be served in the community for whatever reason but it could be because of housing reasons, because of care needs, they could make that decision to not accept the individual pretty yes, they should be providing denial rates or notices for individuals on that. It is a piece of the program we are taking a look at as we renew their provider agreements, but it is one of the prioritization's that they have what is called a safety serve assessment be done.
>> CARRIE BACH: Thank you for that response, Randy. I would like to open it up for public comments at this time.
>> This is (NAME?), how will the new case managed services and case manager services (away from mic) with service coordinators?
>> RANDY NOLAN: Thanks for the question. The BFS services through the IEB are just another service for individuals. They will be interacting with service court Nader's, they may be interacting with the link program, they are going to interact with various programs to assist businesses to get their issues resolved. Whether it is a complaint or issue in regards to the program itself. They will have links between any number of different people and help resolve these issues.
>> Good morning, my name is Tony (NAME?). A question about disposable (away from mic). Like quantity. Who determines how much of what you need? I'm going through a situation where I have to increase BME for me. I have gone through my clinic to send in the request. Is it the MCO, or is it CHC who determines how much?
>> I'm going to let the MCO come up, since they are all in the room hopefully you can have a conversation with them. The MCO determined this through their assessment of what the service needs are. So the MCO, if you want to come up and answer.
>> Just as a question, yesterday we had a rally where the secretary actually mentioned about the proposed increase. Is it participants only or is it for (word?) also?
>> RANDY NOLAN: I would have to get back to you on that. I don't know what the conversation was yesterday.
>> Good morning, this is Missy with AmeriHealth Caritas, Tony thank you for your question be depending on the BME that are referenced, there are benefit limits for some of those benefit limits can be exceeded under the waiver. That question is very specific to what you may be referencing, Tony I can give you my phone and we can connect after this.
>> Hello, (NAME?) from UPMC community BME E is requested by the clinician, but depending on the type there are, as Missy referenced, quantities that can be provided. In all of those requests are reviewed by our utilization management team to review the information provided

by the physician to determine what may be able to be provided for participants.
>> I don't have much to add in the way of the CMS requirements, but I would require any participants that require additional supply to talk to their service coordinator, put that in the PSPC as to why it would be needed and it would be a requirement of the service court Nader to look at opportunities where they could find additional resources or go outside of Medicare and look at the DME benefit that could be supplemented through the waiver on the CHC side.
>> CARRIE BACH: Do we have any questions in chat right now?
>> Yes, we have another one. Apologies to the thank you, this is Gabriel. What type of management is Maximus going to apply to make is the case management ongoing? Is it optional, paid labor service, or a fee for service?
>> RANDY NOLAN: It is a service that we are paying, we are paying Maximus to provide through the contract we have with them. It is optional, we are not assigning case managers to everybody. If they call in and need assistance, then they will have a case manager to assist them. And they will assist them through the issue that they are working through. It's not going to be long term pretty when an individual comes in and says I need assistance, I am getting the application done to apply for services, they will assist them through that process but if they call in and say I have a complaint against my MCO, they are X, Y, Z. They will assist them through that complaint process which means they are probably going to link back into my office to follow up on it. It is kind of a service need for the individual participant, like I said nobody is going to be assigning a full-time case manager, but it will be a service that is provided on an as needed or as requested basis.
>> There was one other one about the zoom link, but Randy answered that. So we are good for now.
>> That brings to mind the question of if a participant has no health issues, behavioral health issues and they are either not able to get these services that they need or family members might believe they need from or might not be able to access those services, would this case management from training also help in that regard or is that different?
>> RANDY NOLAN: If they call in to Maximus and say I don't feel I am getting the services that I need, then yes, Maximus will assist with that for they will provide some services, they will link, and a lot of times a man of linking back to the MCO. But they will help the individual tried to navigate those services.
>> Thank you, so it is kind of characterize as an advocacy service for the participant? Is that how you would see it?
>> RANDY NOLAN: I would not use the word advocacy, I would use the word case management for they are kind of just assisting the person through the system.
>> Thanks.
>> Jeff again from PA SILC. With the federal updates (away from mic). If you are dealing with the RFA now in community HealthChoices and waiver updates, I'm curious whether that would be included in the digital excessively updates, which is also been the updated federal law?
>> Great question, Jeff we are looking at this item. The timing of when the waiver documents have to go through our official review process. So before the on enrolled directly publish from is something we will have to look at. Definitely as we go through the public comment process, if you feel there is something that needs to be included that we may have missed, definitely make that comment.
>> What any updates that you have to do be considered substantial changes to the waiver under these items?
>> I don't think so, no. When we talk with CMS, anything that is a federal requirement is just falling in line with what we are required to do. At least in the past, they have not seen those as substantive changes.
>> CARRIE BACH: Everybody in the room is very, very quiet at the moment. Checking back with chat, anything there Mac we want to make sure we give people time to type their comments.
>> GABRIEL: Yes, we have a few questions in the chapter. First one, when we are planning services are you taking into consideration that there are more and more people who are

experiencing exacerbation of his abilities from radiofrequency exposure correct this is microwave sickness which is also known as electro magnetic sensitivity by the ADA, and electro magnetic hypersensitivity and medical literature in my own son's epilepsy was exacerbated by smart meters appointment on our former home, 115 seizures in one day and 109 the next in the hospital. This is status (word?) but we are finding there are no accommodations being made and this needs to change but we hope this is a venue that will make some change. Thank you for your consideration.
>> Thank you, great comment.
>> GABRIEL: Next question, please add to the person with the question regarding DME supplies them if they request an amount of supplies in the CHC plan does not approve that amount they are entitled to a written notice with the PO rights. Thank you for that. Again, when will this case management be available through Maximus?
>> RANDY NOLAN: The first question in regards to if somebody requests a DME, even if it is a limited benefit, any denial of services there should be a denial notice. Is that correct, MCO's? They are all saying yes. I think your second question was in regards to when services are going to be available through IEB but like I said, we are meeting with them right now to put things into place, and to go through the orientation of the new contract and the review period. Hopefully it will be soon, I'm hoping by the end of July we have stuff up and running.
>> GABRIEL: Follow-up to that, will case management be in person and over the phone?
>> RANDY NOLAN: Could you repeat that again?
>> GABRIEL: They are asking if case management will be available in person and over the phone?
>> RANDY NOLAN: Definitely over the phone, we haven't fully decided on the in person aspect of it. The idea right now does an in-home visit in the beginning part of the eligibility process. There is some ability to do that, but that will be in other discussions.
>> GABRIEL: Those are all the questions for now.
>> KATHY CUBIT: This is Kathy, Pam did you want to unmute and ask your question?
>> PAM WALZ: Sure, thanks. Will the new BSS services from Maximus assist consumers with appealing, terminations of eligibility due to the functional redetermination process?
>> RANDY NOLAN: Yeah, somebody calls in and asks for assistance in that, yes they can assist with that also.
>> PAM WALZ: Okay.
>> KATHY CUBIT: Does anyone have their hand raised?
>> GABRIEL: I will just check on that in a second. It was got another question, will Maximus be the only provider for the case management initiative?
>> RANDY NOLAN: Yes, BSS services through the contract with Maximus.
>> GABRIEL: I don't see any hands raised. Another comment, when you say they will provide assistance with appeals, deeming they will be able to provide representation in a fair hearing?
>> RANDY NOLAN: No, they will not be providing representation in the hearing itself. They will help participants if they need getting there paperwork together, but they will not be representing them.
>> I don't know enough about Maximus, but are they APA-based organization? Will they actually know about services that are available direct not only in behavioral health, but other areas.
>> RANDY NOLAN: Maximus is a national company but I think their primary headquarters is Chicago. They do have an office here in Pennsylvania, and a lot of presence here in Pennsylvania. They provide BIB services for both health choices and community They have been involved in our programs for many years and have a lot of education on the programs and services in the state. They do have a lot of experience working with Pennsylvania.
>> GABRIEL: Nothing in the chat.
>> CARRIE BACH: We have a question in the room.
>> My name is Kelly Barrett, I utilize home and community-based services but I am very well-versed in involving the independent enrollment program. My question is, what additional training, or do you foresee any additional training being provided to the case management folks

that are going to be delivering case management? Because frankly, in my experience in assisting people with going through the waiver process, sometimes Maximus has been a hindrance for them. So I have a concern that if they are to provide case management in addition to enrolling people in a program when that has been an issue.
>> RANDY NOLAN: Thanks for your comments. If you have concerns with Maximus or certifications, let us know and we will work through those. Yes, as we put the BSS program into place we will be providing training and education to them. We will probably doing some outreach and meeting with various groups to assist with that training and background for them. The goal will be too make sure they are trained on all of the services and can assist participants as much as possible.
>> CARRIE BACH: Randy, I have a follow-up question to that. When you say, please get a hold of us. How would you like and vigils to reach out to OLTL in these situations?
>> RANDY NOLAN: They can call us on the participant hotline.
>> CARRIE BACH: Thank you. Is the participant hotline number easy to find on the new website? I haven't had a chance to play around yet.
>> RANDY NOLAN: He is going to look right now.
>> This is germane, the number is 1-800-757-5042.
>> RANDY NOLAN: Was that easy to find on the new website?
>> It came up quickly when I did a search.
>> RANDY NOLAN: Okay, thanks.
>> CARRIE BACH: I think we will give folks another minute for anything in the chat to pop up, then if the MCO's are ready we can move ahead to the next topic.
>> GABRIEL: Just two quick questions, we are getting a couple comments about people having trouble hearing greeted people could get closer to the megaphones of possible but one commenter said they couldn't hear well, again for Randy. When is the case management initiative being rolled out?
>> RANDY NOLAN: We are working with Maximus now to design the program and get that through review on the new contract, the hope is there designing some systems for us. We are going to be going on site, do some systems review on them. Hopefully by the end of July we will start having things in place so that these services are available.
>> GABRIEL: I guess this is a germane question, how does one join the MLTSS subcommittee?
>> This is germane, I saw your question in the chat come information was sent in the chat. Anyone who wants to join the LTSS subcommittee can send an email to us. We have our resource account, RA-PWLTSSSUBMAAC@pa.gov. So let us know if you have interest, and we will get back to you.
>> KATHY CUBIT: That account is also on every agenda if you didn't catch all of the information.
>> Right, it is currently up on the screen if you are in the webinar. Bottom of the agenda.
>> RANDY NOLAN: I will give one last update, some of you have worked with our chief of staff, Sara Witmer. She is retiring at the end of June, mid June. Juliet has appointed a new Chief of Staff who is sitting in this room, our new Chief of Staff will be germane Grover. So we look forward to that. I thoroughly enjoy (indiscernible).
>> CARRIE BACH: Okay, I think we are ready to move on to the next topic. His UPMC ready to jump in a couple minutes early? Okay, perfect. Thanks, Dave.
>> Good morning again, Dave Gingerich from community health choices. I will be talking about today supporting participants of loss of eligibility at one of the first aspects we focus on is supporting our service coordinators to understand how their role plays in supporting individuals with eligibility. We focus on the different aspects. We utilize the interRAI, we want to make sure our service providers understand how completing that assessment does have impact on an individual's services, as well as the elderly for the overall program but we also chain our service coordinators on understanding the functional eligibility determination, as well as looking at previous assessments to make sure we are given relevant information to ensure that the information that we are gathering is as accurate as possible. We also want to make sure that our service coordinators understand that the assessment (away from mic). To influence

eligibility in the program. Making sure they understand, again, how that assessment is completed, document and the needs of the participant, all relevant information for the participant as well as those involved in the assessment process to ensure that it is as accurate as possible. Then if somebody is determined to a loss of eligibility, focus on the steps that we want service corridors to follow up is for the individual through that process. Whether that is helping them file an appeal, connecting them with additional resources, as well as explaining what is going to be the next steps, maybe. Focus on different aspects to make sure they are informed of this process so they can support participants through it. Next slide, please. As referenced in the previous slide, we have alternative support programs. Making sure our service coordinators are aware of some of the different state-funded services that may be available to participants. So if they lose clinical eligibility or financial eligibility in the program, we want to make sure we are supporting participants through the appeal process if that is the route they want to choose. If they may not be eligible, connecting them to programs like the act 150 option, Pennie, as well as other community resources that we maintain for individuals, again should they lose eligibility. Next slide, please. Our main priority is to help participants maintain eligibility P that is the number one goal. Right? We want to help participants be aware of the importance of completing applications on time, but also want to support them in understanding the importance of getting the clinical assessment completed, as well as completing the financial paperwork. We make sure, that again we are reaching out to participants on a regular basis and ensuring that we are getting up to date contact information. Also encouraging them to sign up for the various alerts they can get through the Department of human services, as well as through UPMC whether that be text or email. We want to make sure we have accurate contact information when we are doing outreach to participants. That is unfortunately a common problem that we come across, individual's may have changed their phone number or address and that does make it more difficult to get some of the information to them to support that eligibility on a regular basis our service coronation team is making that outreach so we can ensure we have the most up-to-date information when we need to contact them. We also train our service coordinators and work with our wonderful eligibility team to support individuals, participants on an ongoing basis, a monthly basis. We have system notifications that will let somebody know that their application is due. And we make phone calls to support those individuals, and also make referrals to our eligibility team to help them with the applications to maintain that eligibility. During the unwinding period for the public of emergency in particular, we ramped up that process to ensure we are following everybody multiple times, making sure we are reminding them of the due dates, what needs to be done, offering assistance if they need it. Next slide, please. So between the period of April of last year and May of this year, UPMC CHC had over 256,000 outreach efforts. This is for eligibility renewal. So outreach was mailings, calls, calls to nursing facilities as well as community-based organizations. You can see everyone involved in the process but our service court Nader's, telephone care managers, our community outreach team, as well as (indiscernible) the major we are making folks aware and offering that assistance to them. Again, our main priority is to help people retain that eligibility within the program. We started out reaching to individual members at least two months in advance of when their due date is, and individuals receive multiple calls as well as mailings. Again, reminding them of that support. Eligibility has two components. I wanted to touch on clinical eligibility. Because everybody has to go through an annual eligibility assessment, if it is determined that they may not be clinically eligible, we support individuals one in outreach to individuals prior to that date, we don't want to go over that 355 day requirement could but we also contacted the physicians offices for individuals if they need a new physician certification. We would do drop in visits at physician offices to support completion of the necessary paperwork to maintain that eligibility. We also work with individual providers to maintain services for individuals. We work with providers to ensure there is coverage for participants so they wouldn't go without services during that appeal process. Going back to an earlier slide, so contact information could we want to make sure we had accurate contact information for participants to make sure they were getting these notifications, that they were understanding the notifications. Really supporting our service coronation team, the telephone team. Next slide, please. For our financial assistance, and is

into meeting to be clinically eligible in the program. There are two different paths on this slavery on the left-hand side, this is provided through our nursing home service coronation team to support individuals maintaining eligibility within nursing facilities. So our system, our case management system does provide the notifications to our service coordinators if somebody has a eligibility date coming up in our service corridors and reach out to the nursing facility with a list of individuals who are becoming eligible and are within the office, as well as our network staff to help support in completion of that paperwork and maintaining that eligibility. We also work with participants and other family members, as well as other individuals and if they have power of attorney or other representatives, to again complete that paperwork prior to that eligibility date. For individuals on the community-based side, again we also have a system notification that occurs 60 days in advance to service corridors. Our service corridors are outreaching to participants to remind them of that date, offer assistance, following up with individuals, you know, offering to assist with the application and offering to connect them with our eligibility team. Also supporting and contacting the County systems office and collecting the appropriate information that they may need to again either maintain eligibility or appeal it if they have been determined ineligible. Any questions for me?
>> KATHY CUBIT: This is Kathy, I have a question David. Thank you for your presentation. First, I'm hoping part of the resources shared with your service coordinators is PA MEDI, since a majority of CHC participants have Medicare it is important that you referred to PA Trinity to understand their options and take advantage of special enrollment periods that have time limits. My question is around people that live in nursing facilities that lose coverage for procedural reasons, I think you had administrative terminations referenced on your slide. Could you speak to what strategies a little bit more? Like what you found, why people in nursing facilities would be losing their coverage for those reasons? And if you have made any changes in terms of how to avoid that from happening in the future. Thank you.
>> DAVID GINGERICH: Thank you. Two your first part, we do assist folks, the majority of infidels that do have Medicare, we do work with individuals as well as if they are enrolled in the DCF program (away from mic). We connect and discuss issues with participants. To the second part related to nursing facilities and individuals who may have been disenrolled for administrative reasons, some of the drivers we saw with that. One of the biggest ones unfortunately we saw was the number of participants who indicated they didn't need assistance. So we offered assistance to connect them, and they say they are aware of that and they are going to take care of it. We will continue to follow up with them, and remind them. But at the end of the day, sometimes they just do not complete the application. Unfortunately if that happens - we also found some issues in connecting with or getting individuals who have guardians to be able to complete the paperwork to submit to maintain eligibility Peter those are two areas we do see some challenges within nursing facilities. Again, when we did come across those instances, we would offer them connection with our service coronation team, to reach out to business offices going to nursing facilities to offer assistance to try and get additional information to do whatever we could to help encourage, remind the participant about the importance of the need to complete the application, as well as working with a representative.
>> KATHY CUBIT: Thanks again, David could could you just clarify, are you saying that you are connecting directly with residents, or their family or responsible party? Or is it just communication with the business office?
>> DAVID GINGERICH: We connect with both. We connect with participants as well as the business office.
>> KATHY CUBIT: Thank you.
>> PAM WALZ: This is Pam, can I ask a follow-up question?
>> DAVID GINGERICH: Yes.
>> PAM WALZ: Hi, David could could you talk a little bit more about what the issue is with guardians? When a nursing home resident has a guardian, to the service corridors then reach out to the Guardian, and is the difficulty getting the Guardian to work with you or to move forward with the redetermination, or something else?
>> DAVID GINGERICH: So when an individual has a guardian from our service corridors will

reach out to the Guardian to explain the information. Same as what we do with the participant, explain why they need to do the application and offer assistance. Sometimes we do get people with gardens that -have been guardians that are unable to provide that information.
>> PAM WALZ: Do you have any issue if this --does is come up with professional guardians as well as family guardians?
>> DAVID GINGERICH: I would have to check with the team to confirm a breakdown. We do heavily see it with both professional as well as family member guardians.
>> PAM WALZ: That is really interesting. The professional guardians really have kind of one job, which is to do that. So that is distressing, but interesting. Thanks for sharing it.
>> CARRIE BACH: Do we have any questions in the chat for David?
>> GABRIEL: I have one question I missed on the last round from Doctor DeSanto, I am I muting you now. It looks like you are showing as self muted, doctor. While we are waiting on that, we do have another question. How are nursing facilities notified 60 days in advance?
>> DAVID GINGERICH: Our service coordinators are making outreach to nursing facilities with names of individuals that are due for renewal within that 60 days. So our nursing facility service corridors are making that outreach to the facility. And I believe the facilities can also see that information in the state eligibility system as well.
>> David is correct on that, the nursing facilities have access to the system so they know when people's eligibility's are coming up, or redetermination's are coming up.
>> GABRIEL: Follow-up to that, are they receiving phone calls?
>> DAVID GINGERICH: The participants, if they are in nursing facilities they are also getting a letter. But they are more likely getting in person contact, because not all nursing facility residents have that phone number.
>> GABRIEL: Thank you. Doctor DeSanto, you are I needed if you would like to ask your question.
>> Yes, thank you very much good I am from Berks County, I am a physical therapist and I founded a nonprofit, Pennsylvanians for safe technology to help advocate for people who are disabled by electro magnetic sensitivity. We really need your help. The array of services you describe seems to us like an impossible dream, we are really in need of help with most basic vital services such as access to medical services and housing. It's not as difficult as it might seem. I had a backup phone on because the last meeting I was on from our power went out and I couldn't participate. I'm sorry. I don't think this is as difficult to start to accommodate people with this disability as it may sound. Hardwiring, flex zones, simply asking people to put their phones on airplane mode or turn them off if someone is present who needs that. People who have this can have a range of symptoms, the most disabling would be when it starts to affect your ability to walk, use your hands, think. People have more seizures. But what we really need his help. As most of us have this and it is very difficult to advocate for yourself when you are increasingly disabled. Even in our own homes, we have asked for ADA accommodations, some of us have had lawyers and the mandate for these smart meters really seems to exacerbate this disability very severely good to the point where some of us have arrhythmias that can be fatal. I know that is a lot. But I would be very interested in joining the subcommittee to do anything I can to help start to get some accommodations. Especially in our own homes.
>> Thank you, Doctor Peter this is Randy Nolan. Can you send me an email? And I will do some follow-up internally and start some discussion on this.
>> I would be very grateful. How do I reach you?
>> RANDY NOLAN: My email address is rnolen@pa.gov.
>> What was your first name? I'm sorry. Randy, okay. Thank you.
>> It is Nolen. The main thing is the E.
>> Thank you.
>> KATHY CUBIT: Do we have any more questions for David before we move on to AmeriHealth Keystone first.
>> PAM WALZ: This is Pam, I had one more question. Referring to one of your slides, David there was a slide about assistance provided to people who are losing eligibility that said the service court Nader's help to establish continuity of care, if possible. Is that a reference to

helping people appeal in time to continue their services while an appeal is pending?
>> Yes from our service corridors will assist participants if the (word?) reference is friendly, we will maintain support detailing services through that process.
>> PAM WALZ: Thanks.
>> KATHY CUBIT: Okay, are there any other questions for David before we move on? Thanks again for your presentation, David. There may be more after the full panel completes. But AmeriHealth Keystone, do you want to start? Thank you.
>> Sounds good, this is Kim Nelson. I'm ready if you can advance to our first slide. Okay, my name is Kim Nelson. I am the director of LTSS clinical services, and my counterpart Heather Lawson and I are going to talk about the support for loss of eligibility during redetermination. We receive a list of participants who were nursing facility clinical eligible and are now nursing facility ineligible and do not appeal the decision. We take that list and provide it to our triage care managers who reach out to the participants. They use an approved script which is shown on the slide to outreach. The team makes three outreach attempts, which includes two phone calls and one letter to the participant. They talk to them about, you know, if they were assessed and no longer qualify for these services, and notice of an eligibility was sent to them on the day and they did not appeal the decision. If you could forward to the next slide, please. So the outreach script, we ask the participant a series of five questions to help understand why they did not appeal the termination. We just go through that script with them, asking if they recall receiving the notice, saying their services were terminated. Recall speaking with their service coordinator about it, and the status of their services. Were they made aware how to appeal? If there is a specific reason that they did not pursue an appeal, how were their needs currently being addressed? Next slide, please. Just to share a little bit of the outreach outcome analysis, after working through the outreach process with our case management team we noted the following information while talking to the participant. We had some folks who were unable to reach, overall those calls decreased in April versus February and March. So we were more successful but we found that most participants who were eligible for a different type of health plan were happy with the new health plan. We talked to several participants who had filed an appeal and were in the appeal process in the months of April and March could we talk to more participants in April that had been reinstated in a CE based on what we had seen in February and March were there were some participants that we contacted who were no longer interested in being on the health plan, and overall the number of participants who refused to appeal has decreased from what we saw in previous months. So that is what I have, basically a high level outcome analysis. I will turn it over to Heather.
>> HEATHER LAWSON: Good morning, this is Heather Lawson. Thank you paid for the post financial termination for service coronation, much like what was spoken about earlier, we also work very proactively with our participants who are falling within the timeline for renewal. Some of the activities that we do with our participants includes but also is not limited to assisting with explaining how to complete the application. Assisting with navigating through compass, we also will do face-to-face meetings with our participants in their home to review and submit the application. Then facilitating conversations with our local County assistance office if needed. We very much have a proactive approach, we have much like what was said earlier, we have a two months in advance that we start the communication with the participants. Our service coordinators receive alerts through a task-based alert. They are aware of who is coming in the MA renewal phase, and know to start the conversations. If a participant becomes financially ineligible for waiver services, the service coordinator can contact the participant. So we discussed their pending termination, we assist with contacting the County assistance office to understand what information is needed, we help with filing an appeal once the eligibility determination notice is received. In addition, after participants submit their financial application, if we receive notification that they are falling as a zero 42 code, meaning there is additional information needed, we do subsequent follow-up with participants and other representatives if requested by the participant to discuss what is still outstanding for the application. Next slide, please. So additionally, we as mentioned, we engage in conversation with our participants and their authorized reps if requested. What we speak about, we discussed plans for meeting their

needs with informal support could we discussed their backup plans paid any assistance they may have available through primary insurance until such a time that the eligibility may be reinstated. This is after, if there is an eligible notice, which Kim spoke about earlier. To speak about the nursing facilities, we do also communicate with the participant and the business offices to discuss any follow-up plans needed to confirm that the participant can continue to live in the facility while the eligibility is being addressed. I'm sorry, and also engaging with the participant's representative. Some of the things that we did find similarly where participants are losing eligibility, a lot of it is with the holdup as mentioned earlier, with work submission either through a guardian or POE. Wills also have the extremes where service coroners have offered assistance and participants have declined, but that seems to be barriers for our nursing facility participants. Next slide, please. In addition to the nursing facility, we also follow up with the participants who fall under the functional eligibility determination report. So upon receiving the 60 day functional eligibility report from OLTL, our service coordinators follow up with participants not only who are listed as UTR, but also to confirm the participants who remain (indiscernible) who have been found NFI and who are refusing to participate in the aging well follow-up call and contacted when we work with our participants who OLTL has identified as unable to reach with our aging well contact attempts, whatever service coordinator does, we begin to outreach to the participant to discuss the updated assessment that is needed. If made contact, we do encourage the participant to participate in the assessment and make themselves available. Regarding the importance -if it would also confirm the participants contact information, including their current address and current phone number which we then update our post 60 day FPD report which goes back to the office of long-term living with the confirmed information. Additionally, if we also discovered that the participant is unable to reach, we will begin our unable to reach process, which includes staggered contact attempts, outreach to formal and informal supports, primary care physicians, pharmacies and we also send in unable to reach letter, and complete an unannounced visit with the participant. Next slide. Okay, thank you.
>> CARRIE BACH: Do we have any questions?
>> PAM WALZ: This is Pam, I do have a couple of questions. Do you work with consumers who have just gotten a termination notice due to functional eligibility in the way that UPMC was describing to explain to them what is happening, and help them file appeals and get continuity of care during the appeal? Then secondly, could you explain a little bit more, that last slide about the unable to contact? I'm not familiar with the 60 day FPD report. I'm not sure what that consists of and when that comes in.
>> HEATHER LAWSON: Thanks, Pam for the questions but I can definitely give some feedback on those. When we are notified that a participant is being found clinically ineligible and we have to follow up with the MA 570, we do a couple of things good service coordinators are responsible for contacting the participant to explain what the processes. We also are responsible for engaging the primary care physician to update and return the MA 570. In that time, we walk through the process with the participant. The importance of having the MA 570 completed. Then if we find that the participant is still being deemed NFI after the session of the MA 570 and they are facing termination, we do work with the participants to ensure that they are aware of and how to file an appeal. We help them walk through that process as well. During the time, we are still having conversations about continuing to ensure health and safety, what do backup plans look like, what are your current plans? So we are also planning for in the event it needs to go to an appeal. The second part with your question, so we receive what is called a 60 day functional eligibility determination report. Where it lists the participants who have been assessed by aging well, and it comes with different criteria. It results in whether the participant is still NFCE, whether they are NFI, whether they refused to meet with aging well, and whether they are unable to be contacted by aging well for the assessment. This is in the event the doctor does not return the MA 570. In that time, we receive that information and we do our due diligence as well to help to assist, to locate the participant. If we get hold of them, to discuss the importance of the assessment, but also we are then confirming the address and contact information that we send back in a spreadsheet that goes back weekly. That then confirms where the participant and how they are able to be reached.

>> PAM WALZ: Thanks, that's helpful.
>> HEATHER LAWSON: Thank you.
>> KATHY CUBIT: Are there any other questions, and any questions in the chat?
>> We have two in the chat. Does AmeriHealth have numbers on the NFI follow-ups?
>> HEATHER LAWSON: That is something that we can work to pull together, what the information would look like. Not look like, what we have. We can pull that together. I don't have it at the top of my fingertips.
>> Okay, then they are asking could you repeat the names of the presenters from AmeriHealth?
>> HEATHER LAWSON: Sure, my name is Heather Lawson, and I am the director of service coronation and oversight.
>> KIM NELSON: And my name is Kim Nelson and I am the director of LTSS clinical services.
>> Thank you for that, we have one more question. Give me one second. Sarah, you are showing as self muted. You are on muted now. Sarah, you are unmuted.
>> (away from mic) And I have been having some problems getting registered with AmeriHealth Keystone first grade I really want to find out how I can be able to go about registering with any of the MCO's. I would like to find out how I would be able to enroll with the MCO's. (away from mic). Thank you.
>> RANDY NOLEN: This is Randy from the office of long-term living. Our responsibly with the program is to monitor the three MCO's to make sure they have an adequate network and meet the needs of our participants throughout the program. We do not dictate to the MCO's who they enroll or credit as a provider in their network, our responsibly is to ensure they have an adequate network. And that is how we monitor them. So to become a provider in the program, obviously you first have to enroll with the office of long-term living. That is part of the process. Once you do that, it doesn't guarantee you will be enrolled as a provider in any of the three managed care plans. That is a discussion you would have to have with a network of folks at the three MCO's. We do know in certain counties across the state, there is an overabundance of providers in counties. So they are not enrolling new providers in certain areas. To the southeast is one of those areas they are not enrolling in prayer that is a discussion you would have to have with the MCO but what I would say to you, one of the things you should do is certainly outline for the MCO's the ability you have as a provider to work with certain populations. Maybe work with a certain population that speaks a different language or has a different cultural need for their services. That is something you should definitely highlight when you meet with the MCO could as far as enrolling with the MCO, that is a discussion you have to have with them.
>> Thank you.
>> RANDY NOLEN: If you want, all three MCO's are in the room. They will all be available, they can take your information and get back to you.
>> Thank you so much.
>> Were we able to get the computer training team? I think it was Sara.
>> Yep, Sara you are unmuted. Okay, what we wait for that we do have two other questions but what does outreach look like for participants who have cognitive limitations?
>> Hi, good afternoon. The outreach for participants with cognitive limitations would be the same could we would make outreach to the participant or the representative. If we have somebody possibly who resides in a residential rehabilitation for TBI participants, we would engage with those teams as well could we would like to work with the participant, their appointed representatives if they have any, or any of their formal or informal supports that could help us to walk through the process while engaging the participant primarily.
>> Thank you for that for the other question is please advise to whom the provider should send inquiries to win the eligibility is removed retroactively, sometimes weeks and months backdated.
>> RANDY NOLEN: This is Randy, if that occurs the provider should be working directly with the MCO's to try to resolve that issue. We do know that becomes an issue with retroactive, so work with the MCO, the MCO will work with OLTL.
>> KATHY CUBIT: This is Kathy, let's move to Sara when we get to public comment so we don't get too far behind schedule. Now let's move to Olivia from PA health and wellness. Thank you.
>> OLIVIA MARTIN: Good morning, I'm Olivia from PA health and wellness. Next slide, please.

(away from mic). We do have a focused CHC approach here for our participants. During the unwinding, we developed a pretty comprehensive approach for multiple parties, departments, and staff within pH W. Number one, I think our nursing facility service coordinators in our home and community based take control. We have also done additional provider training for our providers, including PCPs and clinicians to increase awareness, collaboration and coordination. Our internal systems, we track upcoming eligibility renewal dates. We are notified at 90, 60, 30 could we have multiple different alerts throughout our system in different time frames. So our service coordinators can support as much as possible. We do have close clean occasion also with aging well, regarding any demographics that may have changed, or need updating. If aging well cannot get in touch with a participant they work closely with us as the MCO and also service coordinators on any updates or possible changes to demographics. Next slide, please.
>> If you could get closer to the microphone, that would help people hear better. Thank you.
>> OLIVIA MARTIN: So if a participant is losing eligibility for a change in their level of care, we are notified from the independent entity. If a participant is moving from NFCE to NFI, we will request a MA 570 form from the participants physician to be completed and returned within 30 days. Our service court Nader's and our internal pH W staff sort of follow that request to make sure we have that in hand. Once we get that it may 570 from the position, we will look at that it may 570, send it to the independent assessment, and also review it and compare it with our current comprehensive assessment and any (word?) on file for just to make sure there is consistency within the assessment. If the participant is in a nursing facility for the SC collaborates with the business office and the participant to make sure the appropriate paperwork has been submitted. If the participant is in the community, the SC does outreach to them to inquire if they are aware of the level of change in their care. If the appeal date has passed in the participant is still interested in receiving LTSS services, the SC can assist the participant in contacting the independent enrollment broker to create a referral. Next slide, please. Can you hear me better? So if there is a change in financial eligibility, the SC does outreach to the participant to determine if all the paperwork was submitted. If the participant is missing any documentation, the SC will assist the participant with communicating with the CAO and help gather any of the information that is needed. I know earlier when the question was asked, how do we support our nursing facilities? The SC is regularly in those nursing facilities, they do work closely with business office because there are multiple different communications going out. Face to face, email, and phone munication as well to assist the teams in making sure that packet is submitted. So if the participant has seven all of the financial documentation and they are still ineligible, the SC obviously checks on health and safety. Also ensures that the backup plan is strong, and that their backup plan is in place. They make of the day health risk assessment, they inquire about any services they may be eligible for within our funding. If they have services through Medicare or any community resources that could be put in place. Inquire if the participant would like to appeal, then they also educate about other programs such as the OPTIONS program, LIFE program, act 150, etc. So here is just some recent data. This is a breakdown of NFCE to NFI. If you look, I believe this is for the last quarter of 2023. I will confirm, but the total number of participants targeted for outreach was 104. Those successfully reached over those 104, there were 51 that were successfully outreach. There were 53 that were unsuccessfully outreach. This touches on that unable to contact process that I know AmeriHealth has described. Of those that were successful in reaching, 34 decided to file appeal and 17 did not wish to file an appeal. So they were assisted by our service coordination team to file an appeal. Next slide, please. Our pH W staff and S literacies are trained on multiple resources throughout the state. You know, to help them in the event they become ineligible. Whether it is financial eligibility or level of care changes. I have some of those resources on their, AAA, the PACE program, P8 MEDI which was mentioned earlier in the presentation. Next slide. Also the -ite and we do have a community connect program which our service court Nader's and the public can research what is available in their community. So what is available according to their ZIP Code. Any type of assistance that can be offered, the SC always tries to get them as well. Next slide. Questions?
>> This is really to all of the MCO's, I'm not sure if I am right about this, but it seems to be the

most costly to the MCO. If you are enrolling, it would be the one in skilled nursing facilities. Is that correct?
>> It depends on the services in place. I would say, I would say yes. It depends on the level of care and what services they have in place.
>> Okay, thank you my next question goes to Randy. Are there ways to be able to differentiate those who are disenrolled, got reenrolled in a particular MCO's support program for CHC versus any of the other two to determine if there is any possible way to do a reduction of services for individuals who are considerable and cost versus those who are not? We realize the invariance, I just wondered if that has happened at the OLTL level or not.
>> RANDY NOLEN: At this point, we have not done any study like that to look at cost or reduction of services. I mean, it is something we may want to do. I do know kobo to your question, we do have some care plans in the community that are higher cost. We recognize that our goal is to serve everybody in the community, so we do have some care plans that have a lot of skilled nursing and they may be higher cost. But to your second point, we really haven't looked at any of the data on that.
>> Okay, thanks.
>> Hi, Mike Grier. It is nice to put a face to a name. I was just wondering in the presentation, you said there were folks that refused to appeal. Why? Could you kind of walk that out a little bit? Why would somebody refuse to appeal?
>> OLIVIA MARTIN: There is a couple of reasons for that. We have folks who may have had a change in their finances, they know they are not going to be eligible. That is what we see a lot. They know they are not eligible for financial reasons. I can think of any other refusals, unless they are just not wanting services. We do have on occasion folks that (away from mic).
>> Thank you.
>> This is Jeff again from PA SILC, I was reading recently that the nursing home in Pittsburgh recently close. My question is, how is it handled when a nursing facility closed? I guess for CHC recipients, and is nursing home transition offered in case maybe they don't want to go back to a nursing facility if it is closed?
>> KATHY CUBIT: Jeff, this is Kathy, I know it is rude to interrupt. Let's hold that question and conversation for the open forum. We need to move on to the Mercer study soon. Let's focus on questions directed about the redetermination process, please.
>> PAM WALZ: This is Pam, I don't know if there are other questions in the room, but I have a question if it is time.
>> CARRIE BACH: Sure, Pam. If it is related to the three MCO's, go ahead.
>> PAM WALZ: Yesterday was really helpful, Olivia, getting the breakdown of your outreaches. I am wondering whether we could get a similar breakdown from the other MCO's of the numbers and the categories of results from the outreach. Then I also just had a comment, on the list of useful resources for all three MCO! Local legal services programs or statewide legal services programs would be another really useful resource to offer your members since we can actually assist with appeals, also advising people who may be financially ineligible about their options in terms of spend down or things like that.
>> AmeriHealth and UPMC, will you provide that in the future?
>> HEATHER LAWSON: AmeriHealth, we can get a breakdown.
>> CARRIE BACH: Thank you. At this point, can we hold the remainder of the questions until the end of the meeting? We do have another public comment period, and move forward with the Mercer presentation.
>> SPENCER SVENDSEN: Wonderful, thank you so much. This is Spencer Svendsen from Svendsen, we are happy to be here to present a project that MCO is partnering with Mercer on. We'll cover goals of our project, the categories of race that ultimately are going to be covered in the analysis, the components of that analysis, then some opportunities including future LTSS meetings like this where stakeholders can share feedback and a point of view ultimately that we can take a look into. With that come on the next slide here we will get into our introductions but as I said, my name is Spencer. I am a lead consultant here at Trinity. I have 5+ years of experience in supporting the Commonwealth's capitation and fee-for-service programs but I am

one of Mercer's provider rate subject matter experts would with that, I will pass it over to Amy.
>> AMY KORZENOWSKI: Thank you so much, Spencer could my name is Amy Caritas, I am a principal at training to read a little about me, I have many years of experience in the LTSS space, primarily on the provider side. Have been working with a number of other projects with OLTL on HealthChoices for the last three years. We can go to the next slide, just a little bit about what we are going to speak through today, ultimately we have three main goals of this rate study. As mentioned, OLTL has asked to partner with us on assisting with conducting a rate study on some key select services which Spencer will go into in a short bit could what we will be doing, we will essentially be looking at the existing fee schedules that are in place, and comparing them to some market-based information to identify some benchmarks. When we identified, will take the next step, look at any potential gaps in regards to the existing fee schedules, and do a fiscal impact with that associated rate range. And another component of this process is what we are doing today, engaging with stakeholders to solicit some additional feedback that we should be considering as we are considering the rate study. We will talk a little bit more about that shortly as well. If we can go to the next slide, I will hand it to Spencer to talk about the services.
>> SPENCER SVENDSEN: Perfect, thank you. We are looking at these select service categories as part of our rate study. Those are going to be adult day, residential habilitation, personal assistance, structure day habilitation, and finally employment and training service is pretty you might be thinking, how is Svendsen going to evaluate the adequacy of these rates? On the next slide, we are going to talk through a few of the key components we will be looking at to ultimately develop the market-based approach that Amy was speaking to. You can go ahead and go to the next slide. Perfect. A few things we are going to evaluate, we're going to take a look at wage ranges in the marketplace today and average wages for HCBS market positions based on market data, provider data, which Amy will get into a little bit later, then ultimately for wages and anything else, making sure that those ultimately fit within the service descriptions, then any statutory or regulatory requirements that go along with those services. In addition to peer wages, we're going to look at the rest of compensation. So what we like to call employee related expenses. These are the benefits and taxes that providers ultimately incur in order to staff appropriately to deliver services. And of course, as we all know, in addition to employee compensation there are other costs that are required in order to do business and to deliver these services. So we will be taking a look at those other costs, and lastly looking at any additional assumptions that need to round out our market-based build of the provider ranges such as productivity, average group sizes, units of services delivered. Again, we will look at market data. We will get into some provider data that we are going to ask ultimately that folks submit in through a survey, we will be looking at what is required for services good with that, I will pass it back to Amy to talk a bit of the opportunities that stakeholders had to give feedback through this process.
>> AMY KORZENOWSKI: Right. So ultimately, what we hope to achieve are some goals with the stakeholders. Ultimately, we want to be able to gain some additional insights through a provider survey so we can use that information, that providers experience to compare against claims we have versus the market data that Spencer shared to better inform our ultimate review. In the survey, we will be asking about cost pressures, services, really again to give us a better insight of the real time, what the providers are experiencing in delivering these services. Then in the next slide I will talk through the timeline. Ultimately today, again we are just doing a brief overview of this rate study that is underway and talking through what providers can expect to be seen in the upcoming months. The next step will be one of the HCBS provider meetings, which is actually on July 18. We will have an opportunity to do an introduction to the provider survey itself, also just kind of discuss any key rate study components that we have been analyzing to date. The provider survey is targeted to go out via the question Pro, and we are targeting to have that go out in July and August. Again, we will collect information from providers to better inform the other data points that we have. Then lastly, a couple other touch points we will have with this LTSS committee, we anticipate participating on the July 2, as well as a September meeting just to continue to give an update on the status to date. With that, we can pause and

see if there are any specific questions that you have for us.
>> KATHY CUBIT: This is Kathy, are there any questions from members? Go ahead.
>> Things were coming in reporting on this, we are really excited to see this move forward and hopefully it will start to address some of the challenges we have seen in terms of recruiting workers, especially on the (word?) side. A question about the provider survey, I'm wondering how your plan to include interaction with that, will (away from mic) be included. Curious what you are thinking on that.
>> AMY KORZENOWSKI: Just make sure I caught that, was the question about participant feedback? For the provider survey.
>> For PAS where the participants are the employer, their feedback.
>> AMY KORZENOWSKI: So in the provider survey, we will delineate out the differences between if there is participant directed. The questions will very because of those different nuances in the services, but we will make sure to highlight that specifically. Spencer, if you have any additional context you would like to share, please happen.
>> Thanks.
>> We did a survey via participants directed workgroups. There were some surveys done in that, also.
>> KATHY CUBIT: This is Kathy, Latoya has a question.
>> Can you hear me?
>> KATHY CUBIT: Yes we can, go ahead.
>> Okay. Some of you may know, some of you may not but there was a rally yesterday in Harrisburg regarding this issue here with the wages and assessments going on. And secretary Arkush acknowledged that the wages are to look at my question is could you provide more detail on the objective data? How current the information is, and will factors like healthcare over time, paid time off, paid training and competing job markets be included? Also, will data scores such as living wage peculator be considered as part of wage review?
>> SPENCER SVENDSEN: That is a great question. There will be a number of data sources that we looked at, like a reference before. We we will take a look at average market data today, and from there we'll take a range of payment rates, ultimately that are paid to individuals that are employed that fall under the categories that BLS has come ultimately that will deliver the services that we are talking about here. We we will take a look at a range of those, we will also take in the current provider wages that we get from our survey, and ultimately we will bring that information back to OLTL but what we do here at Mercer, we develop a range of payment rates for those services that represent ultimately a range of underlying wages paid we will be taking a look at those again, recognizing that that is the landscape today. We will also be placing additional trend to make sure we are projecting the rates forward into the future. Then lastly, your question kind of about those additional compensation increases, things like PTO, things like benefit, things like overtime. Those are things we take a look at. Again, we like to use public record data. For example, the Bureau of Labor Statistics also shares information on the percent of compensation that overtime represents for industries and for regions paid we'll take a look at all of those items to make sure that ultimately, we deliver to OLTL the best representation of adequacy of the current rates, and really what is going on today. Then from there, it will be with OLTL to make any final decisions on movement of rates or things like that. Does that answer your question? Do you have any follow-ups based on that?
>> No, no follow-up at this moment. Thank you.
>> SPENCER SVENDSEN: Thank you so much.
>> KATHY CUBIT: Are there any other questions from members in the room before we moved to the chat?
>> This is Jeff from PA SILC, could you go back one slide, please? That has the stakeholder information on that. So how far is the look back period? Are we going back to, say, 2014 the last time there was a refresh? Are we going back that far?
>> SPENCER SVENDSEN: For wages in the survey come ultimately to align with the fiscal code, we will be looking at wages reported as of 2019, wages reported as of 2023, then we are also looking hopefully for any up to date or current information. Kind of performing a dual

purpose here in fulfilling what is needed for that fiscal code and that reporting, but also informing the rate study ultimately. We won't be going back that far, we do ultimately have some of that information from when the rates were fully re-based, we will have some comparisons to understand what was underlying the biggest rates and what we are seeing now to maybe understand some of those differences. But as far as providers and the information we will be asking from them, it will really be those two key time periods the fiscal code has, and also what the most up-to-date and current wage information is. 2023 was a year and 1/2 ago now, ultimately trying to get the most up-to-date information. We know there has been a lot of work ultimately to assess wages, there has been a lot of pressure both inflationary and just in general with the workforce, particularly around HCBS. So a lot of things can change from January 1, 2023 until now. Those will be the three time periods we will be looking at for wages.
>> And a quick follow-up, in terms of also more current things that have changed in the last 5 to 10 years, we have the federal electronic business verification requirements, we also have the PPE. What providers and consumers have to do for those, is that going to be part of this?
>> SPENCER SVENDSEN: Definitely could any additional cost that providers will incur as that of delivering those services, those are things we are interested in. Ultimately, we want to price those in. We want to develop provider rate ranges that reflect the cost providers incurred to deliver those services for things like EVV, things like PPE, those are all things considered, for sure.
>> My last question is, are you looking also at other states, not just Pennsylvania? Like how do we compare with other states in terms of our PAS rates and our time. To study would include?
>> SPENCER SVENDSEN: Currently that is not in the scope of the rate study, kind of doing an environmental scan and a benchmarking, but that is certainly something we can discuss with OLTL and see if they are interested in that.
>> This is Mike, I noticed they have a lot of collection of data and internal stuff. Are you guys going to do any kind of consideration to external forces -not in regard to setting the rates so much. But you are looking at salaries of direct service people, and ultimately the way that it is set up right now, we are competing against other sources other than human service workers. Any thoughts given on the consideration to looking at things external, not only just this at the site?
>> SPENCER SVENDSEN: Definitely been one of the main things when we look at wages is how our wages changing over time? What you are talking to, as of the that even CMS in the most recent final rule is alluding to. Providers are just competing ultimately to employ these folks with other HCBS providers, they are ultimately battling other employers that are going for kind of that level of wage. You know, like retail, like food. Ultimately, that puts a lot of pressure on the wages good when we look at that pressure is when we address those wage ranges forward. What we took today, wage ranges reported in the last year or so. From there we can project forward what that wage inflation or what that wage growth looks like. One of the things we do look at, how was the market moving? Ultimately a lot of that does come down to the factor of competition for those workers. So we definitely recognize that, that is something we definitely monitor.
>> Okay, thank you.
>> PAM WALZ: This is Pam, I have a question.
>> SPENCER SVENDSEN: Sure, go ahead.
>> PAM WALZ: My understanding is that agencies often do offer additional benefits like health care and time off. I don't think that is available in the same way to participant directed workers, but of course they need to be able to take time off, they need health insurance. How do you build payment for making those things affordable for participant directed workers into your estimates when you develop them? I hope that is clear.
>> SPENCER SVENDSEN: Definitely put something we have done in other programs in the Commonwealth, for example, for the office of development of programs when we developed their participant directed services is look at what allowance ultimately is given to folks to pay for those benefits but that is something we have looked at as well, kind of the prevalence of benefits for participant directed services. It is certainly information we will bring to the table for

OLTL to look at.
>> PAM WALZ: Thanks.
>> Go ahead, Tony.
>> Question about the outreach and the facility, is going to include individuals in the community that are using the services (away from mic).
>> SPENCER SVENDSEN: I didn't catch the entire question not, I think what it was as he was going to be included in the survey. Is that correct?
>> Yes, yes.
>> SPENCER SVENDSEN: Is so our survey is going to be specifically to providers. We know there are a lot of stakeholders, as evidenced by the call today, there are a lot of people invested in HCBS and the Commonwealth that want to make it the best program it can be. Ultimately for our scope and our timeline, we are just going to be sending the survey to providers.
>> I appreciate it, thank you.
>> KATHY CUBIT: This is Kathy, are there any questions in the chat for Mercer?
>> Yes, we have a few. Is Trinity just looking at the market wages within the healthcare sector, or are they going to be looking at the broader economy and weight is being paid for other jobs available for workers with similar education and skill level?
>> SPENCER SVENDSEN: I think this question goes back to the previous one we got. We are going to start with the healthcare wages being paid today, then when we are thinking about protecting those forward, that is when we we will take a look at those other market factors.
>> He was able to provide input on what questions go into the question Pro survey for providers?
>> SPENCER SVENDSEN: That is a good question. What we are initially planning on is sharing ultimately the initial survey with OLTL and letting them give feedback ultimately on the survey questions. But we are doing overviews in both the July LTSS meeting and the HCBS provider call in July. Through those avenues, if there is a large bucket of questions or a big topic that is missing, we can definitely reevaluate or pivot from there if there is something that we missed, and ultimately OLTL missed in their review as well.
>> Please provide the dates of the provider meetings, when will the provider survey be available and will (word?) be included in the survey?
>> SPENCER SVENDSEN: I will have to take a look at the calendar for the exact time, I do believe it is July 18, is the already scheduled HCBS provider call.
>> AMY KORZENOWSKI: That is correct, Spencer. July 18.
>> SPENCER SVENDSEN: Perfect. The other meeting will be the July iteration of this call which seems to be scheduled for July 2 could I believe the last question in there was regarding a certain acronym, could you spell that out?
>> Will (word?) management services be included in the past rate study?
>> SPENCER SVENDSEN: If the individual who asked that question want to clarify what they mean, that would be great.
>> We can come back to see if they want to HealthChoices for the pre-will there be opportunities for the providers and stakeholders to provide feedback as the survey is developed? Could you talk a little bit more about that?
>> SPENCER SVENDSEN: I think we just answered that. We will overview the survey, again if there is anything that folks on either of those calls feel that we missed or feel should be ultimately adjusted, we can take a look at that after those July calls.
>> Okay, there is one down here. Continuous dates should be included in the rate study, as in many counties caregivers are able to cross the border and make significantly more in wages. Just a comment there. Are you considering competition from other industries?
>> SPENCER SVENDSEN: Correct, when we are looking at those inflationary pressures we will look at how wages are changing, which is the main way of course that ultimately there is competition between industries.
>> This was a follow-up from someone. I'm not sure if participants in participant direction would be included in the providers are way, those infidels that don't use a home care, will they be included?

>> SPENCER SVENDSEN: That is something we will take back in terms of who all gets on that survey distribution and who ultimately is delivering those service categories we were looking at before.
>> How do we participate in the HCBS provider call?
>> AMY KORZENOWSKI: The HCBS provider meeting is a standing meeting, the next one that I believe is planned that will be discussing this is July 18. So we will differ to OLTL how people can be notified or get on these standing meetings.
>> Okay pretty will a living wage data be factored in, and will the CMS payment provisions be considered as part of the review?
>> SPENCER SVENDSEN: Definitely. Trinity and is evaluating those CMS final rules currently. Of course the 80/20 rule isn't effective until 2030, as those provisions ultimately phase in, that is when they would be effective. But certainly, we are keeping an eye on all of those could anything we develop and put in front of OLTL will of course be representative of whatever is effective at that time.
>> That is everything for now.
>> SPENCER SVENDSEN: Sounds good.
>> KATHY CUBIT: Thanks, Gabriel. Thanks Ted Mercer, I don't know if you are able to stay for the rest of the meeting in case additional questions come up during public comment. If not, we will ask you to submit a response in writing or address them at July's meeting. But with that.
>> CARRIE BACH: Kathy, we have one more question in the room. Are you okay with taking that one now?
>> SPENCER SVENDSEN: Definitely.
>> KATHY CUBIT: Then let's go write to Sara who has been waiting to be on unmute, then we will go to Jeff for his question.
>> CARRIE BACH: Okay, start with Sara?
>> Is your question about Mercer?
>> Yes.
>> CARRIE BACH: Go ahead, Jeff.
>> Maybe this is an obvious question, but is the study including all three community health choice, (word?) waivers, and act 150? Are those being included in the study?
>> SPENCER SVENDSEN: So the current scope is ultimately looking at that waiver fee schedule that is posted usually annually with those services. So to the extent that any of those rates are used in any of those programs, that would be the scope of the rate study.
>> Thank you.
>> CARRIE BACH: There is a question in the room, go ahead Carl.
>> Printer very much, I am from Pennsylvania Association of Home and community services paid we are a provider network, probably very interested in this bid we 100 percent applaud Mercer for conducting this rate study. We are very overdue. A couple of questions/comments about appeared we are asking Mercer considers the cost of providing high quality services, more so than just the bare minimum, the bare minimum requirements of the waivers. It costs a lot of money to provide high quality, reliable services. In a lot of corners can be cut if the rate continues to be low. Second item is that PA HCBS recommends that the ratesetting factors the assumptions of the formula made public for input. The presentation from Spencer, it sounds like that will happen for so that is good. PA HCBS recommends rate parity, with the rates paid for very similar services under the office of development of programs who have for many, many years had a ratesetting formula that includes stakeholder input. We do feel that rate parity is important across the services but as mentioned earlier, I am repeating a little bit here. PA HCBS recommends that Mercer consulting looks carefully at competing industries that are drawn from the same labor pool. AARP just came out with a study where they compared Pennsylvania and the other 49 states, found that Pennsylvania, the employee could make $2.17 more per hour in a competing industry rather than caregiving. No wonder we have a shortage of caregivers. These include competing industries. PA HCBS also recommends that Mercer consulting takes into account a inflation factor in inflation for home care has (word?) (away from mic) we recommend that Svendsen -- in a Paris measure of the increase in costs to providing service.

We also recommend that we don't do this as a one and done study. PA HCBS recommends that this is done on a regular basis with stakeholder input on a regular basis, and rates are adjusted on a regular basis. Since 2005 rates have gone up just about 28 percent. According to the home health market basket index, since that time the cost of actually delivering that service has gone up about 70 percent. This is how we got into this situation. If we do not take a look at the proactive look at the rates paid to providers, so they can in turn pay comparable, competitive wages to their care workers. So now we have an unfortunate number of providers out there cutting corners, and unfortunately it comes down to the consumers, the employees. So PA HCBS is looking for to working alongside Mercer consulting and the state on this study. I applaud this, thank you.
>> Thanks, Carl. If you could send your comments into me so we can have them, that would be great. The other thing about the PA HCBS meeting we will be having in July, we will get a ListServ out about that meeting. We will put that on our to do list. Thanks.
>> KATHY CUBIT: Okay, thanks everyone for it if we could try to move now to the open forum for more public comment and try to unmute Sara so she can ask her question or make a comment, thank you.
>> Hello, can you hear me?
>> Yes.
>> Okay, great. Awesome. My question goes back to the MCO's, I was asking about the FDD list that is received from OLTL. Is there a timeframe in which the SEs have to reach out to those participants because it can be such a long process? Is there like a time tracking on that? Also the SEs, are they helping with obtaining bank statements and different documents needed from the County assistance office? Also, do the SEs have special privileges at the County assistance office which helps them advocate for multiple people on the participant's behalf?
>> Thanks, I'm going to ask the MCO's to come up and address this. First we will start with pH W, Olivia?
>> OLIVIA MARTIN: Hi Sarah, glad to finally get your question. I was going to go to the first question here. Your first question was.
>> Go ahead and repeat, Sara.
>> Is there a timeframe in which the SCs have to reach out to the people on the list? For instance, the list comes over August 1. Do they have to reach out within five days, three days, is there a designated time frame?
>> OLIVIA MARTIN: PH W, they start their outreach 90 days before their eligibility date, their redetermination date. They start outreach at 90 days, then they will also be outreaching at 60, then net 30 days until that redetermination date has passed.
>> Sarah, this is Randy. Are you asking about once somebody is found to be NFI or financially ineligible:
>> Yes, what is the timeframe around SCs completing that outreach. They were saying they receive a list from OLTL and they know who are the people that are ineligible, so how are the MCO's reaching out to those participants? I know that they are reaching out, but what is the timeframe on that? Just because it can take a while in order for the application to be processed, or there is an appeal period what are they waiting until the 60 day mark, 59 day mark? Do they have to reach out over five days? That is what I am interested in.
>> OLIVIA MARTIN: For pH W, we have an updated list that is shared daily could anyone that is showing up on that list and they have a eligibility antedate, they begin as soon as we provide that date. As soon as we know, they know if there is an eligibility antedate. They will continue to outreach with the end goal in mind to appeal if needed, so they will have that continuation of care.
>> Okay, so they are in the process of them trying to get the participant back on. Are they able to go out and collect the bank statements from the participants and go to the County assistance office for those people who can't make it there, or really don't know how to operate that? And guess the other question is for DHS, when they go to the County assistance office, do the SCs, I don't want to say a special privilege. But are they able to advocate on behalf of multiple participants at a time? So they have several participants on a caseload that lost services, what

is the best practice for them to reach out to the County assistance office to kind of make that transaction seamless?
>> OLIVIA MARTIN: That outreach varies for what individual they are assisting. Our service coordinators do have a community log into the compass website, they can assist in multiple different participants on their caseload with recordation efforts in determining what is needed still in that application process. It does vary for participants, they are able to help them gather whatever is needed as long as they are getting permission.
>> Awesome, thank you.
>> RANDY NOLEN: UPMC, do you have anything different?
>> I'm sorry, could you say that again?
>> RANDY NOLEN: I asked UPMC to come up to the microphone to expand their process.
>> DAVID GINGERICH: Data from UPMC, as soon as we are notified that somebody has potentially lost eligibility in the program, that does trigger notifications to the service coordinators. It seems that notification is received, they have two days to complete that outreach, the initial one. Then we will continue to meet the participant. Our coordinators are able to help (indiscernible). Not all participants are involved in the munication directly. Our service coordinators support the participant going to the County assistance office if that is needed. Most participants do prefer to use the electronic means for summoning applications.
>> And Heather?
>> CARRIE BACH:
>> HEATHER LAWSON: Similar to what both Olivia and Dave just said, as soon a we find out anything with eligibility we engage our service corridors to do appropriate follow-up. With the MA 570 process, I believe you spoke to the list of the 60 day FDD report, we report back to turn 11 weekly on that report. Our service coordinators are given the report live, and or are expected to develop your we are making follow-ups within 24 hours to do the next steps on that. Additionally to your question about obtaining bank statements, much like the other plans have said, we will offer assistance. Based on the participant's preference, we will help with that. If that includes going to help to do applications, determining what eligibility documentation is needed, also in terms of the outreach to the County assistance office, think you probably recall working with Philadelphia, Philadelphia having the nursing home district is quite easier to find the appropriate folks but we do have contacts in the other Mercer's so they have reliable folks they can also help reach out to to best assist.
>> Okay, thank you.
>> HEATHER LAWSON: Thank you.
>> KATHY CUBIT: I think Jeff, you are up next if you want to raise your question about the nursing home closure. The floor is yours.
>> Thanks, Cathy. My question is, I had read recently that there was a closure in (word?) Pittsburgh, what does OLTL and the MCO's do for consumers when that happens? I would be curious for any feedback from OLTL and the MCO's on that.
>> RANDY NOLEN: It depends. If the facility is being closed in an emergency situation, obviously we don't have a lot of time to have that occur. And that does happen. So we moved 85 and visuals in a six hour span, you don't have a lot of time. What we have noticed, if a facility is going to close, we have done that in the past. There has been a number of facilities that have given three, four, five, six months. We do have the opportunity to get in there and offer assistance. A number of things, choice of where they would like to go, whether they would like to go back home or transition, whether they would like another setting. We have more of an opportunity for the MCO's to go in and work with those individuals when it is on a longer-term basis. I know there has been some incidents where we have had infidels go back to community living, they get either family involvement or they have the opportunity to get back into the community. I don't know if the MCO's have anything they want to add on that, when they have the opportunity to plan out.
>> DAVID GINGERICH: When we have notification that a nursing facility will be closing come our service coordinators do outreach to the participants and their representatives to talk about their wishes. One of the first things we ask about is pertaining to the interest of returning to the

community. That is one of the aspects we are looking at. That is something they want to pursue, we support them in that process. If they want to continue to reside in a different nursing facility, we help them transition.
>> AmeriHealth?
>> HEATHER LAWSON: Thanks for the question, Jeff. Much like Randy and Dave, it is very dependent upon the notification. Right? If it is more immediate term, we are doing planning after. When we have a more timely notice we are able to plan effectively with the participant, with the representatives. Identifying some of the barriers, right? Like is it a medically Compex participant that would need a different level of skilled care? I also wanted to note that while we offer or discuss care planning or goal planning for nursing home transition at these terminations, we also offer that and discuss it minimally poorly. We do broach the subject and discuss people's goals to return to the community and are engaging nursing home transitions at that time as well.
>> Great. Olivia from pH W?
>> OLIVIA MARTIN: Like what both of them have said, we do the same thing. We are always assessing. When we do have that leadtime and we are aware of closure in advance, they may want to expedite that. That is in their future plan, and I was a great time to really start moving on that.
>> Thank you.
>> KATHY CUBIT: Okay, thank you. Are there any other questions in the room?
>> CARRIE BACH: I don't see anybody at this time.
>> KATHY CUBIT: Thanks. Anything in the chat, or is there anyone that has their hand raised?
>> There are questions in the chats. For the MCO's, why would a MCO and services or authorizations prior to loss of eligibility? We add issues were authorizations were edited after sewers provision --even though the participant was still eligible in promise.
>> If it is an individual case, could you reach out? Or have you reached out to the MCO? If you reached out to the MCO and still have questions, please reach out to me and we will work on it.
>> Randy, they said -this was a comment from earlier. They said they wanted to hear how every MCO would respond to this scenario. We did ask them to specify, they said they would like to hear every MCO respond to it.
>> RANDY NOLEN: Okay, AmeriHealth?
>> KIM NELSON: This is Kim Nelson, I can respond. We don't term prior to eligibility and date.
>> I agree with Kim, if there is an issue with the number of hours on the authorization prior to eligibility in-state, please reach out to us individually and we can work through your account executive and address any issues you may be having. Thank you.
>> UPMC?
>> DAVID GINGERICH: We also do not (indiscernible) if the participant is still eligible. If there is an issue, we would ask that you reach out to our service coordination team so we can look into if there is anything with the authorization.
>> PH W?
>> OLIVIA MARTIN: Obviously that is not our standard, it would be a one-off, sounds like an error that has occurred. If you ever see that happening, please reach out to your account executive within pH W or your service coordinator.
>> Thank you for that. Another question, the participants who did not appeal a (word?) redetermination, did the MCO's know how many were limited English or LEP? How many had history of TBI? And does OLTL do any additional analysis? What about for the participants that cannot be contacted after a NFI determination, how many were LEP and how many had TBI history?
>> As far as DHS, we do not have any analysis on that.
>> Similar to DHS, we have not done analysis in regards to language when determined NFI. We do outreach efforts to partisans to make sure we have updated information and that, it also include preferences like language for communication. We try to avoid that being a reason that someone would lose eligibility.
>> PH W?

>> OLIVIA MARTIN: Pretty much the same as UPMC but we are always updating our language (indiscernible) to make sure we have appropriate resources. Happy to look at that analysis, as far as pH W is concerned we haven't really dug in, but happy to look at it.
>> I agree with David and Olivia, we have not done that analysis (away from mic).
>> Follow-up to that, will be MCO's commit to this analysis?
>> Missy from Emeritas, yes we will pay I will ask that the question be submitted in writing.
>> We will send that out.
>> Thank you. When will the MCO's release the provider list from past?
>> RANDY NOLEN: All of the three MCO's discussed opening their network up, the second part of the question as discussed earlier there is no comment.
>> It's Missy from Emeritas good as far as our networks for past providers, there is information on our website on how you can apply to be a provider. There are some regions where our network is closed and you can join the wait list of providers who are interested in providing PAS in the area where a network is closed.
>> DAVID GINGERICH: This is David speaking, information on how to become a provider within our network is also available on our website. We do have geographic areas where we are not meeting providers, but we do bring all applications and to determine if they offer a specialization that would benefit our network and we will consider all requests.
>> OLIVIA MARTIN: I will echo the same as the other two. It is also important to note that our list is updated for counties that are open on a regular basis but if you just check regularly on the website for any changes.
>> Those are all the questions in the chat.
>> KATHY CUBIT: Thank you. Pam has a question, Pam can you unmute?
>> PAM WALZ: Hi, shepard the question come this was going back to the beneficiary support services that HCBS will be providing. Witty question, will the BSS component of Maximus be receiving information on people losing eligibility, or will it be up to the participants to affirmatively reach out to Maximus to ask for help? How will they know that Maximus is available as a resource?
>> RANDY NOLEN: At this point, we are still designing it. I don't know that we are going to be giving Maximus lists and have them doing outreach, it will be people reaching out to Maximus would want to get the service region in place and the design of the program, we will certainly be educating so participants and providers know that that service is out there.
>> PAM WALZ: Great, that makes sense. It will also make sense I think for Maximus to include legal services as a resource to refer people to if they've got appeals.
>> RANDY NOLEN: Yes.
>> PAM WALZ: Thanks.
>> This is Jeff again, for the (word?) request would that be included for those that are deaf and blind and also use alternative communication formats?
>> Yes, for pH W I think we can drill it down to that level.
>> Same for Emeritas.
>> Thank you.
>> KATHY CUBIT: Are there any other questions in the room?
>> CARRIE BACH: I don't see any, Kathy.
>> KATHY CUBIT: Thanks, Carrie. Gabriel, is there anything that has come into the chat or anyone with their hand raised?
>> I don't see anything.
>> KATHY CUBIT: Thank you. I will take a moment now to mention that we will be meeting again on Tuesday, July 2 both remote and in person. And it sounds like we will have a busy meeting with getting further updates from Mercer as well as an overview of the CHC proposed waiver renewal. Before we formally adjourned, I just wanted to see if anything else, since we do have a few minutes left to make sure everyone has had an opportunity to talk.
>> We have one hand raised from Brenda day .
>> Hello, my comment, it is a comment and a question for both Randy and Mercer pertaining to the rate study and the exclusion of consumer employers. Randy, you mentioned that participant

directed workers had been surveyed. I need more information about that, I am happy to take that information off-line or let you get an update on that process at the July meeting. But I wanted to say that by not including consumer employers, you are excluding a very important sector of employers in Pennsylvania. And we as consumer employers have experiences and costs associated with gaps in care that agencies do not. By excluding that, you are perpetuating a broken rate system. I am here to respectfully ask that you reconsider and open that process to consumer employers.
>> SPENCER SVENDSEN: Thank you for your comment. Again, this is Spencer from Mercer Peter just to clarify, we are not planning on excluding any of the participant directed services providers. We are just ultimately aligning the survey with who is delivering the services. Right? If you think about the survey, in particular personal assistant services, that is a section of the survey that will certainly include consumer directed services. Right? It is just making sure that the survey aligns with who is delivering those services, in particular those categories we are taking a look out for our rate study. Again, happy to clarify. No intentional exclusions, definitely will be considering each of the experiences.
>> It was Randy's comment that led me to believe there was exclusion there. Randy, can you confirm for me that you are going to open that provider call where the survey is discussed to consumer employers?
>> RANDY NOLEN: Like I said, we will put a ListServ out for that call.
>> Which ListServ should people watch?
>> RANDY NOLEN: We will send it to all of them, the major one is the HCBS one.
>> Okay, thank you.
>> KATHY CUBIT: Is there anything else that has come in the chat, or anyone else in the room?
>> Yet. Alexa, you should be able to speak now.
>> Hi, can you hear me?
>> We can.
>> Perfect. I was wondering if the cost of living is going to be accounted for in that study, the rate study that you guys are doing, and if things like PPD and any annual criteria that we expect from caregivers to be covered as well in that rate study. I think those elements deter a lot of people from becoming direct caregivers. Just because of the financial restrictions that they might have, we work with a lot of (word?) populations, something like a PPD or a clearance if they are not able to provide proof of residency or things of that nature tend to be on the bed of the expensive side.
>> SPENCER SVENDSEN: I can't speak to that specific example, but certainly any of the assumptions that were previously used to develop provider rates ranges and the provider rates that ultimately OLTL selected will be evaluating and will be discussing with OLTL further. Again, as part of either these meetings or the surveys, if there is anything like that in particular that you would like to be considered, definitely submit that and we will ultimately evaluate it.
>> Thank you.
>> SPENCER SVENDSEN: Of course.
>> KATHY CUBIT: Thank you. Carrie, is there anything you want to add before we adjourn or any last comments from the room?
>> CARRIE BACH: I don't see any last comments, I don't have anything to add other than thank you for everybody, for your participation today virtually as well as in the room. Please encourage others to also join us for the upcoming meetings.
>> KATHY CUBIT: Thank you. Gabriel, anything else that has come in the chat before we adjourn?
>> No, the chat is clear.
>> KATHY CUBIT: Again, as Carrie stated, thanks everyone for participating today. Hopefully you can join us again on July 2. Thanks again, I hope everyone has a great day.
>> Thanks, Kathy.