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Date: 09/04/24

Event: Long-Term Services and Supports Subcommittee Meeting

>> KATHY CUBITT: Good morning, everyone, and welcome to September's LTSS subcommittee meeting. We have a busy agenda today so I'm going to turn things over to Carrie to do the call to order and introductions.

>> CARRIE BACH: Thank you, Kathy. We'll get started. Ali Kronley.

>> ALI KRONLEY: Good morning. I'm here.

>> CARRIE BACH: Hi, Ali. Anna Warheit.

>> ANNA WARHEIT: Good morning.

>> CARRIE BACH: Hi, Anna. Cathy Bollinger.

>> CATHY BOLLINGER: Good morning. I'm here.

>> CARRIE BACH: Hi, Cathy. Cindy Celi.

>> CINDY CELI: This is Cindy. Thank you.

>> CARRIE BACH: Thank you, Cindy. Neil Brady. Jason Gerard. Jay Harner. Juanita Gray. Latoya Maddox. Leslie Gilman. Linda Litton.

>> LINDA LITTON: Linda here.

>> CARRIE BACH: Hi, Linda. Good morning, Linda. Lloyd Wertz.

>> JULIET MARSALA: I see Lloyd is on and tried to unmute, just so you're aware.

>> CARRIE BACH: Okay. Great. Thanks for joining us, Lloyd. Matt Seeley.

>> MATT SEELEY: Good morning. I'm here.

>> CARRIE BACH: Hi, Matt. Michael Grier. Minta Livengood. Minta, are you there? I'm not sure if you heard me call for you. Monica Vaccaro. Pam Walz.

>> PAMELA WALZ: Hi. I'm here.

>> CARRIE BACH: Hi, Pam.

>> JULIET MARSALA: Carrie, Michael Grier is on the line.

>> CARRIE BACH: Okay. Perfect. Hi, Michael. Patricia Canela-Duckett.

>> PATRICIA CANELA-DUCKETT: Good morning, everyone. Pattie here.

>> CARRIE BACH: Hi, Pattie.

>> MONICA VACCARO: This is Monica. I'm not sure my microphone was on when you called my name.

>> CARRIE BACH: Perfect. Thanks, Monica. Rebecca May-Cole. And did we have anybody else join us from the committee who would like to announce themselves who didn't hear their name called?

>> LESLIE GILMAN: Leslie Gilman.

>> JULIET MARSALA: Rebecca May-Cole is listed as online as well.

>> CARRIE BACH: Okay. Perfect. Hi, Rebecca. And with that, again, I always like to remind everybody that this meeting is being recorded and your participation in this meeting is your consent to be recorded. And with that, again, we're going to ask that comments and questions be held for the public comment section. We have a very, very packed agenda today and we're going to try to get everything in that we can. So with that, I'm going to turn it over to Juliet. Are you ready to go?

>> KATHY CUBIT: Excuse me, Carrie. Part of the housekeeping real quick.

>> CARRIE BACH: I apologize. Go for it, Kathy. You're up.

>> KATHY CUBIT: Okay. Just want to mention that this meeting is being conducted as a webinar with remote streaming to comply with logistical agreements, we will end promptly at 1:00. To avoid background noise, please keep your devices muted and the microphones off unless you are speaking. Remote captioning is available at every meeting. The CART captioning link is on the agenda and in the chat. It is very important for only one person to speak at a time. Please state your name before commenting and speak slowly and clearly so the captionist may capture conversations and identify speakers. Please keep your questions and comments concise to allow time for everyone to be heard. Webinar attendees may submit questions and comments into the questions box located in the go to webinar popup window on the right side of your computer screen or use the raise hand feature to be put in queue to speak live. There are two public comment periods. If you have questions or comments that weren't heard, please send them to the resource account email found at the bottom of the meeting agenda and the LTSS SubMAAC webpage. With that, I'll turn things over to Juliet. Thank you.

>> JULIET MARSALA: Thank you. Good morning, everyone. We have some quick updates for folks. I hope everyone had a good Labor Day weekend. If we move to the next slide. We're going to have the procurement updates, we'll go over recent OLTL communications, and I have invited folks from Frontline to give a presentation on supporting Pennsylvania's direct care workers and then we'll move into public comments.

So we move to the next slide. I do have an update. So there are no updates regarding agency with choice that can be shared at this time. However, there is an update to the CHC request for application that was posted originally on January 30, 2024. On August 22, 2024, the Department of Human Services announced the selected applicants for agreement negotiations for the Community HealthChoices programs re-procurement. Do want to let everyone know that the email box of the procurement RFA is still live. So if you have specific questions related to the RFA, please continue to use that email box. If we go to the next slide, so the applicants selected for agreement and negotiations for the CHC program re-procurement, they were selected for each of the five zones. And the CHC zones are as follows. So they are actually the same for each of the five zones, but they were evaluated separated for each of the five zones. So the selected applicants for the zones are Aetna Better Health of Pennsylvania, Health Partner Plans, Pennsylvania Health and Wellness, UPMC For You, and Vista Health Plan. There was a press release and an announcement that we have put a link in that people can visit to learn more. What I may also say today is that the procurement process is ongoing and is currently in a stay. That means we cannot move forward with the implementation at this point in time until the procurement process at their stage concludes. So for folks who are interested in a timeline or any specific questions like that, we have no timeline at the moment that we can share. The other thing I can share, I understand there's a significant number of providers that have questions with regards to the selected applicants and what they may or may not need to do with regards to interacting with the selected applicants. You may as always contact the selected applicants on your own. The Office of Long-term Living doesn't have anything to share about that at this point in time.

Okay. Next slide. So the HCBS rate and wage study frequently asked questions, that was released on August 21, 2024, was released by our listserv. And so that is ready for review. The majority of those FAQs were FAQs that were brought up in the July 18 home and community-based services rate and wage study provider meeting. So the FAQ includes responses from both Mercer and the Office of Long-term Living so we wanted to raise that to everyone's awareness.

If we go to the next slide. We also wanted to make known that we have some LTSS member positions available in the Office of Long-Term Living, LTSS subcommittee of the Medical Assistance Advisory Committee is asking for everyone's assistance in filling some open membership slots. So what we are really, really hoping for are participants of any of our long-term services and supports systems, so that's any participant who receives services in any of our Office of Long-term Living programs, Community HealthChoices, OBRA, act 150, residing in a personal care home or assisted living residents or nursing facility resident. Certainly please if you know of folks or if you yourself are interested, we would really appreciate if you can send nominations to the ra-pwltsssubmaac@pa.gov. So wanted to encourage that so that we can have more participants involved in the LTSS subcommittee.

We go to the next slide. I am at this point going to see if Barbe Conrad is ready to get going. I know --

>> BARBE CONRAD: I'm ready.

>> JULIET MARSALA: Awesome. We're ahead of schedule.

>> BARBE CONRAD: Good morning. Hi, everyone. Thank you so much for having me here today. I am Barbe Conrad, Director of Homecare Programming for PA front Line training and the training and education fund. Is someone advancing. I'm sorry. Thank you. So at Frontline, we do training and education for Frontline healthcare workers, specifically direct care workers working in the participant directed model. We provide all sorts of different training and education opportunities. We are also the only organization that provides training for the service orientation and advanced training that's offered through Pennsylvania. Next, please.

So recently we did receive a \$600,000 grant from the Department of Labor and Industry to further the development of even more curriculum for direct care workers. We currently offer many hours but we don't have any specialty tracks. So we wanted to continue our work by providing these tracks to the workers. Each track is 16 hours and we will have four specialty tracks. We definitely want to do beta testing as we develop the curriculum, and we want 10 participants in each track. We are developing the curriculum with the input of direct care workers, consumers, and others from the state and so forth. So it is a collaboration to develop this curriculum and the best way that we possibly can. The pilot will be 100 direct care workers to complete the four tracks. So 100 people total. And 40 within that beta testing. So we can make changes as we go. So the first track of the four is aging and physical disabilities. We really felt this was an important topic as people grow older. It could be people who develop disabilities as they are in their older age. But it could also be people who have life-long disabilities. So people who may have autism, people with different physical difficulties, intellectual difficulties, and so forth. We want to also talk about those diseases that are associated with aging. So as we develop this track, we'll definitely want to keep in mind all of the different types of lifelong disabilities that could be involved, including head trauma and other situations that could happen to someone. This is why we really want the consumers and the direct care workers involved in developing this because they will have great insight as they've worked many years in this field. And we want them to be able to have input into what we include in the curriculum.

The next one is really cognitive and behavioral health. This is such an important track, especially as I think about it, because so many things can go wrong if we don't know how to communicate and help someone through their cognitive and behavioral health issues. So of course we think about dementia and other types of understanding around Alzheimer's disease. So we want to make sure that we're responding to those challenging behaviors and give people the tools that they'll be able to use to help make sure situations don't escalate. We also have

and teach a certified program called mental health first aid. This program is a national certificate that's offered. We do have the ability to teach that. Our instructors are trained. And we'll be able to have everyone go through a national certificate with this particular track and walk away with that. We're very pleased to offer that to anyone taking this particular track.

The next is diabetes care. We heard when we were thinking about these tracks from various direct care workers that they often have people who they need to care for with diabetes but they're really not sure even what diabetes may be or how to care for someone and what to look out for. So we're going to talk about the endocrine system and what diabetes is and how it affects the entire body, how to look for signs and symptoms of that, what treatments may be, and what the effects of either the treatment or non-treatment may be. And how the direct care worker can help coach the person they're caring for in making sure that they are doing everything they can to be at their best. And that would include proper nutrition, how to cook for someone who may have diabetes, and then, of course, foot care which is so important because that can lead to neuropathy, which then can lead to other issues and wounds, which can often result in something as severe as an amputation. So this would be an overall look at diabetes care and how the direct care worker can be more involved in that care and help coach as they go along.

The last track are sensory impairments. We really felt this was also important because it can be very frustrating for someone when they can't communicate, and how can people help anyone with a sensory impairment be more involved in their surroundings and their communication. This would include blindness and other vision impairments. Deafness and other hearing losses. The two combined, because we know that a lot of people may be blind and deaf, and then other sensory processing disorders like autism, which is now included as a sensory disorder. So this will be very important again on how to communicate, how to make sure that frustrations and other feelings aren't escalating to a point where there's maybe outburst or frustration leading to other types of situations. So what will be really fun with this is we're hoping to send kits to the people that may be involved to experience some of the things that people with either hearing or sensory losses have, so they'll be able to experience things like blurry vision and how hard it is when you can't hear someone, and what it feels like when things are confusing. So we'll be able to send things out to help people experience firsthand those deficits.

So we do have a timeline. The grant was delivered to us on July 1. So at this time we're engaging all the stakeholders, we've engaged an evaluator to do an evaluation of this at the end of the grant. We're getting people hired. Our project manager has been hired. We're starting to put all the processes in place. And that will happen into September, October. Starting in October through January, the curriculum is being developed again with the input of a committee of people who live this day in and day out to understand their perspectives and what should be included, maybe what should be excluded. So that'll be happening all the way to January of '25. Then starting January or February, we'll be doing the beta testing with that select group of people, 10 in a class, and at that time we'll get feedback and improve the curriculum even more. And then in March we want to do feedback of the beta testing, make the changes we want to make, then in April of '25, start to conduct the pilot with the cohort groups. So when I say cohort, we really hope to do these in groups of people who will continue through every class together of the 16 hours. We think that will help people develop that friendship and camaraderie that may be missing in participant directive because people tend to work alone. Give people supports, hear from other people that may be experiencing same situations. It just is a really nice way of helping people to feel good about what they're doing and have a group of people that understand that. So that will continue at least through December of '25. And then in January

and February of '26, the evaluation will commence, the write-up of that evaluation, and the final report to the state of what we were able to accomplish with the grant.

This is a nice picture of people we had graduate through our current training, just to give you some background on that. We had a lot of people graduate and had a great celebration for them in Harrisburg. But does anyone have any questions about the grant and what we hope to do?

>> KATHY CUBIT: Hi Barbe, this is Kathy. Thank you for your presentation. It sounds like a very important and exciting project. I had two questions. One is once the curriculum is developed, how do you hope to use it to train the direct care workers across the state? And my second question is around the Alzheimer's and dementia part of your curriculum. The Alzheimer's Association, as you know, has a lot of great training around dementia capable care. And I'm wondering if you plan to work with them or use some of the trainings and their best practices in terms of incorporating that into your curriculum. Thank you.

>> BARBE CONRAD: So yes, we are aware of the Alzheimer's Association. We do use a program currently now through a company called CPI, Crisis Prevention Institute. They have a dementia capable care course that we teach in our current enhanced training. So we are -- our instructors are certified to teach that class. So we do that in our current curriculum. We're hoping to add more beyond that since most people who will be attending these classes will have already taken that preliminary course. How do we plan to train people? So we do currently have a system-wide network because we do deliver the pre-service orientation and the enhanced training for Community HealthChoices. So we have a whole infrastructure of instructors throughout the state of Pennsylvania, even beyond Pennsylvania. We do plan to do this virtually, instructor-led virtually, because then that makes it much more accessible to people everywhere in Pennsylvania. We've found that when we have them in person it's really hard to give equal access. So we'll be doing that virtually. But instructor led, which we think is very important. We want someone to be present, answer questions, to explain things that may be a little bit harder to understand so we find that to be really important. And again, we want to do it in the cohort, so people feel the support from each other and they can really run things off of each other, which is important because they have a lot of knowledge and to share that would be very valuable.

>> KATHY CUBIT: That sounds great. Are there other questions for Barbe?

>> JULIET MARSALA: This is Juliet Marsala. I just want to add, I think kind of hearing some of the questions and seeing some of the questions come through, I just wanted to clarify and make clear that this was a grant received through the Department of Labor to support Frontline's work with training predominantly for the participant self-directed model within Community HealthChoices. So Frontline has been the vendor that has been doing the pre-orientation training that is mandatory for participant self-direction. So I don't know if that was made clear. We're very, very excited about this and excited for the support that this training brings for both our common law employers and the direct care workforce within the participant self-direction to really bring up and provide those training supports for that model. Thank you. Sorry, Kathy. Go ahead.

>> KATHY CUBIT: Thank you for that clarification. It looks like Lloyd wants to -- we'll go to Lloyd next. Go ahead.

>> BARBE CONRAD: Maybe unmute, Lloyd.

>> KATHY CUBIT: We still can't hear you. Maybe you could try putting it in the chat and we'll -- I know you did put something in the chat. He's very happy to see the mental health first aid certification as one of these tracks. But Lloyd, maybe you can put the rest of your comment or questions in the chat until you get your audio fixed. Other questions?

>> MONICA VACCARO: This is Monica Vaccaro from the Brain Injury Association of Pennsylvania. Thank you. I have a question. So glad to see the track on cognitive, mental, and behavioral issues in this training. Just wanted to mention that the focus seems to be on Alzheimer's disease and dementia which is a deteriorating cognitive status, where in the brain injury population, it is quite different, and the persons can learn from strategies and the behaviors can be managed differently. So I just wanted to ask whether there's any training on brain injury or cognitive impairment in an individual who was not experiencing dementia, and how we could help with the brain injury association.

>> BARBE CONRAD: That's a great point. We did talk to Juliet and her team about this and we will be including working with someone who does have a head trauma or brain injury into that track.

>> MONICA VACCARO: Okay. If we can help in any way, if the Brain Injury Association, please let me know. We have a lot of materials that might be useful.

>> BARBE CONRAD: Absolutely. Thank you so much for that.

>> CARRIE BACH: This is Carrie Bach. Barbe, is there compensation for direct care workers who participate in the program?

>> BARBE CONRAD: Yes, there is. So we will be offering \$15 an hour for every hour that someone participates. We will want them to complete the track to receive that payment because this is all about finishing the tracks. So once they've completed that, they will receive their stipend of \$15 an hour or I think that comes out to \$240 for completing the track. Yes.

>> CARRIE BACH: Wonderful. Thank you. Any other questions from committee members?

>> KATHY CUBIT: This is Kathy. Lloyd put something in the chat that I'll read on his behalf. He says: I have a concern about offering this only virtually as this might limit the capacity to offer some role playing situations that might be specifically requested by participants to meet these particular needs. Thank you, Lloyd. I don't know if you want to respond to that.

>> BARBE CONRAD: That is a really good point and we have discussed this and debated how to do this. In fact, we're still in the process of planning it all out. We have talked about maybe doing some in-person sessions in the larger populated areas, like Erie, Pittsburgh, Philadelphia, those type of areas. The problem is that when we do things in person, we get lower turn-out because people just don't want to do things in person as much. Plus, the more rural areas, we lose people because we can't have a whole classroom. We may only have a few direct care workers. So we're really hoping by doing it virtually that we can open it up to more people. We're also prepared to help people with if they don't have a computer, of sending them a computer. That's part of our grant to purchase those and to have a sharing option. We have hotspots that we're going to purchase as well with plans in case somebody doesn't have any kind of internet service. So we're trying to make plans for every single type of scenario so we can include the widest amount of people. The concern about, yes, I do understand that it does limit our ability to do hands-on types of exercises. We are pretty good at having different groups to meet at different -- I'm sorry, I'm forgetting the name, but chatrooms to go into and have discussions, and then come back and present to the entire group. We do have different options of exercises that we can do. We're planning on sending work books out to everyone in the class so it'll have information about what they're learning, it will have exercises in there that they can participate in. So we're trying to plan for every single type of scenario that we can think of.

>> KATHY CUBIT: Thank you. This is Kathy again. Are there any other member questions for Barbe? Okay. Hearing none, is there anything in the general audience chat for Barbe? I see one is answered in the chat. Anything that she should answer live?

>> SPEAKER: Hi, Kathy. In this case is Paula. I have a question from Maria Guillet [name?].

Her question is, will there be training in other languages than English?

>> BARBE CONRAD: We will provide a translator for Spanish. So we do have that built into the grant as well. And we'll have materials in Spanish as well.

>> SPEAKER: Thank you. Another question here is from Mia Haney. How many caregivers will be training once the pilot or the total program is completed in 2026?

>> BARBE CONRAD: So we're hoping to have 40 people participate in the beta testing where we'll have comments back to improve the curriculum, and then 100 participants for the entirety of the pilot. So a total of 140.

>> SPEAKER: And then one more question from Darby Anderson. How many PAs in self-directed programs state-wide?

>> BARBE CONRAD: I'm sorry, can you repeat the question?

>> SPEAKER: How many PAs, is that personal assistants? Physician assistants, in self-directed programs state-wide?

>> JULIET MARSALA: I can answer that question.

>> BARBE CONRAD: I don't know that number.

>> JULIET MARSALA: I can answer that question. So the Office of Long-Term Living puts out a monthly data dash that includes a lot of great information related to lots of different things that we track in our programs. And so for the participant self-direction, we currently have as of July 2024, 8,035 participants who participate in the Community HealthChoices participant self-directed model. And 461 participants who participate in the participant self-directed model in OLTL's fee-for-service programs.

>> SPEAKER: Thanks, Juliet. Another question here from Anne Taragrosa [name?]. I understand this is mandatory for self-directed, but how will it be used for direct care workers in CHC otherwise?

>> BARBE CONRAD: This particular grant is not mandated. It is a voluntary participation by anyone who is in Community HealthChoices. You may be thinking of the PSO, pre-service orientation, and the safety orientations are prerequisites for the Community HealthChoices but this particular grant, it will be all voluntary.

>> SPEAKER: Thank you, Barbe. I have no other questions in the chat.

>> BARBE CONRAD: Thank you so much for having me.

>> SPEAKER: Barbe, one more question before you go. This is Carrie Bach. Did you mention how you will be selecting the beta testing for participants as well as for how other direct care workers will sign up for the pilot program?

>> BARBE CONRAD: For the beta testing, we're hoping to have the committee, of course whoever is on that committee. We're still deciding how to select those. We do have people who have participated in all of our training who are very interested in this and want to be involved. And we've kept their names so we may be calling them. There are other people who are involved in participant direction and we'll be working with our stakeholders to make sure that we're having a variety of people involved of course. Then as we move forward for the 100 participants, we'll be doing a lot of advertising and marketing to the entire group to say this is available. We also have a list of people who have completed, again, all of our trainings and say if you have anything else, I want to be involved. We've kept a database of that. We'll be reaching out to them. But it is open to the entire group of I guess 8,000 people.

>> JULIET MARSALA: So Kathy, I just wanted to point out that there is a member of the audience, Brenda Dare, who has their hand raised to ask a question.

>> KATHY CUBIT: Thank you. Go ahead, Brenda. If you're speaking, we can't hear you. Please unmute and ask your question.

>> SPEAKER: Hello. I'm sorry, it took a second to get off mute. I would just like to raise the point that I appreciate that direct care workers are going to be paid for their participation in this pilot. But in paying \$15 an hour, you're paying a rate that is in some cases far above what direct care workers are going to be making in service, and pointing out that discrepancy I think is going to make it harder for those of us in self-directed to retain our staff, if we can't even match what they're being paid to participate in what is a really good training program, that just highlights the issue that we have with the rate crisis.

>> BARBE CONRAD: Yeah, I know that it is a crisis, and there are many groups trying to work on that. I think what we're saying is, this is what direct care workers deserve at a minimum, right? \$15 an hour at a minimum. And this is what we want them to be paid overall. And so as people who advocate for that, we don't want to go any less because we believe this is what the direct care workers deserve. And so --

>> SPEAKER: I only hope that Frontline will take that message to the legislature along with the rest of us who are advocating because I think that we are reaching crisis point. In fact, we are beyond.

>> BARBE CONRAD: Agreed. Agreed.

>> SPEAKER: Thank you.

>> BARBE CONRAD: Thank you.

>> SPEAKER: I have one more question. This is Paula. Barbe, folks are asking if there is a better way or a best way to contact you.

>> BARBE CONRAD: So I can give you my email address. This is the thing though. Unfortunately I'm only in this position for a couple more weeks. I'm leaving to retire. So I think it's best if you went to our website. That's frontlinepa.org. And you can find information there. Or my email is Barbe@frontlinepa.org.

>> JULIET MARSALA: Barbe, before you go, can you talk about the EBB training provided to the participant self-directed direct care workers?

>> BARBE CONRAD: We do do that in our pre-service orientation. It does describe for Community HealthChoices how to do that with Tempus of course. Do you want specifics or? That's only done through our pre-service orientation. So it's only for new direct care workers or people who are switching from consumer to consumer and haven't taken it before.

>> JULIET MARSALA: Thank you, Barbe. I think that's probably sufficient for the question that came in. Thank you. Thank you so much for spending time with us today and being willing to --

>> BARBE CONRAD: My pleasure. Thank you so much.

>> KATHY CUBIT: Okay. This is Kathy again. Now we'll move into our public comment periods. Our first public comment period. And so I'll open the floor to members that have questions or comments, either for Juliet's presentation or other comments. Thank you.

Okay, hearing none, is there anything in the chat or does anyone have their hand raised?

>> LATOYA MADDIX: This is Latoya. I'm sorry. I don't know how to raise my hand. I had two comments or questions.

>> KATHY CUBIT: Go ahead, Latoya.

>> LATOYA MADDIX: Okay. First question, the last two -- the first transportation summit and the last one was scheduled for the afternoon which was good. Because a lot of people could attend. However, the one for this month is at 9:00 in the morning and it was brought to my attention and others' attention that it's pretty early in the morning and a lot of individuals with disabilities who might want to attend may be still getting their personal services at that time. Is there a reason why you all scheduled that meeting so early?

>> JULIET MARSALA: Thank you for the question, Latoya. This is Juliet Marsala at the Office of

Long-Term Living. The reason why it was scheduled at the time it was scheduled is because that is the earliest time that all the partners, stakeholders, and presenters would be available to participate in the transportation summit. And you know, certainly we can go one of two ways here. We can look much further into the future and do something in the afternoon, or we can continue with the current summit. I can leave that up to the LTSS subcommittee to advise us on that. However, in my mind, it was certainly delayed enough with waiting for the Zoom license and it's a very important topic and we certainly want everyone to participate. It is a summit that is going on for multiple hours, so if individuals want to provide public comments, there is certainly a significant amount of time that will be available for folks who may not be committing all three hours of their time to participate in the summit. Some individuals have public comments that they just want to submit and then go about their day. Others may want to participate in the full three hours. But we had dedicated a significant amount of time to be able to give individuals a wide variety of hours to join the summit, provide public comment, listen as they'd like, and participate to the greatest that they are available. The summit will also be recorded. So for individuals, if they're unable to participate at the very, very beginning, they could also have access to the recording.

>> LATOYA MADDIX: Okay. Thank you, Juliet. My next question is a Keystone Community HealthChoices question. I was informed that Keystone supports coordinators don't have direct contact with a person internally when they need support or clarity on things. And this is not specifically for (indistinct) retaining for consumer because we know they're technically not allowed to be the biggest advocates for us which for some of us is okay, some of us it's not. But anyway, when they're getting taught, they're doing the training, it's virtual, or something changes, they're learning via email. And if they want clarification, they have to go to their lead SC and SC gets to talk to somebody internally. With Keystone Community HealthChoices, then it takes weeks sometimes for them to get information back on what they initially asked about and sometimes they forget about it possibly, I don't know. But is there any plans for Community HealthChoices to have somebody internal to be able to talk to the SCs when they need on demand emergency assistance when things are being updated or changed?

>> SPEAKER: Hi, good morning. This is Heather Lawson from AmeriHealth Caritas Keystone First. Thanks, Latoya, for sharing your question and your feedback. So to confirm, I want to make sure I'm understanding correctly that you're speaking to the service coordination entity model that we have whereas the participant is with one of our SCEs.

>> LATOYA MADDIX: No, sorry, it's an external SC.

>> SPEAKER: Okay. Perfect. I was listening, Latoya, and wanted to make sure I was understanding correctly. So within our model we do have all service coordination entities have a direct contact with what we call a senior service coordinator, and they are the liaison or the additional support to the external service coordination entity for those types of issues or questions or if they have some additional clarity that's needed. But definitely, Latoya, I'd encourage you, if you have specifics you'd like to share, you can outreach to me directly. I know you have spoken with [name?] Directly as well but would love to see some examples that we can help to work through.

>> LATOYA MADDIX: Thanks. Do you have an email address?

>> SPEAKER: Yeah, I'll put it in the chat, and I can also email you directly from other communication we have, I can share in the chat.

>> LATOYA MADDIX: Thank you.

>> SPEAKER: You're welcome. Thank you.

>> KATHY CUBIT: This is Kathy. Thanks, Latoya. Are there other member questions?

Comments at this time? Okay. Hearing none, is there anyone with their hand raised or anything in the general audience chat?

>> SPEAKER: Hi, Kathy. This is Paula. I do not see any hands raised. And there is one question in the chat about the transportation summit and they are asking how can they register and how can they attend.

>> JULIET MARSALA: Certainly. So the transportation summit is being held on September 17 between 9:00 a.m. and 12:00 p.m. And the announcement for the transportation summit went out through all of the Office of Long-Term Living's listserv accounts for folks who wanted to register for the summit. So we can certainly send it out again through all of our listservs for folks who want to register for it. We would be happy to do that but it's September 17 from 9:00 a.m. to 12:00 p.m. In addition, individuals can submit questions and comments in advance. They can also submit questions and comments if they're not able to attend the summit in person. So if folks would like to submit questions or comments, we have a dedicated staff person that will be receiving them and that is Courtney Alford and her email is calvord@pa.com. I'm sorry. Pa.gov. Calvord@pa.gov. We can put that in the chat as well. If you'd like assistance with accessing the transportation summit, if you need a specific accommodation in advance of the transportation summit, please send Courtney an email.

>> MATT SEELEY: Juliet, this is --

>> JULIET MARSALA: Matt?

>> MATT SEELEY: You can hear me? Oh, good. I didn't catch the person's name. Will that be announced for people that watch the video after the fact? Does that make sense?

>> JULIET MARSALA: So are you asking if that would still be the person to contact if someone watched the recording of the summit, wasn't able to attend, and wanted to submit additional public comment or have a question?

>> MATT SEELEY: That's a much better way of saying it than I did.

>> JULIET MARSALA: Yes, they can still send her an email after the fact.

>> MATT SEELEY: Thank you.

>> JULIET MARSALA: You're welcome.

>> KATHY CUBIT: Well, thank you, Juliet and Paula. Are there any other questions before we move to our next agenda item? Okay. Now I'm not sure, I don't see Randy or Deb at least on my list. I'm not sure if there's someone else that's going to be presenting about the MAAC or if we should move on to the Mercer rate and wage study.

>> JULIET MARSALA: Hi, Kathy. This is Juliet. Randy is here sitting with me. So he didn't log in separately.

>> KATHY CUBIT: Oh, okay. Thank you. Then I'll turn it over to Randy then. Thank you.

>> RANDY NOLEN: Good morning, folks. This is Randy Nolen from the Office of Long-Term Living. Hopefully everybody's having a good day. Wanted to give an update on the Medical Assistance Advisory Committee and its subcommittees. So we just wanted to kind of give an overview here. So we'll go to the next slide.

The Department of Human Services has established the MAAC in compliance with 42 Code of Federal Regulations, if you want to look it up it's in Section 431.12. The mission of the MAAC is to provide the Department of Human Services with advice about access to and delivery of quality healthcare services in an efficient, economical, and responsive manner to low-income individuals and their families. The purpose of the MAAC is to advise the department on issues of medical assistance policy development and program administration. The standard appointment for a MAAC member shall be two years. Members may be reappointed with no limit on the number of terms that they can serve. It's a two-year term and then they can reapply if

they want to continue to serve.

Next slide. There's five standing subcommittees of the MAAC. The consumer subcommittee, fee-for-service delivery system subcommittee, managed care delivery system subcommittee, the long-term services and supports subcommittee, and the managed long-term services and supports subcommittee. That was merged in February of this year with LTSS. So there's four standing committees right now. Each subcommittee's mission is to be a resource to the full MAAC, enabling the committee to advise the department on issues regarding access to services and quality of services. So each of the subcommittees report up to the main MAAC committee that then provides support and advice to DHS.

The consumer subcommittee of the MAAC, the purpose is to review and advise the MAAC on policy development and program administration of publicly funded MA programs. Subcommittee members shall be appointed by the Deputy Secretary of OMAP, Office of Medical Assistance Programs. A majority of the members of the Consumer Subcommittee shall be current MA consumers and may also include representatives and advocates of current or former consumers.

The fee-for-service delivery system subcommittee, the purpose is to review and advise the MAAC on policy development and program administration of the state's fee-for-service delivery system. Subcommittee members are appointed by the Deputy Secretary of OMAP. Members of the fee-for-service subcommittee shall be representatives of healthcare professions, such as pharmacy, DME, dental, medical, or home health, hospitals, or other healthcare practitioners. Just know at least one member of the subcommittee shall be a current MA consumer.

The managed care delivery system subcommittee of the MAAC, their purpose is to review and advise the full MAAC on policy development and program administration of the state's physical and behavioral health managed care programs. Their subcommittee members are appointed by the Deputy Secretary of OMAP. Members of the subcommittee shall include representatives of practitioners such as a medical director of a managed care plan, managed care plans, such as health maintenance organizations, federally qualified health centers, county government, and others who are knowledgeable and interested in matters that come before the subcommittee. Again, at least one of the members of the subcommittee shall be a current MA consumer who is also a member of the Consumer Subcommittee.

The LTSS subcommittee of the MAAC, which is ours meeting today, their purpose is to review and advise the MAAC on policy development and program administration of the state's long-term care programs, including the range of services available to older Pennsylvanians and adults with physical disabilities. Subcommittee members are appointed by the Deputy Secretary of OLTL. Members of the subcommittee shall include users of OLTL services along with their caregivers, and members who represent the following communities: Aging and disability advocates, local AAAs, centers for independent living, health plans, living independence for the elderly program, home and community-based service providers, and long-term care providers or other provider types that provide these services. A majority of the subcommittee membership shall be users of LTSS or family or kinship caregivers.

So that's the makeup of the subcommittees that report to the MAAC. I'm going to turn it over to Deb Shoemaker to see if she has any follow-up comments for us.

>> DEB SHOEMAKER: Good morning. I'm sorry that I guess you were ahead and I should know that sometimes we go ahead, sometimes we're not ahead. So I had another meeting till about 10:40 so I tried to pop on. So I apologize. Thank you, Randy. Randy did a good job, he's been around long enough to know how these committees work, although it is very confusing at times with the committees and the fact of the overlap. And I know a couple years ago, prior to --

more than a couple years ago I guess, when I was Vice Chair and Russ McDade was the chair of the MAAC, and we embarked on a time with Sally and with the members of OMAP at DHS to think about, and this is something that you can bring to my attention or to Kathy's attention, and some of it you just recently did, is to make sure that the MAAC, since we as MAAC and all the subcommittees of which you're obviously one of the most important subcommittees and I have other people and other ones too, but I can say there are a couple subcommittees that are extremely active that have motions and I want to thank Mike Greer as well, when you had the two separate subcommittees, I know the managed care subcommittee does a lot of work. The consumer sub always keeps us honest. I'm the Chair for the fee-for-service delivery subcommittee. We're starting to embark on different things. But one of the things we tried to start a couple years ago when, like I said, when Russ was Chair, then like everything else in this world, COVID hit and it kind of change some things, is we wanted to look at the operating procedures. We wanted to look at the subcommittees themselves to see do we have overlap? Do we have the right members on the committees? Are we giving enough support through those committees -- do they have the right representation at the MAAC and the fact that their voice is heard. And I can tell you that Kathy, and when you had the separate committees with Mike, your voices are heard. And I'm glad for that. I know I saw Minta is on this call. Minta's voice is heard for consumer sub. We wanted to kind of go back and re-evaluate that. I know that the merging of your two committees didn't necessarily happen under what we were looking at, but that's something we want to make sure that everything is how it needs to be because honestly consumers and the families of choice, that's why we're doing what we're doing, all of us are doing what we're doing, and that's what the Office of Medical Assistance programs is working on too. So the one thing I can bring back or you can bring to Kathy is just to let you know we're still doing that. It's been a little slower paced, just because of different things going on I believe. And I don't know beside Paula what other staff is on this list but I think that there's still maybe some positions open on the MAAC. We had a little space on the MAAC so we always look for consumer representation. Feel free to get back with me or with Kathy and we can check to see about the composition. I know we put some new people on but I'm pretty sure we still have some room on the MAAC. But the other part, like I said, we want to make sure that no stone is unturned. That managed care subcommittee, they deal with a lot of issues and Joe Glinka [name?] Is their Chair. There's opportunities, whether you can attend in person or not, if you get a chance to attend different subcommittees, even if just once, it really is a good education especially consumer sub is always, just to put it in perspective, consumer sub is the day before the MAAC, so a lot of the things we're going to talk about the MAAC, consumer sub deals with but at a deeper dive level. Same as you do, managed care delivery subcommittee, Lloyd Wertz, Joe is the Chair but Lloyd and others, I think he's on the call today. They split their group, talking about workforce and things like that. So what I can say to you is that the subcommittees, even though there's sometimes some overlap, they really do have an important function, function being that you're dealing with the experts, experts as I mean families, families of choice, and consumers themselves. Experts that know you're on the ground every day, in your house, helping someone in a home, in a care home, including family. I know I dealt with helping my grandmother before she passed away a couple years ago because the simplest things, not thinking that -- and she called it the greatest generation, but her generation, she died in her 90s, but felt that there was a stigma to having Medicaid. And she's like, I don't deserve that. I don't want welfare. I'm like, no, that's not what it is, grandma. But she learned and she got to take resources. And I think it's especially important on your subcommittee because some people don't even know what resources are out there. And some people, just the little things of

getting the resources a small amount will help get prescriptions or help with daily assistance. I know I'm now getting closer, I'm on the other side versus the other side now. So I may be needing services in the next couple years as well. Randy did a good job explaining it. But I think at the end of the day the most important thing is to know that sometimes it feels like if you want your voice heard, you feel like if you go to -- it's tough to say okay, I'm going to go -- and sometimes you can't, go to the regional office of the Department of Human Services or other places. Or you feel like, I know for a while I felt like I can't talk to people at DHS. My daughter has mental health challenges and is a survivor of sexual assault. And I'm like, where do I go? And I was working in mental health and I didn't fully know. But I was like, I can't go to DHS. But yes, through this vehicle, you can. And I'm just very grateful to all of you who have been steadfast. I know many of your members, many have been on this subcommittee for a long time. And that's good. We need that. I know Deputy Secretary Marsala was on. We need to hear that. I need to hear it so when I meet with the MAAC, I can tell them. But I just wanted to let you all know that we're here to help. We're as in Kathy and other subcommittees. And on the MAAC itself. I know that the MAAC, Randy did talk about it. It is open. If you can attend meetings, I encourage as many listservs as you can join on the DHS site. I forgot to look if it showed the site but there's a subcommittee site under the Office of Medical Assistance program or type in MAAC. Type in LTSS. And get on those listservs just to get the information. But I'm very grateful to Kathy and to Mike and to Randy and everyone who is working to make sure your voices are heard. But don't forget, I think my information, I can put it in the chat or they can make sure my email is there because I'm willing to do whatever I can to assist as well. So I do appreciate that. And I don't know if there's any questions or if there's anything I need to answer. If not, I'm going to put it over to Randy again or to Kathy. I'm not sure where it is on the scheme of things.

>> KATHY CUBIT: This is Kathy. Deb, we just want to thank you for joining our meeting today and for your leadership on the MAAC, all the work and dedication that you do. So let's open it up now to questions, first from members. Any questions from members?

>> MATT SEELEY: This is Matt. I have a question.

>> KATHY CUBIT: Go ahead, Matt.

>> MATT SEELEY: It's not for Deb. It's for maybe Juliet or whoever. I just happened to see on slide 7 that it said our committee, can you bring up?

>> DEB SHOEMAKER: I was just going to say, can you bring it up, please?

>> MATT SEELEY: Yeah. The question mark isn't helpful. Yes. Subcommittee HBs shall be appointed by blah, blah, blah. Shall include members of services along with their caregivers. Does that mean individuals can bring their caregivers? Or caregivers can be individual members of the committee?

>> JULIET MARSALA: It means direct care workers can become members of the committee.

>> MATT SEELEY: Okay. That prompts my second question. Are there any caregivers that are members of the committee?

>> DEB SHOEMAKER: Kathy, do you know -- sorry, I know MAAC questions. I just don't know those. Kathy, do you know?

>> KATHY CUBIT: This is Kathy. I'm not certain, no, I don't.

>> MATT SEELEY: That sounds like a problem.

>> DEB SHOEMAKER: I was just going to say, I think you hit the nail on the head there, Matt.

>> MATT SEELEY: It sounds like there's two problems. One, we don't know if there's a caregiver on the committee. And two, I think there definitely should be.

>> JULIET MARSALA: So Matt, I want to also draw to your attention that we do have direct care

workers represented by Ali Kronley.

>> MATT SEELEY: That's not the same thing.

>> JULIET MARSALA: I understand. I also don't necessarily want to identify folks who may not be on or may not necessarily take that role today. But as you know, we have some positions open, and that call is out there. For new members.

>> MATT SEELEY: I for one think we should do some major recruitment in that area alone.

>> JULIET MARSALA: I will look for you as a committee member to help that recruitment effort.

>> MATT SEELEY: Hey, I sit pretty close to you at the table there, so you should be able to find me.

>> JULIET MARSALA: (Laughter)

>> DEB SHOEMAKER: And I will write that down for when we're going to have our regular call for planning for the MAAC. I will bring that up. We're always looking for every committee and some are pretty full or pretty stacked. I know Con Sub stays pretty stacked. But I'll double check to see if maybe we have a list of people who are previous or people we might know. I'll bring that up with even some other people at the MAAC. That's a good idea.

>> KATHY CUBIT: And I'll include it -- this is Kathy real quick, Pattie, this is Kathy, I'll include it in my report to the full MAAC at September's meeting. Go ahead, Pattie, I'm sorry.

>> SPEAKER: Hi, thank you. This is Pattie. I'm also happy to support with recruitment strategies for caregivers to join the committees as well.

>> SPEAKER: Can folks hear me? This is Ali with the union. I'm also happy to help recruit caregivers.

>> KATHY CUBIT: Thank you, Ali and Pattie.

>> LLOYD WERTZ: Lloyd Wertz here. You able to hear me?

>> KATHY CUBIT: Yes.

>> LLOYD WERTZ: I used the phone instead of the laptop. Just briefly, as many times as I brought up issues of concern, I do have to say that the subcommittees as well as the MAAC are very, very willing to let people who are there and basically we call the sunshine committee on the mental health planning council but folks who come and are not members, do not have standings. They're invited and encouraged in fact to offer input. I agree, having more people serving our consumer population on the committee, subcommittee, would not be a bad idea. But I do have to say you folks are very, very willing and able and welcoming to allow input from folks who are not members of this committee. And I am not to any other subcommittee that I've made commentary has been welcome to do so. But thanks.

>> DEB SHOEMAKER: I agree with that, Lloyd. Although Consub, I do feel welcome, just jumping in, even though I was just coming in. So I do appreciate that.

>> KATHY CUBIT: Thanks, Lloyd. Other questions or comments? And it looks like Minta's having audio trouble calling in. I don't know if you want to put anything in the chat, Minta, or if someone can help her troubleshoot. Any other questions, member questions or otherwise from the general audience in the chat or hands raised?

>> DEB SHOEMAKER: On my screen I see a hand raised with one person but I'm not sure who that is because I don't know if I can look at it.

>> JULIET MARSALA: This is Juliet. So I just want to go to first there was a comment in the chat that defines caregiver as referring to family caregivers who are informal, unpaid supports for individuals, as well as formal caregivers who are paid caregivers. So I think it's important for folks to understand that. And that's a really, really good point. Shawna Aiken has asked if we can put the meeting dates of the subcommittees and the MAAC in the minutes as they're distributed. So I will ask my staff to provide the upcoming dates for those meetings. However, I

would also note that there is a DHS website as Deb did mention that will always have the dates just in case anything changes with the dates. But we will certainly put the upcoming meetings and the link to the MAAC meetings and subcommittee meetings in the minutes and put out on the listserv. Deb Shoemaker has also put her email in the chat. And we will incorporate that also into the information that gets sent out to all of our listservs. With regards to the hand and the attendees, I see Brenda Dare has her hand up for a question. So Brenda.

>> KATHY CUBIT: This is Kathy. If you're talking, we can't hear you.

>> JULIET MARSALA: Brenda, it shows your hand is raised and that you are self-muted. So you would have to unmute yourself to ask your question as you did before.

>> SPEAKER: Hello. I was just wondering if you could tell me how many spots were open on this subcommittee and on the MAAC?

>> DEB SHOEMAKER: I can speak for myself. I have to look, before I thought there were -- we just recently put two or three people on. I think that -- and I don't know if anybody who is on from DHS. I want to say there's a couple slots. I'll have to get back to you, Kathy, and let her know, because I have to essentially count them. B But I don't have my list in front of me. But I can definitely get back to the committee after this call and do some counting and let you know.

>> SPEAKER: And Juliet, what about on this committee, the LTSS committee?

>> JULIET MARSALA: As per the presentation, there are two open committee member spots at this point in time. However, there are term limits for the LTSS subcommittee members so we are anticipating additional spots to be open in the future.

>> SPEAKER: Okay. Sorry. I missed the number when you were going through.

>> JULIET MARSALA: That's quite all right. Happy you asked the question.

>> KATHY CUBIT: This is Kathy again. Are there any other questions for Deb or Randy?

>> DEB SHOEMAKER: Exciting to me that people want to get engaged. So, yay. Let us know. We'll take -- we love it.

>> KATHY CUBIT: Thanks again for joining us. We appreciate both of your time and presentation. Again, thanks for all your leadership and work on the MAAC, Deb.

>> DEB SHOEMAKER: Thank you. And you have a wonderful subcommittee Chair and Mike was wonderful as well. So thank you for sharing them with us for every third or fourth Thursday. So I appreciate that.

>> KATHY CUBIT: Okay. Thanks again.

>> DEB SHOEMAKER: Thank you.

>> KATHY CUBIT: All right. With that, our next item is the Mercer rate and wage study results. I don't know if Spencer and Amy are ready.

>> AMY KORZENOWSKI: Hi. Good morning. Yes. Thank you. Thanks again for making time for us to be able to share some updates with you all today. Our plan is to kind of walk through a status of this project, kind of walk through a reminder of the goals, and then we'll also kind of talk through some things we've completed so far, including just an overview of the survey responses. And then also conclude with some next steps and questions. I am here also with my colleague, Spencer Svenson for additional questions that come out throughout this presentation. So if we can go to the next slide.

On the left-hand side is just a refresher of the goals. Three main goals. One, we're reviewing the existing fee schedules to assure that they are adequate and appropriate. And we do that by building up some rates with current data, market rate data and provider data that we're receiving. I'll talk about that a little bit further. Second goal is to provide a fiscal impact with the associated rate ranges that we provide to the Office of Long-Term Living for consideration. And then third is looking at ways that we can engage stakeholders, all of you, whether it's through

this committee, whether it's through provider presentations as well as the survey that was conducted. Then the right side is just a reminder that these are the different services, service categories that are currently a part of this rate study review. It's adult day, residential habilitation, structured day habilitation, employment and training, and personal assistance services, both agency and participant directed.

On the next slide, kind of walk through again on the left-hand side what we've been doing so far is really digging in to research and comparisons. And what does that mean? First we've been reviewing service definitions of those different service categories, looking at any changes in legislation in the commonwealth of Pennsylvania as well as starting to incorporate the feedback not only that we've received with these committees and letters but also digging into the survey feedback. We've looked at some -- we've started to develop some comparisons to similar services within the Office of Developmental Programs to do a comparison. Then we've also been working most recently on identifying some other state Medicaid programs to do some comparisons as well. Those states that we're currently reviewing are Iowa, New Jersey, North Carolina, Ohio, and West Virginia. So a couple things to call out there as we look for states that have some similar services that are in place. We look at states that have fee schedules that we can access. Some similar demographics. And then also getting some feedback from the Office of Long-Term Living about the states that we're doing a comparison to. One other item I'd like to call out too in regards to the comparison that we've been completing with the services for the Office of Developmental Programs is we are looking at service by service but we are noticing there are some differences in descriptions and also kind of walking through it, there's some differences in operational protocols and how they implement the service. So those are some different considerations as we're looking at side by side comparisons of the rates of what are some pieces that we need to be taking into consideration when we're looking at services, not only in comparison with the Office of Developmental Programs, but also when we're looking at services in other states.

In regards to the next item we've been working through is many analysis and modeling. So as we've been gathering the publicly available data, we've been looking at wages, employee benefits, other assumptions such as administrative costs, service ratios, group sizes, staff to supervisor ratios, as well as turnover rates. All of these are informing the cost of conducting and providing the service that are helping us with the rate modeling. Other items that we are also looking into and have been considering are requirements for training, not only requirements that are part of the service descriptions, but then also looking at the provider reported information on the surveys of the training that is underway currently. And then one other item to highlight is the provider survey. And again, thank you to the many people that have completed this. The survey is closed. But we will talk about that in a later slide, just some overview of the responses that we've received. So we developed and distributed the provider survey and we have been reviewing and assessing all the information that has come in to provide as a way that we can look at the current assumptions that we've made and do any tweaking of those assumptions if you will from provider survey data that we've received. So if we had a previous assumption given the publicly available data, but yet we see that some of the provider data that we're seeing is maybe a little bit more informative, we are looking at that information to tweak some of those assumptions.

So next steps on the next slide, please. As mentioned, we're currently reviewing all the responses and bumping those up to our current assumptions. We are finalizing the modeling of these rate ranges for each of the services. And assuring that they're reasonable compared to the assumptions and the feedback that we've received from the provider survey. We're

developing a fiscal impact to provide to the Office of Long-Term Living so they can use that estimate, so they can see what the ranges are looking like. Then lastly we will present the study and all of the specific assumptions to the Office of Long-Term Living including summaries, rate ranges, and estimated fiscal impact. In addition, doing a final read-out with all of you of what the survey has concluded. Excuse me, the study has concluded. Then again, on the next slide, so as you can see, we had a large volume of feedback which is fantastic. We have in regards to -- I'll start actually on the bottom, employment. We had 10 different provider responses which is great because I think we have just -- that was a majority of the actual providers within the commonwealth. Structured day hab, we had 9. It was a good representation. Residential hab, 18. We had agencies that had responded, there's quite a few providers within the commonwealth, well over a thousand. So this is not a huge PEJ but still a really good amount to be able to dig through the information for those 167 providers. As well we had 263 common law employers that also participated and provided feedback on this survey. So we're currently reviewing all the information, clarifying if there's any information that doesn't quite look right, and then doing the comparisons to the publicly available data and assumptions that we have. The one piece I'll call out here, states 5,000 views, we know with the survey vehicle tool, if you open it up, and if you don't complete it at that time, it shows a view. So we know 5,000-plus times people entered into the survey to start looking through it. So just a piece of information for you. Then next slide, we have two mailboxes still underway. If there's any questions specific to how the rate study is coming along, it can be directed to the mailbox at the top of the screen, OLTLHCBS ratestudy. But other logistical questions, these meetings, other pieces that are outside of the questions specific to the study can be directed to the email address on the screen, RA-PWCHC@pa.gov.

As early, also as mentioned at the top of the hour, an FAQ has been released. We've received a lot of different questions and provided some responses to that. But we're happy to open it up for any questions that people might have in regards to the status of this HCBS and wage study.

>> KATHY CUBIT: This is Kathy. Thank you for your presentation, Amy. First we'll start with any member questions.

>> MONICA VACCARO: Hi. This is Monica from the Brain Injury Association of Pennsylvania. Thank you so much for this presentation. Glad to see the number of responses. Will we have an opportunity to give reactions once the data from the summary come in? Or is that kind of the end once we see the data?

>> AMY KORZENOWSKI: Monica, you mean the feedback on the data from the provider survey?

>> MONICA VACCARO: Yes, once the data from the study are in, and you share it with us, will we be able to ask questions about it? This is great. This is kind of the overview of what it's going to be. But once the data are made available, will we have a chance to respond with any questions about the findings?

>> AMY KORZENOWSKI: Sure. Our intent, our plan at this point is to walk through the assumptions that were used as a part of this study. And so that will be inclusive of feedback that we've received from providers. So we will discuss further the actual wage ranges that we used as assumptions, training hours that we've used as assumptions, tax percentages that we're using, group sizes, turnover percentages. So the intent is to show here's a list of the landed on assumptions that we're using once we've had a chance to kind of pull in all the provider data to bump up against our initial assumptions that we pulled from publicly available data. So the answer is yes, we will show that information in an upcoming meeting. And one other piece is I know we are currently working with the Office of Long-Term Living, Juliet and team, of kind of

finalizing what's the best way to present the information, and we will be doing so in a future meeting.

>> KATHY CUBIT: Thank you. This is Kathy again. Other member questions?

>> LESLIE GILMAN: Yeah, this is Leslie Gilman with [name?]. I see that there's a very low number of adult day centers that participated, and the feedback that I've been getting is because the format was very -- wasn't really consistent with adult day operations and I think the providers had a very difficult time in providing the information the way it was asked for. So my question is, is there any way a subsequent either gathering of adult day providers or some forum where the adult day providers could give more specific information about their centers and their costs.

>> JULIET MARSALA: Hi, this is Juliet. I'm going to hop in here. Leslie, there was the provider call on July 18 that was open to all providers who were participating and interested in the wage and rate study. At this point the survey is closed. You and I had talked about whether or not adult day providers could send information in directly while the survey was open. As part of the survey, providers could have uploaded their information and additional data in any form that they wanted, PDF, Excel spreadsheet, Word document. So at this point in time that survey is closed. Certainly we welcome information as part of the email. But in terms of fully pulling together another provider group, that is not in the timeline or in our resources at this time.

>> AMY KORZENOWSKI: I do think, yeah, the 28 providers in adult day that did provide responses are giving us good color in regards to how our current assumptions are -- are providing good color for our current assumptions. So I think what we're seeing so far, it's good information we have.

>> SPENCER SVENSON: For sure. I definitely appreciate the comment and the question. The other item I'll mention is for individuals that submitted the survey, we did get lots of feedback in the email box that folks were submitting the survey for all of their agencies at once. So even though our reported number is 28 providers, that can represent many more individual agencies or individual service locations. So just a note there if you're thinking about the number of adult day centers, one of those responses could have multiple centers within them. So just a clarification.

>> LESLIE GILMAN: That's good to know. And I did provide the feedback to those that contacted us, that they could put those comments in and Juliet, what you said, attach different things. I did direct them to do that and to also use that question and answer email. So I hope there's good information.

>> Spencer Svendsen: Like Amy mentioned too, we'll be publishing the results of the study. If there's any other additional information from the review, either in this meeting or in another forum that folks feel should warrant another look, we can definitely take the feedback at that point.

>> KATHY CUBIT: This is Kathy. Thank you. Mike, are you able to unmute and ask your question?

>> MICHAEL GRIER: I can, Kathy. Thank you. You may have mentioned this, do you have any idea when you're going to be wrapping this up?

>> AMY KORZENOWSKI: Yeah, we are hoping to get this done within the next 30 days. We have everything that we need now that the survey is in. We've been in ongoing conversations with the Office of Long-Term Living in regards to how they want this presented back in a format for them so they can review. So I think it's coming to conclusion very quickly.

>> MICHAEL GRIER: And you'll be able to gather the information from the other states that you were talking about?

>> AMY KORZENOWSKI: Yeah, we have that going underway right now.

>> MICHAEL GRIER: Thank you.

>> AMY KORZENOWSKI: Of course.

>> KATHY CUBIT: This is Kathy again. Other member questions?

>> LLOYD WERTZ: Lloyd Wertz here. This is for Juliet. Juliet, in the world run by Juliet, can you tell me what you'll accomplish with the data you do receive once this study is completed?

Thanks.

>> JULIET MARSALA: Thanks, Lloyd. That's a really great question. If I could wave a magic wand, I would be able to get the appropriations needed to fund the results of the wage and rate data report. But I don't rule the world unfortunately.

>> LLOYD WERTZ: Thank you.

>> JULIET MARSALA: But the wage and rate report is important. It's significantly important to be able to help educate, to help provide the data to put additional validation behind what the department and this administration is able to kind of put forward as we look for future funding for the Office of Long-Term Living. As you all know. As part of the budget process, there's recommendations, there's a lot of data analysis. There can be all the justification in the world for moving forward and increasing rates and increasing wages. Truly our direct care workers deserve pay increases. At the end of the day the Office of Long-Term Living and the Department of Human Services can only work with what is appropriated to us to operate the services. So we do also hope that this report and this data will provide additional opportunities for all of our stakeholders to help educate and share the importance of all of the programs that we all have in place and all the efforts we put forward to serve the community that needs them to be able to stay in their communities with their families and loved ones. This is a critical program. So we hope this report will help contribute to that conversation.

>> LLOYD WERTZ: Thank you very much.

>> CARRIE BACH: Thanks, Juliet. This is Carrie. Do we have any other committee member questions?

>> ALI KRONLEY: This is Ali Kronley. Can you hear me?

>> CARRIE BACH: We can, Ali. Go ahead.

>> ALI KRONLEY: Great. Thanks. Just thanks again to everybody who's been driving this and helping get the surveys filled out and completed and all of the kind of analysis work looking at other states. Appreciate that. Wanted to lift up from the survey some of the feedback we received from the common law employees in the participant directed side. I think there was appreciation for the open-ended is there anything else you want to tell us question. There also was no formal way to comment on the need for benefits, especially health insurance and paid time off which are some of the things that I think a lot of our common law employers are really struggling with in terms of being able to hire the staff they need to stay within participant direction. So given the goal of ensuring the fee schedule rates are adequate and appropriate, and I think Juliet's point is really right on how critical this report is to educate and advocate around those who actually will make the appropriations. I'm just curious if you can comment a little bit on how you're thinking about costing out benefits within participant direction.

>> AMY KORZENOWSKI: Yeah, absolutely. Actually in our model, maybe Spencer, you want to talk to this specifically. We actually have that built in. So I don't know if Spencer, you wanted to take this.

>> Spencer Svendsen: When we price out the rate for participant directed services, the employee related expenses, or as we call them, the ERE components, are there for PTO in terms of productivity offsets, in terms of cost includes for things like benefits. Operationally we'll

leave any of those items such as how does PO incorporate that, how on the ground that is incorporated, we'll leave those comments to OLTL but in terms of the fee schedule rate considerations, those are included in the participant directed rates.

>> JULIET MARSALA: So Ali, to kind of put that in operational perspective with regards to benefits such as health benefits, that relays into the rate would be inclusive of individuals being able to purchase their own benefits off of either privately or through Pennsylvania's health exchange marketplace or like penny. So that's how that sort of translates operationally for that part of your question.

>> ALI KRONLEY: Thanks. That's really exciting to hear. Glad that that's happening. So just to be clear that rate, you are including the cost of the ability to purchase coverage through penny for those who are eligible and PTO.

>> SPEAKER: Correct, the considerations are included in the rate. Previous modeling we've included as well carries those costs. We'll be evaluating based on any publicly available data we can get our hands on.

>> ALI KRONLEY: Thank you.

>> KATHY CUBIT: This is Kathy. Thank you. Other member questions? Okay. Is there anything in the chat? Or does anyone have their hand raised from the general audience?

>> SPEAKER: Hi Kathy. This is Paula. In the general audience, I have a hand raised for Pedrag Cadni [name?]. Pedrag, you can unmute yourself.

>> SPEAKER: Thank you. Can you hear me?

>> KATHY CUBIT: Yes, we can hear you.

>> SPEAKER: Great. It's a question for the Mercer team. You referenced 10 employer providers, 18 have providers that completed the survey. That was a fairly good representation. Do you know what percentage of all eligible providers in each of those categories completed the survey?

>> AMY KORZENOWSKI: Yes. So in our data, we show of the employment, 10 of 12 for structured day hab. 9 of 19. And res hab, of the data that we have, 18 of 20.

>> SPEAKER: Great. Thank you.

>> SPENCER SVENSON: And to clarify too, those are based on the encountered data we received from OLTL so there could be perhaps if you looked at licensure or enrollment data from the OLTL database, there could be discrepancies there. But we're looking at those percentages based on the provider IDs that come through and the encountered data. So just a clarification there. If you're seeing any discrepancy with numbers or thinking about those numbers in a different way.

>> SPEAKER: Hi. This is Paula. There's another question. David Gates. You are unmuted. If you could un self mute.

>> SPEAKER: Okay. Good. So this is a Mercer question. Going back to the other states that you are studying. I believe there were five other states. Could you repeat those again? And secondly, what exactly are you looking for when you look at those other states to compare to OLTL programs?

>> AMY KORZENOWSKI: Sure. We're looking at Iowa, New Jersey, North Carolina, Ohio, and West Virginia. So what we are currently looking at, one is getting some feedback from the Office of Long-Term Living of what states they were interested for us to look into. Two, we're looking at some proximity of of course New Jersey. Also, of these different states, states that have similar type of services that we can compare with the Office of Long-Term Living. That we can do a side by side comparison, do they have publicly available fee schedules that we can pull and do that comparison. We do look at some demographics. The size of the programs, so some

different pieces to see what makes sense. But that was generally some of the considerations in regards to doing kind of a sampling of some other states.

>> SPEAKER: Okay. But in terms of -- so I understand you have these criteria for looking at the states. But in terms of what you're looking at in those states, you said service descriptions and fee schedules. Is that it?

>> AMY KORZENOWSKI: We're looking to do a comparison of the fees for these different services that they publish.

>> SPEAKER: Got it.

>> AMY KORZENOWSKI: That's correct.

>> SPEAKER: Okay. Thank you.

>> AMY KORZENOWSKI: Of course.

>> SPEAKER: Hi. This is Paula. There is a question in the chat from Garrett Boregard. The question is, why were those benchmark states selected? And how do you know whether the rates in the benchmark states are adequate?

>> AMY KORZENOWSKI: So in regards to how they were selected, I think we just spoke to that. In regards to how we assess if they're adequate, we are not making that assessment. We are just pulling as a comparison, this is what the states -- this is the last publicly available data that's published for these different states. So we're not looking at their adequacy. We're just using it as a different comparison point.

>> PAULA: Thank you, Amy. Next question is from will Stenet. Have there been any conversations with OLTL about possible implementation of the rates arrived at during the current fiscal year? Also, are the rates going to include an inflationary factor for the next three years given the rates will probably be in effect for more than one year.

>> AMY KORZENOWSKI: So when we build -- thank you for the question. When we build the rate ranges, we do include some trend factor. But as mentioned earlier today, this is a rate study. Any future reimbursement rate changes are dependent upon the funding appropriated by the general assembly. So we are conducting a current rate study. We've included a trend factor to give a comparison to this point in time. Any future rates are dependent upon future general assembly funding.

>> PAULA: The next question is from Mia Haney. When will OLTL release the results of the study with the provider population?

>> AMY KORZENOWSKI: So as mentioned, our intent is to get this wrapped up, provide the results with OLTL for review and questions that they might have or direction that they might have for us to display the information in one way or another. The intent then is to share that publicly. We anticipate that will be done within the next month.

>> PAULA: Thank you. Another question from Mia Haney. Actually it's more of a comment. Please note that West Virginia just released new personal care rates of more than \$25 effective this October. Please ensure as you look at comparative states that you include the most recent updates in Ohio, Delaware, West Virginia, and New Jersey. Question from Laura Ness. Is there a reason Delaware and Maryland were not considered?

>> SPENCER SVENDSEN: Thank you for the question. We did take a look at a number of states. Obviously there are a lot of options, particularly in the Northeast, particularly bordering Pennsylvania. So after taking a look at all those considerations that Amy mentioned, particularly the public availability of the data and how those services match, if you think back to our previous slide, we are looking at five different categories of services. So we want to make sure there's a good representation there. So there could be an example state where maybe they have personal assistants or their version whether that might be attendant or whatever that may

be. They have that but maybe they don't have the rest of the services. Maybe you're looking at a state like New York, and their cost of living is significantly higher than Pennsylvania. So would that make a good comparison? We took into account all of these things along with OLTL preferences and that's how we landed on our five states. So there's obviously a lot of options we could go with, and these are the ones we landed on.

>> PAULA: Thanks, Spencer. Another question here from Ravidnar Sadnhu [name?]. Can you help us understand the inclusion of Iowa and North Carolina and the exclusion of Delaware and Maryland as comparables? Also, how will you take into account the differences in cost of living in different states? For example, Midwest versus Northeast.

>> SPENCER SVENDSEN: That's a great question. I'll take the cost of living first and then we'll go back to the state selection. So cost of living, we do pull down the national cost of living statistics from the Missouri Department of Economics. And we'll adjust the fee schedule percentages that we calculate at the end of the day to essentially equalize or index the percentages that we calculate to the cost of living. As well just generally when we're thinking about different states, we've pulled that information down and that will help inform some of the context or the color around our takeaways. And again, just in terms of state selection, we took into consideration all of the factors. Ultimately those were the states that we ended up choosing. And just more broadly too, Amy touched on this, really the point of the state comparisons is just to understand as another benchmark the adequacy of the fee schedule. So if Pennsylvania is significantly lower, right on track, or significantly higher than other comparable Medicaid programs, that helps inform some of the final results of the study. And really adds a little bit more context and is ultimately something that we are pursuing as a part of the feedback that you all have shared. Thank you for all the feedback. Definitely appreciate all the thoughts and comments. And we're looking forward to sharing the results of these state comparisons.

>> PAULA: This is Paula. I have a comment in the chat. Regarding the other states you're studying, please keep in mind some of those states are going through their own repricing processes to add low-fee schedules for similar services.

And David Gates, I see your hand is still raised. Do you have another question?

>> SPEAKER: Sorry, I do not. I'll try and take my hand down.

>> PAULA: Okay. Thank you. I have no other questions in the chat and I do not see any hands raised. One question came up from Mia Haney to please repeat the list of states considered, if you would.

>> AMY KORZENOWSKI: Yes, of course. Iowa, New Jersey, North Carolina, Ohio, and West Virginia.

>> KATHY CUBIT: Okay. This is Kathy. Thank you, Paula, it sounds like we cleared the general audience questions. And any final questions from committee members before we move into additional public comments? Okay. Thank you, Amy and Spencer. We really appreciate your work on this and we'll look forward to hearing more about the results.

>> AMY KORZENOWSKI: Thank you so much.

>> KATHY CUBIT: Okay. Let's start off with members who have any public comments or questions. Okay. Paula, is there anything in the chat or anyone with their hand raised from the general audience?

>> PAULA: Hi Kathy. It's Paula. I have a question from Caleb Sizic. This is for Mercer. Did Mercer determine comparison states or did OLTL have input in that?

>> AMY KORZENOWSKI: Hi. Yes. Both. OLTL had some feedback and then we also did some environmental scan to look at which ones might be considered. That was the approach that we took.

>> PAULA STUM: Another question in chat from Will Stenet. In addition to looking at other states, are you looking at the community employers we're competent with, i.e. Walmart, Sheets, et cetera.

>> AMY KORZENOWSKI: So it's -- go ahead, Spencer.

>> SPENCER SVENDSEN: So that is going to be something that using the survey results we're going to take a look at is when we pull down those public wages from the Bureau of Labor Statistics data, how do those compare to what is being paid today, but then also for anybody that did fill out the survey, there was a question at the end just regarding what are some of the employers that you're hearing most often are either where your individual employees are going to work or perhaps what are some of the biggest employers that you're competing for workers with. So if any of those materialize in a common theme, let's say retail, let's say fast food, then we can do a look more broadly at those wage ranges to make sure those are adequate. One of the key fundamental methodologies of our market-based rate setting approach is that we're not building rates based on let's say in the ideal wage. We're building them based on the current wages today, the current wages for individual positions that occupy those, and building a range based on that. So with that, once we present that information to OLTL, and we compare it to the surveys, if there are any changes that OLTL would like to make, then ultimately we could make those changes in our modeling. Just a note there. That's something we'll take a look at for other employers, other competition. But ultimately the core base is going to be the wages that we receive in the survey but then also the wages we pull down from the Bureau of Labor Statistics.

>> PAULA STUM: This is Paula. I'm not seeing any other questions in the chat or any other hands raised.

>> LLOYD WERTZ: Just a quick question. Lloyd here. Sorry. I'm wondering, was there a study of vacancy rates in other states as well as within ours based on the provider survey? I apologize for not looking at the survey carefully itself. But are vacancy rates being considered?

>> SPENCER SVENDSEN: Yep, that historic assumption will be compared to the question in the survey that I asked around vacancy rates. The term vacancy can change based on which provider type you are, but in general, any of those assumptions where we're talking about open slots or appointments missed such as an absentee or occupancy factor, any of those things, those are items we take a look at in rate setting because of course if you're paying staff but let's say you're not billing all of the units because you have a bed or program slot open, we want to make sure we're incorporating the total cost divided amongst what we expect for utilization. So definitely considered, something we asked on the survey, and something that we'll review for reasonability.

>> LLOYD WERTZ: Thank you.

>> KATHY CUBIT: This is Kathy. Any other member public comments or questions?

>> PAMELA WALZ: Hi. This is Pam Walz. Sorry I couldn't find the raise your hand thing. Just to follow up on that last question, do you take into account the need for -- the possible need for higher wages due to inability to fill these positions or to fill all the hours because workers can't be attracted because of the wage level?

>> SPENCER SVENDSEN: Thank you for your question. Oh, go ahead.

>> PAMELA WALZ: I was going to say I'm concerned that if the survey primarily looks at existing wages, it continues to perpetuate the fact that wages are too low. Which is a problem that we all recognize, both that the wages are too low to be a living wage for workers and that we have a real problem filling positions because of the wage levels.

>> SPENCER SVENDSEN: For sure. Definitely appreciate the comments and the thoughts there. I'll answer the first part. For vacancy specifically, that is the individual program slots,

beds, individuals that aren't showing up for appointments. That is adjusted there. The actual empty let's say employee slots or unfilled positions at an employer level, that we're not taking into consideration with the rates. And kind of back to the core methodology that we're using, we're using what we have on hand for real data in terms of the wages from the BLS, in terms of the wages from the survey, and that's what we'll present to OLTL. And OLTL will be able to respond to those wage ranges and ultimately all of the feedback from you all as well. So if let's say we're looking at a position wage and the wage range we build into ultimately our rate ranges is \$15 to \$20, if OLTL would like to increase that and believes that the funding would be there to push that down to fee schedule increases and push that down ultimately to those direct care workers, then modeling-wise we could increase it to 20 to 25. But ultimately our core starting point is real data today trending forward and from there we'll be able to make any adjustments. Mercer wouldn't want to start by saying here is what we believe these individuals should be paid. We're starting with real data and then from there we'll be able to make adjustments as OLTL sees fits.

>> PAMELA WALZ: Thanks. This is Pam again. Just a follow-up. So there isn't really a way in your study to account for what wage would be needed to fill slots or fill positions that currently can't be filled.

>> SPENCER SVENDSEN: Correct. Yeah. We have no public data on what wages would need to be paid in order to fill every slot. Nor do we have a sense from either the survey or the public data on how many employee positions are open today. That's just something that we don't have access to.

>> PAMELA WALZ: Thanks. So that's going to be a really important thing to keep -- for everyone to keep in mind I think as these survey results are used.

>> JULIET MARSALA: This is Juliet. I think it would be helpful to clarify, and I don't know if Spencer mentioned this, if he did, I missed it. With regards to the provider survey for the home care providers that responded and the other service providers that responded, the survey was worded specifically to ask providers to give us their average wage, regardless of payer. So inherently within that data in and of itself, providers who may pay their workers a higher rate because they do private pay or they do -- they have contracts, a Medicare Advantage Plan, or they have ODP direct care workers, et cetera, the average wage wasn't specific to the Office of Long-Term Living. We wanted to look at what was the average range that direct care workers were getting paid across the board in the industry. So I hope that's helpful. I think that's an important distinction that we wanted to reiterate. It helps address some of the concern with regards to OLTL having lower wages than ODP, et cetera, and certainly that helps inform the other reasonableness of the study.

>> PAMELA WALZ: Thanks. Sounds like it's a factor that would help adjust it. Not sure it completely addresses it but thank you for that information.

>> KATHY CUBIT: This is Kathy. Are there other member public comments or questions? Paula, has anything else come into the chat? Or does anyone have their hand raised?

>> PAULA STUM: Hi Kathy. I have a question from Ari Cooper. Ari, if you could unmute yourself, please. Might be having trouble unmuting. I have no other questions. Double checking. I don't see any other hands raised.

>> KATHY CUBIT: Okay. This is Kathy again. Thank you. We'll give another moment to see if the gentleman can unmute himself. And while that's happening, I just want to mention again that October's meeting on October 2 will be by webinar and remote streaming only. As reported, there was significant water damage to the meeting room the committee uses. And it will not be repaired by October. So again, please join us remotely.

Any other comments from members or the general audience?

>> SPEAKER: Hi. I'm sorry. This is Dave Gates. I had my hand raised. I don't know why it didn't show up. I'm very sorry. I did remember another question I had for Mercer, if I might. I'm really pleased to hear that you're looking at the rates for ODP. My specific question is understand in ODP, they recognize the different levels of intensity of needs of individuals by having three different sets of wage ranges for those folks who are supporting individuals in the ODP waivers. That's companion, in-home and community supports, and in-home community supports enhanced. Are you guys at Mercer looking at the differences, not just -- there isn't one wage range in ODP. There are at least three. And are you looking at that and how that might be considered in the Office of Long-Term Living?

>> SPENCER SVENDSEN: For sure. It's a great question. In doing our comparison, we sent our initial service mappings to the Office of Developmental Programs and we did include in that initial submission to them some of the individual comparisons like that where in like you're speaking, for example, about personal assistant services. While in the OLTL fee schedule, it's just personal assistants. On the ODP side there's a number of different services that could map to personal assistants when you're thinking about the core activities that are delivered as part of that service. So that was included. They did review. They agree that the comparisons that we made are the closest comparisons. So from there we'll include in our commentary along with the deliverable noting that, for example, there are a number when we think about personal assistants. As well when you look at residential habilitation, if you look at the ODP or Office of Developmental Programs' fee schedule, they have a number of different rates based on group size and acuity. So from that, along with the differences between the individual labors for the ODP programs, we chose what we assumed and what ODP confirmed to be the best comparison. What we'll bring to you all and what we're bringing to OLTL is a comparison of those two items as well as Amy had noted there are just differences when you look at the operational protocols of ODP and OLTL like rounding of units. There's other examples as well. But we considered all of those items. They'll be noted in the report and in the deliverable, and ultimately it's not in every case an apples to apples comparison but gives us a good picture for service and OLTL and for a service in ODP, what does that best comparison look like? And what if any conclusions can we draw away from that comparison that help inform the adequacy of the fee schedule rates for OLTL today.

>> KATHY CUBIT: This is Kathy. Thank you for that question and response. Is there anything else from either members or from the general audience? And Carrie, I don't know if you had any comments you wanted to make.

>> CARRIE BACH: Thank you, Kathy. This is Carrie. I don't. And I don't see any additional comments from our committee members in the chat. But again, we'd like to extend the opportunity for anybody to ask any questions or make comments on not just the Mercer rate and wage study but any of the presentations today.

>> PAULA STUM: Hi, Carrie. This is Paula. I have a comment or question in the chat from Ari Cooper. Was there any rate increase for the state of Pennsylvania?

>> JULIET MARSALA: This is Juliet Marsala. So that sounds to me like a budget question for the budget for the Department of Human Services. So I can speak specifically to the Office of Long-Term Living. For the majority of our programs, the budget that was appropriate is a cost to carry program. Carrying over services as there are today, there were no fee increases in the Medicaid fee-for-service schedule this year for home and community-based services. There was a 7% increase to the nursing facility base rate fees that was appropriated this year. And that's still predominantly tied to the increase in staffing requirements. And there was also

approximately \$7 million that was allocated to increase rates for our living independent for the elderly program. So those were the two appropriated increases. In addition, the personal care allowance for nursing facility residents was also increased. That is the portion that nursing facility residents can keep of their personal income. There was funding in there to support that. And that is specific to the Office of Long-Term Living. I hope that answers your question.

>> PAULA STUM: I see a hand raised for David Gates. David --

>> SPEAKER: I'm sorry. Forgot to take it down again. I got to figure this out someday. Maybe I'll have my grandson come in and show me how to use technology.

>> PAULA STUM: I'd rather ask than skip over you. I see no other questions. And no other hands raised.

>> KATHY CUBIT: This is Kathy. Thank you, Paula.

>> PAULA STUM: I'm sorry. George Gilmore. Has raised his hand. George, you should be able to unmute. George, are you able to unmute? I'm sorry, Kathy. George said he's self-muted and I think he's having trouble get unmuted.

>> KATHY CUBIT: Thank you, Paula. George, if you're not able to unmute, since we're nearing the end of the meeting, if you want to send your question or comment as mentioned at the beginning of the meeting to the RA account that's on the agenda, please do so, so OLTL can follow up with your question or comment. And are there any other either member questions, comments, or anything from the general audience?

>> JULIET MARSALA: This is Juliet. I just wanted to take a moment to express my gratitude for everyone who participated in the survey and sent in information and took the time to provide input, data, and feedback as we worked through a quick and significantly fast rate and wage study. And I am very grateful because I know all of you have very busy lives and so I wanted just to take a moment to express my gratitude for your participation.

>> SPEAKER: I am unmuted now. So if I can speak.

>> KATHY CUBIT: This is Kathy. Go ahead, George.

>> SPEAKER: Mine goes to safety again. Because of the low wage, the type of attendance that are being presented to me are ones from foreign countries, significant criminal histories, and putting people with disabilities in need of attendant care in a situation with a lot of potential abuse. What is the department doing to try to ameliorate that when I've asked in the past about the interaction to know what's in the criminal history, being hold that would be a liability for the agencies to share that. There's many impediments to making sure that you have a person in your home in safety. Cameras can only do so much. And one of the recent AmeriHealth Caritas state-wide pack meetings it was noted, spoke to one of the ladies there, she was assaulted in her home after her older children, boys, went off to college. The attendant waited till then. She had it on camera. And nothing was done in any prosecution. So safety, safety, safety. And the abandonment of the wage, it drives high degree of lack of safety. What is the department doing to address that?

>> JULIET MARSALA: So George, thank you for your comments. We absolutely share the concern with regards to always striving to address the health and safety and welfare of the participants within our program. I don't disagree with you that the rates are low. And that is why the Office of Long-Term Living is undertaking this rate and wage study endeavor and collecting the data. And bringing together what we need to hopefully educate and inform and move the ball forward with creating a pathway to being able to address the crisis. Also today we presented additional -- the administration through the Department of Labor has invested in additional training in direct care workers. Individuals with regards to your desire to review individuals' criminal background history is from an agency. There are certain rules that the home

care agencies have to abide by with regards to their human resources. Certainly under the participant self-directed model, you are the employer, you certainly have more control and access under that model to address that particular aspect. With regards to the hiring of attendants, the Office of Long-Term Living does have rules and regulations in place as well as the Department of Health has rules and regulations in place and how home care agencies are to conduct their business to help ensure the health and safety of participants that are served through our programs. So there's quite a number of things that are in place. Will it be 100% fool-proof? I don't think anything is 100% fool-proof. But we certainly all work together to strive to do the best that we can within the program and the resources we have available.

>> SPEAKER: George Gilmore again. I wish there'd be a little bit more transparency in being able to look at criminal records and not being told by trying to look at somebody's profile that you're being inappropriate to look at somebody's profile when that person is to be in your home without any kind of decent oversight to make sure that that person is a safe fit. Thank you.

>> KATHY CUBIT: This is Kathy. Thank you for that feedback, George and Juliet. Any other questions from either members or the general audience? Carrie, anything else from your end?

>> CARRIE BACH: I don't have anything from my end. Thank you, Kathy.

>> KATHY CUBIT: Okay. Unless anything's come in, Paula, I think we can adjourn. Do I have a motion to adjourn?

>> JUANITA GRAY: Yes. Seconded.

>> KATHY CUBIT: Thank you, Juanita.

>> JUANITA GRAY: You're welcome.

>> KATHY CUBIT: Okay. Unless anything else has come in, I want to thank everyone for joining us today. Enjoy the rest of the day, and hope you can join us again remotely on October 2. Thanks again.