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Event: Long-Term Services and Supports Subcommittee Meeting

>> KATHY CUBIT: Good morning, this is Kathy Cubit. I want to welcome everyone to August LTSS MAAC meeting. I want to start off by saying this meeting is being recorded. Your participation in this meeting is your consent to being recorded.

I'm going to shift because I can see that some of our members are still joining. So we are going to shift to the new housekeeping committee rules item of the agenda. And then we'll circle back to the roll call and introductions.

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Time is allowed on the jeep for two public comments periods. If you have questions or comments that were not heard, please send them to the resource email found at the bottom of the meeting agenda and on the LTSS sub MAAC subject page. In the event of an emergency or evacuation, everyone must leave the building and assemble in the first responders plays is a. Staff will be in front of the elevators for assistance. Please see the back of the agenda for more information. With that, we will circle back to roll call. And I'll start with O LTL to announce who is present in the room.

>> Good morning, Kathy, this is Juliet Marsala. Subcommittee members present in the room are Ally, Michael, Lloyd. And then I also at the table to my left have Randy.

>> KATHY CUBIT: Welcome, everyone. And I'll read off whose with us virtually at this point. Anna. Kathy. Cindy. Gail. Laura. Linda. Lynn. Shell. Minton. Rebecca. I am expecting others who had said they will join and I'll announce others and Juliet, if you could do the same as folks enter the room. And with that, I'll turn the floor over to you for OLTL updates.

>> JULIET MARSALA: Thank you, Kathy. Again this is Juliet you'll deputy secretary of the Office of Long Term Living. Just have a couple updates for everyone this morning before we go into our presentation. Really excited to hear from the Department of Aging. And their presentation on the PA CareKit that will happen later on this morning. The next slide on the agenda. The usual procurement updates. I'll talk about the HR-1 bill or the OBBBA bill. And then review a recent OLTL communication.

We go to the next slide. There are no updates on procurement. Any questions can be sent to the procurement mailbox. The HCRA continues to be in a stay. We can go to the next slide. And on this slide I'm going to get a little bit of reverse order. I'll go through the communications and go back to budget and the bills. So the recent OLTL communications that I would like to share this morning is the 2025 nursing facility quality program attend dense list, July 15, 2025. OLTL released a list listserv about the 2025 nursing facility quality incentive program. This is a pay for performance incentive program with six metrics and five clinical measures and one utilization measure based on Medicare Part A claims data.

Nursing facilities will earn points for meeting performance requirements for Medicaid services provided through the performance year, calendar year 2025.

Points are awarded for achieving statewide benchmark goals and can be achieved through incremental improvements. Please note that's the eligible to be incentive the facility must be a Medicaid facility. They must have achieved a medium or better performance on at least one of the six measures previously talked about. And have attended at least one long term care learning network hosted by the Jewish Health care foundation. If you do not attend one of the learning networks webinars in 2025, we do not have make up sessions.

If you don't attend, your facility is not eligible. If you have questions regarding attendance or the attestation form for submission, please send them to the resource account, RA-PWNFLNATTEST@PA.gov

The Pennsylvania long term care learning network on July 25, 2025, we shared a listserv for an upcoming LTC learning webinar for August 7, 2025, learning session from 2:00 p.m. to 3:00 p.m. This upcoming webinar topic is Pennsylvania's MDS updates. And the transition to the patient driven payment model or PDPM, where the case mix and other October updates. For our nursing facility partners, really do encourage you to attend this learning webinar.

Because the focus will be on the nursing facility regulations and additional information beyond that, particularly the changes in the upcoming MA processes. Field operations, review team. And the supporting documentation. Again, reviewing the MDS changes that will be in effect October 2025. And walking through the MDS audits that will also begin in the fall of 2025.

Those are the OLTL communications. And I'm going to use the rest of the time to share a little bit about the budget and the bill. If you could go to the next slide and we'll stay there for the duration. I'll give an update on where we are with the state budget. In regards to the state budget, I'm sure you are aware that the general assembly has not yet enacted the 2025-26 budget into law.

The government continues to negotiate -- the governor continues to negotiate with leaders on how to finalize that budget. And the office of the budget has put steps in place to enable the commonwealth to meet its legal obligations. To fund the mandated programs and provide for the well fair of residents. Examples of those programs are the medical assistance programs. Food and drug for assisted facilities.

Agency buy ins. And childcare subsidies. That's what I have for the state budget update. We've been in this position before. So it's something we weather through and hopefully they will come to a resolution soon. Let's talk it be federal reconciliation and the HR-1 or the OBBB. Many of

you have probably been aware by now there's critical changes to program that is affect over 3 million Pennsylvanians. And significant changes to the SNAP program in particular and Medicaid program with a special focus on the Medicaid expansion population.

I'm going to focus on the Medicaid program because that's what we do here. Some of you may have heard deputy secretary Kozak and others speak at the MAAC meeting about the SNAP impact. If you haven't, I recommend you review those notes. Because a lot of valuable information was shared.

For the Medicaid program, which is a life saving program, it provides coverage for as I mentioned about 3 million Pennsylvanians. Which includes 1.3 million children. About 423,000 individuals with disabilities. 312,000 older adults. And nearly 10,000 veterans.

We believe that the federal cuts will take over 310,000 Pennsylvanians off of their health care. We believe it will raise health care costs across the board. And potentially threaten the closure of at least 25 rural hospitals. In order, the cuts to Medicaid program will have a devastating impact on the commonwealth, its economy, and residents.

Residents

The first provision is the work requirements. And we estimate about 200,000 individuals may lose coverage because of the new work reports requirements that individuals ages 19-64 will be required to report on and do. Which includes [off microphone] and work or community service or other volunteerism for at least 80 hours per month.

So that's pretty significant change. In addition it has significant administrative burdens that go along with it. We estimate about 110,000 citizens are at risk of losing their coverage. Because of the administrative burden that comes with the biannual or twice yearly eligibility redetermination. So for us with the Office of Long Term Living, that change in particular is most concerning to us. Because we know the challenges that come with redetermination. So that is one of our special focuses.

These two changes will take effect January 1st, 2027. That's what we are gearing up and preparing for. And in making these requirements the law it also impose federal mandates on Pennsylvania without any flexibility. Okay? We estimate to redetermine eligibility every 6 months instead of annually, the department will need to increase our staff by about 500 people.

That said, that's an estimated additional cost of about 37 million per year. Implementing the work reporting requirements would require an increase of about 250 people. With an estimated cost of an additional 18 million per year. So that is going to be an impact on the entire Medicaid program, the Department of Human Services looking forward to 2027.

In addition, we are also have to alter how we fund the Medicaid program with other changes that were put into the HR-1 bill. In particular, there are two provider taxes that started -- that will start in fiscal year 28-29 that are estimated to cost more than \$20 million from our Medicaid funded programs over the next 10 years.

So for those that aren't familiar we did talk about them in prior meetings. The provider taxes are that we are talking about today are particularly funded by hospitals and health plans. And other critical providers. The nursing facility providers were carved out as we anticipated.

So this is going to have a critical impact for med Medicaid program with those funding cuts that have a ripple effect to hospitals and health plans and commercial insurance plans. It doesn't just impact individuals who utilize Medicaid, it will impact every Pennsylvanian.

So and a lot of that -- a lot of our concern is also with our hospital systems. Because as many of you know, they are legally required to provide care regardless of the ability to pay. And that's, you know, where we get significant ripple effects of longer waiting times potentially. Longer waits in the emergency room. And it does particularly impact our rural hospitals because of, you

know, the current nature of their work and their costs. And great rates of uncompensated care in their emergency rooms and. That is sort of the crux of the impact that we are anticipating currently between HR-1 and OBBB or OBBBA.

So I wanted to share that. And talk about that and share that with you today. So, you know, part of the discussion for the justification for HR-1 and OBBB was they are trying to cut out fraud, waste, and abuse within the Medicaid system. And certainly while there is fraud, waste, and abuse, I have to say that Pennsylvania's program to make sure that we apply the Medicaid program with integrity is one of the best in the nation.

So we do an excellent job in Pennsylvania weekend out, following through with, and cutting down fraud, waste, and abuse. We rank number 1 in the Medicaid fraud charges. And overall with the overall conviction that is a we secure. And that is possible because of the hard work within our program integrity offices. It's because of the diligence of our partners and our community organizations. And everyone who cares about the Medicaid program and making sure we implement it well. So we hope that as we move through the next couple of years when we start really feeling the impact of the HR-1 and OBBB, we'll be looking to the LTSS subcommittee in addition to the other Medicaid subcommittees and the MAAC to come together to provide, you know, your advice, your experience. Your thoughts as we face some particularly challenging years.

Again, we are currently focused on the impact of 2027 because as you know, 2028 while it will approach quickly a lot can happen between now and 2028 with some very significant political event that is a happen. We do encourage everyone to continue your education, your advocacy, and your good and hard work across the nation with our local representatives. And in particular, our federal representatives. And I know a lot of you have been doing really, really herculean efforts in educating about the importance of the Medicaid program and I encourage you to continue that great work.

I'll pause here if there's any questions

>> KATHY CUBIT: Thanks, Juliet. There's a question in the chat from Anna Warhike [sounds like] can you give the provider tax estimation again? She didn't quite catch the number.

>> JULIET MARSALA: Let me go back to my notes here. It was estimated more than 20 million. I don't have an exact number for you, Anna. But thank you for that question.

>> KATHY CUBIT: Thank you, and before we take more questions, I do have a number of members to announce who have joined us virtually. Carol. Jaunita. Leslie. Matt. Ryan Shofield for Michael Galvin. And Bridget in for Monica until around 11:00. Pam. And patty. Is there anyone virtually who has not been announced?

>> Good morning, Kathy, this is Neal Brady I'm present.

>> KATHY CUBIT: Oh, thank you, sorry I missed you. And Juliet, is anyone else joined from the room?

>> JULIET MARSALA: No, Kathy. No one has joined from the room.

>> KATHY CUBIT: Thank you.

I have a quick question and we'll open it up. On your -- the nursing home slide number 6 you mentioned about changes to the MA process. Is that all related to HR-1? Or are there other changes coming?

>> JULIET MARSALA: No, those changes are related predominantly to the transition from the old case mix data elements the rugs [sounds like] that's transitioning to the new case mix data elements of PDPM. So it's a state regulatory change.

>> KATHY CUBIT: Thank you for that clarification. Other questions for Juliet at this time? We'll start with the room.

>> JULIET MARSALA: There are no subcommittee member question but there is a question from Shawna.

>> KATHY CUBIT: We'll wait for members virtually to go first. And then we'll go to Shawna. Any members virtually that have questions for Juliet? Okay. Shawna, the floor is yours.

>> Can you all hear me?

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

>> I'm only asking because I was in DC a couple weeks ago. And I had a couple conversations with various legislative members. And was told that the work requirements will not effect people with disabilities. I don't know whether to believe them. In fact, I'm very suspicious. But I mean, I'm working to set up volunteer programs at my CIL so people have things they can volunteer to do.

So that counts. But I'm curious to what if anything you have heard about that?

>> Looking at the bill and the language, they do make reference to how it will not impact individuals who are 65 years and older. Or who are I think the exact phrasing was medically frail. We don't anticipate that there would be significant impact in the Office of Long Term Living LTSS programs. While certainly we are looking at that, we are also, you know, looking for additional interpretation and technical assistance that's coming out.

But for the purposes of the Office of Long Term Living, we anticipate that if there is impact, it would be minimal for -- and don't anticipate it impacts anyone who meets the criteria for nursing facility clinical criteria eligibility. If that's helpful. But again, we have to wait for that technical assistance.

Kathy, I don't see any other questions from the room.

>> KATHY CUBIT: Okay, thank you. Since we have a little bit of time, I actually had a question, Juliet. Do you know if the state is looking at any of the no wrongdoer Medicaid administrative claiming options to help with some of the, you know, -- I know you talked about a lot of the staffing needs to implement this. And I know that's an option for states to consider. I don't know if Pennsylvania was looking at that.

>> The camera is on -- carol I'm going to mute -- thank you torques cut down on background noise, and apologies for that. We are evaluating all of the options that are available. But I don't have anything I could say concretely at this point, Kathy.

>> KATHY CUBIT: Thank you, are there any other questions from the members virtually?

>> hi Juliet. This is Carol. As long as the work eligibility and the work [off microphone] I retire, I'm working a little bit. But what is the level I can make and maintain my waiver?

>> JULIET MARSALA: That's a great question, let me repeat the question to make sure I heard it correctly. How much can I work and retain my Medicaid benefits. Is that the question?

>> Yes.

>> JULIET MARSALA: To maintain your Medicaid eligibility there's a financial requirement to maintain that Medicaid eligibility for the waiver services. And in our waiver programs we do 300% of the federal poverty limit. I don't know what exactly that number is. We will post that as a follow up. However, that being said, I am going to take the opportunity to highlight medical assistance for workers with disabilities.

That's an incredible way to work and maintain financial eligibility for Medicaid benefits. In addition, I would like to highlight the social security income -- Social Security Administration ticket to work program. That also provides assistance for individuals with disabilities to work and have gainful employment. Do trial work periods. Test things out. Transition to employment. And encourage folks to consider that. In addition, our great partners at the Office of Vocational Rehabilitation who give supports to individuals interested in working for even, you know,

volunteering and experience different work activities towards competitive employment, I would highlight the Pennsylvania able account. And the ability for individuals who are working who acquired or had a developmental disability before the age of 24, I believe, to be able to open those accounts. And, you know, put their savings in there for their current or future health related needs.

So that's wide variety of very successful way that is a individuals with disabilities within our program can work and receive benefits. And in addition we have the act 50 program that serves over 1,000 individuals in Pennsylvania who work. Who may still access personal assistant services and the personal emergency response system services and financial management services for participant self-directed services. And work and access those services that at a sliding scale.

I hope that answers your question, Carol, I'm sorry I don't have the exact amount at the top of my head.

>> You may not know, because nobody seems to know. If they combine the waiver with my low income status, because I live in a low income building, then they take?

>> JULIET MARSALA: Carol I'm going to ask one of my team member to follow up on that particular question because it seems to be pertinent to a individual situation. So I'm going to ask randy to have one of his enrollment team members to reach out to you directly after this meeting. Would that be okay with you?

>> [off microphone] what is the name of the person?

>> JULIET MARSALA: Are you asking for the name of the individual who will reach out to you?

>> Yeah.

>> JULIET MARSALA: I don't know who that would be, carol, but I have your email. So we'll make sure you have the name and email and number of that person, okay?

>> Okay, thank you.

>> JULIET MARSALA: You're welcome.

>> KATHY CUBIT: Thanks, Carol and Juliet.

>> JULIET MARSALA: Sorry, one last thing Kathy and I'm a little embarrass that I left this out for the folks in the labor benefits program I want to highlight benefits counsels. My team is laughing at me because they saw the realization on my face. But yeah, benefits counseling is a great service to allow folks to look at their income. Especially beneficial as folks are thinking about going to work. Building of that financial plan. Learning about the impact.

Potential impact or no impact to tall all of their benefits which includes other benefits and service outside of the Medicaid program like their supportive housing and things of that nature. So I wanted to highlight that benefits counseling service available in our waiver program, sorry.

Kathy, back to you.

>> KATHY CUBIT: No worries, thanks, Juliet. Before we start the public comment period I did want to follow up with at our last meeting we discussed about the importance of getting a letter out to increase personal assistant service rates for CHC participants. I want to thank Jonah for drafting a letter that was circulated among members.

I received -- received approval from a majority of members to send that letter. The letter was sent on Friday, July 18th to governor Shapiro and various other key state officials and key chairs of different committees, including the appropriations and Health and Human Services in both chambers. We did not receive any official response to the letter. But it really was more to express the importance of that make a request there would be a 10% increase for this fiscal year for all direct care workers in CHC.

But again, if anyone wants that letter, you can let me know. And I can email that to you. I don't

know if there was anything you wanted to comment on before we moved on officially to the public comment period?

>> I have nothing to say except thank you for asking me to do that. And I'm glad we got it sent to the governor.

>> KATHY CUBIT: Thanks again. With that we'll move onto the public comment period. I guess let's start now with anything in the chat from the general audience. I'm not sure if any hands are raised. Doesn't look so from my end.

>> Kathy to pause a moment, Lloyd would like to have a question or comment.

>> Lloyd, behavioral health advocate from the psychiatric loyal counsel and family training and advocacy. Since a lot of the information that we received from the federal level regarding the house resolution 1 seems to come from the titular head to seeps to think he was responsible to it. And since he's speaking to minions who have no idea what we are doing with these funds in the community and no idea of those names of the individuals eater. Seems we would benefit from having public exposure to some of those federal officials or legislators. And I don't know if that's done at a MAAC or LTSS subcommittee meeting but it wouldn't be a bad idea to have some of those folks come here and make sure our membership is aware of this and see the people that are impacting. And these aren't numbers on a board, individuals trying to to live live at some level and be independent. And deliver the quality they can experience on pretty much an assumed level on a daily basis in Washington. I don't know if that can happen. But if I can be helpful in that in any way, I would be happy to do so.

>> KATHY CUBIT: Thanks for the comment, Lloyd, I think that's a little beyond -- even this letter was a little outside of the scope of the committee. But I know there are various organizations doing just that. But anyway, thank you, thank you for that input.

Is there anything else from the room?

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>> Shawna has another comment.

>> KATHY CUBIT: Go ahead.

>> I have two comments. Lloyd, my experience when I went to DC is that, and I've been trying for 7 months to get face-to-face meetings with federal legislators and have only been successful with Fetterman. Otherwise, we can't even get an appointment with staff. So that's one comment. And then Juliet this next one is directed to you. I don't know if you know the answer. But I'm worried about act 150. Personally. Professionally. I'm worried about act 150. With all of these potential cuts, how likely are we to lose it?

>> JULIET MARSALA: You're absolutely right. I don't have an answer. What I can say is DHS is committed to our commission and we recognize the importance of the act 150 program. We are an employment first state. That doesn't make sense for us to cut a program like that. That helps individuals stay in the community. But we don't have a state budget. I don't know what the numbers look like. It's not on the table or my thoughts or DHS thoughts to end that program. That's all the comfort I can give you. Sorry.

>> KATHY CUBIT: Was someone about to speak?

>> JULIET MARSALA: I was going to say I think the act 150 program is a great under utilized unknown program. In my previous ask about education, I would ask folks to continue to educate about the worth of that program for the over 1,000 Pennsylvanians who rely on it.

>> KATHY CUBIT: Thank you -- go ahead.

>> This is Neal Brady, I want to ask Shawna a question regarding sharing she had difficult time getting meetings in Washington. DC. What has been the experience -- have you not had acknowledgment of your requests? Or had you had push back?

>> We have emailed, phone called and showed up in person to attempt to get a meeting with Senator McCormick and some others and we get told that he's not meeting with anyone until after the budget is passed.

>> Anything congressionally that you can share?

>> I don't quite know how to answer that question. All I can say is that we are trying hard to get the people receiving services in front of the people that are making the decisions. And they are not making that easy.

>> Thank you.

>> KATHY CUBIT: Looks like Bridget has her hand up, do you want to unmute and speak?

>> I'm curious, Juliet if the number of people you anticipate could be dropped as part of the revalidation includes people with cognitive deficits who may not be able to attend to or fill out the revalidation paperwork that's going to be needed on now twice a year instead of just once a year.

>> JULIET MARSALA: Bridget, thank you for your comment and question. As we've seen with the public health emergency unwinding and redetermination, we've seen a couple of things. We do see some individual struggle. And we recognize. And that's kind of where we get our estimate from is from our experience with the public health emergency unwinding. However, that being said, the Office of Long Term Living and our teams have had discussions with our managed care organization partners who did I have to say a really, really good job through the public health emergency unwinding working with their provider partners. Working with community based organizations. Working with service coordinators.

To provide assistance to their members, particularly the members in the LTSS population. To help them with that redetermination process. It is also part of the foundation of the benefit support services that we implemented this past year with the Pennsylvania independent enrollment broker to provide some additional one to one support.

To help individuals with the Medicaid program, with their applications. With complaints. With connecting with other community providers and supports like free legal aid. So we are working and doing as much as we can to ensure that individuals who are eligible for Medicaid maintain that eligibility. Because that's what we want. We want Pennsylvanians who need services, receive those services. Especially if they are eligible for those services. And that being said there's a couple things and one thing I'll highlight for folks is the Department of Human Services office of income [inaudible] also begun the pink envelopes and redetermination and communication come out in pink envelopes to distinguish them from piles of potential mail that gets delivered to our offices.

So we ask everyone to join that pink campaign. Alert individuals that if there's a pink envelope with the keystone on it they should most definitely open it. In addition as you heard me mention prior, we also brought online the expanded phone support and capabilities for long term services and supports that wasn't previously available because of the complexity of LTSS applications. So that's also further expanded to help provide additional services and supports. So we continually look to improve, Bridget. So we will most certainly rely on you and our advocates to continue to provide suggestions. And ideas. And certainly, Shawna, if you ever get that federal partnership, you could suggest there's a certain exemption for our LTSS population. So a lot of work to do. But lot of great fan foundations and efforts and lessons learned already in place, I hope that helps.

>> Thank you.

>> KATHY CUBIT: Thank you, let's move on now to give the general remote audience a chance. Is there anything in the chat or I don't know if there's a hand raise but anything from the

general audience? And Matt, I see you raised your hand, we'll move to you next.

Matt, go ahead.

>> I don't really know how to ask this. I wanted to ask this for a while. But I thought it was too extreme. Juliet, given your comment on act 150, what happens when part of some of home care falls apart?

>> JULIET MARSALA: That was the last part.

>> What happens to home care? What happens when it falls apart?

>> JULIET MARSALA: From which perspective?

>> When there is no home care, that's my question.

>> JULIET MARSALA: I mean, I think, you know the answer to that. If there is no home care, all of the incredible work that the commonwealth has done to rebalance LTSS goes in the opposite direction and you see more institutionalized care that generally speaking costs more than serving people in the community.

>> Yeah, I mean, I know all of that. What -- I guess what I'm asking is, at what point do I start filling out the application for the nursing home? That's what I'm asking you? Because that's where this seems like it's all going.

>> JULIET MARSALA: I don't have an answer to that, as you know. Again, the changes at the federal level that have an impact on the commonwealth as I mentioned earlier. The current impact in 2027 is our focus. A lot could happen in 2028 as you know the way of politics. So that means there's an incredible amount of work to do.

I wouldn't say that's a today thing. It certainly is a real risk home and community based services for the decades it has been implemented in Pennsylvania. As we all know is an optional part of Medicaid services. H DCS waivers are optional. It's not a requirement. That's a federal piece. And certainly there's opportunity to educate and advocate for that. Though I know many have been doing that for decades.

>> Yeah, let me just say, I can echo exactly what Shawna is saying. We tried to get appointments with the federal legislators and we get nothing. And we spoke to Fetterman too, yeah. But I think that all the people on this webinar need to hear that. And I don't think they've been getting like the real deal. I mean, this is going to be very bad. I know that we are getting headlines and newspapers. And things can get really bad. But it will get very bad.

I just think we need to make that clear.

>> JULIET MARSALA: I think folks have heard your words loud and clear, thank you for bringing that up.

>> KATHY CUBIT: Look likes we have time for one more question. We'll go to Pam and move onto our speaker. And then we'll pick up again on round 2. Pam, go ahead.

>> Hi, this is Pam. Juliet, have there been any discussions or any contingency planning or anything about recouping some of the financial cuts from the federal government through any changes or cuts to OLTL's programs? Including CHC or life? Or are those discussions happening at all?

>> JULIET MARSALA: To answer your question related to the state budget?

>> Well, yeah, the state budget or otherwise. I mean, have -- has there started to be any discussion that would cause concern about -- that we could experience cuts in the OLTL programs? And I heard what you said before about act 150. I'm just wondering if there is any contingency planning already starting discussions already starting to occur.

>> JULIET MARSALA: To answer your question, a couple things. Act 150, there has been no discussions at all about cutting any OLTL programs today. In this fiscal year but we don't have a state budget. So we don't know. The act 150 program in particular is a on the mandated long

term care payment list, even during this time where we don't have a budget the act 150 program and the workers and the services continue to be paid out. I mean, that's a signal of that program's importance to us.

With regards to looking at impacts that are going out through the years 2028, that's quite a ways away, Pam. So we hope that things may change. But certainly if they don't, across the board, we would have to look at how do we manage some very, very difficult financial times. But in terms of any specific or specific planning that has not occurred at this point in time. Certainly, you know, there's a lot of concerns that we have and a lot of moving factors. I mean, as you know pharmaceutical costs have gone up. There's the tariff impacts and things of that nature. So to say we wouldn't have to look at that in the future, you know, it's part of that potential pathway.

But there hasn't been anything concrete at this point in time. Also, for folks to remember particularly folks concerned about personal assistance services, and other life sustaining services, I just want to remind folk that is a we are still under the American Rescue Plan act requirements and that goes through 2026. It's a little premature for us to say there's concrete planning or discussions about potential levers at this point.

>> I think that everyone hear just really wantstous stay abreast. And involved in the experience as we can be and any consideration of that that does happen. Thank you.

>> JULIET MARSALA: Absolutely. We'll be looking to the LTSS subcommittee to be our partners through the next couple of years as we navigate through this. So certainly for updates and discussions, this would be one of the critical forums for that to occur.

>> Thanks, Juliet.

>> KATHY CUBIT: Thanks, Pam, and thanks, Juliet. With that we'll move onto our first presentation. And I want to welcome Nathan Lampenfeld the special assistance to the secretary of aging who will be giving a presentation on a new tool in Pennsylvania, the PA CareKit. The Nathan is floor is yours.

>> NATHAN LAMPENFELD: Thank you. Can everyone hear me?

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

>> NATHAN LAMPENFELD: Thank you. So Nathan Lampenfeld I'm the --

>> KATHY CUBIT: Nathan, can I ask everyone to mute themselves pause because hearing a little bit of feedback. Thank you, go ahead.

>> NATHAN LAMPENFELD: Nathan Lampenfeld special assistant to secretary of aging. Really here to discuss the PA CareKit the new tool we launch at the aging. We are very excited about it and how it can improve lives of caregivers whether people caregiving for their parents and adult children or anywhere in between as well.

We can move onto the next slide. Here's a quote I would like to highlight from Rosalynn Carter there's four kind of people in the world, those who have been caregivers (reading quote from slide) really caregiving effects everyone at some point in their life.

PA CareKit is part of our aging or way PA and the team that designed that plan and our 10 year plan for aging and it's a strategic plan to transform long term services and supports and aging supports over the next 10 years and how we are delivering services.

For context, aging our way PA was built you see because we recognize there's a demographic shift among older adults and people are living longer, healthier, and more diverse lives and with that there's more caregiver that is a need to provide support for longer health care and more diverse lives. And we developed a multisector plan for aging part of a national movement across the country. Really started in California. They were the first, we like to consider ourselves the gold standard. As we developed ours quickly and with more comments, more stakeholder

engagement. And we've gotten a lot of credit for the work we did there for hosted listening sessions. We had one in every county. 110 total. And some virtual. Some in Spanish. Some for a specific population. And we also engaged over 30 different state agencies that committed to actions in the plan that are partners in implementation.

The plan is designed around 5 high level priorities, 36 strategic approaches and 163 actionable tactics. The tactics we are focusing on today that deliver the statewide developer toolkit we call the PA CareKit. The CareKit is a our new branded name. It's a collection of tool, informs and support. It supports caregivers through key challenges in the caregiver journey. It's personal, exact bract call and ready for all kind of caregivers and making options available digitally and in print.

So we developed this tool for through four main tasks. So number 1 task was the project launch and visioning. That was really just engaging our community members again caregivers and people with lived experience to make sure what we were designing is appropriate to what people needed and what we were expecting from us. We worked with our team and our partner agencies to develop a comprehensive vision that's more than just that incentive of a tactic to develop a caregiver toolkit. What is the toolkit? What should it look like and do and how should it support people? We also did extensive research looking at other states and other organizations and their toolkits and documented what we say and what we liked. What we didn't see and what we wanted to include in ourselves or what we didn't like and wanted to void in in the development of our toolkit. And in task we got to writing the content and working with our sister agencies with other subject matter experts and other folks to develop the subjects and topics and the actual text that would be included in the toolkit. And we also developed a number of different tools or worksheet that is a help to facilitate specific caregiving tasks which I'll get to in flit a little bit. And then we wanted to make sure the toolkit was as accessible as possible and digital accessible and language Sally. To people who may not speak English as their -- or read English as their primary language. And also for readability. So making sure it was appropriate reading level that is a people could understand information that was presented to them. And then task 3, platform development overview. The care kit is house on the PA.gov website. And there's some advantages I'll talk about. And we wanted to build in some additional mechanisms and features of the website.

We wanted to make sure the site was organized and intuitive and easy for people to navigate. And we have this understanding your needs quiz which is the most personalized or customized aspect of the care kit. And I'll get into more detail of that now

And then the outreach. This is the this is where we are now. That's it's a two-prong approach of the grassroots community campaign. And we are launching a formal social media company as well. And raising awareness of what the CareKit is. And how people can access it. And where people can learn more.

I wanted to get into some details of the development survey and some due diligence we did. And I said aging or way is based on development of thousands of caregivers interaction. And it was base on care giving and the supports that people were looking for. And comments. It was how we shaped the caregiver to go kit. But we wanted to get additional feedback from caregivers for this specific project. We received we had about a month long survey and received about 250 responses and almost 90% of which were identified as family or friend caregivers. Those are all types of different care situations. People older adults caring for their older adults spouses. And middle age people caring for older parents. Or older people care for adults with disabilities or people caring for grandparents. And there were five main themes we identified. And most of these will be people will be aware of in their experience with caregivers.

So we have low awareness of resources. If you could click to the next slide. Here we go. And low awareness resources and the onset of care giving is often associated with a steep learning curve and people don't know what they are getting into and caregivers are often unaware of the programs that support them and struggle to understand the specific programs and benefits and entitlement and the acronyms and the that I mean of the programs and things like that. And we know that effective communication and widespread awareness is effective for caregivers to know about resources and accessing them. And trying to meet people in their community. We know that caregivers face a high level of stress, it's a complex journey. It reshapes our relationships with the people we are caring for and with our family and friends and ourselves as well. And it requires a will the of come potion through the more complicated and stressful times of that journey. And caregiving was often too difficult for one person to handle. And building a supportive community network early in the caregiving journey is crucial to preventing caregiver burn out.

Unrealistic expectations and progressive challenges. We heard a lot from seasoned caregivers as well that the start of care giving is overwhelmed but once people found those resources and those tools and the support programs, the journey became more manageable. The caregivers felt unprepared for the decline of the person they were caring for and the progressive nature of that commitment. When I started I thought I would be doing this but I end up doing more and I didn't know what I was getting into. And care gives face financial clayings and there's high care costs and financial support and insufficient assistance, especially for the middle income family. The people that can't pay for costs necessarily but can't qualify for the resource that support them

And (reading slide) especially new to the role. Giving people a better expectation of what caregiving is. There's no clear definition what a caregiving journey looks like. But we were looking at that when we laid out the care kit. And through the course. And navigation clayings is I think is this we hear constantly. And a critical gap in caregiving is a lack of resources leaving caregivers overwhremmed and under supported and caregivers are left with under communication and lack of coordination between the health care and social care systems and the hospitals and care systems are not necessarily communicating with the organization in the community that are providing supportive services.

Navigation challenges leave caregivers overwhelmed and financially strained and ice isolated and furthering that caregiver burden, and people feel like they are handling things on their own. And then frustration with accessing resources online. And that lack of human interaction. So calling a number and getting a phene free could be frustrating or opening hundreds of tabs to find and collect all the information they need to feel confident in providing care. Next slide.

Then we some of these themes were considerations for support. So things that kept bubbling to the top of specific things that people were looking for, specific features or design elements. I won't go into those in detail because we try to instill them through the CareKit. Next slide.

These are our key design elements. So six element that is a we wanted to use throughout the design and anchor development process. We have visible and convenient. We want the care -- we want people to find the CareKit, especially when they are at it's 11:00 p.m. and they are searching for information on their phones trying to find things. Especially before they even identify themselves as caregivers. That might be a child or a spouse that is providing care. Realistic and encouraging. Caregiving can be isolating and the caregiver can feel guilt and confusion and stress. We wanted to instill a tone in the CareKit that focuses on providing a realistic perspective and encouraging caregivers to feel confident, rather than talking of the tropes of care giving is overwhelming and burden pen, paints a negative picture. Or that

caregiving is full of joy, which may not be true for everyone. So we want to encourage people to provide the best care as possible

And clear and practical. And avoiding the jargon. And making sure the information on the CareKit is translatable to people's care practice. And up-to-date and being about accurate. So we know that we are constantly receiving new and changing information and links throughout the different websites can change all the time. We know that the CareKit has to be updated regularly. And also as things change.

So knowing it's more of a living product than just a toolkit we publish and leave alone. And comprehensive and inclusive. The toolkit should address the diverse needs of different caregivers acknowledging the unique challenge that is a come with different care gives situations. So the CareKit has to be for everyone. It's vast by design and nature. Because it has to offer support and resources for often. And proactive and targeted. It's essential to support care givers as essential as possible in their journey, again, before they call themselves caregivers and targeted that's really what we are doing with our marketing and media campaign, trying to make it as publicly available as possible and not just in niche communities and niche communication channels.

If you could go to the next slide. Some of the key messages that we developed and then I'll go to the demo. And I'll do the thank you slide because I always forget to do that at the end. But or taking lines some things we are using to develop our marketing and media campaigns and the way that we are peek speaking about it. To the PA CareKit our taking line, personal and practical and ready when you are. And the messages we have two no two caregiving (reading slide)

It's here to support your role (reading)

It's a place to find answers you didn't know (reading)

Support starts with (reading)

So a number of these messages in and now motifs are embedded and you'll see them and I'll highlight them. If you could move to next thank you slide. And oh, there's three of them, that's right. We'll click through all this. If you could go back I want to highlight on the first one. So some of our a lot of people helped with the development, the iterative review process of the content. And I want to highlight Angie Bixler the PDA director who helped with the website and navigation and the nice looking worksheets and resource guides. And Meredith Hughes are the University of Pittsburgh and a academy of medicine fellow who helped with the development of the content

And couple things as I move to demo. And I'll switch and go to the website. This is again a living and breathing product. We want to make sure it's addressing the needs of the older adults of people with disabilities and caregivers. So all kinds. So looking for suggestions as we continue to evaluate and update this. And for example we added a new drop down for substance use disorder. So we are adding things every day to make sure this is as comprehensive as possible. Can everyone hear me?

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

>> We'll try it.

>> NATHAN LAMPENFELD: Like I mentioned the PA CareKit is house on the PA.gov website. There's a few advantages with that. It helps with the search engine optimization with part of the website it's part of the digital presence. It helps us to get more clicks and more traffic. And it also helps with the connectivity to other programs like community health choice or ability 150, where people might be on the DHS website and can be more readily connected to the CareKit. It also helps with our accessibility. If my operating system is set to Spanish, this will

automatically translate. But say I primarily speak Spanish but don't have access through broadband on my personal device so I am go to a library and the computer is in English, I can click translate and go to Spanish and click it. All the text is automatically translated to Spanish. All right. So there's our title, PA CareKit, our taking line, personal, practical, ready when you are. And again, some some of our language that we are trying to -- supportive and empowering key messages. And then we have two call to action buttons. First is a take your understanding your needs quiz. And I'll talk about that a couple times before I get into it and the apply for the caregiver support program. What we have developed with the care kit it's its own stand alone product and this information and tools and resources and things like that. And we also designed it to be a conduit to our existing program Miss The community. Like the caregiver support program like the area agencies on aging the and the center for independent living or a community health choices.

And another motif is thank you for stepping up to care. A way to acknowledge the caregivers for the hard work they are doing. And we have a couple metaphors throughout. So all of the information on the CareKit is housed in the first three section. The first steps is where do I get started? Maybe I'm a brand new caregiver and don't even call myself a caregiver or need to provide a new level of care. This is where I go. And caregiving, roughses and self-care resources how do I take better care of the person I'm caring for and how do I take belter care of myself? This is off the shelf if I know what I'm looking for and how to articulate my need this is where I go.

And on the home page is key terms and consents. And there's a glossary and we are working working on a video and key things to know. And this has the terms you need to know. And I click M, I'm looking for Medicaid. This is a clear understandable definition of Medicaid. And we'll have to add a link there. To the federal Medicaid website. So you are always finding new things to add.

and back to the home page. We also have this section on become a professional caregiver. So throughout we heard there is this direct care worker short age and crisis. We also have all of these people with lived experience or learned experience of being a caregiver so we wanted to add some information on how to turn caregiving skills into a career. What that can look like in Pennsylvania. And where to learn more about how to do that.

All right. So I'll start with the first steps page. You also have this navigation pane on the left side where the it's the Department of Aging and I can go to different pages there or sub pages I. I first steps the take your understanding your needs quiz button. And moving down we move to first five steps and this is framework we developed that's intended to help caregivers systematically and methodically assess their caregiving situation. So you have step 1, understanding your role. Before you begin. Take time to reflect on your role as caregiver. Step 2, gather information. Being informed will empower you the make a decision with confidence. And step 3, strengthen the support system. Build a team to help. Make a plan. Planning reducing stress (reading slide, step 5) again we are trying to get caregivers to rather than think of the frantic day-to-day traffic tasks they have to provide and thinking more a step back methodical approach and thinking critically about all aspectses of of what they need and start thinking how to a it make their need and we want to center the caregiver. Not just a care recipient but where they fit in the situation as well. And that is embedded in the framework guides throughout. And I'll start with the general resource guide, which you can access here. And it's called a get started guide to caregiving and again we have a nice lovely design. And the intro here is called stepping up the care. I like to describe it as the what to expect when you are expecting of caregiving and knowing that before someone has a -- someone becomes a parent

they have 9 months to prepare for their journey. A caregiver might have months or weeks or hours, sometimes it's a phone call and we are trying to describe what a caregiver is and what the key milestones are that you might face as caregiver and infusing with the supportive language. This is something that people can take on it's manageable with the right supports and we go through each steps and there's a page for notes so people can jot down what they are thinking and articulate their feelings and thought and

Step 1 goes through questions on where you fit into the care situation and the understanding the support that the person needs and what support you are providing and how your responsibilities might evolve over time. How you are feeling about the role. What motivated you take on the responsibility. How caregiving changed your relationships. What areas of caregiving feel the most challenging or overwhelming? What feels most rewarding? And how does caregiving effect your personal goals? And again trying to think of not just the care you are providing in this immediate frantic day-to-day task but thinking more longevity.

Step 2, gather information. This is more about the specific care practice. What does the person you are caring for value most at this stage in their life (reading slide) are you communicating openly for the person you are caring for? (reading slide)

What medications is the person you are caring for take? What benefits or financial aid are available? What tools and technology can assist you? Then we move to that support system. And families and friends and neighbors and professional organizations. Who can offer help. What kind of help can they offer and when can they offer help? And that's about care giving tasks and we ask who can offer emotional support? Who is supporting you when you need it and that shoulder you can lean on and that information you need from your health care providers and are you communicating openly with your support system and what community or resources are available to you. And what organizations can offer support? Here we highlight the PA link it's a 1-800 toll free number to call to get resources and it's a project with the Department of Aging we are working on refreshing strategic planning to work on improving that program. And step h that's for older adults and people with disabilities under 60 and caregivers. And step 4 make a plan. Trying to get the care givers to think more about the situation. And what does the typical day look like for you (reading).

How do you prevent accidents? (reading slide).

What are their wishes for care in the future? The long term medical and end of life decisions and recenterring the caregiver with step 5 and how do you take care of yourself and your self-care and personal needs and do you manage stress and take care of yourself and (reading slide).

If they said they were out of balance or get back into balance. And trying to use words that resonate with caregivers and do you know where to seek additional help? And encouraging people to speak support groups and respite. And the last question I like to highlight. Are you celebrating successes? As caregivers we often focus on what we do wrong. Especially as we learn new information and think about how we should have been doing something all this time. But we want people to are recognize themselves with the hard work they do with balancing their lives with the career responsibilities and duties and the also recognizing the ways they are improving the quality of life for the person they are caring for. And then we have five resource for the caregivers and our AAA and adult day center and senior community center and the PA link and community support program. And then we highlight some printable worksheets and I'll talk about those a little bit.

Then we have the many faces of caregiving and these are nine archetypes and nine common caregiving scenarios we thought would provide stories to help people resonate with their

situation, knowing I could be a sandwich caregiver and a dementia caregiver and a long distance caregiver. So we have a spousal caregiver, providing care for a spouse. And long distance, providing care from afar (reading screen)

The solo caregiver, that is someone without the traditional family support system. Sandwich caregiver. Someone care for a child and a parent. And a dementia caregiver, highlighting this specific condition because it comes with additional nuances and expectation and the youth caregiver, someone in their 20s or teens or younger supporting a primary caregiver or becoming a primary caregiver, which is more common with the expected Medicaid cuts.

And grand family caregiver, someone providing care for a grandchild. And often time the biological parent is not involved until the care situation. For example because I have to move through this quickly because I want to get to the understanding your needs quiz

But you can click down to what resonates with you most. There's that definition. There's each of these have a vignette of to illustrate the common experiences with the care recipient with the caregiver. And halfway through it offers where the CareKit can provide solutions and resources to help you along the way.

There are downloadable booklets similar to the one that introduces the vignette. And the questions are tailored and trying to speak to the caregiver for that specific situation. And I'll move down to -- the understanding your needs quiz. This is our most customized section of the CareKit. And you can manage a buzz feed quiz if you are familiar with those. And asks questions and the five steps about my caregiving situation. How often do I provide care? Who am I caring for? How long have I have been providing care? What type of care am I providing? What type of health conditions am I helping manage? Do I regularly receive support? Am I comfortable asking for help? How is caregiving effected my relationships? Including with myself about making a plan. So long term care needs. And housing needs. And I'm just clicking these. Transportation mobility. Social participation. Financial and legal planning. Crisis situations. Three key crisis situations we like to have people focus on. And do I know where to go for additional help? How often do I feel overwhelmed? Physical wellbeing. How is my emotional and mental wellbeing? And then I get to the review page, I can change any answers. And I would put my name and email address. So I don't have my laptop but I put my name and email address and I would get an email from PA CareKit.gov a resource account that's reliable for the subject line and get started guide. And there's a custom resource guide that introduces a short intro about caregiver burden and goes through the five steps. And each bullet on that guide corresponds to how I answer questions. And it will provide specific language for tailored to me. And also links to various places on the CareKit where I can learn more or access worksheets and things like that. And maybe if we have time we'll do it.

I did want to go over some of the subjects and topics that we have included in this caregiving and self-care resources. And financial planning and paying for care. And chronic pain management (reading screen)

Safe driving. Communication tips. Caregiving in a crisis. Caring for veterans. End of life care, legal support. And Long-Term Services and Supports and highlighting the different settings and levels of care. And medication management. And then our principles which are 15 worksheet that is a help with a specific task like budgeting or a needs assessment or coordinating with the professional families, friends, caregivers and other making sure who is doing what on what day. And making tough decisions so involving everyone in the care situation and going through those different solutions and making a financial decision. And emergency preparedness and end of life planning and funeral planning and home health hiring and making sure I know what questions to ask before I have someone come in my home and take care of a loved one and

home safety and looking at hazards and making repairs or changes. And keeping track of sensitive information. In person visit worksheet.

Long term care facility. So this is similar to the home health but I'm going to a facility and making sure I'm asking the right question and feeling confident I can make the right decision and medication and the appointment worksheet. And we have the resource guides available. Care resources. I'll do this quick. And physical and mental health self-care. And emotional self-care. And respite care. And supporting groups and to give an what that he has pages look like. I encourage everybody to look on your own. That's short summary intro. And then we'll have structures that are long enough where you feel you are learning something but not so long no one will read it. In clear understandable language. Bulleted. For this example for this one we highlighted the different types of emotions. And I'm feeling angry and frustrated constantly. This is how that might manifest and how I might feel and resources to learn more about coping and being proactive. And we have resources on the side panel here.

Like mentioned we are providing the resources digitally and in print and working with libraries on this. And so we are shipping printed materials like a big box of printed materials to every library and every AA and every senior center and day center. And to the general assembly.

Hopefully they take them to their local communities. And people will be able to go to a library and get printed materials or ask a librarian for some support in navigating this website and doing the quiz. On that, I wanted to leave some time for questions. Any -- I don't know if I can see questions online or in person.

>> KATHY CUBIT: This is Kathy, thank you , Nathan, for your presentation. And your work with the aging or way PA and the PA CareKit. We we can take maybe a couple questions. And I don't know if you could stay until our second public comment period. If not, other questions could be addressed in our follow up.

>> I will stay.

>> KATHY CUBIT: Go ahead.

>> This is Monica from the brain injury association from Pennsylvania. I have a question. Thank you, this looks more comprehensive. I look forward to getting more in depth view of it. What about people who aren't tech savvy? Is there an alternative for them? Is there a print version or for people who are not able to navigate a website like this?

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>> NATHAN LAMPENFELD: We wanted to make this as accessible as possible. There's boxes of printed material. I think there's 100 of the general guides and 25 of those each of those 9 tailored guides we are printing a number of the worksheets we think would be most common. And some business cards. And some folders so everyone can put everything in there. And all the printed materials are going in boxes and shipping 3 boxes to every area agency on aging. And every box in the senior center and day center. And to every library there's 600 I think in the state.

>> Wonderful.

>> NATHAN LAMPENFELD: I think there was 250 boxes each to the house and Senate for them to pick up and take as many as they would like. And we would be happy to print for next year as we make more adjustments and given the funding and all that.

>> That would be great. One more question. Did you say --

>> Hold on, Bridget, sorry. I want to close that out. I know most folks are already aware of this. But if you need that information in a alternative format, large print, audio, braille, et cetera, I imagine all they need to do is contact the Department of Aging and they can making make arrangements for the alternative format for that material.

>> NATHAN LAMPENFELD: Correct. And the website, we can make accessible printed materials. But also the website I should have mentioned is fully 504 compliant. I can't remember the number. But available -- good for screen readers and all that and same with PDFs and printables we made sure they were fully digital accessible.

>> Did you say there was a number that people could call if they want to speak to someone?
?

>> NATHAN LAMPENFELD: The PA link is a 1-800 people that people can speak to a live person. We are encouraging people to go to the PA link as part of the refresh project we are working on or email CareKit at PA.gov or the website. And I do not know -- I should know the number but I don't.

>> That's okay, thank you so much.

We might have time for one more question or I can wait for the public period

>> KATHY CUBIT: This is Kathy. We can take one more question. Is there a question in the room?
?

>> Thank you, you did a great job on that presentation, thank you very much. Appreciate it. Have you ever provided care?

>> NATHAN LAMPENFELD: Yes, I was a caregiver -- well, I would say youth caregiver because it's nice to use those terms for my grant father and grandmother and I also support my mother who was a primary caregiver.

>> That shows so thank you very much. And my second part of the question is the is there funding attached to this?
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>> NATHAN LAMPENFELD: We receive as part of the aging or way we received \$2.5 million and this is the largest project and 1.2 carved out for this specifically. We didn't use funding developing the content or anything. Everything was to build the site and to build the marketing and media campaign. So we were trying to be as efficient as possible with the resources I knowing the biggest thing we heard is people need to be aware of the CareKits. In turn, being aware of the CareKit and getting linked to resources will help people get tected connected to the aging and disability network and all of our amazing programs.

>> Thank you.

>> NATHAN LAMPENFELD: Okay, I'll wait for public comment.

>> KATHY CUBIT: Any other quick question from the group? (overlapping speakers).

>> I don't have any questions for her but whoever is on captive camera on their computer if they would take it off, I would appreciate it because I can't see half the information that you are posting.

>> KATHY CUBIT: Thank you, Minta. Carol, if you are able to have your attendant shut off your camera, it would be helpful for people to see the slides. Thank you so much. And I think with that, now, and I'm glad Nathan you can stay for additional questions. And again, everyone -- (overlapping speakers) sorry, Carol.

>> I don't know how to [inaudible] but I appreciate your efforts. But I [inaudible] and I really worry about that soon that all the efforts is placed and the caregiver, I know the issue. But I am appreciate I am not a [inaudible] I don't wake up in the morning with personal care. I have a life. And I want to live that life the best way I can.

Now, I try that everybody [inaudible] I know that but I like when there's still rules and regulations that try and the dialogue. And I know I know when caregivers are talking about my care, within my care, I have care. Without me, I go in knowing I appreciate the documentation outside of

what I say. I know, I understand your side. But there's another side. Maybe it will be good to maintain caregiver toolbox [inaudible] because what happens is a lot of time people who grew up being advocates [inaudible] we really do. And I think there has to be some kind of compromise.

>> NATHAN LAMPENFELD: So the care kit the way it's organized in aging or way PA it's under the strategy to help unpaid informal caregivers. This is what this intervention targets. We tried to be as inclusive as possible. Not just older adults or people with disabilities under 60. Also with aging or way we are working on audit and improvement of the 2019 direct caregiver blueprint, which sound like is a little bit your question is more focused on. I would encourage you to join their public meet sogs the long term care counsel was a steering committee for our aging or way PA and as well as they are taking on the redesign of the blueprint and that I think the best avenue to address your concerns. And I can can share that information with you after as well.

>> KATHY CUBIT: Thank you so much for that feedback and response, Nathan. And feedback, Carol, and response, Nathan. With that, we are going to move onto our next presentation, the provider revalidation process, welcome Megan Brandt and Matthew Ebaugh from the service bureau of fee for service program at OLTL. The floor is yours.

>> MEGAN BRANDT: We are just taking a moment to transition.

>> MEGAN BRANDT: Hi, may name is Megan mg I'm the section chief within the division of provider operations within the Office of Long Term Living. Today, next to me is Matthew Ebaugh is our enrollment and certification supervisor he's going to be giving a presentation on our provider revalidation process.

>> MATTHEW EBAUGH: Good morning, everyone, as she said my name is Matt I'm a supervisor for the enrollment section within provider operations. I supervisor vise 10 employees under me. Not all of them work on application but all of the revalidation new and reactivation follow up for the act 150 and community health choices and ARPA waiver is in our section. I appreciate you to having us here today to give remind others telephone revalidation process. I know that 2025 is a heavy revalidation year for us in the enrollment section. It's hard to believe it's been five years since COVID started but since revalidations were required at least every five years we have a lot of providers that are due for revalidation this year. So we received a lot of questions about revalidating or more so reason than we have in reasons years. So appreciate you giving us the opportunity to come here and discuss about that process.

Federal regular regulation require that all state agencies revalidate every five years. Every provider revalidates every five years regardless of the provider type. We ask that you submit your application at least 3 months ahead of time. That gives you leeway before you revalidation date. And all applications whether a new application or revalidation or reapplication is submitted v arks t application portal. That's type 459 provider if you are a type 3 provider with a nursing facility or a life provider, there's some exceptions where paper application is required. But for all type 59 provide terse home and community based services providers their applications are submitted through the portal.

So the first step really is to locate your revalidation dates we see a lot of emails come through. With providers just wondering when they are due to revalidate. It seems simple to look at when your agency was approved and think that well my revalidation date must be five years from that date but isn't necessarily so simple. The validation date that is the revalidation date is based on that is entered during an earlier part of the application from when it was approved. That is when exclusion checks are unrun on the providers ownership and managing employees that are submitted along with the application.

The revalidation dates generally will be less than five years when your pa approval when your

approval was given. So it is important to make sure that you are actually checking what your revalidation date is. Because it's not as simple as doing a five years from the date that my agency was effective or the last time I revalidated or reactivated using that date. And just adding five years is not going to give you an accurate picture. You do have access to finding what your revalidation date is just via the internet. When you go into the system, you do need to log in and you'll be directed to the page on the screen.

And I'm glad it's bigger on the screen than it is on my laptop. This is a small print and it can be fuzzy with the font that PROMISE uses. The red arrow is pointing once you point in you click enrollment summary. On the side of the screen where you see the red arrow. And with the employment summary see the below page page and where the red arrow is with the blue bar that's where you find the revalidation date for that service location. One thing I generally wanted to clarify is every service location you have is going to have a different revalidation date.

I have had instances where we have received questions and just overall confusion from providers that believe that one service location is up for revalidation that they need to submit a revalidation date for every service location they have. So it is important to go in and just validate that the date you are looking at is for the service location that you are attempting to revalidate. Because unless the service locations enrolled together at the same time, you are going to see a different revalidation date in that slot.

For providers and agencies that do have a lot of service locations and I understand it can be annoying to log in and go to each individual service location to revalidate that page. There is an option through the enrollment summary page to download a list of your active location k locations and you can export that to a Excel spreadsheet that will provide useful information about each service location, which includes the revalidation as well. It will include the provider number the NPI if applicable. The revalidation date.

Your provider type. Name. Address. The specialties they are enrolled in. And the taxonomy codes. It's a useful way to see all service locations in one area and track what the individual revalidation dates are. how to actually revalidate the first step is to log onto the PROMISE portal using the log on credentials that you created with the service location. I do hear from a lot of providers that get stuck on that part where they forget to log in and they don't have the option revalidate and can't figure out why. So it's important that you log in using the credentials that were created and used when you submitted the original application.

This is one of the most important fields on the application. And one of the one that is a you are going to come across first. Most things that you do on an application can be corrected after the fact but there are a lot of -- there are a few thing that is a can't be changed. And if they are entered in correctly the application will have to be redone. There's not an ability to make adjustments to it after the fact. And this is one of the screens right here that you will come across that need to be selected correctly or you end up having to redo your application and that's not certainly not additional work that any of us want to do.

I would take note of this screen it's one of the first you will come across when you go to revalidate and go to start the application. And those fields how they look right there for a type 59 provider is how they should be entered on your application. You need to make sure you are selecting the Pennsylvania medical assistance on program and type 59, and enrollment type will also be facility for OLTL currently.

Now another area of confusion I do get is that regardless of whether you are doing a new application, a revalidation application or a reactivation the required documents do not change. You are required to submit the same documents you submitted when you submitted a new application your policies will be reviewed again. Your financial documents will be reviewed

again and doesn't matter what type of am kaitle. If you are revalidating then you will submit the same documents you submitted with a new application. There is no difference in the documents that are required for revalidation when compared to submitting a new application for a new location or a reactivates for a location that you previously closed that you wish to reopen. Just starting from the base application itself, as part of that base application there's some documents built into the application portal itself. So the ownership disclosure the outpatient provider agreement. The HCBS waiver agreement form are a part of the application itself. They are listed on as required documents within the application. And you can actually submit the application without signing those forms but you will have the opportunity to complete those forms while you are fillingout the application through the portal. We are required in the enrollment to verify fiscal solvency of a provider. We had questions about why we ask for these financial documents and they are used together.

Not in the individual document is used to create a determination it's a combination of these documents. To determine that are used to determine whether a provider has enough funds available to provide services in case there was an interruption to billing or any other short term or medium term issue that may have qawz caused an issue with funding. This is just for a participant safety. And making sure that you are able to provide the services that you enrolled in to your participants if there is a minor hiccup in billing or another issue that causes a problem. Insurances are required. One area of confusion we often come across is providers submit the form for your declaration of insurance and for the -- sorry, the commercial liability insurance. That's one verification we can't accept for general liability. We are able to use that for worker compensation if you are an employee and you are required to have that. But for a commercial general liability we are required to have the declaration page. So please ensure that's submitted and not the accord. That's one of the most common documents sent back to providers and I the realize it can be a bit of a hunt if you don't have that document ready already. Definitely one to keep in mind when you get that document together for revalidation.

The business registration document is required to be submitted again that would be your legal entity verification document that comes from the IRS. It's a document that's requested and it will be on IRS letterhead. And you'll see the IRS name and their address on the top left and the FIN number will be on fit. And we are validating your legal entity address registered with the IRS and the FDIN an your pieftion identification

If our article we need your name and registration or if you have a business creation agreement those would be submitted as well. For the actual services you are going to be providing, we have our OLTL provider enrollment information form. That does change -- I won't say frequently but about once a year or every two years there's some minor adjustments to it depending on whether services are added. For instance, we had chore services recently added and we had a couple telehealth services added which led to an update to you are enrollment form. And the most recent form you will see has a date on the bottom of December of 2024. And make sure you do have a current form. If you have an older one and you do need one from OLTL reach out to our resource accounts.

And I will have that information at the end of the presentation for anyone who needs OLTL's contact information. On the provider enrollment information form or PFA is what we call it that's where you select your services and the county where you provide the services. And there's questions about the settings these services are going to be provided in. you can select additional services of if you wish that you are not just revalidating that you don't already have on your provider profile. They can be added. They can be added through the revalidation process as well. It would just function as basically a change request done through the application

process. But do make sure that you are collecting the services that are currently on your provider file as well. To ensure that we are able to revalidate those.

Per the most part our enrollment specialists do watch the provider for the select of service for the provider enrollment information form they do not select on their actual application. And do occasionally is missed if there's a discrepancy and do validate when you receive those approval emails of all the service that you wish to revalidate or all of the services you wish to enroll are included in that approval email.

And so along with that piece depending on which service you select you select your license or service, that could be your health agency license or your home care license from DOH or a accreditation or a license for non-medical transportation. Whatever services that you select that requires a license or certification is on the form itself is and highlighted when you select the application and. On top of that for any services you do select you would submit a job description for the care workers that would be providing that service.

If you select multiple so was services you would submit a job description for each care worker and each service on the enrollment form. Similar to what was submitted when you submitted your new application you are required to submit your policies and. Listed there is your ADA policy and the employee management. And health care exclusion checks and. The social security number verification policy. HIPAA compliance. LEP. Non-discrimination. Participant complaint management. Along with the complaint form. Your quality management policy. Regulation compliance. And staff training. Those are the same policies that you would have been required to submit when you originally renewed or revalidated five years prior to submitting this application. One thing I caution is OLTL requirements guyed lines or policies they do change. We do get updated clarifications from policy as well. So something that is enrollment specialist might have approved five years ago may not be okay now or they may need additional edits we get additional guidance, please understand if they return it to you some guidelines of some aspects of policy in the language that are required in the policy itself does change once in a while. They may ask to minor edits to your policy even if they were approved five years prior. And there are I just it didn't really fall under category but you are required to submit the qualification of the executive director or the program director and that includes the highest diploma or degree obtained. If they don't have a diploma or degree or a signed letter with a seal on it, there's additional acceptable forms of verification, if you got your diploma out of the country, for instance. But if you are not able to provide a diploma or an acceptable form to verify your highest degree received there is a basic skills competency test from the DOH that's required in those instance. Keep in mind when those send those back for the highest degree or the diploma that the program director or executive director has received.

Once the application is actually submitted, it goes through the series of automated checks first. And that generally can take up to 10 days and the initial review for completeness is done through a the Office of Medical Assistance programs. And at that time any corrections that need to be made and often that's a social security number, date of birth mismatch, some issue with the automatic validation and some issue with the license being submitted. Something being expired. That information will be submit order returned back to you through the portalth I. You will receive a return to provider message. And that information will be sent the email that was submitted with the application. So it is very important to make sure that the contact information on the application is accurate. After that is returned to you from OMAP, you have 30 days from that return date to return those items they are requesting.

If they do not receive a response within 30 days the system will automatically close the application. And if that happens, there is no way to reverse that through the application portal.

So it's very important to make sure during the original review period that you are being responsive and keeping an eye on your mailbox for anything from the application portal. Because those will be automatically denied if the response isn't received through the portal. And any items that are requested through the portal those will also be resubmitted through the portal.

Once that application completes -- once that revalidation application pass that is a initial check for completeness, at that point it's routed to OLTL. And that's where we get to more of the nitty-gritty of your review of the policies and the review of the your financial documentations and the review of your insurances. The more in depth review.

We do have a queue as we have a limited amount of enrollment special cysts so the application will go into a queue. And from that queue it's assigned to a enrollment specialist to be worked based on when it was received. After the enrollment specialist conduct their review they send an email to the contact on the revalidation information to revalidate item or items need for the approval. This will not come through the portal this will come from directly from a OLTL specialist. And it will come from email with a Word document attached that has a checklist on it. And that checksting checklist will detail all the items need or the corrections to be made. Feel free to write back to them if you have any concerns about the information they were requesting. If you disagree with their determination, it can be escalated to supervisor review if you disagree within the determination that was made by them.

So once the OLTL returns the application back to you, by sending you that they'll with the checklist you have 30 calendar days to provide the items requested before a second letter is sent. And of after a second 30 days you receive a final request. And after an additional 30 days the application is rejected if you remain unresponsive. So within the 30 days with the application portal it's different within OLTL. We give you a lot more opportunities to respond if it's getting lost in your email box or if you have it you are just not receiving the information. So you do audio have multiple opportunities to resubmit that information before the application is actual actually rejected.

In total you have about 90 days to respond before you reach that point where the application is rejected. But again I will note it is important to maintain accurate contact information. One of the biggest reasons we don't receive responses is a email address was incorrect. Maybe even changed during the application process. Or something like that. And the emails were not received.

Some of additional notes. One thing I want to clarify is you have your revalidation date. And the way that the PROMISE systems work with revalidation is they work on a auto close process, where your provider will be automatically closed the last day of the month that the revalidation was due if it cause not detect an application submitted through the application portal. For example, if your revalidation date is today, we'll say August 6th, you have technically until August 31st to get that application submitted the portal. If that application if the application portal does not detect a application a revalidation application for that location on all August 31, they will auto close that application for failure to validate. If that happens at that point there's no revalidation application there's a reapplication to reopen that location.

I want to clarify as well. When you submit that revalidation application there's a hold placed on your PROMISE file. By that I mean if it detect that is a application your location will stay active during that entire application process. It might take a couple months to review and approve your revalidation process. But salons that stays active in the system and you are being responsive then your location will remain open during that time period you will not experience interruption in bill organize anything. It is important to remember if the application is eventually rejected for

failure to respond in the future, for not being qualified for whatever reason, the closure date of that location will be backdated to to what that original closure date would be if you had not submitted that revalidation application. Going back to my previous example your revalidation date is August 6, you get your application in before August 31st so your service location remains open as you go will you through the validation process. And say you have a couple walk and forth with the enrollment specialist reviewing the application and then you are not responsive for 90 days for the request for information or follow ups and if that location is eventually closed. Say that's in October or November when that does happen and that application is rejected the system will backdate that that for closure for failing to validate. It will not close your when the application is rejected it will backdate it. So it's important to remember that you ensure you remain responsive during the period of going through the validation process application.

>> MEGAN BRANDT: The second to last part on the additional notes is the revalidation reminders sent. A providers receive receive a revalidation reminder 90 days and 30 days before the revalidation date. The those reminders are first sent to the mailing email address that we have on file for the service location.

As Matt stated, very important to always keep your contact information up-to-date. There is a badge system process that's run. And it's actually run prior to those 90 days if the system identifies they do not have a valid email address for that mail to address then it what it does is drops it to a paper notice and that will generate a letter that will be sent out to the provider. That is done both 90 days and 30 days. And you receive the 90 and 30 days in advance and that process is run each night through your vendor. It's not a once a month process it's run every single night to capture anybody that has a provider revalidation date.

To stress the importance, always keep your contact information up-to-date for all your mail to, your pay to, your service location, your IRS, all of those should always be up-to-date. But the reminders are just reminders. It does remain the responsibility of the provider to submit the revalidation in a timely manner. Providers as Matt showed previously have access at any time to go into their portal to determine when their revalidation date is.

>> MATTHEW EBAUGH: Thank you, Megan, I'll continue. We often get requests to expee date revalidation applications or ask how long before my revalidation application is going to be finished? And I know we do hear there's some frustration because our staff are going to provide generic information. Revalidation applications are worked in the order of which they are received and generally we don't expedite revalidation applications and the provider will stay active. And instances where we will expee date applications is revolve around inner ship or issues that can effect participant safety. In general revalidation applications are worked in the order in which they were received. If you contact the resource account if you can contact the enrollment line they can provide you with yes network information but farce the time frame they will not provide a time frame because if we were going to do that we we have to be so conservative it won't be help to feel the provider. There's variables that can effect how long it will take an application to process. So they'll give you a loose idea where you are in the process. But they are not going to be able to provide you with any specific information such as your application is going to be approved in a month or two months or whatnot.

Like I said, we have to be so conservative to make sure we are not overshooting dates that we are provide promising the providers. So we don't promise time frames for the processing of applications

And resources on here. Questions with the provider enrollment can be directed to the resource account. When you receive request for information and when your application is returned by

OLTL with that checklist it will come from that resource account. Any documents, anything that needs to be submitted that's requested in that checklist can be responded to that email address. We recommend that you respond directly to the email you received. If you do need to talk to a member of enrollment staff the help line is available Monday through Friday. And you can reach them at the 1-800-932-0939, that's option 1. Option 2 is our billing department.

I will point out that the top email address looks like I missed the RA dash in front of it. So I'll correct that. It's a resource account so it's RA-HCBSENPROV@PA.gov

And the gain well help line is for technical support. It is for technical issue only. If you are receiving a technical error. A lot of times things we think are technical errors are an issue with your enrollment information, could be an address or something. Or could be due to service itself. They may direct you to OLTL enrollment line. But if you are having specific technical issues with your log in or something that needs to be dealt with by IT through PROMISE that's the number you use.

I also included the HCSIS help line if you are having issues with HCSIS and that's the same for HCSIS. It has to be technical. If it needs to be adjusted with regards to the service or counties they will direct you to enrollment hotline in OLTL to make those corrections.

For your reference I included the regulation employee that govern the enrollment as well a the link for waivers. And you can find the act 150 The link. And OBR A and with the service definition it can help fide you with what the requirements are, whether you are required to provide a specific service. You can find those within the specific waivers themselves as well as the regulations and the federal 55 and chapter 52. And chapter 101. Megan, unless you have something to add, we can take questions.

>> MEGAN BRANDT: I'll add we made a quick reference guide that contains all the information in this PowerPoint. In addition to that, it also contains an FAQ document for our revalidation for provider type 59. And have for provider type O3 for the facilities. As well as resource documents. we were waiting to give this presentation but we will be issuing this I believe via a listserv to everyone has access to that document as well.

>> KATHY CUBIT: This is Kathy. Thank you Megan and Matt for your presentation. I think we can take one question before we move onto our second public comment period. Any questions from members?

>> There are no questions from the committee members.

>> KATHY CUBIT: Thank you. Anyone remotely? Any member remotely? Okay. With that, we'll I want to, again, thank you. And we'll move onto our second public comment period. I know someone has their hand up since we near the end of our first public comment. I don't know if that person could be unmuted to be allowed to ask their question or make their comment.

>> While we are looking at this, Kathy, there was one question in chat regarding the revalidation.

>> KATHY CUBIT: Go ahead.

>> That question came in from Jeff says regarding ed Medicaid provider revalidation requirements did the federal OB3 bill include additional requirements here asking since the Medicaid fraud waste and abuse is the goal of the legislation. And my great OLTL staff have exited from the presentation. So what I will say in response, Jeff, is that whenever there's federal legislation that comes out and it does impact the Medicaid program it's part of the responsibility of all of our providers to review and familiarize themselves with the federal regulation that do impact the Medicaid program. Because participating in the Medicaid program is assuming the responsibility of ensuring that you review, read, understand, and follow all of the

federal regulations that do impact you.

And the waiver standards and the waiver language and the PA code it say does specifically state all of our providers are required to follow federal regulations so that includes following up on their updates. And I'll highlight here there's a lot of great trade associates out there that provided great information and summary information for providers. There's a lot of materials out there. And there's also the approximately, you know, several hundred pages long actual legislation that could be read.

So yes there are changes related to the federal regulation. There aren't specific changes to the OLTL process. But folks would -- it would behoove folks to evaluate the federal regulations as it relates to them updating their policies and procedures. So I hope that answers that question.

Kathy, back to you.

>> KATHY CUBIT: Thank you, are we able to unmute the audience member?

>> Kathy, are you able to hear me?

>> KATHY CUBIT: Go ahead, the floor is yours.

>> Thank you, this is Mia from the home care association. And thank you all for the presentations today. This question is particularly for secretary Marsala, I was referencing HR-1 and the fact there's a new commitment of dollars for rural health funding, we are calling it the rural health transportation fund. And while that is assumed to be mostly hospital focused it's written in a way that can apply to a wide range of provider types including home care and I was wondering if DHS or OLTL looked into that as an option for funding?

>> JULIET MARSALA: Thank you for your question, Mia. DHS is very familiar with that funding. Karen Rhodes [sounds like] is a special assistant for the secretary in the secretary office with a focus on rural health care in its entire ecosystem, not just hospitals.

So she is the lead in evaluating that. And those considerations. Specifically for the broader DHS. And all of our services and offices. Would be happy to connect you directly with her if you would like. And can bring that information out in a follow up. Department of Human Services has been holding rural care summits across the commonwealth under Karen's direction in partnership with the Department of Aging and the Department of Health. So there's considerable work going on with regards to rural health care and the entire ecosystem.

So certainly being plugged into that work I think would be very beneficial. I hope that helps.

>> That would be great, if I could get your contact information, I would appreciate it.

>> KATHY CUBIT: Thank you, it looks like we have another hand raised. I don't know if that person can unmute and ask your question or provide your comment.

>> This is Carol. I was wondering, and I've been wondering about this for a while, I have Medicaid. And I was wondering when I will get my services. Because I get 24 hour care. Where is that money go?

>> If I'm hearing you correctly, Carol because you are on Medicaid when you don't get your services where does that funding or that money go?

>> Yep.

>> Okay, so with regard to the Medicaid program, I'll speak to our largest community, health choices program. The Community HealthChoices program is a fee based on a per member per month that's paid out the managed care organizations. In in that program if services are not rendered that money does not come back to the state. It's part of the capitation. And then folks go isn't it in the best interest for the MCO not to provide services? It's not the case, for several reasons, one they have a service level agreement to high performance measures and expectations.

They don't do well with us. There's consequences and repercussions and. If the other thing if

day don't do well by the participants they serve the participants typically have higher medical costs. If they wind up going to the emergency room the services will cost the MCO more. Under HCMCO that money stays in the capitation rate of the managed care organization because they are charged with providing that whole person care and services. Under the fee for service program someone does not receive service that is a funding is remained in that line that's allocated for that budget for that budget year. And I can guarantee you, OLTL is not inclined to give money back. We are inclined to spend every possible dollar allocated to us to increase and improve the service for Pennsylvanians, which is why you heard me say with regards to the ARPA funding my provider friends, if you have not submitted your reports, they are past, past due. And I do not want to give any of that money back if it was appropriately spent. I hope that helps, Carol.

>> Yes.

>> KATHY CUBIT: Thank you, Carol and Juliet. Can the person be unmuted that's in the general audience that has their hand up?

>> It's Matt Sealy that has his hand up.

>> KATHY CUBIT: Go ahead, Matt.

>> Okay, you said the audience. The question for Juliet real quick. If and when a budget does pass, haha. Can we spend an entire meeting, discussing the potential impact -- I don't want to say potential, the impact on the programs and services.

>> JULIET MARSALA: Sure, Matt, when the budget comes out myself and Dan go through the budget. We can ensure there's ample time to walk through the it.

>> I'm trying to to cancel any presentations or anything like that. Let's just talk about this.

>> JULIET MARSALA: Absolutely.

>> KATHY CUBIT: This is Kathy we have it on our agenda request, Matt, for when the budget is released so anything you want to add. And again we will allow time --

>> If it need a motion that's fine I'll make a motion.

>> KATHY CUBIT: No, it doesn't need a motion, but I'm saying for planning for that.

>> We are going to erase all the stuff on the agenda and just talk about this.

>> KATHY CUBIT: Okay. Are there other questions, comments from the room?

>> JULIET MARSALA: Michael has a comment.

>> KATHY CUBIT: Go ahead, Michael.

>> Thank you, guys. -- (overlapping speakers).

>> KATHY CUBIT: Carol, can you mute yourself? We can't hear Mike. Thank you. Go ahead.

>> Thank you, guys for the presentations today. Nathan, I was wondering, can we add the CILs to your distribution list? Of the locations that you put out?

>> NATHAN LAMPENFELD: Yes. [off microphone]. Yeah, we can look into -- so we had the original print shipment, we were trying to spend the money. So we had the print shipment go out quickly. And I could mention this, we are looking into a grant with an ACL grant with the University of Pittsburgh to evaluate the CareKit in practice, especially with people with disabilities. And I think with community health workers and things like that. And I think that would be great, something we put in our proposal is money for printed items so I think that would be helpful.

>> Did you mention that the publication is going out to the area partners?

>> NATHAN LAMPENFELD: It's going to the areas on where I go aging and we are encouraging them to share it. And the issue was around shipping. But if you go to a agency you work with. And you can say -- hey, and the department has a bunch of boxes and so you can [off microphone]

>> The majority of the CIL are core partners with the ADRC and that's coordinated with the AAA I hope and expect the AAAs will be pushing that out to the core partners for ICILs but we can follow up like Nathan said. I can't recall a CIL not connected with the link and PA ADRC so good point.

No other questions from committee members in the room.

>> KATHY CUBIT: Thank you, any other questions from anyone else?

>> I don't see anyone indicates wanting to come up for public comment at this time.

>> KATHY CUBIT: Thank you, any other questions, comments from members before we move to the general remote audience? Okay. (overlapping speakers).

>> From PA CIL, can you hear me?

>> KATHY CUBIT: We can hear you.

>> In terms of the state budget the current delay, are there any impacts right now? If not, will there be any impact if this continues through August, just OLTL programs specifically?

Community and home based services programs, thanks.

>> JULIET MARSALA: Thank you, Jeff, for that question. So the long term care appropriations is a mandatory appropriations that will be paid out. The Medicaid programs are we [off microphone] programs to be paid out so the Office of Long Term Living does not anticipate impacts to any of our Medicaid programs. Or our long term care programs. The Department of Human Services will pay out everything that's legally required to. So that's kind of where that line is. It may impact generally speaking predominantly more grants. But anyone who is impacted with the Office of Long Term Living should or will be getting those notices if they are under a grant and that grant has an impact. But I don't anticipate much impact to our programs. So Medicaid providers will get paid. Act 150 will get paid. OBRA will get paid. Life should get paid. I hope that helps, Jeff.

>> Yes, thank you.

>> KATHY CUBIT: Thank you. Is there any questions in the chat chat? Or comments?

>> JULIET MARSALA: There are. I can go through them. One is related to the revalidation. Can an agency have one service location for the entire state? If they have one service location, that would be for it. But if they have several service locations or physical locations each of those physical locations has its own service location.

You have a master provider number. And Matthew is going to come up and give you no more of the nitty-gritty and keep me honest.

>> MATTHEW EBAUGH: Yeah, just quickly -- thank you. Yeah, I know it can be confusing with HCBS services what institutes a service location because in general you are not actually providing service at the service location registered with OLTL. The standard that we generally use is if you are keeping participant files or you are coordinating services out a location, then it needs to be registered as a service location. If it is just an administrative office or something like that, that has no role in coordinating services you are not storing participant files there, that doesn't need to be registered as a service location. If you feel like you are in a gray area and you are not sure, I would recommend submitting the information about the service location or the question or the area or the circumstance in question to the RA account. Either I or Megan will review that and determine whether that needs to be registered as a service location. And we will provide supporting information on why that does need to be registered.

If you are a question or are not sure one way or the other it's best to ask instead of trying to make that determination on your own. Sometimes it is not quite as black and white with the HCBS services.

>> Thank you. [off microphone].

Anthony submitted a comment thanking us all for the continuing the good fight for the Medicaid and our citizens and. He hopes the DHS will have templated issue or communication for managed care organizations, et cetera, to share to inform current Medicaid recipients of those changes so thank you for that comment. I know you had to leave.

I think that was all the questions looking up for us from the chat. Oh wait, there is another one. Sorry. Ashley asked do we have a breakdown of the potential increases to the number of staff and costs by offices within DHS with regards to the -- I'm going to say I think that's maybe referring to my opening kind of comments regarding HR-1 and OBBB and the state budget and. The answer is no. Those are estimates. We do not have a breakdown by staff or cost by offices at this point in time.

The way the budget works we put requests in for additional resources they are then allocated by the general assembly. So we do not have those specifics at this time. Just trying to make sure --

>> I would like to comment quickly again. Going back to the question previously asked about the service location. If I could add to that quickly. If you do register one service location for the entire state and you want to add every county in the state, the enrollment staff are likely going to ask you for an organizational chart so they can verify that you have the staff throughout the state to provide services to all the counties that are selected.

Because if your service location is in Erie and all your staff is in p in Erie, doesn't make sense if you are providing services in Philadelphia on a daily basis, I wanted to add that quickly

>> JULIET MARSALA: That's a great addition. Especially when folks are thinking of teleservice in the future. I want to remind folks that teleservice a is at the option of a participant. If you are tried to find a provider and a service location and you are like I 100% do teleservice you might want to go back and look at your service definition about the requirements and obligations to providing those services because teleservices in that option is choice of the participant and every provider is required to be able to provide that service in person at request based on the service definition. So I wanted to highlight that for folks if they are thinking about the future enrollment.

Did have another question or comment from Alexandria. Sorry if I got your name wrong. Please provide a comment on house bill 1549 which raises the minimum wage and offers guidance how we should respond given our current reimbursement rates. I can't give you guidance how you should respond with regards to your current situation. OLTL and many of you know through that study recognizes there's a need to pay direct care workers a living wage. The governor as part of the proposed budget put forward raising the minimum wage. Pennsylvania is one of the few states left that has not raised the minimum wage. So my comment would be the administration very much would like to see a minimum wage increase across the commonwealth. But again, those are the budget discussions.

Between our representatives and the administration. And the discussions are on going.

And I think that was the final question in chat. For today.

>> KATHY CUBIT: This is Kathy. Thanks. Are there any other questions from folks in the room? Or comments? And how about our members joining remotely? Any additional questions or comments?

>> Yes, I have one, this is Juanita, Gray, how are you?

>> KATHY CUBIT: Good, the floor is yours.

>> Thank you, Kathy. And members, fellow members and audience. I was I had a question. I asked this some time ago, regarding implementing program in college for the participants and as well as direct care workers. Since act 150 is in jeopardy of being having cuts made to it. Would you consider having these implementations put in so that there can be other avenues for

each individual to help with their better care and livelihood?

>> juanita, you were can you telling in and out for me. Sorry to ask if you could repeat yourself with the act 150 and the care. I didn't get the full question, you were sort of going in and out.

>> I am so sorry. [off microphone] I can't really hear much either. I hear a lot of movement. Sorry. I was asking about the college program being implemented so that it can help offset if there is any cuts regarding the act 150 for the participants that want to participate in help educating themselves. And the care workers as well. Being another tool to help benefit the program overall.

>> JULIET MARSALA: Let me see if I understood the question. I think you are still going in and out for me. Were you inquiring about providing college benefits and pathways for direct care workers?

>> Yes. And also participants that want to be a part of it instead of the work force they should be able to get educated as well. I was talking about for both. If that would be a benefit to the services overall.

>> JULIET MARSALA: Okay. So with regards to participants and sort of pathways to post-secondary college and training, the first recommendation I would have is for individuals to connect with the Office of Vocational Rehabilitation. And their counselors because you can get employment supports in the waiver program but it's the payer of last resort so my recommendation would be to connect with the Office of Vocational Rehabilitation. And connect with their certified rehab counselors and other team members because they would help work one-on-one with individuals regarding any of their vocational need and goals and things of that nature. Which could include sort of support and developing the goal and the plan to access the college post-secondary education and training.

They are the experts with the Department of Labor. So that would be my recommendation. Of note, the Office of Vocational Rehabilitation currently has an order of selection. So they do have a waiting list for individuals in various categories of need. But the most significant category of need that is their priority 1 category, does cover all of our NFCE LTSS folks it's more likely our Long-Term Services and Supports folks would fit a definition of the Office of Vocational Rehabilitation definition on priority. So that would be my recommendation. Kathy, I see no other questions here in the room.

>> KATHY CUBIT: Thank you. Any other questions from members joining remotely? Or comments? Okay, well, I'll just before we do a last sweep to be sure since we to have time left I do want to mention that we will be meeting again on Wednesday, September 3rd, from 10:00 to 1:00, both via webinar and in person. And with that, I'll just do a double check again since there's time left to make sure there's nothing in the chat or in the room or from people joining remotely that want to make a comment or have a question before we adjourn.

Okay, and there's nothing in the chat? Nothing further? We cleared the chat?

>> JULIET MARSALA: Nothing further for the LTSS subcommittee.

>> KATHY CUBIT: Okay. All right, well I think with that then unless, again, unless someone wants to chime in quickly, I think we can adjourn. I want to thank everyone for joining today. And I hope you can all join us again on September 3rd. And thank you.

>> JULIET MARSALA: Thank you, Kathy.

>> KATHY CUBIT: Thank you.

(meeting adjourned)