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**Date:** 05/07/2025

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

>>KATHY CUBIT: This is Kathy and I want to welcome everyone to today's LTSS MAAC meeting. I want to start off by saying this meeting is being recorded and your participation in this meeting is your consent to being recorded. With that, I will call the meeting to order and I believe Kerry had it sent regrets for today. I don't know if you want me to do a full roll call or if you want to start and have someone from OLTL share the attendance to start in the room?

>> Good morning, this is Juliet. Can you hear me, Kathy?

>>KATHY CUBIT: Yes, thank you, Juliet.

>>JULIET MARSALA: I can do a row: rendered in the rollcall - we have Mike Grier, we have Matthew Seeley, Conley, and Randy is sitting at the table with me. That is it.

>>KATHY CUBIT: Great, thank you. I see we have Carol and we spoke this morning. Let's see if I can pull up the screen here. We have Kathy Bollinger, Laura (NAME?), Michelle Garrett, Monica Vaccaro, Patty Canela-Duckett and Rebecca May-Cole. Any members that may have not been announced is present?

>> This is Juliet from the room again, we have Pam who has joined us.

>> This is Kathy (NAME?), I saw X as put by names and I did not see a X by my name, but I wanted to confirm I was here.

>> Goodman, Kathy,

>>KATHY CUBIT: Welcome, everyone. It is a couple minutes past 10:00 o'clock and people are just joining. Did we miss any members that did not introduce themselves?

>> This is Anna Warheht and I did not see a X by my name.

>>KATHY CUBIT: I will go through housekeeping and we will double check to make sure everybody is marked as present and we will give another chance for people to announce themselves. In terms of housekeeping, this meeting is being conducted in person and as a webinar to comply with logistical agreements, we will end promptly at 1:00 o'clock. At two avoid background noise, keep your phones off unless you are speaking. If you are attending the meeting in person, please keep background noise to an absolute minimum. The room is outfitted with ceiling microphones that pick up everything. Remote captioning is available at every meeting. The CART captioning link is in the agenda and the child. It is important for one person to speak at a time. State your name before commenting and speak slowly and clearly so the captioner can capture conversations and identify speakers. Please keep your questions and comments concise to allow time for everybody to be heard. Webinar attendees can submit questions in the question box and go to webinar or usually raise hand feature to be put into Q to speak likely to those attending in person should use one of the microphones and wait to be called upon to speak. The tabletop microphones are reserved for committee members. Microphones are limited so you may need to wait for OLTL stuff to bring one to you. The general public should use the microphone in the floor stand at the rear of the committee tables. OLTL staff are available for assistance. Before using a microphone, please press the button around the middle of the microphone to turn it on. When you are finished speaking, press the send button to turn the microphone off. Time is allotted on the meeting agenda for two public

comment periods. If you have questions or comments that were not heard, please send them to the resource account email found at the bottom of the meeting agenda and on the LTSS sub MAAC webpage. In the event of an emergency or evacuation, everybody must leave the building and assemble in the first responders Plaza. OLTL stuff will be available in the safe area in front of the elevators to provide any assistance. Please see the back of the agenda for more information. Once again, this meeting is being recorded and your participation in this meeting is your consent to being recorded. With that, before we move on to OLTL updates, I want to see if there is any new members that have joined in the room or online - or if you notice you are here and you are not marked off for those that are able to see the screen, please state your name now.

>> This is Cindy Seeley, I am here.

>>KATHY CUBIT: And thank you, Cindy.

>> Good morning, this is Lynn Weidner.

>> I am still not marked off.

>>KATHY CUBIT: Anna, okay. Sorry, we went fast. I will be sure to get everybody marked. Anybody else?

>> Kathy, this is Juliet, I'm confirming there are no additional attendees in the room.

>>KATHY CUBIT: Thank you. With that we will move on, Juliet, the floor is yours.

>>JULIET MARSALA: Thank you, good morning. I appreciate everybody attending - I am hearing and echo. Okay, I think we are good now. Good morning, Juliet Marsala, deputy secretary for the office of long-term living. Appreciate everybody joining this morning. For the long-term services and support subcommittee meeting. We can go to the next slide. I have a new office of long-term living updates on the agenda this morning to talk about our usual procurement update slides. Quarterly assessment payments and resident submission deadlines, reminders about the art by planning and some OLTL updates for folks. If we go to the next slide.

This is our procurement update, as folks should know by now, the agency with choice, it was canceled on March 31, 2025. There are no new updates to community health updates procurement. We can talk about the quarterly assessment updates and submissions. This is pertaining to our nursing facilities and our LTSS system. The resident day or RDR a summation, the deadline to submit his fourth quarter, which is quarter A8 from 2024-2025 was May 2, 2025. I hope everybody has submitted those reports, however, as a reminder, the Department of Human Service does impose a penalty for late RDR summations in accordance with the Pennsylvania statute. That is in the amount of \$1000, plus \$200 a day until the RDR's are summative. Certainly we hope you get all of those in. Now the quarterly assessment payments, the deadline for submission of quarterly assessment payments for the third quarter, which is quarter 87 in the fourth quarter, quarter 88 assessment quarter for fiscal year 2024-2025 is June 13, 2025. Information regarding the important dates for your fiscal year 2024-2025 for our nursing facility partners is also located on the DHS website on the nursing facility webpage. As a reminder, if you have questions regarding this message from our finance team please contact the office of long-term living Bureau of finance by the email at RA-NH\_Assessment@pa.gov and they want me to note that there is an underscore between the H and they A. That box is monitored by multiple members of the team. We go to the next slide, we will talk a little bit about a reminder on the American rescue plan act reporting. There has been a number of years, but we are looking to close out much of that reporting as quickly as we can.

On April 16, 2025, the office of long-term living communicated by our ListServ, which is our

primary mode of communication with our providers and across the system, a reminder to providers of the requirement to report the use of their 2021 ARPA funding. So any and all providers who have received, utilized ARPA funding through any of the prior grants, this is a reminder for all of you. The Department of Human Services office of long-term living requires providers who receive supplemental funding from the ARPA to report on the use of the funding by Friday, May 30, 2025. For all the providers who have already submitted your reports, we thank you and appreciate the timely reporting. The ARPA funding disbursements, subject to this reporting requirement include home and community-based services or HCBS quality improvement funding and any funding that came about because of act 2022-54 COVID-19 relief funding. It is important that we get these reports and so we can also do Albert responsible reporting at the federal level. A note here that you may have reported on the use of ARPA funding received in 2021, including act 2021 - 24 and the direct care workforce payments. You may have reported on that and you also have to report on everything in 2022-54. This is a reminder of all of that reporting. Hopefully it is already reported on 2021-24, but if you haven't, please do. Also, put in a second report for the 2022-54. To complete a report log into the ARPA reporting portal, select create a new funding report. The portal will prompt users to select a provider name or for individuals authorized to submit reports for multiple facilities or locations and the applicable reporting period. Upon selection, reviewed the pre-populated information and complete all the required fields on the form. As a reminder, failure to submit a report may result in recovery of funding through collection activities, audits or legal action. That is part of how the ARPA funds were set up and includes the requirements that we have to the federal level reporting as well. Please, please, please take a look, check the portal, make sure your reports are present and accounted for.

Going to move into recent office of long-term living communications. The office of long-term living employment services provider guidance related to the Pennsylvania office of vocational rehabilitation 2025 order of selection did go out through our ListServ in 2025. It provides guidance to the following entities for the referral of participants in the office of vocational rehabilitation. Managed care organizations, service coordinator's, service coordination entities and service providers. The office of vocational rehabilitation recognizes within their system at three different disability categories. The nonsignificant disability, significant disability or most significant disability. That is how they prioritize their list of referrals. The April 1, 2025 order of selection from OVR is weightlifting participants who fall within the nonsignificant disability category and the significant disability category. Of participants who are determined by OVR to fall within the most significant disability category will continue to receive office of vocational rehabilitation funded services. Due to this being a partial order of selection closure, OLTL participants who are requesting employment services/supports must be referred to the office of vocational rehabilitation for determination of eligibility. We know our service coordinator's will work diligently and connecting and supporting people with those applications as they request. Also if requesting - - as they request. I'm going to pause for a moment to recognize Lauren (NAME?) has joined us at the table. Continuing on with recent OLTL communications, we wanted to share that the office of long-term living 2025 home and community-based services consumer assessment of healthcare providers and systems survey, information about that survey was completed and posted to the public site and the community health choices site with an issue date of April 10, 2025. This is an operations memorandum. Its purpose is to give guidance to the CHC MCO, pertaining to administering the CHC - - they must comply with the CHC HCBSCAHP survey. I will do a plug for providers to feel free to share with participants if

they are approached with the opportunity to take the CAHPS survey. I encourage all of our participants to do so. It provides very valuable information on the members experience within our CHC programs.

We do the program for the CAHPS member experience survey for all of our other programs as well. Those are the OLTL recent medications that were prepared for the slides. I wanted to take a moment to recognize that we are certainly working very diligently, our OLTL staff, our CHC partners in many of the providers to support the hospital closures that are occurring in Chester. We recognize that that has caused disruption for many communities in the area. There is significant amount of information that has been shared with all of our participants. Randy's team, as well as our clinical team and other members have been working diligently across departments here, with the Department of Health in particular to ensure that any members who were served in the hospital - their needs are taken care of or they are transferred safely to have care continued in other locations. I appreciate our CHC MCO partners that have been instrumental, certainly and following up and coordinating the care and continuing to do so as things progress with the closure health system. With that, I can pause. I'm ahead of schedule, Kathy! That is amazing.

>>KATHY CUBIT: Thank you, Julia. Before we open up to questions to Julia, I want to acknowledge that Minta has joined remotely and I want to check if there's any other member that has joined remotely that did not get announced during bull call? With that we will open it up to questions and let's start in the room.

>>JULIET MARSALA: I will open questions in the room and just a second, Randy reminded me of a note that I was were missed in the highlighting. Randy is up here with me. We wanted to share that there has been a great deal of work in the Southwest in response to the significant storms. A lot of coordination. We wanted to share with folks our gratitude for our CHC MCO partners in many of our providers in the Southwest who were impacted and continue to support individuals who are impacted. There were over 280,000 individuals across the Southwest who lost power for a number of days and as many of you know, that has a significant impact to our participants, our members, our care homes, our nursing facilities, our assisted living residences. Certainly in the Department of Human Sevice we also oversee Pennsylvania emergency management system, who was active in assistance with the coordination. I will share my gratitude to the Bureau of human services licensing team that reached out to every single one of the assisted living residences in care homes in the Southwest to help coordinate these generators. Make sure that the personal care homes were supplied and stocked with food. We also thank all of our CHC MCO's and our service coordination entities for act 150 four reaching out to all the participants. In the area, particularly those who may receive SNAP benefits to make sure they are aware of food replacements opportunities. Make sure that they were safe, make sure our folks who rely on power for ventilators had their backup plans in place. Want to recognize their efforts and if there are needs that they raise up, if you feel like something has not been addressed that we are not aware of, please submit the question to our LTSS sub MAAC or the participant hotline. Questions from the room? Any questions from our committee members?

>> This is Monica from the brain injury Association of Pennsylvania. I have a question for clarification. Do I understand correctly that providers can give the clients a link to participate in that the survey, even if they have not been contacted by anyone?

>>JULIET MARSALA: No. Just to share the awareness of the information. The survey is conducted through a third-party. It is not a survey that providers give out. Thank you for the

question. Very good question. Sorry if I was not clear on that.

>> Thank you for the clarification.

>>JULIET MARSALA: Alley has a question.

>> (SPEAKER AWAY FROM MIC). I was curious what percentage of providers have reported use of the ARPA fund?

>>JULIET MARSALA: I do not have that data available, but we can follow up and see if we can get the data out of the follow-up.

>> Thank you.

>>JULIET MARSALA: Of course. Quiet room today, Kathy. Handing it back to you.

>>KATHY CUBIT: Thank you. Any questions, Julia, from members online? You can unmute yourself to ask. Okay, with that, I think we will move into the public comment period and we will start with the room, if there's anybody who wants to raise any general issue for public comment.

>>JULIET MARSALA: Nobody in the room for public comment, but Allie has another question. Allie has a public comment. Sorry.

>> I wanted to share that I think many of our folks in the room are working hard to protect Medicaid right now and so our organization has a national call in at date and I can share the information. We are doing a lot of work to reach out to our members of Congress to make sure the important funds for our programs are protected. I wanted to share that with folks. Please make a phone call to your members of Congress.

>>JULIET MARSALA: Thank you, Allie. I appreciate that. We have seen a lot of great and wonderful activity of surrounding education around Medicaid, which is critically important these days. A lot of people do not realize that they are on Medicaid or their family members or neighbors are on Medicaid. They know it by other names such as all of our CHC partners, all of our managed-care organizations. They are not making the connection between Medicaid as the funder of the programs and so the education is critically important for our representatives locally, federally created certainly also in our neighborhood as well. Thank you for continuing the education. It is a lot of work and time, but it is so critically important.

>>KATHY CUBIT: Thank you, Allie. I echo Juliet's comments and I think everyone who is participating in this important advocacy effort. I want to acknowledge that Jay Harner has joined remotely and Christopher Fisher that is filling in for Gail has joined us. Carol has her hand raised. Carol, I don't know if you can unmute yourself and speak. The floor is yours. You are still muted - I think you are here now.

>> I was wondering whether the reduction in government - - how will that affect Medicaid and Medicare and office of OLTL?

>>KATHY CUBIT: I'm not sure. I did not really understand everything you just said. I'm not sure.

>> I can repeat it for her.

>>KATHY CUBIT: Could you please,

>> She said she wanted to know how the reduction of the government subsidy - how will it affect Medicare and Medicaid in the office of OLTL.

>>KATHY CUBIT: Thank you Carol and thank you for clarifying the question. I don't know, Juliet, did you want to answer that or did you want me?

>>JULIET MARSALA: I will defer to you first. Always.

>>KATHY CUBIT: I can say, this is something that Allie mentioned, many of our groups are working on now. There is no definitive cut at this point, but that is why advocacy is critically needed to prevent any cuts and to protect Medicaid. We are in a crunch time next week at the federal level. The House energy and commerce committee is expected to release its proposal

and the target that they are looking at is around \$880 billion over the next 10 years. It would be significant, but hopefully our advocacy will help stop these cuts, but there is no definitive amount that has been released and there is no definitive way of how they are going to go about making the cuts. So I will let Juliet add to that.

>>JULIET MARSALA: This is Juliet, what Kathy is saying is absolutely right. Just for folks awareness, as Kathy mentioned, the House energy and commerce committee, that is where Medicaid and Medicare sit. Some folks know it as energy and commerce, why is healthcare there? That is where it sits and that is where a lot of the concern about if there are cuts to the committee, that area's budget, the biggest place where those cuts have impact is Medicaid. That is one of the reasons why we certainly are watching that very, very closely. And seeing how things progress. We discussed a lot of different scenarios and they have not settled on any one scenario. There is certainly concerned with regards to what those cuts would look like for this date. At this point in time with the office of long-term living, we do not anticipate cuts to our common community-based services, our LTSS or waiver programs. Certainly things can change day-to-day, but that is where we sit right now. We are doing business as usual, as long as we can. That is how I will phrase that, but certainly education and ensuring that people understand that they are on Medicaid and that these discussions impact them potentially. It is certainly important.

>> I have another question, real quickly. If there is anything with a reduction in money that will affect - - how quickly will the consumer be told? And is there any backup plan that is being discussed in (WORD?), is there a specific reduction?

>> Did you get that?

>>JULIET MARSALA: Carol, let me know if I heard you correctly in terms of the question that you put forward. One is, if there is a reduction, in the Medicaid funding at the federal level, how will that impact the state Mike if there's a reduction in the office of long-term living, what would that look like and how would consumers be notified and how long would it take for change to take place if they needed to reduce funding. Is that the question?

>> Is there any backup plan?

>>JULIET MARSALA: And a backup plan.

>> If there is a significant reduction.

>>JULIET MARSALA: Is there a backup plan. I did miss that. Matt Seeley is asking if I can answer the question. Respect Lee, I thought I did. Again, I cannot speculate on what is going to happen at a federal level. I hear the same things that everybody else hears that they're not going to be touching Medicaid, basic Medicaid services. So there is no reason to believe that there is funding reductions in HCBS at this time. Again, this is not to speculate. My role - I cannot plan on a budget I do not have. Right now in the state, Matt, we are going through the budget and appropriations process. That is in the hands of the governor in the General assembly.

>> (SPEAKER AWAY FROM MIC).

>>JULIET MARSALA: If it comes to be, like anything else, we would have to evaluate what the cuts are and what the impact would be to our program. I cannot speculate what those are going to be now because they have talked about they are not talking about touching Rachel to see BS services and B, we are still in ARPA funds, so folks are thinking about, are my hours going to be cut. Under the American rescue plan act, we are not allowed to reduce services that we invested ARPA funds in. Through March 2026. That is a whole new budget year. In terms of backup planning, that is a question for the General assembly and the governor. I cannot speak

for either of them. So Carol, with regards to your timeline on changes to the waivers, it goes through the same process as it does if we make any changes. If we had to change a service definition, if we had to remove a service, adjusted service, anything like that, it goes through the waiver change amendment process. Which would include a public comment period. That would include submitting an application to CMS. With regards to a runway, as you know when that these cycles continue, there is a pretty lengthy runway of any changes. So it is not, in my mind, a situation where we kind of flipped the switch and the lights go off tomorrow. Jen, do you want to - do you have anything additionally that you want to share about the process? The HCBS waiver process with the public, right? Jen is confirming that is the process. There is a long runway for any particular changes or impact. We do not have to do that now. We are not looking to do that now and again, we do not know if there is any impact at all to the office of long-term living, member or HCBS member services. I will go back to the critical importance of educating folks about Medicaid. About home and community-based services to the representatives at the federal level in addition to our local representatives.

>> Because I live on my own with a (WORD?), and I don't have any other family for a backup. So I would be in real trouble and I will never consent to live in a nursing home. Will you repeat that?

>>JULIET MARSALA: Carol, I hear you. I will repeat what I heard that is critically important for these services because individuals like yourself, you live at home without family. There isn't a lot of backup support and without your personal assistance services you would wind up potentially having to be in a nursing facility, and that is not what we want, right?

>> I won't do that.

>>JULIET MARSALA: I get it. Home and community-based services makes sense. It costs less to serve individuals in the home and community, then it does in nursing facilities. What I can say is at DHS and with the office of long-term living, we are unwavering in our commitment to that independent living, to having people serve in the community and having people understand the benefit of services for so many different reasons to the quality of life and health outcomes, but also because it makes financial sense, too. It is pretty easy to make that case. Certainly we are 100% committed in our role every day to continue the program to support Pennsylvanians that we serve as best we can. So that is why we are also dependent on the education and information that all of our advocates and providers share to help other people understand as well the importance of the programs. If Matt can tell me what they are going to do at the federal level, I'm happy to answer any questions. Do you know what they are going to do? I don't.

>> Why are you assuming it is going to be okay?

>>JULIET MARSALA: I'm not assuming it is going to be okay. I'm reacting to what the reality is today. Lloyd has a question.

>> Lloyd has a comment. If the commerce and energy committee were to eliminate all other funding besides Medicaid, it could not reach the goal of cutting \$880 billion over 10 years from their budget. They have to cut Medicaid. And when your federal legislator tells you, oh no, we're not talking about cutting Medicaid, now you know what your federal legislator looks and sounds like when he or she is lying. They cannot do it without cutting services to people that are on Medicaid and they couldn't care less. So this might be a time that we get our relatives, friends and ourselves engaged in a coordinated, calculated and effective advocacy at the federal level. This will not go away without us making it go away. Just had to say that, not that I have a position on it, but I'm telling you, that is the way it is.

>>JULIET MARSALA: Thank you, Lloyd. We appreciate the comments. Really quick, Kathy, we

have a public comment from the community. I wanted to check if you are ready for us to move to community comments in the room.

>>KATHY CUBIT: First of all, thank you everyone for the important comments because it is definitely crunch time and hopefully everyone will be motivated to advocate. I want to acknowledge that Michael Galvin and Linda have joined remotely and now we can move to the comment from the community in the room. Thank you.

>>JULIET MARSALA: Thank you, Kathy. Recognizing Jeff Eiseman.

>> Good morning, this is Jeff Eiseman, from Pennsylvania silk. One conversation on the U.S. house and energy committee, we have one member - - John Joyce, who has parts of South Central PA. He is the member in that committee from our state. I also had a question, Julia, related to what you said about the ARPA funds. I thought those were continued on through December 30 three 2026. You mentioned March and part of the difference is if it is March, it is not even the end of the upcoming federal fiscal year, which is part of the thing we are discussing with the state budget. Is that just for DHS or OLTL?

>>JULIET MARSALA: That is one hour reporting is due. I believe that is when we are closing our state, our extension states are able to extend beyond that if they need to come all the way through December 2026. At this point, I do not believe that Pennsylvania extended to December 2026. Our hope is to get the funding out the door way before this. As folks know, we had our first-round of ARPA funding we also have a second-round because there were some monies still available within the office of long-term living. I think in a past subcommittee meeting, might have been the last one, we did share out communication about the second-round of ARPA grant funding that was specific for adult day services, durable medical equipment and for quality improvement and technology improvement for our life providers. That is the second-round of ARPA funding in the second-round of ARPA funding is the one that is extended out. And other agencies, departments and DHS have ARPA projects, but for the office of long-term living, those funds are going out in the reporting for the funding is going to be due in September for the office of long-term living. I hope that is helpful.

>> Nothing as far as any funding for provider rate increase for home care it would not go beyond March 31 would - 25-26 and that would be it?

>> That is not true. The provider increase that the ARPA funding helps support that went out in 2021, the 8% increase, OLTL annualized fat. So it is not a situation that when ARPA funding ends that the increase goes back down. That is not the case. We adopted that into our budget. We found a way to sustain that increase that occurred. So that is ongoing moving forward.

>> Okay, thank you.

>>JULIET MARSALA: You are welcome. Pam Welch has a question or comment.

>> Hi, I saw an article yesterday in the New York Times saying that one of the current targets of interest are assessments. And provider taxes. He could you talk about - I realize there could be any number of scenarios about how those might be changed but could you talk about where the funding that Pennsylvania gets from assessment goes? In terms of the services? And what impact we could expect if they were cut back drastically or eliminated?

>> Pam Welch asked a great question about provider taxes that you probably would have heard about, the provider assessment fees and most states across the nation do utilize provider assessment fees as a means to build up the state share of the Medicaid funding that they received from the federal match. In Medicaid programs, all Medicaid programs. The way it works is there is a partnership between the feds and the state where the feds - the federal government matches each state dollar at a certain percentage. I will reserve the right to call a



friend, to call Jan to correct me on anything I say because she is the expert on my team. Every dollar we spend in the state, the federal government gives us a match. The state is responsible within their portion of their spend, they can do a variety of ways. They can raise the funding through the general fund or they can utilize some provider assessment fees or other mechanisms to also contribute to the states responsible share funding and Medicaid. For the office of long-term living, we have a program that has been running for many, many years on the provider assessment side. It is our nursing facility assessment. So what happens is we have a process by which we assess a fee or a tax on each of the certified beds that we have in all of our nursing facilities or every bed in the nursing facility across the Commonwealth. Every nursing facility is assessed the bed fee for every bed they have in the facility. And they are required to pay those assessment fees to the Commonwealth. Those assessment fees then help us have a portion of our Medicaid budget. Right? Those fees then allow us to draw down more federal dollars and that is the process. There is a significant amount of dollars. The state currently today can use provider assessments. We can assess providers up to a 6% fee, right? And draw down not match. In federal dollars. Pennsylvania is not at the maximum - we are a little lower than that. It certainly that is part of the question in the assessment fee goes low, they lower the assessment fee. It depends on how much they lower as to whether or not it has an impact to us. If they eliminate it entirely, then for the office of long-term living, that is a significant impact. I don't know the exact number, but it certainly is hundreds of millions in our nursing facility. For us, with the nursing facility assessment tax, what happens is we draw those down and that helps us create quality programming and what we call access to care payments for our nursing facility. And so that funding really helps support quality initiatives in nursing facilities. Nursing facilities have a base rate. Medicaid base rate and from the assessment due process it allows there to be what we call access to care payments and if nursing facilities are eligible for and access to care portion, it is additional payment above and beyond the base rate that is pushed out through the managed care organization. So if the provider assessment went away, that certainly would have an impact on the nursing facility in particular in that process with the access to care payments. Managed-care organizations have a provider assessment. Hospitals have a provider assessment fee. No, hospitals also rely on that for their things. Outside of my lane, so I cannot really talk about that. Generally speaking, that is how it works. That is significant. You may hear folks say, well, we are not cutting Medicaid, we are adjusting the provider assessments. So Lloyd's point. It does put significant burden on (WORD?).

>>KATHY CUBIT: A thank you. I think we will move on now.

>> I have a question. Sorry, this is Matt. I don't know how much total that money is and I don't know how much the reduction is.

>>JULIET MARSALA: I don't know how much the feds may reduce it. They may reduce it, they may not reduce it. If they reduce it by half a percent, it would not impact us.

>> (SPEAKER AWAY FROM MIC).

>>JULIET MARSALA: I do not have that number on top of my head. I can put it out in a follow-up. No, she is not our finance team. We can absolutely give a follow-up on that. It is in the hundreds of millions in terms of the access to care payments. I will have our finance team send that out as a follow-up. Yes?

>>KATHY CUBIT: Sure, thank you. This was an important discussion, but I do want to move on. I know Mike needs to leave, so I want to make sure he has enough time for his presentation. So Mike, are you ready to proceed?

>>MIKE GRIER: Thank you, Kathy. I'm not leaving until 1230 p.m. or so. I thought that I would

have to, but I got some information that I don't. Let me - before I get into the presentation, let me tell you how this all came about. Last month I said the whole reorganization at HHS had just happened when we met last month. I voiced that, you know, we, as a committee should at least voiced opposition. I know we cannot change anything, but we are advocates. That is what we do. So later on in the discussion, folks asked me to put together - it is little bit about the background of the administration. A lot of the slides will lead to probably more discussion. I also put together a letter that was distributed. Just to voice our concerns with what is happening. Anyways, I will take off. We will go to the next slide. I want you to know that ACL was created in 2012 and it was set up to increase efficiencies. It was set up to bring organizations together. It had several objectives. To reduce fragmentation that currently exists. Now this is back in 2012. To reduce the fragmentation that currently exists and addressing the community living resource needed for the disability population. The second one is to enhance the quality of healthcare that long-term services and supports for all of their adults with disabilities to promote consistent in community living policy. Next slide. Some additional adjustments, this is from a 2015 from the Federal Register, the innovation and opportunity act, WIOA - it furthers these objectives by transferring three groups of programs. Independent living programs, programs on the national Institute on disability and rehabilitation research, now titled the national Institute on disability, independent living, and rehabilitation research, and the assistive technology act program. From the department of education's office to special education and rehabilitative services to Health and Human Services under the administration of community living. Next slide. So the program design - you know, just briefly looking at it, it was in the Federal Register. ACL was designed to bring efficiencies to the government. That is why it was designed like it was. The operation was streamlined and offered support to the people that were in the field and any of you that deal with HCI, know that you have a connection contact with that. They offer individual supports for other programs. Next slide. This is so busy, you do not spend much time looking at it. The major component of this is the areas with the dark gray around the boxes, they no longer exist. The middle do exist in at some form or fashion. Next slide. This is the text version of that thing we were just looking at. The gray border no longer exists, it goes down and talks about some of the locations for some of the centers for management and budget and it includes the office of a budget finance and that grants management, so on and so on. Later it talks about the center of policy and evaluation, which includes two offices. Policy analysis and a moment. Offices of performance and evaluation. The Center for regional operations, which includes office of external affairs. The next slide, please. This is a second portion of that just to explain the busy box that we looked at. The box in white indicates preservation of agencies known at this time. It breaks it down, the administration on disabilities headed by Commissioner who oversees following offices of intellectual disability and develop mental disability programs. The office of independent living, the office of disability services innovation. The next portion of that is the administration on aging has four offices there and I do not need to read that all to you, but that shows you that this is what has been collapsed. Next slide. This is the third page of that. It has a center for innovation and partnerships, which includes three offices and they are listed there. National Institute on disability, independent living, and rehabilitation research is headed by a director, which includes two offices. The office of research and ministration and the office of research sciences. Next slide. Why should we be interested in this? Obviously there are a lot of things going on and we talked about things, but why should we do this? Our subcommittee represents 18 different organizations along with seven folks that are participants. We provide services and supports to the people with

disabilities. This impacts all of us. The reorganization of - it puts the ACL department into a more bureaucratic system than it was. I can argue that it puts it into more of a bureaucratic system than it was previously. Our advocacy and educational efforts for disabled and that the aging population clearly need to utilize - it could be utilized in the most efficient manner and I think Lloyd talked about that a little bit of aligning and going with a purpose. I think Allie also commented on that as well. Next slide. The next steps, I asked folks to review the sample letter that I wrote and we can change it, edit it, do whatever. I just wanted to get the ball rolling. Contact your local legislators. We have talked about that. Oppose reorganization for those we support and please reach out to your contacts and requesters here as well. The more the merrier to voice our opposition to this - the reorganization. We will go to the next slide. I will try to answer any questions, but that is a pretty straightforward presentation. That is coming straight from the Federal Register. Thank you for allowing me to walk this out in front of the whole group.

>>KATHY CUBIT: At this is Kathy, thank you Mike for your presentation and leadership on this effort. I want to acknowledge that Leslie Gilman has joined remotely. Questions for Mike? We will start in the room.

>> It is Pam walls. First, thank you for doing this, the ACL is so important. Our organizations and organizations we worked with, thank you for drafting this. My question is, are you proposing and is it a possibility for - - I don't know the ability of this group to send such letters.

>>MIKE GRIER: That is something that I will leave to Kathy as the chairperson. It was drafted for us anyway. Because I know some organizations won't be able to sign on because of policies that they have and stuff like that. I just thought that we should voice and we should make it known to say that we do not agree. No, we do not agree. Not that they will come back and say, oh, we will change everything back, but that is not the point. The point is to make sure that they clearly understand that they are impacting a whole population of folks with disabilities and - it is challenging to appropriately articulate that without getting angry or bitter.

>>KATHY CUBIT: I want to chime in to say that I tried to get clarification about the process. It does this have to go to the full MAAC to be approved? For the committee to send this letter if it approves to do so today? I have not gotten any clarification at this point, but I will stay on top of that and be sure to keep everyone posted.

>> I want to thank you Michael for putting this together. I'm not super familiar with the office, but yeah. This just feels like part of a broader tech against people with disabilities and quite frankly, anybody who is not, you know, white, rich, and able-bodied and I think it is important for us to be standing up, not just to protect our folks, but also to frankly fight for a better world. There are things that are broken today that actually need to be fixed. It is not the time to be cutting and hurting the services we depend on. We should look at the ways in which we can expand upon it. I don't know how we send letters to the group, but I can say from our organization, we are supportive of the intent and I think there are more ways we could be standing together to protect each other in this moment and demand more.

>> I was just thinking at minimum we should do this. Just because we are a subgroup of the MAAC and it seems like we should have our voices heard. When I mentioned it last month and had come back, the way we could do this is just by putting some history of what ACL was in the a lot of the folks in this room that are on the call may deal with ACL a lot. So you know what I'm speaking about. When there is a connection that you could talk to someone and you could actually give some response back and you may not always agree, but that does not matter. You have that access. Now it's going into an abyss that you do not know.

>> It is Pam again. I would certainly support our finding out what the process would be and continue with the process of seeing if we can get whatever help we need to send a letter. I think pushback is really important in whatever form it can take. I would support us doing that.

>>MIKE GRIER: Thank you.

>> Hello, everyone.

>>KATHY CUBIT: Go ahead. I'm sorry. After you go, it looks like Carol has her hand raised. We will start with the room and then moved to Carol.

>> I'm sorry, I don't - - I will wait until everyone has gone.

>>KATHY CUBIT: Go ahead, Kathy. I saw your name pop up.

>> Hi everyone, I am committee member Kathy Bollinger and I attended the aging conference for the American (WORD?) on aging and I wanted to share with you that this was very much a topic of the conference and so much so that we created an aging online awareness campaign where they wrote a script and made it very easy for people, individuals to call and reach out to legislators about the need to support the program and its impact. If you're okay with that, Kathy. I will forward the information over to you that could be shared with the committee members as well. So they can then share it with the network and get more and more people calling to support this if they feel inclined to do so.

>>KATHY CUBIT: Thank you, Kathy. That sounds great.

>>JULIET MARSALA: Kathy, this is Juliet. I know we are going to go to Carol for a moment, but I did want to draw the committee's attention to Rebecca May-Cole, member that indicated she is having microphone issues, but asked, can we vote as a committee to send a letter if there is a process to do so? This way we can quickly respond on whether or not it is allowed. I wanted to add that comment from the chat.

>>KATHY CUBIT: Thank you. Yeah, I think that sounds like if that is what the group would like to do, but let's move quickly to Carol because we are short on time and I'm not sure if there are other questions or comments, but this is another important topic. Carol, go ahead. You can unmute yourself.

>> I know - would anybody send me the names and addresses of my legislators that are directly involved in this issue?

>> Did you get that?

>>KATHY CUBIT: I heard her ask - -

[Crosstalk]

>>KATHY CUBIT: We have not done that. Mike's letter, I shared it twice with the committee members and hopefully you have that in your inbox. The most recent send was yesterday. In terms of some of the other efforts, a lot of these campaigns will connect you directly to your legislator, but we have not done that and Mike's letter would go from the group. Okay, I don't know if there are other - not sure if there are other questions or comments?

>>JULIET MARSALA: Carol, you asked a question on whether or not someone could send you information about your own representatives. We can certainly ensure that we have someone help you with that. I or my team will follow up with you directly on that request, Carol.

>> Another thing, I will be real quick. Would it be possible to send a picture or a video of the group of people - - that would be affected by (WORD?). Will you repeat?

>> Would it be easier if she could send a picture of the group of people that will be affected by any kind of deficit? Did you get that?

>>JULIET MARSALA: Carol, if I heard you correctly, I believe what you are asking is whether or not there was a video or pictures created of the group who would be impacted by the decision if

that would be more impactful? Certainly I know that there are a lot of organizations doing a lot of things and some have been really doing a lot of education on social media, on Tik Tok and adding videos and that their stories and things of that nature. I'm not sure if you are asking if the LTSS subcommittee could do that. I would say it is unlikely unless providers and participants took it upon themselves because the LTSS subcommittee does not have the budget for things like creating videos and things of that nature.

>> I am my own organization.

>> She said, besides being a member of the LTSS, I am my own organization. - -

>> I think as I said before, educating through all means about the issues that we are facing across the nation with the agency - their administration on community living or Medicaid is certainly important, every little bit of education helps, Carol.

>> Thank you.

>> This is I'm a home, or - - that is United home care workers. And as home care workers, obviously we are very invested in this and paying attention to what is going on. We have been visiting our legislators and speaking to them frequently. Attending rallies. There will be another rally this weekend and we will also be headed out to D.C. as well to speak about Medicaid. I wanted to share that we do have an 800 number that you can call and it will directly connect you to your representative to let them know about the Medicaid cuts and how it would affect you directly. The 800 number is 866426 2631. Again the 800 number is 866-426-2631. If you call that number, it will ask you questions to put in your ZIP Code and connect you directly to your representative so you are able to tell them what Medicaid cuts would do to you and why it is important that we leave Medicaid in place. Thank you.

>> I will add a plug in addition to Medicaid. Many individuals in our programs also receive SNAP benefits. So wanted to highlight that as well. That has incredible impact on many members within our Medicaid program who face food insecurities that rely on snap benefits, which is also something that is much discussed at the federal level. Kathy, Pam has additional comments.

>> Thank you Juliet for saying that. I want to say as community legal services we have created a number of different one pagers. As someone Medicaid and particularly on LTSS, but several on SNAP that we can share with the group in case people want them for their own advocacy.

>>JULIET MARSALA: Kathy, if I may, I would encourage folks to take committee members who have put forward resources and information. If they can get them to our staff at OLTL, we can put them out with the information with the LTSS materials and follow-up.

>>KATHY CUBIT: That sounds great. Send them to the resource account or you can send them to me and I can make sure that OLTL gets the information for broader distribution. It sounds like I might have cut somebody off. Sorry, go ahead.

>> I don't think you did. It might have just been me turning off my microphone. This is Juliet. I wanted to draw attention to Allie adding good resources to the chat that we can certainly add to the information going out. That the Pennsylvania access network is a tool that allows people to easily find and upload a video about how Medicaid impacts them to share with members of Congress. There is also a link in the chat - it is to committee members. For [HTTPS:// PA health Dot soapbox with 2X is.com /questions,/save Medicaid](https://pa.healthdotsoapbox.com/2x.com/questions/save%20Medicaid) where folks could add their own videos and messages. Sure if you Google PA health soapbox, it would probably come up on a browser search. Not just Google, but other browsers would probably come up in the search tool. Thank you, Allie.

>>KATHY CUBIT: This is Kathy. Thank you. I want to mention that online members are not getting a lot of these resources. If that could be shared with follow-up information, that would be

great and I know I cut somebody off. Sorry, go ahead.

>>JULIET MARSALA: It looks like Carol has her hand raised.

>>KATHY CUBIT: Go ahead.

>> I do not have my hand raised, but thank you. Thank you for all of the concern.

>>JULIET MARSALA: I apologize for that. (NAME?) Has her hand raised.

>> This is Brenda. I think there has been good discussion today, but I want to ask is a member of the public who used to be part of this committee, what is the process that you are worried about in that sending this letter? I think the committee should just about and it should be sent. There are changes that could be made to strengthen the language and clarify a little bit. If we get caught up in process you will miss the opportunity to forward this important message. I think the committee should vote and it should be sent and if there is a process - Juliet, could you clarify for us what that is?

>>JULIET MARSALA: Kathy has been following up with the MAAC committee chair. This is a subcommittee to the MAAC. I will defer to Kathy and she says she has follow-ups she is waiting on. Certainly I'm sure she will get back to us and I can certainly help as needed.

>>KATHY CUBIT: Thank you for taking the time to vote again I could follow-up and make sure that there is no issue - if we have to take this to the full MAAC or any other part of the process. I don't think we need to delay voting on the letter today. I did want to add, Rebecca May-Cole who is having microphone problems, while not Medicaid, there are significant funds that support older adults through the older Americans act that are in jeopardy as well. We support each other, so advocacy for all the services impacted older adults and people with disabilities is needed, even though these services are not technically part of the subcommittee's charge. Please consider including older Americans in your advocacy. Are there any other comments?

>> This is Lynn, this is from my participant who also listens in. He wanted me to relay that he feels like just saying that we are running businesses as usual until catastrophic cuts, for him it is personally terrifying. It is like saying that we are in a bus hurtling towards a cliff and our breaks are disconnected and the driver smiling and acting like nothing is wrong.

>>JULIET MARSALA: This is Juliet. I can assure you that we are neither smiling, nor acting like nothing is wrong. What I can say is that without very clear data points to build a plan, having my team run through what could be a really large number of scenarios is in and of itself, in my mind, not a very good use of it very limited state resources. The office of long-term living core mission and focus is to provide services to the Pennsylvanians we serve and that is what we are committed to every single day. In terms of business as usual, what I can say is, as everybody knows, we are in the budget process at the Commonwealth level that we are in and have always been in every year. And every year we are in this position of uncertainty about funding with a budget and we wait for the budget number to happen to see what we are appropriated and that gives us the indication of how we then move forward operationally. So when I talk about business as usual, that business is happening as usual. Are there uncertainties at a federal level? Absolutely. I'm not going to have our team speculate on them and run circles to run scenarios, to engage expensive consultants, to analyze "what if", right? And use the taxpayer dollars to that and when, for the office of long-term living, our priority is the people we serve. The indications are that the HCBS core services are not the target. To that end, it further indicates to me that having my team run scenarios under that current messaging is again, not the best use of their time. For me, the best use of their time today is to prioritize and oversee serving Pennsylvanians today with the resources we have today. If there are cuts at the federal level that impact the Commonwealth, as many folks who are providers no, there

are cuts at the top of the organization, it takes quite a considerable amount of time to determine how those cuts are then impacting the entire Commonwealth. Multiple layers before and might even potentially get to the office of long-term living. I fully recognize that it creates a lot of anxiety when there is unknown. Our - - without speculating on what if. We need to focus on when we get the facts, when we get the data and then we can devise a good plan and have ample resources to enact that plan. So our heads are not in the sand. We are paying attention very closely. As you may know, they were talking about S map reductions. Now they are not. If we had modeled all of these are SMAP reductions and now they are off the table again, then that could have been hundreds of thousands of dollars in resources that we take from some other administrative monitoring or quality initiative that we do not need, right? I know it is hard I recognize it is hard. To make sure we use all of our resources in the most appropriate way. With the very stale beginning of budget reconciliation process, of the present budget that was just released, what is released there. They look very different through the machinations of the budget. To that end, yes, today we are moving forward with our business as usual, with our mission of serving Pennsylvanians front and foremost. What we need and what you are doing, what we are grateful for is the push for education to help us stem potential future impacts. That is what is in the agenda today. That is what we can do today. I know a lot of folks are doing that and I am so grateful for every moment, every story, every phone call that everybody makes to ensure that people understand what Medicaid is. The importance of Medicaid and how critical it is for every member that we serve and every future member that will need to be served through the office of long-term living. I do appreciate the concern in the comment, but I want to be very, very clear in terms of what I meant as business as usual. I hope that is helpful.

>>KATHY CUBIT: This is Kathy speaking to Julia. We want to acknowledge that Juanita Gray has joined the meeting. I know we are getting behind schedule. But I think this is an important discussion. I don't know if we want to consider bumping one of the two remaining presentations until next month? We can give some time and thought about that. I don't know if we want to proceed to see if there's any additional comments on the letter or - it seems like we definitely have quorum if we want to get additional comments about the letter and take a vote. Let's move there and any thoughts from the room.

>> This is Pam in the room. I am trying to think through if we wanted to make a few edits in it tightening it up. Whether it is possible for us to vote today on this with the understanding that there is going to be edits and send it back out. Or if that is too complicated, we could just vote on it.

>> I'm sorry, since I joined the meeting late, I was having problems. I had to use another - I had to get another computer to get on because mine had died. I did not get the opportunity to hear the letter and so I apologize I don't want to hold anything up. I would not know how to vote because I'm not informed about it.

>>KATHY CUBIT: Thank you, Wanita. We did not read the letter today, but I'm sorry you did not receive it. I had sent out as recently as yesterday. So I will have to double check and make sure I have your correct address, but I apologize for that. It is an email that I sent to the members as recently as yesterday. Knowing that we would have this discussion.

>> I will check. I apologize. You know it takes me a minute. I have to have my direct care who goes through my emails and I don't think I had her go through it yesterday. Thank you, Kathy, for everything.

>> I want to comment that Rebecca May-Cole has made a motion that we vote on sending the letter with the understanding that our chairs will facilitate any additional wordsmithing. And we

will go back to the room for additional comments.

>> Certainly a letter is a good idea. I can appreciate what Julia is talking about. If we are going to get pushback from sending a letter that is basically advocating against activities at the federal level from the sub MAAC, it can have go through the Department of Human Sevice, we are a sub MAAC of the advisory committee and if we think running into a set of leads of getting a letter out from OLTL, give that a shot at the DHS level. It is not a horrible thing for us to create a letter and encourage for it to be sent because we will demonstrate some advocacy that can be taken onto the MAAC, however, we are all individual members and we are not yoked to the requirements of DHS or the sub MAAC. We can send letters and we can send a lot of them and we need to send a lot of them to our federal level. Perhaps sharing that or maybe giving the email addresses of the membership so the letter can be sent and be assured individually not just to members, but to people who are attending this meeting via virtual means and give us an opportunity of what we might want to say. We may want to change and we may not, but we can send it off to the people that are saying they are federal legislators in the required need for required action and advocacy. Throwing my opinion out there.

>>JULIET MARSALA: Carol, you are on.

>> I have been in this administration - - and university for a long time and I don't think one letter would help - - I think we should act quickly and act now. - - Sorry. It did you get the bulk of that?

>> Did you get that?

>>JULIET MARSALA: I think there were a number of things that I hopefully got that I can share out. I may not get all of it. I will count on you to keep me honest. I think the first thing you were sharing is one letter is not going to be enough. And, you know, certainly - to Lloyd!, additional letters from everyone, more is better. And I did not get the last piece very clearly. I apologize.

>> I understand why Juliet is saying, let's not spend our time worrying when there is nothing imminent to worry about. I think the government is administering on the national level, - - within (WORD?) and what I would say in terms of the letter. I don't think it has to be the most perfectly written letter. - - They are not going to be overly concerned with whether the wording is dynamic or not.

>>JULIET MARSALA: I say. If I hear you're right, we should not be caught up on perfection because the letter is going to be read by - most likely an aide and that they are not going to be worried about whether or not it is perfectly written and dynamic. The important thing is to get the letter and so, you know, focusing on getting something out, not letting the perfect get in the way. Pam has a comment. Thank you, Carol.

>> In that vein, I would like to second Rebecca's motion.

>>JULIET MARSALA: Matt was pointing out, Carol, that you supported my position of not rushing in. At that there's a lot that we don't know.

>> But even though we don't know, it doesn't mean we lay back and twiddle our thumbs.

>>JULIET MARSALA: I absolutely agree that it does not mean that you should lay back and do nothing. From an education and stakeholder standpoint, absolutely. Two kind of circle back, we have a motion to vote on the letter and it is seconded on the floor for the vote of the letter. I will hand it to you, Kathy. However you wish to call a vote. Go down roll call or however you want to do it just to kick us off officially as the office of long-term living.

>> (SPEAKER AWAY FROM MIC).

>>JULIET MARSALA: I think the vote that Rebecca May-Cole put forward in the chat was to vote on sending a letter recognizing that there are edits and having the chair review those edits and send out to the committee.



>> (SPEAKER AWAY FROM MIC).

>>JULIET MARSALA: I think Rebecca's proposal was for us to vote on and vote to allow there to be somewhat wordsmithing is how she put it. I think her proposal was not - -

>>KATHY CUBIT: This is Kathy, I did not hear anything from Matt. I can hear that you're talking, but I cannot hear what you're saying. I apologize.

>>JULIET MARSALA: Matt had indicated.

>> (SPEAKER AWAY FROM MIC).

>>JULIET MARSALA: Matt does not crumple voting on edits on edits he has not seen. - Does not feel comfortable voting on edits he has not seen. I think that is Matt's vote.

>> (SPEAKER AWAY FROM MIC).

>> Is there a way to take a vote online between this and the next meeting once a new draft has gone out?

>> (SPEAKER AWAY FROM MIC).

>> Is there a motion on the table right now for us to vote on? Our organization vote yes. Matt voted no. Other folks should go around.

>>KATHY CUBIT: I want to take a roll call to know who is voting and that it needs to be recorded. You know, we have people remote in the room. If we are going to do a vote, we have to do it that way. I'm sorry, I don't know who just spoke.

>> Do you want me to run it down for you?

>>KATHY CUBIT: It looks like we have another hand raised. I want to make sure everybody has had an opportunity to speak. I think they are all valid points. Is that Kathy Bullinger that wants to speak?

>> I have a clarification. When we say signing this, will be assigned as the subcommittee or will all of our names be listed under that end of the organization?

>>KATHY CUBIT: Mike, do you want to answer that question?

>>MIKE GRIER: I don't care. I mean, it is dissemination by the chair of the subcommittee and as of right now it says LTSS subcommittee of the MAAC.

>> I think that is what we are voting on as written. A subcommittee of LTSS.

>>KATHY CUBIT: Thank you.

>>JULIET MARSALA: Kathy, there was a question on the floor. We have time in the subcommittee if the committee members would like to use that time to review the letter and do some of the wordsmithing now? It is a question for the subcommittee members. We had two presentations posted online that we can certainly bump to June if folks would like. If the committee members would like to use this time to dedicate to the letters.

>> (SPEAKER AWAY FROM MIC).

>>JULIET MARSALA: For folks that may not hear Matt online, he is indicated that this is the most important - it is not picking up, Matt. You are not close enough for it is not close enough to you. You have to eat the microphone. Yeah. The subcommittee should spend time on the letter because that is most critical and time sensitive.

>>KATHY CUBIT: This is Kathy. I personally agree with what Matt is saying. Let's just ask in general, are there any objections to moving the two presentations to next month and focusing on the letter? In continuing this discussion? Either remotely if you can indicate any objection or in the room if you could indicate any objection, otherwise I think we should proceed with what Matt suggested.

>> I have a question, this is Patty. Will it be shared prior to next months meeting so we can review it? I'm sorry, Carol.

>>KATHY CUBIT: The letter - we would make any amendments today and that will be shared.

>> Thank you.

>>KATHY CUBIT: As I mentioned and as Lloyd mentioned, since this is something going to the secretary as in the past, we have to verify - if we can send it or if there's additional process that we need to follow procedurally. So getting back again, is there any objection to continuing the conversation and working on the letter and moving the two outstanding presentations to next month? Okay. Hearing none, let's circle back to the letter and conversation.

>> We put it on the screen.

>>JULIET MARSALA: We are taking a minute to do some technical logistics to share the letter to the screen so the committee members and the public can see the letter. While that is happening, I did want to acknowledge some public comments and questions that were put through the chat, if that is okay. Just taking use of the time. Carol, I am going to mute you for a second. Okay, there we go. Patty asked if the letter could be sent to his email so that members of the public can edit from their association. We will certainly do that. From George (NAME?), his comment is as follows. To align with the administration's wants for monetary cuts, have any looked at where that could be done without affecting services and programs and where obvious dollar wastes occur? I think that is certainly a good question. The captioner has asked for a five minute break. Let's do that. Let's have a five minute break while we are doing technical pieces and we will come back at 12:00 o'clock.

>>JULIET MARSALA: It is 12:01 PM. Can folks hear me? Okay. Great. We have the captioner back up. Kathy, are you there?

>>KATHY CUBIT: I am here, thank you. Handing it back to you.

>>KATHY CUBIT: It thank you very much. Thank you for getting the letter up on the screen. We will proceed now - let's start with any additional comments, questions, or feedback about the letter.

>>KATHY CUBIT: Can we zoom in on the letter at all? OLTL is ready to make edits and direction of the LTSS subcommittee.

>> (SPEAKER AWAY FROM MIC).

>>JULIET MARSALA: How about we go through it line by line. Dear Secretary Kennedy, on behalf of the long-term support services and support subcommittee of the medical assistant advisory committee, the MAAC in Pennsylvania, we relay our concerns on the proposed reorganization of the administration for community living or ACL. I concur. So on behalf of Pennsylvania's long-term services and supports subcommittee, the MAAC - on behalf of the Pennsylvania long-term (WORD?). On behalf of the Pennsylvanian - it does look weird. I would say the Pennsylvania - it is funny, we will oversee that.

[Crosstalk]

>>JULIET MARSALA: Are subcommittee is made up of 18 organizations and seven LTSS individual participants that support the disabled and aging populations across Pennsylvania.

[Crosstalk]

[Indiscernible]

>> The next sentence, deeply invested in. Once you get to that, let's go back to Matt's important point of adding the LTSS subcommittee mission. To advise the Department of human services on issues regarding access to service and quality of service. On behalf of Pennsylvania's long-term services and supports subcommittee,

>> Hi, everyone. This is Josh, just a reminder that there are ceiling microphones in the space. The vigils attending virtually our hearing all of the background conversation, background noise,

everything that is going on in the room at the same time.

>> I'll take the pause - - thank you, Demaris. The committee is comprised of individual participants, organizations and providers that support the disabled and aging populations across Pennsylvania. The committee is deeply invested in the health and long-term care services and supports that these populations depend on to live as independently as possible in the communities of their choice. Accordingly, system changes as proposed by the health and human services - the Department of Health and Human Services of this magnitude must take into consideration the impact on the individuals who use these services. The recent announcement.

>> Anything else on this first paragraph before we put this one to rest?

>> (SPEAKER AWAY FROM MIC).

>>KATHY CUBIT: This is Kathy, again, I apologize, I cannot hear others other than Juliet. I have a comment from Rebecca May-Cole. Can we use people first language. People with disabilities and older adults, rather than disabled and aging populations.

>> (SPEAKER AWAY FROM MIC).

>>JULIET MARSALA: Given that, absolutely for people with disabilities, but for older adults and people disabilities. Okay. The recent announcement from Department of Health and human services represents an abrupt restructuring that will have far-reaching consequent as for older adults and people with disabilities and older adults - we need to cross out the second part. By illuminating the administration of community living or ACL, the decision dismantles the significant systemic changes and improvements achieved when ACL was created to be separated out from the U.S. department of education designed to support our most vulnerable populations. Okay. By eliminating the administration where illuminating the decision - achieved when ACL was created.

>> I agree.

>>JULIET MARSALA: So we pulled from the PowerPoint, the emphasis that the section of the administration of community living was created in order to achieve several important objectives. To reduce the fragmentation blah blah blah. B, to enhance access yada yada yada.

>> (SPEAKER AWAY FROM MIC).

>>JULIET MARSALA: I look to you, Matt. He wanted to see it as is. So of the committee is comfortable with that, we can add that from the PowerPoint. Adding the administration of community living was created in order to achieve important objectives. A, to reduce fragmentation that currently exists in federal programs addressing community living services and support needs of both the aging and disabled population. B, to enhance access to quality healthcare and long-term services and supports for older adults and people with disabilities, to promote consistency in the community living policy.

>> Julie, this is Linda, you do not want to say currently in that sentence. You want to say existed at that time because we're not talking about current. We are talking about why ACL was established.

>>JULIET MARSALA: Are you referring to the letter or what I just said?

>> What you read to be inserted into the letter.

>> Singh to reduce the fragmentation that currently exist, it should be the fragmentation that exists.

>>JULIET MARSALA: Think you.

>> You are welcome.

>>JULIET MARSALA: We will insert that after when ACL was created. We will insert the

modified excerpt from the PowerPoint. Okay. With that they are, that concludes the second paragraph.

>>KATHY CUBIT: I have a comment from Kathy Bollinger, can we use a different word then vulnerable to inspire sympathy, it taps into stereotypes of weakness, etc.

>>JULIET MARSALA: I agree it does, but it is unfortunately reflective of the federal language that is used to identify the population being impacted in the federal programs.

>> This is Mike, I need to leave. My vote is "yes" to whatever you come up with.

>>KATHY CUBIT: Thank you, Mike. Thank you for your work on this.

>>JULIET MARSALA: A take that point to be very important, but it's a fine line between - okay. The

>>KATHY CUBIT: Before we move on, I'm sorry to interrupt. Rebecca May-Cole has to leave for the conference and she also says her vote is yes to what the committee ends up with on the letter. Thank you, Rebecca.

>> Health and Human Services proposed restructuring will destabilize essential services, older adults and people with disabilities. Across Pennsylvania. People with disabilities across Pennsylvania where over a million meals are served every month to seniors - older adults who rely on community-based programs to stay healthy and independent.

>> (SPEAKER AWAY FROM MIC).

>> How do we want to do the sentence? We are talking about services at this point.

>>JULIET MARSALA: I do not mind using the second part is a way of modifying Pennsylvania. There is no subject. The second half is a whole sentence.

>>JULIET MARSALA: Should we do a- I get what you mean. I now. He asked me I command. Sorry?

>> It is important for these services for older adults and important for people with intellectual disabilities. So you could put the period and say that these services include.

>>JULIET MARSALA: Doing a time check. It is 12:24 PM.

>> Do we want to say services include? Meals, community-based services. Over a million meals is a good example, but it sticks out by itself. These services include take-out furthermore let's see what is on the rest of the page? Again, we are not letting perfect be the enemy. Time check. Okay. Okay, individuals with intellectual and developmental disabilities will face similar challenges and it jeopardizes critical programming provided by develop mental disability counsel, university centers and develop mental disabilities and protection advocacy networks. Okay. We need a semicolon and we need develop mental disability counsel and the University Center on develop mental disabilities. That is one phrase. Protection and advocacy networks is separate from disability counsel. Okay. We can check. We can check the accuracy of that if that is helpful. Put a footnote that we will do that. Of the disability councils in the University Center of disability. In Pennsylvania, our 16 centers for independent living and 53 - I think it is 57.

>> We took the numbers out of 12.

>> In Pennsylvania the center of independent living in the area agencies on aging are critical to supporting seniors and people with disabilities, older adults ensuring they remain in their homes and communities rather than costly institutional care. These organizations provide everything from meal programs to respite care for family caregivers. Addressing - addressing the socialization and health related factors that so often threaten independence. These services are effective, efficient and compassionate. Nothing about the restructuring can be described in those terms.

>> Replace the coma with a semicolon and that will work. Okay. Are we good there? Good so

far? Okay.

>> He is saying there is a range of different programs. Do you just want to say they provide essential services? These essential services address social isolation. Is that what you are asking for? Okay, there we go. These essential services address the social isolation - - services are effective and compassionate. Something about the structuring can be described in those terms. Does that sound adequate? Okay. This restructuring appears to be part of a broader pattern of budget cuts that will undermine the health and dignity of older adults with disabilities.

>> I would take out budget driven. Not sure what this means in this context, but it is not driven by a budget. We have a long discussion of what is driven by, but I don't think it's the budget.

>> It appears to undermine the health and dignity of older adults. So we can weed out that phrase. From there to before.

>> Restructuring will undermine.

>> Restructuring will undermine the health and dignity of older adults and people with disabilities. The unintended consequence will drive up costs of long-term care and other services with increased use of more expensive institutional care.

>> As written, it sounds like the unintended consequence will drive it up. I think it is the unintended consequence will include driving up.

>> Take out the word unintended. It is intended.

>> Good point.

>> The consequence will include driving up cost of long-term care services with increased use of more expensive institutional care. We implore you to meet with us - who is meeting with them? That is not the OTS - LTSS committee.

>> We would do that. That would be great.

>> Okay. To hear our thoughts - I'm perfectly fine with them being on the agenda. To hear our thoughts, brainstorm and achieve mutually beneficial improvements to DHS programs and services.

>> I have a comment. By saying we implore them to meet with us, it is easy for them to dismiss us. I think we need to say, we implore them to open lines of communication. This could include a meeting or even a back-and-forth letter exchange. I think we need to make a not so easy to get rid of us. Okay.

>>JULIET MARSALA: We can keep this and in the bottom, we look forward to hearing you soon or we expect a response, kindly reply to blah blah blah.

>> I think open line of communication is easier to ignore than a very direct way in which he worded it.

[Crosstalk]

>> It is a collaborative process.

>> Americans With Disabilities Act signed into law by President George HW Bush in 1990, represented a bipartisan commitment to ensuring fairness and equal opportunity. Eliminating ACL on the other hand, threatens to undo decades of progress. They were contrasting it. Okey-dokey. I'm going to take out the coma. Thank you, Demaris. The federal government should be focused on strengthening these programs, not dismantling them. We urge you and Congress to work together toward a solution that upholds the responsibility. There needs to be a word in front of solution.

>> Work together towards a solution. That implies that there was a problem that they need to address to start with.

>> We urge you and Congress to work together to uphold our responsibility.

>> Responsibility to provide appropriate services to older adults and people with disabilities.

>> Do you understand that?

>> I did not get the last two words.

>> She needs Congress to uphold responsibilities upon them afforded to us.

>>JULIET MARSALA: We want Congress to work together to uphold the responsibility stowed among you from us

[Crosstalk]

>> Beholding the responsibility deserving of bestowed upon us as equal

[Indiscernible]

>>JULIET MARSALA: I think I understand where you are trying to go Carol come up putting forward the point that people with disabilities and older adults are equal to anybody else. I'm not sure if that would work within the sentence. I do think that it is going to be clear. You have a responsibility to everything else and in the prior letter, but I see your point of emphasizing that point.

>>KATHY CUBIT: This is Kathy, I need to jump in. I want to mention that Lynn had to leave and she is voting as and she is happy with the wording. Kathy Bullinger, I will ask you to unmute in a minute because I'm afraid I will miss communicate your comments in the chat. Anna Warheit - in the previous paragraph, instead of referencing institutional care, can we say the consequences will include driving up costs of long-term care and other services, as well as restricting the ability of individuals to access the most appropriate services and the most appropriate setting to meet their needs that she said in the chat. It looks like Kathy might be needing to leave. We might have missed her and she also votes yes to send the letter. Kathy, are you still here to chime in? I will read what she said. She was talking about the other paragraph about vital programming to support - like the word - may be put vital in the sentence before programs. Again, I want to thank Demaris, you are doing an amazing job.

>> For the record I want to make note that Matt Seeley had to leave, but he indicated to the committee that he voted yes to the letter. Same with Lloyd. Same with Mike. I'm concerned about quorum, so I feel like this needs to be wrapped up quickly. I would say that I would recommend adopting Anna's suggestion as a member of the subcommittee, recognizing that the LTSS subcommittee represents all continuum of the LTSS and long-term care and that certainly would be phrasing more representative of the entire LTSS committee. It is in the comments. In spirit it says the same thing. Similar things. Wanted to recognize that. Certainly all committee members are signing on and I want to address the comments about having all individuals sign on separately, the committee's discussion and vote at the time was to sign off as the LTSS committee. Which means that is the vote on the table and we would not be able to change or direct to have individuals sign on to the committee letter. It certainly individuals and organizations could do their own and send that individually if they so chose. Time check of 12:43 PM.

>> I want to say something. This is Wanita Gray. I was looking and is said rather than costly institutional care. The institutions will provide vital and good care and that's why the organization is needed. If that could be put somewhere in there.

>> I will speak up for the original sentence. I think his point was a good one, which this is a sentence about driving up costs and home community-based services are more cost-effective as opposed to more expensive institutional care.

>>JULIET MARSALA: Pause on that. I think the point of the sentences that the consequence will be increasing costs and he was saying that institutional care is more expensive.

>> It is a true statement.

>> I think that is the point he was trying to make and it is a good point.

>> I think this is really about cost.

>> ACL focuses on community living.

>> Thank you. I agree, you are right. Thank you so much.

>> That is the last sentence. Understand the letter is good, but not perfect. The question is, is a good enough? I have to officially go through - sorry, Wanita, I do not mean to cut you off, but we need to get the good, the votes and the time is running out and I want to get it in. Some going to really quickly go through the roll call. Kathy?

>>KATHY CUBIT: Did you want me to do the roll call for the vote?

>>JULIET MARSALA: I can do it because I can see both.

>>KATHY CUBIT: Okay. While we are advocating for these changes, where - we have a pause on sending letters to the administration and I need to abstain.

>>JULIET MARSALA: Abstain. Again, this will be a letter to sign the Pennsylvania LTSS subcommittee going through the channels that it needs to go through. Allie?

>> Yes.

>> Anna Warheit.

>> Yes.

>> Carol?

>> I want to make them aware that we expect a response back.

>>JULIET MARSALA: Good point. We need to add the sentence at the end that we had discussed that we look forward to receiving a response. With that, is it a yes?

>> Yes.

>>JULIET MARSALA: Okay. Kathy Bollinger indicated yes.

>> Cindy Celi.

No response. Neil Brady. Chris Fisher on behalf of Gail Wiseman. Okay, Jay Horner voted yes in the chat. Wanita Gray?

>> I will vote yes.

>> Leslie Gilman.

>> Yes.

>> Linda Lytton.

>> Yes.

>> Lloyd indicated yes.

>> Jen Weidner?

>> Matt Seeley was Garrett.

>> Michelle Garrett.

>> Yes.

>> Michael Galvin.

>> Abstain.

>> Michael Greer said yes.

>> Minta Livengood, I think in a chat she said yes. I know she had to go.

>> Monica Vaccaro.

>> Yes.

>> Pam?

>> Yes.

>> Patricia Canela-Duckett.

>> Yes.

>> Rebecca May-Cole.

>> Rebecca replied yes.

>>JULIET MARSALA: Is that everybody? Did I miss anyone? Okay. Great. One, two, three, four, five, six, seven, eight, nine, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19 yeses, two abstention, and several no responses. I think four. Indicate that there is a majority that voted yes to send the good, but not perfect letter. And put it forward to the MAAC and the process for it to be sin. This does not preclude anyone from using the letter. It will be sent out with all of the LTSS committee material for anyone that wishes to use it, review it, change it to their liking for their own personal purposes. Kathy, back to you!

>>KATHY CUBIT: I think you, Julia and thank you everyone for this very constructive and important conversation. I know we only have a few minutes left before we adjourn. I don't know if anyone wants to say anything quickly for the good of the order? Anybody in the room?

>>JULIET MARSALA: I do not see anybody in the room coming to the microphone. I certainly do appreciate the time it took. At the office of long-term living will be ready at the next agenda to move forward the agenda items that were tabled today.

>>KATHY CUBIT: NA members remotely that want to come again, make any quick comments? Or have any questions? I see one hand raised. Brenda, go ahead.

>> I want to thank the committee for the work that was done today. I think this was really productive, but I want to request that whatever process this letter goes through be formalized and made available to the committee so next time we need to do something like this with important advocacy parties, moving as fast as they do, we can get it done more efficiently. So whatever process we use, make sure it is recorded and made available for the committee members so that we can - so it moves faster next time.

>>KATHY CUBIT: I thank you for the feedback, Brenda. I will share that with the MAAC planning team because I'm sure this would be helpful for other subcommittees as well. Any others? I don't know if that is still Brenda's hand.

>> To add to that, Kathy. I might suggest that you request of the MAAC that subcommittees be given some latitude to send these letters so that we don't have to necessarily get their approval, as long as we agree or abide by the principles of.

>>KATHY CUBIT: I can make that request.

>> Thank you.

>>KATHY CUBIT: Okay. Looking at again the time, any other - anybody that I missed you there from the general audience or the audience otherwise? Okay. I'm assuming there is nothing in the chat or other hands raised. Correct?

>> (NAME?) Has his hand raised.

>>KATHY CUBIT: Go ahead. You have to be quick. We are adjourning and 1:00 o'clock.

>>JULIET MARSALA: I see that the hand was lowered, Kathy.

>>KATHY CUBIT: Okay. Did we get everyone, if not, I think as we mentioned at the beginning of the meeting, you can send questions and comments to the RA account. We will meet again on Wednesday, June 4 both in person and remotely. At 10:00 o'clock. Again, I want to thank everyone for the important work today and we will be sure to follow-up as stated earlier. I think with that, unless there is any other further comments we can adjourn.

>> George has raised his hand, but I will say in the interest of time and the respect of the captioner, George, please send your comment to the chat box and we will absolutely follow-up. The email resource account. My apologies.



>>KATHY CUBIT: The RA address is at the bottom of today's agenda. Okay, I want to thank everyone for your time and again, we will keep everybody posted of the next steps and we will hopefully see everyone again next month. Thank you and have a good day. R