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01/08/2025

Long-Term Services and Supports Subcommittee Meeting

[Captioner standing by]
>> Good morning, everybody. This is Carrie Bach. I wanted to let you know it's about three minutes to 10:00. So if you are in person, please finish saying your hellos and start to find your seat. We will be getting started soon as we finish checking our technical aspects. Thank you.
>> CARRIE BACH: Good morning. This is Carrie.
Good morning. This is Carrie. Can you confirm that you can still hear me?
>> I can hear you, Carrie.
>> CARRIE BACH: Great. Kathy Cubit on the line yet?
>> KATHY CUBIT: This is Kathy. I'm here. Hopefully you can hear me.
>> CARRIE BACH: Perfect. Yep. We can hear you.
[Background noise]
>> I'm sorry to interrupt. Can everyone mute themselves. I'm getting a lot of background noise. If everyone could mute that's not speaking, that would be appreciated. Thank you.
>> CARRIE BACH: This is Carrie Bach.
[Breaking up]
This meeting is being recorded. Your participation in this meeting is your consent to being recorded. With that, let's get started with our roll call.
And we already have Kathy is present.
Ali Kronley?
I'm getting a lot of background noise too. I think it might be coming from the room. Can we mute the microphones in the room for a second? There we go. That's better.
I'm still getting a lot of background noise. It sounds like shuffling of papers. That's better.
Are you better, Kathy?
>> KATHY CUBIT: Yes. Thank you.
>> CARRIE BACH: Perfect. Let's move on then. I'm going to repeat.
This is our January meeting of the LTSS sub MAAC committee. Welcome to everybody who has joined us.
I would like to remind you that the meeting is being recorded. Your participation in the meeting is your consent to being recorded.
And with that, let's go ahead with our attendance.
Ali Kronley?
Anna Warheit?
>> ANNA WARHEIT: Good morning. This is Anna.
>> CARRIE BACH: Hey, Anna. Cathy Bollinger.
>> CATHY BOLLINGER: This is Cathy.

>> CARRIE BACH: Cindy Celi?
>> CINDY CELI: Good morning.
>> CARRIE BACH: Neil Brady?
Gail Weidman?
Jay HARNer?
>> JAY HARNER: Good morning. Present.
>> CARRIE BACH: Hi, Jay.
Juanita Gray?
>> JUANITA GRAY: Good morning. Juanita Gray here.
>> CARRIE BACH: Hi. Thanks for joining.
Laura?
>> LAURA WILLMER-RODACK: Good morning.
>> CARRIE BACH: Leslie Gilman?
>> LESLIE GILMAN: Good morning. I'm here.
>> CARRIE BACH: Hi, Leslie.
Linda Litton?
Lloyd Wertz?
Matt -- was that Lloyd Wertz?
Okay. Matt Seeley?
Chell Garrett? Was that Chell? Chell Garrett, are you with us? Okay.
Michael Grier?
>> MICHAEL GRIER: Yes, I'm present.
>> CARRIE BACH: Hi, Michael.
Minta Livengood?
And we have an alternate for Monica Vaccaro today. I would like to welcome Jack Poplar. Are you with us?
>> I'm here. Good morning.
>> CARRIE BACH: Welcome. Thank you.
Pam Walz?
>> PAM WALZ: I'm here.
>> CARRIE BACH: Patricia Canela-Duckett? Patty is going to be a couple of minutes late, but will be joining us.
And Rebecca May-Cole?
And I would like to take a moment for anybody who may have joined us since we started attendance, if you would announce yourself?
>> GAIL WEIDMAN: Good morning. This is Gail Weidman.
>> CARRIE BACH: Hi, Gail. Thank you for joining.
All right. With that, I will turn it over to Kathy.
>> KATHY CUBIT: Thanks, Carrie. And happy new year to everyone.
I want to point out that the evacuation procedures can be found on the back of the printed agenda for folks in the room. You must leave in the event of an emergency and assemble at the first responder's plaza. If you need any assistance, OLTL staff will be at the safe area located in front of the elevators.
Other housekeeping is that the meeting is being conducted in person and as a webinar to comply with logistical agreements, we will end promptly at 1:00. To avoid background noise, please keep devices muted unless you are speaking. Remote captioning is available. The link is

on the agenda and in the chat. It is 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 question box located in the Go To Webinar popup window or use the raise hand feature to be put in queue to speak live. Those attending in person should use one of the microphones and wait to be called on to speak. Before using a microphone, please press the button on the base to turn it on. You will see a red light. When you are done speaking, press the button again to turn the red light and microphone off.
Time is allotted on the meeting agenda for two public comment periods. If you have questions or comments that weren't heard, please send them to the resource account email found at the bottom of the meeting agenda and on the LTSS sub MAAC web page.
And with that, I will turn it over to Jermayn to give us the OLTL updates. Thank you.
>> JERMAYN GLOVER: Good morning. Can you hear me okay?
>> KATHY CUBIT: Yes, thanks, Jermayn.
>> JERMAYN GLOVER: For those who don't know, I'm Jermayn Glover, the chief of for OLTL. I'm filling in for Juliet, who is at an awards ceremony for GRN's awards for excellence. Juliet is there to support them.
We expect that Juliet and some of our -- we have Randy Nolan there who is usually at the meeting. They should be back around 11:15. Given the fact that Juliet and a lot of people who contribute to this meeting aren't here, I will be giving the updates. If there are questions that come up that are better answered by Juliet, Randy, or someone else, I will defer them for later in the meeting. If you have a question that you know you want directed toward someone who is not here, if you can wait until the second addition the public comment period, I would appreciate it. I want to make sure we get the best answer to everyone. I will answer what I can.
I also want to mention those who are in person realize that we're in a new location, but for everyone's information, we're no longer at 333 Market Street. We are now at the Keystone building in the Forest Room. It's a new location thanks to the division of communications management for getting everything set up working on logistics, greeting people. I just want to let people know for this meeting, we have people who will be bringing microphones to you if you have questions or comments. Please raise your hand and we will get the microphones to you. In the future, we hope to have microphone stands similar to what we had at Market Street so we can go directly to the microphone.
Also I want to let people know that there are microphones in the ceiling in this room. So just for your awareness, they can pick up things that you may not want heard. If you want to keep background noise to yourself, it would be to everyone's benefit.
Okay. And then I will get into our updates.
Next slide.
>> Okay. Everybody --
[Background noise]
>> You should see answers to questions from last meeting. Thank you. Go ahead.
>> JERMAYN GLOVER: Okay. Is agenda for the update today. Procurement update, CHC waiver renewal, and OBRA waiver amendment. 2025 nursing facility reporting dates. And recent OLTL communications. Next slide.
As we said, for the last few meetings, no updates regarding agency with choice that can be

shared at this time.
In August of last year, DHS announced applicants selected for agreement negotiations for the CHC procurement. The RFA is currently in a stay. All activity related to the RFA ceased and no time line to be shared at this point.
CHC will continue with the current MCOs until further notice.
And any questions regarding the RFA and its content should be directed to procurement using the resource account on the screen.
Next slide.
On December 18th of 2024, messages were sent through the ListServs announcing that the centers for Medicare and Medicaid services, a CHC renewal was approved and the OBRA amendment. They both became effective January 1st, 2025. Both documents are found on the DHS website using the links on slide four of this presentation.
Next slide.
2025 nursing facility reporting dates. These are some important reporting dates for nursing facilities going into 2025.
So January 31st, resident data reports are due for quarters 85 and 86. That covers resident days for April 1st, 2024, through September 30th, 2024.
February 25th, assessment fees are also due for quarters 85 and 86.
On March 7th, resident data reports for quarter 87 which covers October 1st, 2024, through December 31st, 2024, are due.
May 2nd, resident data reports are due for quarter 88, which is January 1st, 2025, through March 31st, 2025.
And on June 13th, assessment fees are due for quarters 87 and 88.
Next slide.
Corrected communication was sent out on December 12th to correct and replace a ListServ message sent on December 10th titled patient driven payment model, PDPM, versus resource utilization group analysis. Published in the bulletin, DHS is proposing to amend a data element in the way the case mix rates are calculated for nonpublic and county nursing facilities. CMS no longer supports to meet with the CMS role support. DHS is proposing to amend title 55, chapters 1187 and 1189 to use the nursing component of the payment model in rate setting.
From a public comment period open from October 12th to November 12th, DHS received about 75 comments from nursing facilities associations and stakeholders. OLTL is evaluating the comments to determine the impact on the regulations. As a result of the comments, OLTL is surveying other states about the transition to PDPM.
Data analysis on the final impact of the proposed regulations is on the DHS website at the link on slide 6.
And these regulations would be effective in August of this year.
Next slide.
So those are the OLTL updates for today. Are there any questions about any of this content? Any questions that anyone has?
>> KATHY CUBIT: This is Kathy. First, I want to extend congratulations to the OLTL staff that are receiving recognition. That's great news. As well as your successful approvals by the January 1 deadline for the CHC waiver renewal. I know that's a big heavy lift to get that done. Thanks to staff for all you do.
We'll start in the room with questions. Are there questions in the room?
>> Not seeing any questions in the room.

>> Thank you. What about members that are joining remotely?
>> Hi, this is Paula. I do not see any questions in chat.
>> Thanks, Paula.
And anything from the general audience?
>> Kathy, it's Paula again. I do not see anything.
>> KATHY CUBIT: Thank you.
All right. With that, we'll move on to our first public comment period.
So again, let's start with anyone in the room that wants to begin with any open comments or thoughts.
>> This is Jeff from Pennsylvania SILC. I don't know if this was on the deputy secretary's update. Do we have an update on what DHS is doing with the housing work group? I'm talking about the executive order that the governor that. I think we weren't clear on what OLTL's role was going to be in terms of advocating for not just affordable housing, but accessible housing. Thanks.
>> Thanks for the question. I'm noting that down. I will wait for Juliet to get a response on. Thanks.
Anyone else in the room? No more comments in the room, Kathy.
>> KATHY CUBIT: Thanks, Jermayn.
Any member questions from those joining remotely? Or comments?
Okay. Anything from the general audience either in the chat or with a raised hand?
>> Hi, Kathy. I have Mia Haney who has a raised hand. I'm attempting to get her off mute right now. Mia, you should be able to go ahead and ask your question.
Looks like we're having some problems. She's unable to unmute. Let me try her again. I did enable your mic, Mia. Could you try again?
>> I think it's working now. Can you hear me okay?
>> Yes, I can hear you. Thank you.
>> Wonderful. Thank you so much for filling in for Juliet today. We appreciate you doing that. And congratulations to those staff who are being recognized today.
I was just curious if we can get an update on the timing of the release of the Mercer rate study and the method of how that will be released to the larger public. the question.
So the rate study has ended and the draft report is working through the review process. But we don't have a comment on time frame at this point.
>> If there's any ability to add additional transparency to timing or how it will be released, it would be appreciated by the provider community as well as by the consumer community. Thank you.
>> JERMAYN GLOVER: Understood. Thanks.
And Kathy, before we move on, I want to mention some additional members who joined us in the room.
>> KATHY CUBIT: Sure.
>> Lloyd Wertz and Patty Canela-Duckett.
>> KATHY CUBIT: Thank you.
Is there any other questions from the general audience either in chat or with a raised hand?
>> Hi, Kathy. This is Paula. No raised hands and no additional questions.
>> KATHY CUBIT: Thanks, Paula.
We're well ahead of schedule. I don't know if -- I don't know if Phillip Stock is available to start early with his presentation. And if we want to do another sweep of the room and any members

remotely that want to ask something at this point in the public comment period.
>> Good morning. This is Abby Coleman from the Office of Long-Term Living. I will be filling in for Phil this morning. He had to be out of the office. If you want to do a sweep, I am ready to go whenever you are ready for me.
>> KATHY CUBIT: Thanks, Abby.
Okay. Before we move on to Abby, is there anything else for the public, the first public comment period? I'm
>> Nothing in the room.
>> KATHY CUBIT: Thank you. Abby, the floor is yours. Thank you.
>> ABBY: Thanks. My name is Abby Coleman, the director of program analytics for the Office of Long-Term Living. I am filling in for one of the managers, Phil Stock this morning to go through and present the data dash. I know certain elements of the data dashboard have been presented at this meeting at various times. But I think people wanted to see some of the new additions that have been added to the data dash, maybe go through remind people that this information is readily available on the DHS website.
I do apologize. I thought I had a slide that provided the links to where you can access both the current version of the data dash or data brief, we use those interchangeably, as well as the archives that go all the way back to 2020.
So I will make sure to get those over to the communications team so that we can make sure that that gets out to the group. But in the meantime, if you go to the DHS website, there is a section on the website called data and data dashboards. That's exactly where you will find this publication, as well as the archives. Scroll down to the Office of Long-Term Living and they are all listed there for your access.
But again, we'll make sure that you have the direct link. So if you didn't get all that, you can access easily.
So the Office of Long-Term Living publishes this dashboard monthly. Originally when we came up with the concept, we were getting a lot of questions, particularly around enrollment and other key questions about mostly the Community HealthChoices program, but also other areas within the Office of Long-Term Living. So both me and staff in my division came up with what we called then the data dash, now data dashboard.
And to answer some of those key questions we were continuing to get month over month, we tried to be very intentional about what we included in it so that it was easy to understand, it was answering questions that advocates and stakeholders really wanted to know about.
So over the years, that's grown as things change and we have added additional information. So today, we're going to walk through the information that is in our currently data dashboard. And this one, although there was a December version published since then, we're going to go through the November report, which is for October data. So we're always a month lagged. The way our system works is we don't get updated information through the end of the month until almost two weeks after the close of the month. So there is a little bit of a lag on it. But for the most part, it's pretty reliable resource. It uses standardized reporting so you can feel good that month over month, data is being reported in the same way.
So if we could scroll down a little bit. The first page is really just our table of contents that goes through what all is in the document. But like I said, we're going to go through and walk through the document so that you can see what some of the stuff looks like, maybe not necessarily talk about the specifics of the data. We can. I think we might have time. I think I had 35 minutes to begin with, which will be more than enough, and we're a little ahead. If we want to get into that,

we can certainly do that as well.
So at the bottom of the first page, there is an acronym guide. And if you have any questions about anything that's contained within the data brief, you can certainly feel free to reach out to me. That's my contact information, my email. Feel free to send me over any questions that you may have.
Not going to go through the acronym guide right now. I think most of these are pretty standard to this group. But if there are questions as we're going through and I don't spell out an acronym, please stop me and I can let you know what the acronym means.
Moving on to the first page. We start off with some Community HealthChoices enrollment information. And the first three boxes at the top represent -- oh, thank you, need to send that out?
>> KATHY CUBIT: I think it just goes to the member panelist people. I don't see the general public in my frame. But I thought I would put that in there for folks.
>> ABBY: Thanks, Kathy.
So the first page is looking at Community HealthChoices enrollments. The first box represents overall Community HealthChoices enrollments, including our home and community-based participants, our nursing facility participants, and our nursing facility ineligible participants.
And whether that is trending from the previous month up or down. So for this particular month, you can see enrollment was 385,318 and was up from the previous month.
Home and community-based enrollments was at 137,000 and was up from the previous month. Home and community-based enrollments have continued to grow month over month, almost without fail since the beginning of the Community HealthChoices program. And continues to grow.
Nursing facility enrollment is right under 43,000 for CHC. And that number has surprisingly been pretty consistent since the end of I would say calendar year 2020, beginning of calendar year 2021.
The first chart is looking at statewide enrollment trends by managed care organization. It's a six-month rolling trend so that you can see what the enrollments have been doing over the last six months. More specifically, you can look at each of the managed care organizations and how their enrollments have tracked for the last six months.
I will note that throughout the publication, we tried to make it as easy as possible and use consistent branding colors. So for UPMC, you're always going to see the purple color. For PHW, the yellowish green color. And Amerihealth, keystone first, it will always be the dark blue color at the bottom there.
So continuing on. We have boxes that we try to highlight some of the things that we think are important just to note for that specific month, specifically whether enrollments are going up or down, et cetera.
And then the next graph is looking at CHC enrollment by zone and managed care organization. On the left there, we wanted to show you what part of the state we're talking about on a map so that if you didn't quite remember what counties were in the southwest, there's a visual there that you could see that.
And then of course broken out by each of the managed care organizations by zone. You can see that different managed care organizations have stronger presence in different regions. So it just you can see the regionalty of this state through this chart.
Next. Moving on.
This next entire page is focusing on Community HealthChoices market share. This, again, is

looking at the regionalty. You can see it's basically a representation of the graph above except instead of raw numbers, it is a percentage of the participants in that region. So it's basically showing the same thing as the chart above, just in a slightly different manner that you can see in a couple of the regions, southwest, UPMC has over 50% of the population. Southeast, Amerihealth, Keystone First in that region. In the northwest, UPMC has over 50% as well. It's just a different way to help people understand and interpret what the data is saying.
Moving down a little bit more.
Again, still focusing on market share. On the left there, we are looking at how each of the plans' monthly enrollment or market share has changed from the previous month, whether it's increased, remain the same, or overall decrease so you can get a sense of who is coming to plan, who is maintaining, and where participants might be switching plans.
So we provide that.
And then on the right, we provide it by population groups. So this chart is interesting. It really makes it abundantly clear that our nursing facility nonduals is a very small percentage of the overall Community HealthChoices program. And that of course I think we all know that the nursing facility ineligible population is a very large percentage of the Community HealthChoices program. And there is a chart below so that if you want the specifics on the numbers, you can see each of the numbers by each of the plans.
And again, just to call out the box below that we're showing the nursing facility population continues to account for the majority of the population. For this particular month, 53.3% was a drop off from the previous month. And again, showing waiver growth and a small bump up in the percentage of nursing facility participants.
Next slide.
So I think this is a new addition to the data brief. This was requested by Juliet. She had asked that we do a break out by gender and age group. So the first chart is showing overall CHC populations. And then there is one for NFIH, CBS, and nursing facility. And each of the groups, NFI, nursing facility tend to follow the greater trend in CHC where the majority of the population we serve is age 65 to 84. You can also see that for every single group except for the 39 and under, the Community HealthChoices program serves more women than men. And like I said, this trend is mirrored throughout each of the different population groups.
So I think we can -- oh, and the other thing I would point out which probably is not a surprise, but in 85 and over group, we are seeing many more women than we are seeing men.
So just a couple of things that this page kind of points out about our population and who we are serving in the program. So I think we can move to the next page, please.
The next page, this map is looking at Community HealthChoices enrollments by county. We recently updated this map to include textures to make it more visually accessible for people. And this map is also there are further break outs in the appendix, which we will get to. So if you just want a straight chart of the number of CHC enrollments by county, there is a chart in the appendix. It wasn't put here just to try to keep the flow of the document going. But we'll get to that once we get to the appendix that you can access that chart that's in there with enrollments by county.
So next graph, please.
And if you could just -- yeah. Perfect.
So I know we talk a lot about rebalancing, serving more participants in the community, serving participants in the least restrictive setting of their choosing, et cetera. That's really what this graph is looking at. And this graph does include all of OLTL's programs. So that's Community

HealthChoices, life, OBRA, and any nursing facility fee for service participants that we may still have in OLTL.
So what you see on this graph is that the percentage of participants being served in the home and community-based setting continues to rise. This has been on an upward trend since the very beginning of Community HealthChoices. When we started looking at this, we were, I want to say right below the 50% mark. And now here in October 2024, we are almost at 77% of the population being served in the community rather than the nursing facility.
And again, we did provide the numbers below. So if you needed the numbers for something that you wanted to look at within your organization, the numbers are all there. Again, the numbers are a little bit different than the numbers that were presented on the first slide because they do include life OBRA and small number of fee for service participants.
So continuing on.
We move into looking at the medicare type for our CHC participants. And there are some interesting items on this page to point out. Specifically for those of you who have participated since pre-CHC, you will probably remember that we were originally stating that 95%, 96% of our participants were dual eligible. There's been a shift in that. Now almost 11.5%, and actually, I think that number increased in our most recent data publication, are Medicaid only participants.
We have seen a huge shift in the Medicare type. We have seen an enormous drop in the number of participants who are choosing fee for service or traditional Medicare. We're seeing a drop in participants who choose non-DSNIP Medicare advantage. And we're seeing an increase in both unaligned and aligned D-SNPs. And by aligned, I mean that means that their Medicare D-SNP is the same parent company as their Community HealthChoices Medicaid company. And unaligned means they choose a Medicare D-SNP product that is not the same as their Community HealthChoices Medicaid plan.
This also highlights the regionalty of the state. Again, northeast having a very high percentage of fee for service Medicare participants and a very low number of Medicaid only participants. Whereas the southeast has a very large number of D-SNP participants and a also a very large percentage of participants who are Medicaid only.
So just shows you some of the differences when you are thinking about programmatics of how things might vary from, say, southeast to northeast, et cetera, in the participants that we're serving in those regions.
Next slide, please.
So here we are looking at Medicare type by CHC zone and plan. And so here we're looking at how many, what percentage of participants are aligned, unaligned. Where do we have high alignment between D-SNPs and Medicaid plans, that would be the pink bar in the middle. And so it's just a different way to visualize the data by region, by plan. So you could spend a little bit of time on that if you would like.
And I will point out that there is this other category. This is largely due to timing differences. The process we use to make the determination in terms of Medicare type is we look at a file that CMS sends us, as well as our own enrollment data. And those others are typically timing differences where somebody has made a change and it's either updated in CMS and not in our system. Or there's a system limitation where we only store the most recent Medicare eligibility. So if you change Medicare during open enrollment, we would have a mismatch there.
So there are a couple of people that due to timing and system issues we aren't able to identify them. But those numbers are extremely small. But just wanted to point that out in case people were wondering what other was.

Next slide.
So this is looking at D-SNP enrollment by plan. We have ten D-SNPs in Pennsylvania currently with a new one starting soon. These are the enrollments as of October. So they would not be listed on here.
You can see -- sorry. Whoever is running the screen, is it possible to just make it a little bit smaller so that we could -- yeah, perfect.
So we do a 13-month rolling year when we present. So you can say okay, we're looking at October data now. Where were we last October? And you kind of see October, November, December, what I was talking about on the previous slide, you're seeing a drop off in D-SNPs. And what's happening here we believe is that open enrollment is occurring. People are potentially switching plans at this time. And so this would be a case where we would have a mismatch in our system, and therefore, not count some of these participants as D-SNPs. Once January hits, we pop right back up again.
The number of D-SNP participants has been on a continuous rise. I believe that when we first started measuring this, we only had around 130,000D-SNP members. Now we're up to over 237,000. So noting that the D-SNP population has certainly grown over the years of CHC.
We can scroll down. Again, we just provide the chart below that gives you the numbers. You can see in both the chart and the numbers listed there, Aetna has grown significantly year over year from October from 39,000 up to 73,463.
So you can take a look and see how plans are changing. All three of our managed care organizations, you can see that they all had a drop off in D-SNP enrollments during this particular time period from October to October. So again, you can take a closer look at that and look at what's going on with the individual plans if you wanted to spend more time on that.
So next slide, please.
So this next section is looking at consumer driven PAS services. This is using authorization data. So not all of these participants are necessarily using, but they are authorized for participant-driven services. And so we track this both in Community HealthChoices, as well as OLTL's fee for service programs.
So next slide, please.
This slide is looking at the number of personal care homes and assisted living facilities by county. Again, just trying to provide some BHSL information in here. And you can see obviously Allegheny County has the greatest number. And many counties, three counties that have 0 personal care homes or ALRs.
Next slide, please.
All right. And the final -- this is the final slide of the main document of the data dash. This is looking at other OLTL program enrollments. So OBAR, Act 150, and LIFE. And similar to page one, looking at what's happening month over month, is OBRA enrollment increasing? In this particular month, it was. As well as Act 150 and LIFE.
And down below on the map, we provide LIFE enrollments by county. If you could scroll down a little bit, please.
So you can see the current counties that either have 0 or are inactive for LIFE. And then the darker shades represent a higher number of LIFE enrollees by county.
So next page, we get into the appendices. And the first one, again, I already mentioned this, but CHC enrollments by county. And it gets even more granular than the map. It does provide the population group. So you would be able to see which particular counties are serving a greater number of LTSS participants versus NFI. If you so chose. Or you could just look at the overall

numbers by county.
Next. I think we can scroll down. I'm not going to go through and read all of this data. If you would like, you could access the data dash.
Then we do move on and similarly provide the race breakouts by county. You're going to see here that some of these numbers have been suppressed. Any time we are presenting data and the numbers are one to ten, we suppress the numbers for participant confidentiality sake. So you can assume that anything that you see there is one to ten. We don't provide the specifics, again, for participant confidentiality.
Next slide. I think this is the last page of the data brief. We are looking at -- oh, no. Keep going. This is still the same by race.
And then the last page we are looking at by county ethnicity. So Hispanic, non-Hispanic. And again, if the number is one to ten, we suppress. We also -- and to be clear, if we provided totals for the county, which we do above in the map, we also would suppress the Hispanic number because if we only suppressed the Hispanic number, you would be able to do the math of taking the total above and subtracting out the number of Hispanic participants to get the non-Hispanic. So we end up suppressing both categories in this particular case.
So that brings us to the end of the data brief. I am happy to take any questions that anyone may have.
>> KATHY CUBIT: This is Kathy. Thanks, Abby.the room if you want to start getting the mic in place.
First, I wanted to ask if there's any consideration to collect and report data on other genders beyond male and female?
>> ABBY: Right now, our system only captures male and female. So that would require a system change. I'm not sure where that's at. But that would be at a much larger level than DHS. Because right now, the limitation of our system is that it collects male and female.
>> KATHY CUBIT: Okay. Thank you.
The second question, the personal care home chart, I don't know if it would be possible to add information about SSI personal care homes. I know there are more counties than indicated on your chart that don't have an SSI personal care home. And I think that may be helpful to track. I don't know if that's possible. But I wanted to
And then the last question I know that was submitted ethnicity, the different types of populations served.
>> ABBY: For race and ethnicity, so it would say --
>> KATHY CUBIT: The enrollment categories, like NFI and --
>> ABBY: Yeah. Would you mind scrolling back up to the previous page that shows the race and ethnicity -- yeah, the race.
So here -- you can stop there. That's perfect. Actually, yeah.
So at the bottom there, you saw how much of that data is already suppressed. The problem when we start breaking this down into even further categories is that, first of all, it's already suppressed without breaking it down by population groups. So then if we take these numbers, so we'll just look at that Elk number that's 11. If we break that out by population group, those numbers, we're going to have to suppress those numbers too. So you will get a chart full of suppressed information.
>> KATHY CUBIT: I'm sorry to interrupt. Maybe just by categories. I think that was more of what the request was. I don't know if the person that submitted that is available to clarify. But I think that was the request or recommendation.we'll say NFI, within NFI, how many white, black,

Asian, et cetera, participants there are? Is that what you're looking for?
>> KATHY CUBIT: That's my understanding.
>> ABBY: Oh, yeah. Sure. That's something we could easily do.
>> KATHY CUBIT: Okay. Thank you.
And with that, and thanks for your presentation and the work to do this every month. There's such a tremendous amount of data here that's extremely helpful.
So let's start with the room. Are there any question, comments for Abby?
>> Hi, this is Juliet. I just wanted to go back, Kathy, to your question about the personal care homes and assisted living residents with identifying those that accept SSI residents. I wanted folks to also be aware that our Bureau of Human Services and licensing team does also publish annual reports that has that information, which is posted publicly on their web page. So that would show the break out of the percentage of personal care homes that accept predominantly SSI residents in their programs. And there's a lot of really great information in that report that they put out every year. We can certainly take it back and think about it more. But the numbers of personal care homes don't typically change as much month over month.
So there's considerations for how long we want the data book to be. But we can certainly take it back and discuss that. I just didn't want to leave that good point that you bring up without a response.
>> KATHY CUBIT: Thanks, Juliet. And welcome to the meeting.
>> Hi, this is Pam Walz. Could you scroll up with what's on the screen currently so we can see what the categories are that these columns are? Thank you.
>> Did you want to go to people in the room here?
>> This is Carrie. Go ahead and move to the people in the room, please.
Lloyd Wertz has a question or comment.
>> LLOYD WERTZ: Brief for those of you who drove here, if you're going west or north, don't go on camera near the farm show. Just saying.
My question is I'm assuming that you separate personal care boarding homes and assisted living residences based upon the license status. Is that a correct assumption? Okay. There is a wide gap among PCBHs as to the supports and services they offer based on revenues, based upon people who have chosen to live there.
I'm wondering have you found that to be the case? Do you have boots on the ground that go into the facilities and are they able to tell you about the differences? Or is this as good as it's going to get for breaking apart that data?
>> Yes, they're broken out on licensing types. If the committee is interested, Lloyd, I would be more than happy to have Teresa and Sheila come and talk about the data for personal care homes assisted living and any of the differences. Because they are an essential part of our LTSS system.
So would love to have the opportunity to have them talk about that and the different data and what they collect. And they can walk through the annual report as to what they report out.
>> LLOYD WERTZ: I would really appreciate hearing and knowing that. Thank you.
>> CARRIE BACH: This is Carrie. Do we have anybody else in the room?
>> Yes, one more in the room.
>> CARRIE BACH: Go ahead.
>> Yes. Jeff from PA SILC again. Is there any way to important. Is there any discussion about expanding the categories that are tracked under data dash? For example, the number of direct care worker call offs or maybe turnover, things like that?

>> ABBY: Right now, like I said at the beginning, we kind of were focusing on a lot of the frequently asked questions that we get to put into the data dash. So we were trying to be very thoughtful about the most frequently asked questions. I'm not saying that we couldn't provide that data. I'm not sure if we can. We would have to look into it a little bit more. But I don't know that it would be something that we would probably be adding to this particular document. And I don't know, Juliet, if you have thoughts you want to add.
>> JULIET MARSALA: To answer your question, Jeff, in terms of direct care worker reporting and missed shifts and things of that nature, there are certainly reports we use to monitor the CHC, MCOs. There is an equal report monitoring across the board. Just so that you would know if we were to look into posting something like that, it would be very program specific. For example, we wouldn't necessarily know for the LIFE programs what those numbers would be. And so as Abby said, we have been sort of predominantly on the data dash doing the data that most people ask for most often to kind of cut down on those requests. But it's certainly something we can consider for the future.
>> Thank you. the chat from members or the general audience?
>> Hi, Carrie. This is Paula. I have a question from general audience. This is from Janice. Does OLTL track the number of CHC HCBS participants who transition to LTC?
>> ABBY: We do. We look at enrollment every month. We look at the number of participants who are in did nursing facility, as well as home and community-based. I tried to I'm not sure if there was something more specific the person was asking for.
>> CARRIE BACH: Hi. This is Carrie. Can you tell us which report might show that information?
>> ABBY: In terms of participanting transitioning to the nursing facility? I would think you would want to look at the nursing facility enrollments. We have that broken out several different ways.
>> KATHY CUBIT: This is Kathy. I don't want to speak transitions, I think she's trying to ask more specific to the population receiving home and community-based services and having to transition to long-term care. So a subset of what you're already reporting.
>> ABBY: So it is something we can track. It's not something that we currently report on. Every month we run what we call the standard enrollment file which shows where every single participant who was in CHC for that month was, if they had multiple enrollment segments, meaning they were in the community and then they were in the nursing facility and maybe then they went back to the community. So we do have all of that information. Doing reports does get a little complicated, especially if a participant changes categories more than once.
But it is something that we could look at. It's a high level of effort, but it is something we could look at potentially.
>> Thanks, Abby.
Are there other webinar side questions from either members or the general public?
>> Kathy, this is Paula. I see no more questions from the public. And I have no hands that are raised.
>> KATHY CUBIT: Thanks, Paula.
Pam, I know you were starting to say something earlier. Did you have any additional questions or comments?
>> PAM WALZ: No. No. I was just trying to get a handle on what the categories were that we have data by race.
>> KATHY CUBIT: Okay. Thanks. I just wanted to double check.
Okay. Is there anything else in the room then before we move on to Jen and Robyn for the assisted living in lieu of services presentation?

>> This is Jermayn. Nothing in the room.
>> KATHY CUBIT: Thanks, Jermayn.
Okay. Is Jen and Robyn -- I know we're a little ahead of schedule. Are they available to present?
>> Good morning. Does anybody have a preference of where I sit? I usually like to see the screen, but I will sit next to Jermayn here.
I'm Jen Hale, director of policy for the Office of Long-Term Living. Happy new year. This is the in lieu of services is something that I think committee members have been asking for us to present on over the last several months. So I'm happy to be here today to do that. I think we can get started.
Quickly on the next slide, the agenda for the presentation include the background on in lieu of services level set. I know that Juliet provided a presentation maybe over a year ago now on in lieu of services. So just want to refresh and level set on what in lieu of services are.
Highlight what's in the 2024 Community HealthChoices agreement. I have here the 2024 health choices agreement because it's been approved by CMS. The language has not changed and it has been put forward into the 2025 agreement. I just didn't list it here because that is still with CMS for review and approval.
Our role in provider enrollment and OLTL's role in general with in lieu of services.
Next slide, please.
So in the 2016 Medicaid and CHIP managed care role, CMS finalized federal regulation that recognized dates and managed care plan's ability to cover services or settings that are substitutes for services or settings covered under the state plan. This is what is known as the in lieu of service.
So the -- or ILOS. The ILOS definition as indicated in the agreement is a cost effective, medically necessary service or setting that is offered to a participant as a substitute for a state plan service or setting in accordance with federal regulation.
So in the final rule, CMS outlined very overarching general requirements that state managed care plans had to demonstrate in order to offer the in lieu of service.
So one is that the state must demonstrate that the in lieu of service is cost effective and medically appropriate substitute. Participants cannot be required to utilize the in lieu of services. It's an option for participants.
It's also an option of the managed care plan to put forth a proposal or propose an in lieu of service.
And all in lieu of services must be allowable under the Medicaid state plan or another authority such as the 1915C waiver. And be approved by the department in advance.
I think we can go to the next slide here.
So just some additional background. The centers for Medicare and Medicaid services issued guidance to states in January of 2021 that described opportunities for Medicaid to better address social determinants of health. So since CMS published that guidance, states have been working to implement changes in their Medicaid managed care program to meet and then the acronym flips to health related social needs, HRSN, of Medicaid enrollees more effectively.
In lieu of services can be utilized by states in their managed care plans to strengthen access to care by expanding settings, options, and address certain Medicaid enrollees health related social needs.
Since the letter was issued in 2021, they began to see the volume of states offering in lieu of services increase significantly. So due to that volume of states implementing these in lieu of

services, CMS then issued additional guidance in January of 2023 to clarify the existing option that states can pursue for in lieu of services.
And then just a note because they outlined in the guidance six key principles that states in managed care plans have to meet in order to offer the in lieu of service. And those six key principles in the information that was outlined in that state guidance letter was part of the Medicaid and CHIP managed care access, finance, and quality role. That's a lot. There's a lot going on here. But the Medicaid final rule published in May of 2024 in regulation the six principles and requirements in lieu of services.
It's important to note here, and I will go through the six principles because, again, it gives everyone some background and the parameters around the in lieu of service. They're very much driven by managed care plans, ability to be flexible and to offer innovative ideas to participants. It has to be approved by the Department.
And it's also the option of the participant. I just want to reinforce that. It's the option of the participant.
So the six principals include it must advance the objective of the Medicaid program. And CMS went a little bit further to say it means that the ILOS must not violate any current Federal regulation. And I point to the one here which is the general prohibition on payment for room and board cost because obviously we're talking about assisted living as an in lieu of service. But in implementing that, we can't violate the rule with the prohibition of payment for room and board.
The in lieu of service must be approvable through an existing authority, which I touched on earlier, which could be the state plan or the waiver. So the service has to be something that CMS would approve under one of those existing authorities.
They have to be a cost effective substitute for a state plan service or setting.
Are medically appropriate. This includes a clinically defined target population that identifies the state plan service. And the setting that the in lieu of services are being substituted.
You can go to the next slide.
Four is that they be provided in a manner that preserves enrollee rights and protections. Appeals and grievances apply to in lieu of services. Protections apply even though the in lieu of service are optional to the plan and optional to the participant.
Number five is they must be subject to monitoring and oversight documentation to demonstrate the in lieu of service utilization, cost, and effectiveness. There must be at least an annual analysis with appropriate quantitative and qualitative metrics. And then actuarial reporting on the in lieu of cost percentage.
The sixth principle is CMS did state in their guidance if the in lieu of services that are offered by a program as a whole are greater than 1.5% of program costs that CMS requires the state to submit a retrospective report to CMS on the effectiveness of the in lieu of service.
At this time, OLTL doesn't have any in lieu of services that equal or are greater than the 1.5%. And then obviously, CMS in that guidance carried forward in the regulation requires all of these elements to be addressed in the managed care contract.
You can move to the next slide.
Okay. So that brings us to I think when Juliet gave her presentation to this committee, we had already had language in our 2023 agreement that indicated that assisted living wasn't approvable in lieu of service. With all of the requirements that CMS set forth in their January 2023 letter and with the regulations being published in early of 2024, we basically took all of that information and made sure that that information was in our 2024 CHC agreement. In the agreement on this slide you have what's included in the CHC agreement. That the CHC MCO

may cover services or settings for participants in lieu of those covered under the state plan if the Department determines that the alternative service or setting is a medically appropriate and cost effective substitute for the coverage, service, or setting under the state plan.
The CHC MCO may cover services or settings for participants in lieu of those covered under the state plan if they meet all of the six principles. And they assure to the state that the participant is not required by the CHC-MCO to use the alternative services setting. That the in lieu of service is annually authorized and approved by the Department. And we did create a standard template for MCOs to use when they identify an in lieu of service that they would like to put forward as a proposal to the stated. And that the approved in lieu of service are authorized and identified in the contract. And that the approved in lieu of service are offered to participants at the option of the MCO.
You can move to the next slide.
And then just two last things, again, that I think I have touched on but we will reinforce. In accordance with federal regulation, they can't provide the in lieu of service without first supply to the department and obtaining approval to offer the in lieu of service by demonstrating all the requirements will be met.
And if the CHC-MCO identifies a potential in lieu of service that they would like to offer during a future contract period, they must follow the process described in the guidelines and request the form documents as detailed in the in lieu of services operations memorandum.
So we did do an Ops memo that outlines some of this information and requirements for the CHC-MCOs to follow.
And the next slide is just a snapshot of what is included in the agreement. It's a very small snapshot. This section itself is an exhibit, I believe, and has a lot of the information that I just went over. It includes the in lieu of service name, the definition of that in lieu of service for assisted living, the substituted state plan service, which is nursing facility services. So the proposals and the -- that the department has approved, identify the assisted living residence as an in lieu of service to nursing facility services.
CMS requires that the states identify procedure codes. So those are included. And then also the clinically defined target population.
So you can go to the next slide.
So in November of 2023, OLTL did issue an Ops memo outlining requirements for CHC-MCOs on how they submit their in lieu of service requests. The link to the operations memo is there. It's housed on the website with all of our other operations memos.
Information that OLTL collects on in lieu of service proposals include the description of the in lieu of service, the target population, the goals and the objectives of the in lieu of service, the expected outcomes that the plan hopes to see with the in lieu of service. And then how they plan to monitor, so they also have to include monitoring activities that they will use to monitor the provision and utilization of the service. And then they also have to submit an analysis on cost effectiveness.
So the other thing that OLTL is currently working on is an operations report. We believe that it's really important to capture information on utilization cost, outcomes, and just track how individuals or the amount of individuals that are choosing this option and some details about the service that's being provided.
So we are developing an operations report. I believe that we're hoping to target the end of the first quarter to have that implemented. We plan on doing a technical assistance session with the MCOs and then providing that template to them to begin using.

I think that's it.
The other thing that I will mention is that OLTL has been providing support for the assisted living in lieu of service option. Our provider enrollment team has been working with assisted living residences that have chosen to be part of this program with the CHC-MCO to enroll them specifically for the in lieu of service so that we can track who is enrolled to provide the in lieu of service. And then obviously with having the procedure codes, OLTL will be able to identify utilization and cost for the service in addition to the operations report.
At this time, I'm not aware and I don't think OLTL is aware of anyone who has chosen this option under the approved proposal. So at this time, again, not aware of anyone that's utilizing the in lieu of service at this point. But I think that wraps up the in lieu of service presentation. Again, just wanted to give everyone a background, additional context, level set. And take any questions.
>> KATHY CUBIT: This is Kathy. Thanks, Jen. I know we had a lot of submitted questions. Let's open it up to folks in the room first.
>> This is Matt Seeley. What is it called to the participants? You don't call it in lieu of services.
>> JEN HALE: That's a great question. I don't believe it's communicated as an in lieu of service. I believe it's communicated as an additional option for individuals who meet the target group as they have the option of instead of nursing facility services, receiving their services in the assisted living residence.
>> MATT SEELEY: And that's how it's presented to them? Is there any way I could see, I don't know if anybody else is interested, what the MCOs are actually showing the participant and offering this alternative service?
>> JEN HALE: Yeah. I think so. I did reach out to the two plans that have approval. So I don't want to call anybody out. If that's something that Anna Keith from PHW feels comfortable coming up and describing. I know we talked about this at length with the MCOs before approving the proposal at how this was going to be presented and at what point. Making sure that the individual has been educated on all of their options. And again, it is the choice of the individual. Anna, I don't know if you want to talk a little bit about how you present this option.
>> I don't have a lot to share, Matt.
>> Hold on for a mic. It's coming your way.
>> Thank you.
So Matt, we were approved last year for assisted living to be included within our array of services. We have had two individuals that had interest, but didn't proceed further due to their own personal reasons. But the way that it's discussed with an individual, which we have only had the two that even looked beyond, was that it was an option for them if they were in need of some services that an assisted living program could provide that perhaps they were not feeling they could receive in the community through personal assistant services.
Most -- the two, it had to do with their own personal safety concerns that they wanted to live more in an assisted living program. And those were offered.
But they didn't really come to terms with some of the requirements of the assisted living program. So they went the route of personal assistants.
>> MATT SEELEY: Thanks.
>> I have a question. This is Mike Grier with Pennsylvania council on independent living. Thanks for the presentation. Do you see any pitfalls with this? Let's be realistic. People that own nursing homes also own assisted living locations. Is there a potential for pitfalls in going this -- in having it not -- address what you were initially trying to do and trying to bring another alternative

in. If someone gets in a assisted living program and then because you would hope that it would be the person's individual choice. But we have seen that sometimes taken away. And I'm just wondering did you guys discuss any of the pitfalls that might come up with this?
>> JEN HALE: That's a great question. I think we tried to think of everything. Certainly, I'm sure as experience plays out, there may be things that come up that we need to address. We didn't think of anything of great concern. We wanted to make sure that there would be demonstration of choice documented. That's something that both proposals have included. So making sure that we are ensuring that this is the participant's choice, that they have attested that this is something that they want to explore. And working with the individual, if for some reason they're not satisfied with that setting.
So it's a great question. But I don't know that we could foresee until we have some experience if there are any major pitfalls. We don't anticipate any because of how the plans and us have been working together to ensure it's true choice. And that at any time, if there is dissatisfaction with the setting that we're working to address that.
>> How hard would it be to get out of that setting?
>> JEN HALE: I want to make sure that folks who joined online know that Matt Seeley asked me to repeat his question. He asked how hard would it be to get someone out of that setting? That's a great question and it's something that we have talked at length with the MCOs in terms of what they're going to offer participants who want to transition from this setting. I can't speak to exactly what the plans intend to offer, but there will be transition support available. I think -- and again, I don't want to speak for the plans, but I think everyone is kind of on the same page as this would be someone who has been identified and it would be similar to nursing home transition. So not hard.
I also don't anticipate -- I think as Anna indicated, the volume of individuals, because it is at the option, at the option of the plan, at the option of the participant, I think we're expecting slowly kind of having maybe individuals choose this option. And really keeping an eye on it. Operations reports, we have been working closely with the plans and have been in touch with each other. Anna informed us about the two individuals that they presented to that didn't ultimately select this option. So it's something that we're definitely keeping our eye on.
>> CARRIE BACH: This is Carrie. A question off of Matt's question. And my question is once somebody is in the assisted living facility, it's my understanding from reading the waiver language, and maybe I'm misunderstanding it, but NHT is no longer an option for them once they transition into one of these settings. Which by name does make sense. But if I'm understanding what you're saying, each of the plans has the -- their proposal a similar type of program to continuing to transition through those steps to the community if they choose. There are supports available even though it's not written into the waiver. But it's available.
>> JEN HALE: That's correct. And I'm sorry, if that's Carrie, you're break up a little bit, Carrie. So I hope I
>> CARRIE BACH: Thank you. Yes, it was Carrie on my cell phone. Thank you.
Do we have any questions in the chat? This is Carrie. Sorry.
>> Yes. I have a question. This is Juanita Gray. I was listening to Mr. Grier and Carrie. And I think that language should be put into that. It's missing.
And also, Mr. Grier and the other individuals that started the Office of Long-Term Living programs to be beneficial to participants, I think that's a move backwards, this implementation of whatever that OL -- whatever it's called. I don't think it's good. I think it's going back to where the beginning of the program started. Where people were supposed to not be going into these

residential facilities.
So I think it's counterproductive. And I don't think it's good.
>> Thank you, Juanita, for your comments. I didn't mean to cut you off.
>> JUANITA GRAY: You're fine. I was finished. I was listening and it just doesn't seem feasible to utilize any money, funding for something of that. It should be for something different to better somewhere else for the participants.
I do understand the safety aspect because there is some people being abused in homes. But on the other end of it, getting into those care facilities is very hard to get out of. They don't necessarily -- it's a bad element. That's what I wanted to let you know. It's a bad element.
>> JEN HALE: Thanks, Juanita. I think we have heard some of that feedback in terms of concerns about this being an option. I think OLTL supports it. I think Juliet said earlier that assisted living residences are a part of the continuum of long-term care and they are an option for individuals. There's no new -- just to clarify, and I think I heard you say money going forward assisted living. There's no new money. That's one of the things that in lieu of services that it gives plans the flexibility to offer these types of substitutes for already existing state plan services. So there's no new money. It's just the MCO has chosen to offer it as maybe a less -- I understand that people's views vary on assisted living residences. But some do see it as a lesser restrictive setting. So I think it's just a way to do that. But again, there's no new money taken from any other part of the program. Thank you, Juanita, for your comments.
>> JUANITA GRAY: I have one more. You said they see it as a less restrictive. To me, it's a more restrictive element because you're inside of an institution-like setting. It's not home care. It's not home. It's not good. I have family members that's in some, and that's why I'm home. But it's not a good setting for a substitute.
>> Agree, Juanita, it's not the same as a home. I think I was thinking that some individuals may see it as a lesser restrictive setting than a nursing facility, which is what it is being substituted for. But I agree that home and community is where individuals would like to receive their services.
>> JUANITA GRAY: Yes. Mostly. You have a family member living in one now. And I have help, but she doesn't have help. She's not doing very well in there. And I wanted everyone to know I do have family members that's very sick, had a stroke, and he can't move. But we don't have any more family members to help her. But I understand. That's why I said I do understand on one end. But that care is bad. I just wanted you to know that.
>> CARRIE BACH: This is Carrie. Thank you so much for those comments, Juanita. I have heard similar concerns throughout this discussion with OLTL making the changes. And they are noted in the waiver as well. As I was looking through preparing for this meeting. But thank you. I did have another question for you, Jen.
When individuals are transitioning from a nursing facility to assisted living, will that number, is that person counted in an NHT transition number?
>> JEN HALE: Great question, Carrie. And yes, they would be counted in the NHT transition number. I'm not sure if -- oh, sorry.
>> CARRIE BACH: Will it be a separate category?
>> JEN HALE: Yeah. So -- yep. I think you were going adding an indicator so that it's distinguished that the individual went community versus an AOR. Yes.
>> It looks like we have some hands raised, if I'm seeing it correctly on my screen.
>> Carrie, before the hands, let's make sure there's not other members on the webinar that have questions. Because I know we had a long list that we submitted.

>> CARRIE BACH: All right.
>> KATHY CUBIT: Let's open it up to the members.
>> CARRIE BACH: Thank you for that, Kathy. I agree. I was just looking at my screen and seeing hands. Yep. Let's continue with the committee members first. So go ahead, committee members. I will open up the floor.
>> Lloyd Wertz again. And my history in personal care boarding home goes back a few years, like close to 20. Has it changed? At that time, we were required to be an MA-51 in the check box that says the individual needs skilled nursing could not be filled in. If you needed skilled nursing, you couldn't go to an assisted living? Has that changed?
>> There's a couple of things. One, in assisted living residences, they can accept skilled nursing to a certain extent, not personal care homes. That's kind of separate.
With personal care homes, we do have some personal care homes in our waiver programs today. They're residential habilitation providers licensed as a personal care home because they serve more than four persons.
In the regulations, there is the ability to request a waiver to the personal care home level of care requirement that is reviewed by our clinical team. So generally speaking, personal care homes do not typically serve higher than a personal care home level of care. But for these exceptions. But in assisted living residences, there are more allowances for nursing facility clinical eligible populations that they serve. And those are under our 2600 and 2800 regulations, respectively.
And to kind of go a little bit further, the in lieu of services process I think is critically important to allow us to continue to evaluate how we think about the regulations in the long term and what may be needed as we look into continually evaluating them.
>> This is Paula. Pam, you should be able to unmute yourself.
>> PAM WALZ: Thanks. This is Pam Walz. As we were in this meeting, one of my clients who has Pennsylvania health and wellness emailed me asking specifically about this service.
How would we go about exploring this with her service coordinator? And also, can you tell us which assisted living facilities in the Philly area are participating?
>> So thanks for the question, Pam. First is the individual should reach out to their service coordinator, absolutely, to talk about this service option.
Second, I don't have facilities that are participating in the Philly area with me today, but I can certainly get that information to you. We do track who is coming through enrollment. So I can follow up with you after the meeting today.
>> PAM WALZ: That's great. Thank you.
>> MICHAEL GRIER: Hi. It's Mike Grier again.
PHW said they had a couple of people requesting that didn't choose to go that direction. Do we have idea the volume of this at all?
Let me rephrase that. Do you have any idea the volume, or what is OLTL expecting the volume to be? Or don't they know?
>> So expecting the volume to be low because of how it's being implemented. Assisted living residences have to be willing to participate. So that's one. The MCO is voluntary, so the MCO puts forward the proposal. So then it's optional at the participant level. So there are varying factors. And we anticipate that it will be low.
I'm happy to come back and provide any information or data that we are collecting on the operations report on volume to this committee. It's no problem at all. But definitely anticipate it being low.
>> JULIET MARSALA: And also to expand on that, Mike, in the lieu of service doesn't cover

room and board. So an individual receiving Medicaid, eligible for medical assistance in our programs, would also need to have a plan to cover room and board. Right? So the numbers are typically going to be low. As Lloyd had mentioned and others mentioned wanting to look at personal care homes and assisted living residence who serve the SSI population. Right? There are some homes that do it. There are many others that do not.
So all of those factors included as well, it's -- we're not expecting flood gates to open. In addition, there's only 67 assisted living residences in the Commonwealth today. Okay?
>> KATHY CUBIT: Juliet, this is Kathy. If I could follow up because what you just mentioned touches on some of the questions that were submitted by members. And I think one is around the cost to the consumer and will they -- one question was will the monthly PNA, will they be eligible for that? How will all the participants be educated about out of pocket costs? Because we know assisted living tends to charge a lot of miscellaneous charges.
Could you speak more to that? Or Jen?
>> JULIET MARSALA: Absolutely. The piece of this that is important and specific to your question, Kathy, is the significant emphasis on informed choice and person-centered planning. The in lieu of service that the managed care organizations are providing are sort of very distinct to each of the managed care organizations and how they have developed this service option for individuals.
But things that have not changed in our programs since inception is that participants are required to have informed choice. If they are signing an agreement at an assisted living residence, the assisted living residence has responsibilities to disclose the description of the fees and the cost and the separations of the different services in their agreements with their residents. That has not changed.
Service coordinators are required to ensure they have the information needed to make a choice, including out of pocket cost. How much would rent cost, utilities cost, what would a monthly budget look like? A lot of that information is reviewed with participants.
While in lieu of service opens a lot of new possibilities for innovations and creative thinking, I want to kind of remind folks the basics have not changed. Person-centered planning has not changed. Informed choice has not changed. This isn't a standard service for the OLTL because it's a unique service option of each MCO. Each MCO has responsibilities. They are sharing with us how they are going to ensure that the basic rights, basic information, and person-centered planning continues throughout the exploration of these service options as well.
>> CARRIE BACH: This is Carrie. Thanks, Juliet. Can I follow up on the income piece? Can you explain to all of us how an individual would qualify for waiver services if they have the income to cover the cost for room and board at an assisted living facility? How is that going to work?
>> JULIET MARSALA: Sure. I'm going to take this opportunity to highlight benefit support services, benefits counseling available in our waiver services and encourage participants to ask service coordinators about benefits counseling. They can talk about these things as well for individuals who are on Medicaid.
But Medicaid has multiple financial pathways. Right? An individual would be found medically eligible both financially, medically eligible through medical assistance for workers with disabilities. Individuals might have special needs trusts that take care of housing and specific medical needs that an individual might have available to them that is income disregarded.
So everybody's situation is different.
So that's why we also don't expect numbers to be incredibly high.
So there are individuals who could meet higher than market rent for an assisted living

residence. Some assisted living residences work with individuals with SSI and have lower market rates. It's very individualized and a very individual journey looking at everything along that pathway for assisted living.
I hope that helps with regards to the financial and the rent piece if that was the question you were asking, Carrie.
>> CARRIE BACH: Yes. That does help. I'm anxiously awaiting to see how that works as we move down through the process. Thank you.
>> JULIET MARSALA: Yeah. And I will plug the PA ableist that folks have more and more access to as that program matures as well. So PA Able account can have resources in it available to pay for housing and room and board.
>> CARRIE BACH: Nice plug on that one. I appreciate it.
Do we have any other questions from committee members?
>> KATHY CUBIT: This is Kathy. There was one additional question submitted in terms of how will the assisted living facilities be evaluated for meeting the criteria of the home and community-based settings rule? And will there be an opportunity for public comment as these providers are being enrolled into this program? And how will they be monitored that they're meeting the settings rule?
>> JEN HALE: Thanks, Kathy. So the assisted living residences as they're going through the O LTL enrollment for this specific in lieu of service do get screened with the same questions as any other provider that OLTL enrolls. So that is the first kind of check in terms of whether or not there are any concerns related to the settings role.
And then in the MCO proposals, I can tell you that each one has described that they will ensure the setting meets the characteristics of the home and community-based settings role. They were also given the assessment tool that OLTL uses to assess compliance with the settings rule to use in their efforts in monitoring that they meet the settings rule.
In terms of public comment, I don't know that we anticipated that there would be a public comment period for any of the settings. So yeah, I don't know that we would be do you think a public comment period just because the nature of the in lieu of service.
There are things happening in terms of making sure that the setting meets the spirit of the rule both through enrollment and leveraging the existing tools that OLTL uses to determine compliance.
>> KATHY CUBIT: Thanks, Jen. This is Kathy again. Part of your response broke off for me. I will look at the transcript.
I just would encourage that OLTL and the MCOs at least work with the local and state long-term care Ombudsmen program and the protection and advocacy agency as part of the process and alerting them to which facilities have been approved for ongoing so they're sure that they know this is in fact a facility that has been approved so you can get necessary feedback ongoing. It's just a thought I hope you consider.
>> Absolutely, Kathy. And the other point to bring up with the public comment period, and I may get this wrong and I will look at Jen to correct me. With the public comment period on home and community-based settings, that often times comes in when there's a provider flagged for heightened scrutiny. So kind of as we're going through this process, certainly, if there was a provider coming in that was flagged for heightened scrutiny, we would follow that process as outlined in the Office of Long-Term Living evaluation, which is why the assessment tool is in place.
All this to say, while there isn't a public comment period on the whole topic at large, I would

imagine we would be following our heightened scrutiny process that we have today for settings that would meet that criteria. I hope that's helpful.
>> KATHY CUBIT: Yes, this is Kathy. That is helpful clarification. And that's what I was actually referencing. I know when other states that had assisted living in BLAS went through the whole state approval process -- in place went through the whole state approval process, a lot of their assisted livings in fact needed to go through the heightened scrutiny process for obvious reasons.
So that's really the genesis of my concern here.
>> JULIET MARSALA: I thought it might be. Yeah. That evaluation process is the process that all of our providers that enroll in Medicaid. So that would still apply here.
>> KATHY CUBIT: Thank you.
Are there any other member questions before we move on to the general audience and we're into our public comment period as well. But I know this is always a hot topic.
>> As in lieu of other services been used -- oh, Jack Poplar. Sorry.
Has this service been used for anything else other than assisted living?
And then the other question I had is just I don't know how any assisted living location wouldn't meet the requirements, the guidelines with heightened scrutiny, I don't know how they're not integrated in the community and meeting the guidelines. I don't know how assisted living programs can get this. And how do you use this for other services?
>> JULIET MARSALA: Let me make sure that I understand the question on the heightened scrutiny. Was it you were saying you believe that they wouldn't get to a heightened scrutiny category, that they're already community based? I wasn't clear.
>> I don't know if they would meet the guidelines for community based, I guess is what I am getting that. The programs that I'm aware of. They're usually on a campus with nursing facilities and all kind of stuff. I wonder about that. That's all.
>> JULIET MARSALA: That's a key piece. The part of the HCBS setting is that they're adjacent to the nursing facility. There are also assisted living residences that are not connected on a large campus that I have visited as well.
And that particular assisted living facility has an individual lease, the person has their individual space, they come and go as they please, they're not restricted from any activities. That assisted living residence may be a community setting. The assisted living residences have been seen and recognized as settings in other states. It's a situation by situation evaluation.
And then your other question with regards to in lieu of services being used for other things, I would say in OLTL, not yet. In OMHSAS, it has been used widely to bring in services and services prior to services being added to the state plan. Psychiatric rehabilitation services, for example, many folks may not know that that started as an in lieu of service and moved forward. Certified peer specialist services started as in lieu of services. They have been a trail blazer in utilizing in lieu of services, in my opinion.
So we hope to catch up with their innovation and ability to use this tool.
Jen, anything to add?
>> CARRIE BACH: This is Carrie again. I have one final question on this topic.
You mentioned I think, Jen, you said you had a list that you could provide of facilities that have been approved. Is there going to be or is there already a list of those 67 who has been approved? I'm specifically thinking like for -- I work at BFI and we have a large and very active NHG team. So the conversations with the SCs, they are also conversations happening with the participants as they're moving through transitions. So is there a public list available? Or will it be

available to providers?
>> JEN HALE: That's a great question. We don't have a list publicly available. And I think the reason is it's really -- the other part of that is ensuring that the MCO that is offering the assisted living as an in lieu of service have contracted with the assisted living residence.
So that's why it's really important to connect with the service coordinator to make sure that the MCO has also contracted with the ALR.
So in terms of putting something out publicly, I can take that back for sure. But just want to recognize that we can put out who OLTL has enrolled, but that doesn't mean that each of those facilities has successfully completed the contracting process with the MCOs that are offering the in lieu of service. So I just want to put that out there for your awareness.
Does that answer your question, Carrie?
>> CARRIE BACH: It does. Yeah. Thank you.
>> JEN HALE: Yep.
And then we do have a question in the room.
>> This is Jeff from PA SILC again.
Earlier you said that once a person chooses an assisted living residence, they basically have no other options beyond that, correct? That's basically where they're going to stay?
>> JEN HALE: No. If someone during the conversation with the SC says they're presented with all the options that are going to be available to them, they choose the assisted living residence. If at any point they decide that they're not satisfied with that setting, they definitely have the opportunity to move to a community setting, back to a nursing facility, whatever they choose. They are not there forever.
>> So even once they have -- let's say they are there for a couple of years and I want to go back to the community, they can do that?
>> JEN HALE: Absolutely. Absolutely.
>> Okay. It almost sounded like the hotel California for lack of a better analogy.
>> JEN HALE: Absolutely not. So they have the opportunity to raise their hand and say I'm not happy at this setting, I would like to move to a community setting. And that SC is expected and plan are expected to work with them to transition them to the setting of their choice. As long as they're eligible.
>> Okay. Because I'm thinking you want violate the spirit of case law previously. And I think the other issue we were kind of I don't want to say dancing around was the conflict of interest in some of the discussions. That's something else to be aware of going forward. Thank you.
>> JEN HALE: Dually noted. Thanks, Jeff.
>> JERMAYN GLOVER: This is Jermayn. There's nothing else in the room.
>> Thank you. Let's move on now to the general audience. As Carrie mentioned, we know their hands are raised and I'm assuming there's things in the chat. Thank you.
>> This is Paula. I have a question from the chat. Her question is are there any waivers to pay for the ICM services and personal care provided?
>> JULIET MARSALA: I'm not sure if I fully understand the question. But as written, there was a question about paying for intensive case management within the personal care home setting. So in the Office of Long-Term Living today, we do not have HCBS intensive case management available in personal care home settings.
If you're talking about are there any waivers that provide funding for intensive case management as a service type, certainly the intensive case management, from my awareness, is a service type in OMHSAS managed care organization program, I would encourage you to go

to the Department of Human Services website to look at the different labor authorities to see if there is.
But for the Office of Long-Term Living, we do not pay for intensive case management today.
>> Juliet, can I respond to that? I think the question that they're trying to ask is -- and I could be interpreting it wrong, but when someone is in a nursing home, they are ineligible to receive the intensive case management services because you would be double billing. That's why you're not able to bill when somebody is in the nursing home.
And I think the question was if the person transitions to the assisted living program, would that be an eligible place for people to go in and support people living in that location? Because it's not a nursing home, so to speak.
I don't know if that is exactly what the question was. But having done intensive case management before, I know that that was a major concern. And that's something Lloyd has brought up plenty of times, providing support to people while they're in the nursing home and essentially being paid for it.
And so the question is if they move to an assisted living program, are they eligible to receive intensive case management in that setting?
>> JULIET MARSALA: Okay. I think I understand.
The answer to that would be it likely depends on the person, the situation, the services they're receiving, their eligibility in the programs that receive intensive case management. So it would be something that should be evaluated as part of the person-centered planning process. So service coordinator, they would still have a service coordinator from the waiver program. And that is something that the service coordinator would help evaluate and connect with part of the person-centered service plan.
I really appreciate the clarity there.
>> Thanks, Juliet. This is Paula. I have a question from Amy Lowenstein. How many assisted living facilities have agreed to participate with the MCOs to provide the assisted living services?
>> JULIET MARSALA: The Office of Long-Term Living doesn't have that number to share today. It's certainly a follow-up that Jen said that she could provide at a future
>> And another question from Amy. As in reference to an LIM Ops memo regarding the in lieu of services states the person must have previously resided in a nursing facility to be eligible for ALF ILOS. Is that still the case?
>> So no. We are working with our partners to update the memo to clearly align with what's outlined in the CHC agreement. So I know that that Ops memo was a priority. With the holidays, I do feel like maybe it got hung up a little bit with individuals being out for the holidays, rightfully so.
So that Ops memo hopefully will be updated soon to more accurately or closely align with the target populations that are outlined in the CHC agreement.
>> Thank you, Jen.
I'm looking at hands that are raised at this time. I'm going to try and unmute Sean here.
>> So I believe we have a question from a committee member proxy.
>> Jack Poplar. The last example, the intensive case management question. Is that an example of what potentially the person who met all the other requirements be in lieu of other services service?
>> JULIET MARSALA: Possibly. If managed care organization believes that that's the service that could be cost saving from other services, if not duplicating. I'm not going to put a limit on it. But again, it has to meet all of the criteria and the MCOs have to see how that fits within their

array of services that they provide today.
>> Hi, this is Paula. Kathy, am I good to go ahead and enable Shauna?
>> KATHY CUBIT: Yes. Go ahead. Thank you.
>> Shauna, you should be able to unmute yourself.
>> Hello. Can you hear me?
>> Yep. We can.
>> Great.
I just have a couple of questions. One is of the 67 assisted living facilities in Pennsylvania, do we have a number of how many of those accept SSI level income?
>> JULIET MARSALA: I don't have that data in front of me today with regards to assisted living residences.
>> Okay.
>> JULIET MARSALA: I don't know if there's any trade association members. I don't know, Anna from Leading Age, if you know? I don't think Paula is here today.
>> No, that's something we have had trouble -- we loosely surveyed our membership. But it's hard to pin down the exact number.
>> JULIET MARSALA: Shauna, I will follow up with Teresa. It is for assisted living residences, it is not as closely tracked as it is with personal care homes. And that is something that they are looking to change in the longer run.
So as the LTSS committee asked for them to come and present, I will ensure that Teresa and her team are prepared to present on that as well.
>> Okay. And my next question has to do with choice and how participants use their service hours. When somebody selects assisted living residency as their option, do they get to also bring in their own provider for their care? Or is the provider attached to the assisted living facility?
>> JULIET MARSALA: So that's a very good question. And again, I apologize, the answer is going to be it depends.
I do want to point out that in the assisted living residences in lieu of services, more likely that's the services would be provided by the assisted living residence provider versus out third party. But I do want to point out that today, there are individuals in CHC that do reside at an assisted living residence setting of their choice receiving services outside of that assisted living service. There are not many, but it is possible. So the question you have about whether or not someone can reside at an assisted living resident and have an out of facility home care or home health or other services, that's a possibility that occurs today.
The assisted living in lieu of service, I believe for some is more sort of bundled service thinking. Sorry, handing it over to Jen Hale.
>> JEN HALE: I wanted to add that it's a great question, Shauna. As Juliet mentioned earlier on the proposals are MCO specific. So if you're looking for additional information, I would highly encourage you to reach out to the MCO because it's their proposal. And while we have standards and requirements and they have been working with them to make sure that the standards and requirements are met, they have nuances that each of their proposals I would encourage you to reach out to the MCO and service coordinator to get information from that particular MCO. I hope that makes sense.
>> It does. And to follow up on my previous question. So if the participant is using assisted living services and the assisted living entity provides the attendant care, does that mean then that the individual who is the participant can't go into the community with their attendant?

Because then that attendant is serving all the other individuals in the assisted living facility?
>> JULIET MARSALA: Shauna, the person-centered service planning process has to account for what the participant needs and wants to do as their goals. That baseline has not changed. So if someone needs an attendant to help them going out in the community to do what they want in the community, their person-centered service plan has to account for that goal.
And however and whichever service that person might need. So if someone needed community integration services to learn how to do transportation, they still have access to that goal and that service coordinator should be helping them with that goal achievement.
I hope that helps.
>> Yes, thank you.
>> Matt Seeley again. I didn't follow anything you said. Is it not a choice? If I'm in assisted living residence and I don't want to use their people, I have somebody that I know in the community and I want to pay them, you made it sound like it can happen and sometimes it can't.
>> JULIET MARSALA: Okay. So there are 32 services in the waiver, right, that are the general based services that someone can utilize. An in lieu of service is adding another service type, service category, it could be a bundle of different services in place. It's adding that as an additional option. It's not taking away other options. Does that help?
So the person still has access to non-medical transportation. It really depends on what's the in the contract with the assisted living residence about the bundles services.
If a person in assisted living residence who -- a person living in their own apartment wants to go to the movie theater needs an attendant to go with them, needs to have transportation to get to the movie theater, they should be able to have the choice of who is assisting them and what that transportation need is.
Within the service definitions. We can't double bill. Right? So when a participant is choosing between whatever services, there are parameters to that. I don't know the specifics today of the MCO contracts, what's bundled in. But a person who is choosing assisted living in lieu of service should at that point in time when they're making that decision do I want assisted living services as it's bundled and presented, what's included, what's not, they need to make that decision.
Is it possible today that someone is residing in assisted living residence setting and already accessing the other 32 other services? Yes. So lots of different pathways. It's not just assisted living is just assisted living. There's lots of different pathways that a person-centered planning process is developed to meet
So that's why it gets really difficult to talk about. It's very individualized, very different pathways.
>> Makes sense.
>> Paula, are there any additional hands raised or questions in the chat?
>> Hi, Kathy. It's Paula. No hands raised as of current. And I do have a question from Amy and Marie Roby.
And Amy Lowenstein, I'm going to try and unmute Amy so she can ask her question.
>> JULIET MARSALA: Before you do, I want to add something to Matt and Shauna's question. And folks may not fully know kind of what's all included in assisted living and assisted living regulations.
So when someone chooses an assisted living residence, they are also choosing sort of a base package that comes with choosing that setting type. Right?
So if there's laundry on site as part of someone in an assisted living residence using laundry services, the Medicaid program is not going to also pay for additional laundry services because it's included in that sort of base package. Right? Of the person when they choose assisted living

residences. There are certain things that is available at the assisted living residence that is part of that process.
If a person doesn't want those things, then maybe that's not the best setting for them. That's all part of that process. I just kind of want to be clear in response to kind of level setting to make sure folks kind of understood there are certain things that come with certain settings and we will not double bill for those things that are already present.
>> So is the package -- you can shop around with these places. But is the package that's available easily identifiable from the outside? Does that make sense?
>> JULIET MARSALA: It's predominantly driven by the person and their service coordinator. And the MCO. So the package that is sort of public may be the MCOs may have a different kind of deal. Right?
So it really is not blanket universal. Do you know what I mean?
>> And one more question here. With the in lieu of services, especially with the assisted living, someone could be transitioned several times.
>> JULIET MARSALA: From facility to assisted living setting to another setting to another setting. Yeah. And someone could be transitioned from a nursing facility into an apartment into a different county and back to a facility, back to the community as well.
>> You guys pay for transitions for all those?
>> I'm going to add to what Juliet said. I think she said it earlier. Each of the assisted living residences that the MCOs contract with have to be licensed and they have to be adhering to the services that are regulated to provide as a base.
So I think she's right in that that might be -- that might not be a setting that someone chooses if they want to have all of that in one place and have all of those things in one place, that might not be the setting for them.
Again, I just want to encourage individuals that if they have questions, there may be, again, I'm going to say there may be nuances for each of the CHC-MCOs. And if there is additional information about what is going to be provided, how this is going to look, I really encourage you to reach out to the MCOs to get those questions.
I think Juliet said it well when she said there's a basic package that is regulated that assisted living residences per their license have to provide. Anything that is nuanced, and there maybe would be a question for the MCO.
I hope that's helpful. Okay.
>> Yeah. This is Jeff again.
Is the assisted living option limited to folks that are in Community HealthChoices? Or would others be able to choose that if they wanted to?
>> JULIET MARSALA: It's an in lieu of service for the LTSS portion of Community HealthChoices.
>> If you're not in Community HealthChoices and you wanted to do that, you wouldn't do it? Or could you?
>> JULIET MARSALA: If you were not in Community HealthChoices, you would not be connected to community health choice MCO that developed the in lieu of service program. Anyone outside of CHC can get into an assisted living residence if they meet the criteria, have the resources, you know, assisted living residences are predominantly privacy pay today.
>> Right. If someone wanted to shift from Act 50 to the OBRA waiver, they could talk to their service coordinator about that?
>> JULIET MARSALA: The in lieu of services available in LTSS, if someone is not eligible for

Community HealthChoices, they would first need to meet the eligibility of community health choices.
So if someone is in Act 150, unless their eligibility circumstances change, they would not meet the eligibility of Community HealthChoices. If they were in OBRA unless something changed with the eligibility criteria or level of care predominantly, they would not be eligible for CHC. It's not a talk to the service coordinator and get me in. They would have to go through the enrollment and eligibility review process.
>> You have to be redetermined and go through everything again to see if they fit. Okay. Thank you.
>> JULIET MARSALA: As I said, not a lot has changed. This is an addition. It does not change the base requirements of the program.
>> KATHY CUBIT: This is Kathy. Thank you. We shift now to Amy and Ann Marie.
>> Hi. This is Amy. I was unmuted. Thank you.
I guess, and you may not be able to answer this question right now. I'm still very unclear about what the participants' costs are here. And the Ops memo that OIM put out, and maybe this is another portion that's incorrect, said that the recipient's cost of care for the assisted living will be determined the same way it's done for long-term care facilities and will be paid to the assisted living residence where they reside. That suggests the residents have to turn over all of their income to pay the room and board. Or is that also not -- is that still the case? Or is this something that gets negotiated with each assisted living residence, how much the cost would be?
>> JEN HALE: That's a great question. And I am wondering if you will allow me to go back with OIM and once they have their -- once we have the updated Ops memo, can come back and further clarify. I don't feel comfortable answering without my partners at OIM.
>> Okay. And the reason I'm asking is because Juliet suggested earlier that it's -- some people will be able to afford to pay the room and board, some people will not. And this suggests that like a nurse facility, it depends on how much money you have, which would suggest that if you have more money, more income, then the MCO is going to pay less to the assisted living facility. If you have less income, the MCO is going to pay more to the assisted living facility.
I think there's a lot to figure out there.
The other thing is just -- oh, sorry.
>> JEN HALE: That's okay. Go ahead.
>> And the other thing is I think it would be -- I know I'm not on the LTSS committee, but I think it would be helpful to devote a significant amount of time hearing from the MCOs about how they are doing this so that participants -- because this is sort after a service now that people don't really understand. There's not a lot of detail on it. I think a lot more needs to be unpacked based on all of the questions and answers today.
>> JULIET MARSALA: Amy, a lot of good pointses. I would encourage you to take a look at the 2800 regulations. Assisted living residences serving SSI recipient, they are required that the rent and other services that are part of the basic assisted living resident package may not exceed the SSI resident's actual current monthly income reduced by their personal needs services allowances.
So again, Jen will get back to you on the OIM memo. But I just would encourage you to take a look at the 2800 regulations around admissions because assisted living residences will be beholden to their license regulations.
>> CARRIE BACH: Amy, this is Carrie. I will make sure that as the committee, we will keep that

in mind for a future topic. It's my understanding that the third MCO has a proposal that is being considered right now. So it would make sense to wait until we have all three proposals approved by OLTL and then ask them to present.
But excellent, excellent suggestion. And we will definitely keep that in mind. Thank you.
>> Thanks, Carrie. And Juliet.
>> It still looks like we have hands up on my screen.
>> Yeah. I think we're going to go to -- there was something in the chat from Ann Marie.
>> Hi. Hi. I will keep this real brief. This is Ann Marie. Two quick questions. One I think I know the answer to this. But it sounds like if somebody was interested today and eligible, they would be able move forward at this point. Is that correct?
>> JEN HALE: I think that it depends on the CHC-MCO that the individual is enrolled in and where that CHC-MCO is with contracting with ALRs.
But yes, if someone was eligible, met criteria, was educated on the options and was choosing that option and it's available in the plan that they're in, yes.
>> And then just my other quick question. I know you mentioned that OIM will be coming out with an Ops memo. Are there any other memos or documentation or guidance documents that will be coming out that we should be on the lookout for as this rolls out? Thank you.
>> JEN HALE: Sure. Yes, OIM is going to be updating an Ops memo and that is forth coming. The other only documents are the CHC agreement itself, the 2024 agreement has information on in lieu of services and has information on assisted living as an approved in lieu of service. And then we have an operations memo that is on the department's website for CHC-MCOs to follow when they are submitting a proposal.
But those are the only documents as of now. And we'll take back any information or comments for future documents.
>> Thank you very much. I appreciate it.
>> This is Paula. I have unmuted Kiwana Blake if you would like to go ahead and ask your questions. While Kiwana is trying to get unmuted, Shauna, I know you had your hand up again. If you would like to ask your question, you would have to self-unmute.
>> I'm sorry. It was already answered and I forgot to put my hand down.
>> Okay. And in the chat box, I do have a question from Janice Minor. She is asking if we talk to CHC, MCBS participants who do not know there are two other CHC plans they can choose from, is there a way for the IEB or OLTL to inform and remind people about the right to change plans?
>> JULIET MARSALA: This is Juliet. That certainly is concerning to hear. But I welcome learning more about what you're hearing from HCBS participants who are not made aware of other plan options and their rights to choose other plans. This information is in the participant handbooks. So it's concerning to me to hear that there are participants who are unaware of their ability to choose a different MCO at any point in time. I would love to connect with you. Certainly if you can put your information in the chat or have a team member of mine connect with you to learn more about your experience hearing that from HCBS participants.
>> And just checking back in with Kiwana Blake. Were you able to get yourself unmuted? Okay. She's having difficulties.
I don't have any other questions. I will ask Kiwana to send her question in an email to me. She has several.
>> KATHY CUBIT: This is Kathy. Thanks, Paula. And if you are able to unmute before we adjourn, we will be glad to accommodate your questions.

Is there any other questions, comments in the room?
>> MICHAEL GRIER: This is Mike Grier again. Further in the meeting, Juliet, we asked a question to Jermayn about the rate study and you said it's going through the process. Do you have any ideas when it's going to be back that it can be distributed to the members?
>> JULIET MARSALA: Review process includes an external review process outside of OLTL and DHS, and I do not have an updated time frame at this point in time.
>> JERMAYN GLOVER: This is Jermayn. I want to mention that Jeff had a question before Juliet came back about housing work groups. Jeff, I don't know if you want to repeat your question.
>> It was in relation to the governor's executive order for a housing plan study. I think you mentioned in prior meetings that staff would be involved in that. I'm wonder if there's discussion about stressing the need for accessible housing as well as affordable.
>> JULIET MARSALA: Yeah. I can say with certainty that accessible affordable housing is of great interest to DHS. Stephanie Myers is the special advisor to the Secretary on all things housing. She also has an incredible fellow that partners with her under a fellowship as well. And so she will be representing a lot of DHS's efforts in the governor's and administration's plan and the partnership with DCED around the incredible and important focus on housing needs of Pennsylvanians.
But yes, that is something that I always make sure if they talk about housing, accessible, affordable. So yeah, absolutely.
>> Thank you.
>> JULIET MARSALA: And integrated.
>> Hi, this is Paula. Another hand raised. Kelly Barrett
>> Hi. This is Kelly. Can everyone hear me?
>> Go ahead, Kelly.
>> So I have just a couple of comments. And a question regarding the accountability of past providers now that the COVID-19 pandemic is over. I recently was diagnosed with COVID and one of the agencies that I use had a policy in place where apparently the providers -- and they have a policy in place for their employees must be tested for a mask in order to provide services.
So when I was most sick and most needed care, because none of the -- there was one person that was fit tested and willing to come in while I was sick. Other than that, I had extreme difficulty finding coverage. And there was one day that I was left in bed for 22 hours because I was basically left at the whim of the staff that was fit tested to the schedule of when they wanted to come in to talk care of me.
So I went 22 hours without any care, that meant food, water. I have expressed that I have difficulty with informal supports. Luckily, another agency that I use can step in sometimes and fill those hours. But if the reciprocal is asked, they tell me that they are not per diem and they cannot fill in staff when I need them.
And so basically when I needed them most and I was the most sick, I had no care. And I was told by multiple folks that my only option was to go to the hospital. But I think it's kind of silly to show up to the hospital and say well, I can't blow my nose and I don't have anyone to help me blow my nose. I know that if this is happening to me, it's happening to other people. And it's utterly unacceptable.
>> JULIET MARSALA: Kelly, thank you for bringing your story and your experience to the LTSS subcommittee meeting. Because I concur that that should not have happened.

And what I would like to do, I don't know if you're able to share with Paula or the team in a private chat how to follow up with you. I would greatly appreciate that. Because I would like to have one of my team members follow up with you to gain more details in a private setting for you for what has occurred and transpired and your experience so we can look into it much further with you.
>> JULIET MARSALA: Thank you.
And again, thank you for sharing that experience today. I can only imagine how incredibly difficult that experience was for you.
>> Thank you for allowing me to share.
>> This is Paula. I have no other hands raised and no other questions in the chat.
>> KATHY CUBIT: This is Kathy. Thank you, Paula.
Are there any other final questions from the room or from our members participating remotely?
>> JULIET MARSALA: This is Juliet. I have something. The Office of Long-Term Living routinely holds a participants and advocates call every other month. So we certainly would like to see representation from participants on the participants and advocates call. We kind of keep it to folks that don't have dual provider roles. Kind of keeps it very centered and focused on participant needs and experiences versus provider needs and experiences.
If you have an interest in participating in a participants call, certainly please reach out to the LTSS subcommittee team, Paula and Josh and those folks, and we would certainly love to get you additional information about the participants and advocates calls that are held.
And that's the last thing.
I'm sorry, these can be submitted to the RA account. RA-PWLTSSsubMAAC@PA.gov. That is listed on all of the LTSS agendas. If you send your contact information there, we will certainly reach out and share more information about the participate and advocate calls that are held and get you connected into the groups that participate in those. Thank you.
>> KATHY CUBIT: This is Kathy. Thank you, Juliet. I'm sorry, I didn't mean to talk over someone.
Okay. Well, we're nearing the end. Unless there's any other quick questions from the room or from remote members, I will just quickly mention that our next meeting is scheduled as listed on the agenda for February, Wednesday, February 5th from 10:00 to 1:00. And it will be held virtually only. So there were a couple of meetings and this was one of them.
Before we formally adjourn, Carrie, I don't know if you had any final thoughts or comments?
>> CARRIE BACH: Thank you, Kathy. I don't have any additional comments.
>> KATHY CUBIT: Thank you.
And any final from the room before I take a motion to adjourn?
>> Nothing in the room. Thanks.
>> KATHY CUBIT: Thank you.
Okay. With that, I guess then if there's nothing further, we will adjourn and we'll see everyone hopefully or virtually see everyone on February 5th. Thank you.