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Date: 2/4/2026

Event: Long-Term Services and Supports Subcommittee Meeting

>> MATT SEELEY:

>> MATT SEELEY: Moving on, Cody Jones. Neil Brady.

>> NEIL BRADY: Neil good morning, everyone.

>> MATT SEELEY: Good morning. George Fernandez. Ginny Rogers.

>> GINNY ROGERS: Good morning, everyone, I'm here.

>> MATT SEELEY: Jay Harner.

>> JAY HARNER: Good morning, Matt.

>> MATT SEELEY: Kathy Cubit.

>> MATT SEELEY: Good morning. Linda Litton

>> LINDA LITTON: Good morning, everybody, Linda here.

>> MATT SEELEY: Lynn Weidner.

>> LYNN WEIDNER: Good morning, I'm here.

>> MATT SEELEY: Good morning. Michael Galvan. Chell Garrett. Monica Vaccaro?

>> MONICA VACCARO: Good morning, I'm here.

>> SPEAKER:

>> MATT SEELEY: Natalie Gomez

>> NATALIA GOMEZ: Good morning.

>> MATT SEELEY: And Rebecca (name?)

>> CODY JONES: This is Cody Jones, by the way. I'm here.

>> MATT SEELEY: Unless you guys want me to talk about the letter first.

>> JERMAYN GLOVER: I think that is a good start.

>> MATT SEELEY: I received a letter from secretary -- let me get the letter. Essentially, they are putting together an advisory group to deal with the implementation of H.R.1, the federal bill, and it would be great if I can find that. The secretary is looking for two volunteers from this committee to be on that advisory committee. I believe Catherine is with us, she probably has more details, but basically we'll look for two volunteers. As the chair, I would prefer not to be, because I think my voice is being heard already, so if two other people would like to volunteer, probably an advocate and a user, a consumer, whatever we want to call ourselves, that would probably make sense, so I believe they want, I don't know, a nominee or something. I see Cody is interested. Great. If anybody else is interested, put it in the chat. I guess all three. Rebecca, Kathy, Cody. Put it in the chat or make myself or Pam aware of that. I don't know if Catherine wants to add anything. I believe she was going to attend in case there was more questions or something like, that but if there aren't, we can move to Montrell

>> PAULA STUM: This is Paula, excuse me. Pam Walz would also like to volunteer. We're just having trouble getting her unmuted.

>> MATT SEELEY: That is fine. You don't really have to say it loud in the live right now, if you want to put it in the chat, email me, Pam or whoever, just let someone now. You don't have to tell us right this second. February 11th is when they want the names by. So think about it. All right.

Montrell, over to you.

>> JERMAYN GLOVER: This is Jermayn.

I'm going to take it. Good morning, everyone, my name is Jermayn Glover, I'm OLTL's Chief Of Staff, I'm filling in for our deputy secretary, Juliet Marsala who usually attends and gives the updates but she had a number of division directors in a conflicting meeting today and tomorrow, so rather than postponing the meeting, I'll stand in and we also have some other OLTL staff on the line to be able to answer questions that come up.

If there is something that should be deferred to Juliet or others who aren't here, we will take those questions back and follow up by the next meeting.

So I'll start with our OLTL updates. Next slide, please. All right. So for today I'll be covering procurement updates, OLTL by the numbers and recent OLTL communications. Next slide.

So if you participated in the LTSS meeting the last few months, the slide might be familiar. The Community HealthChoices request for applications currently in a stay, meaning all action pertaining to the request for applications have been ceased and no time line can be shared at this point.

The Community HealthChoices program will continue to operate with the Community HealthChoices manage care operations and agreements until further notice. Any questions regarding the request for application and the contents should be directed to procurement via the resource account on the screen. It is RA-pwrfaquestion@pa.gov. Next slide.

Okay. So now I'll share some Office of Long-Term Living numbers from 2025 that kind of sum up the effect our programs have on the participants we serve. Figures on the slide reflect 2025 data, and come from our data dash board which we call our data dash. It is a monthly dash board of long-term data available online. With the numbers, it is sometimes important to remind ourselves, all of us how large the scope and reach of the Office of Long-Term Living services are and who they reach and end of the year data is helpful in the way to look at everything that happened in 2025.

This is with the recognition that these are numbers of individuals with their own journeys, lives and circumstances tailored to their own circumstances. I want to mention that here because I know that sometimes being presented with large sets of numbers can be seen as taking focus away from the individual.

That is not the intent. And as I go through the numbers, you might picture the people, maybe yourself or someone you know, who is in a program or who receives the services covered.

So starting at the top left, 78.6% of the Long-Term Services and Supports population resides in the community. Over 90% of the OLTL population are in the community as opposed to facilities. When added to the human services licensing, 43,952 Pennsylvanians are served in personal care homes and assisted living residences. The break down is 3,751 in assisted living residences and 40,201 personal care homes.

8,019 participants enrolled in the Living Independence Fidelity Program, also called LIFE.

395,809 Pennsylvanians are served in the Community HealthChoices program. 88% of Community HealthChoices, I'm sorry. Give me a second.

88% of Community HealthChoices duly eligible for Medicare and Medicaid. And when it comes to dual special needs programs, D-SNPs, they saw a net increase of over 6,000 individuals.

Next slide.

There were 598 total nursing facility providers supported by Office of Long-Term Living. Six of which were veteran homes. There are 78,590 Medicaid beds and the 592 nursing facilities across the state, and a total of 1,205 beds in the six veterans homes.

When going to the OBRA waive waiver, 695 Pennsylvanians with developmental disabilities are served in the OBRA home and community based service waiver. 1,114 Pennsylvanians are

enrolled in the act 150 program. There is a critical program for employed people with disabilities to maintain personal assistant services. Adult protective services. There were 20,680 reports of need, which identifies a need for protective services.

Of the reports of need, 5,232 were priority, 11,300 were non-priority and 4,148 found no need. Those are the numbers that I have. Next slide?

We'll move on to recent OLTL communications. Early this week on the Office of Long-Term Living, there was an announcement that on January 31st, the OBRA waiver renewal and Community HealthChoices Waiver Amendment were published in the Pennsylvania bulletin. Each have a 30-day comment period which ends March 1st, 2026. Interested persons are invited to submit written comments about the proposed renewal or amendment to the department of human services, Office of Long-Term Living, bureau of policy development and communications management to the attention of Keeley Anglin and mention a OBRA waiver renewal or CHC Amendment. That is PO Box 8025, Harrisburg, PA, 17105-8025. Comments can also be sent to RA-waiverstandard @pa.gov. If you're accepting to that resource account, please used OBRA Waiver Renewal or CHC Waiver Amendment as the subject line so it is routed correctly. Comments received within 30 days will be considered and subsequent revisions to the proposed renewal.

Additional details can be found at the link on the slide. It is the OLTL Waiver Amendments And Renewals page on the DHS website. Next slide?

The this message was sent invite nursing to the webinar from pitch to practice: Engaging long-term care leadership in age friendly care. It will be held Thursday, February 5th, which is tomorrow, from 2:00 p.m. to 3:00 p.m. The session will show how to communicate the value of age-friendly practices, address common concerns and demonstrate early wins that build momentum. The Learning Network is part of the department of human services quality strategy for nursing facilities, offered as a collaboration of the Community HealthChoices Managed Care Organizations.. the link on the slide can be used to register for the Zoom webinar. You'll need your National Provider Identifier, NPI, to register, and if you don't have one or don't know it, you should enter zero on the registration form.

Next slide? Also, I want to say here, it is not on the slide, but I want to mention that governor Shapiro gave his budget address yesterday and on the coming Friday, February 6th, DHS secretary and leadership from the department of human services will host a webinar for the public to discuss the proposed 2026-'27 budget for department. Briefing take place at 10:00 a.m. on Friday, February 6th. If you're unable to attend, the briefing will be recorded and available for viewing on DHS's YouTube channel. Someone from the communications team will be putting the public link in the chat. Anyone who plans to attend must register individually. You're encouraged to submit questions ahead of the briefing so DHS staff can prepare answers. When you click the link to enter, it will have space for you to enter comments.

Any questions not answered during the briefing will be followed up on.

We also have an update from Erin Slabonik. I'm not sure if you want to get to that or pause for questions here.

>> MATT SEELEY: Is Erin available? Do you see them online?

>> SPEAKER: This is Paula, yeah. Erin is here. We're trying to get her unmuted. She is unmuted on our end

>> MATT SEELEY: Do we want to start taking questions if there are any, and if she is able to unmute or whatever, we can handle that when she fixes it?

>> SPEAKER: Sure. Yeah, go ahead. Let me reach out to her.

>> MATT SEELEY: Okay. Do any of our panelists have any questions? Committee members.

Nothing. Okay.

>> LLOYD WERTZ: Are there any specific questions in the waiver renewal submission, which we should be aware, which we should seek out as we're reviewing that in the bulletin? Just wondering.

>> JERMAYN GLOVER: I'm sorry. Good morning, Lloyd. We have Julie England on the line, if she can unmute to answer any questions related to that. I don't know if she is able to unmute.

>> SPEAKER: Hi, Jermayn. Looking for her.

>> SPEAKER: Good morning, everyone, I wasn't able to unmute myself and I couldn't type in the chat to let you know. So the changes that are happening, that are being proposed within the waivers, within the CHC waiver, one of the major ones is that we are adding a teleservice option to the following waiver services, which behavior therapy and benefits counseling, and that is happening for both the CHC and the OBRA waivers. Then some of the other changes, let me look at the OBRA one.

Just revising out dated language, adding language regarding the need for service coordinator to reassess a participant due to a trigger event, and then adding language to comply with the CMS ensuring access to Medicaid services final rule, and that is to update the complaint process for the Fee-for-Service waiver, and update the timeframe to resolve a complaint from 45 to 60 days due to the additional requirements of the access rule.

There were some changes within the performance measures and the quality improvement sections, and all of that, like I said, can be found within the Public Notice, and there will be a document that is a side by side comparison that shows the previous language and the updated language. So you can review that and make any comments. I think that is it. Yeah. So, yeah, the major ones are adding teleservices for behavior therapy and benefits counseling.

I hope that answers your question.

>> LLOYD WERTZ: Thank you very much, I appreciate it.

>> SPEAKER: You're welcome.

>> SPEAKER: Hi, Matt, this is Paula, Erin has been unable to unmute.

>> MATT SEELEY: She hasn't or she hasn't?

>> ERIN SLABONIK: Can you hear me? You can go to the next slide. All right. Good morning, everyone, my name is Erin Slabonik. I'm the director for the division of integrated care programs in the Office of Long-Term Living.

One of my functions is to oversee the living independence for the elderly or LIFE program. This is just a brief little sort of answer to some questions that were submitted by the committee sometime back, but it is just to give a little picture of some LIFE program nursing facility churn. When I use the word churn, I just mean movement to a nursing facility while in the LIFE program and then disenrollments and then also nursing facility admissions after disenrollment. If we can go to the next slide.

I just sort of displayed the questions as they came in, so the first question was how many people enrolled in living Independence For the Elderly or LIFE end up in a nursing facility within zero to six months from being disenrolled in LIFE. We went back to 2024 data for this so we had a full picture. Of the 2,340 disenrollments from LIFE in 2024, 328 were admitted to a nursing facility within six months of that disenrollment, so this equals 14% for that year. So for 2024, that is 14%. And then the next question was how many LIFE enrollees who are admitted to nursing facilities end up switching to Community HealthChoices for the nursing facility stay? So these are LIFE participants who, while still enrolled in LIFE, are admitted to a nursing facility, and then during that nursing facility stay, while enrolled in LIFE, they end up disenrolling and switching to CHC for the rest of their nursing facility stay.

On average, monthly, about 6% of LIFE participants reside in a nursing facility while still enrolled in the program, and in 2024, an average of 13 of the 457 disenrolled from LIFE while enrolled in the program and residing in a nursing facility equalled 2.84% on average.

So I'm not sure who submitted these questions.

I know this came in through the committee at some point, but if anyone wants any clarification on this information, I'm happy to provide it. Otherwise, that is all I have.

>> MATT SEELEY: Great. Thank you so much.

>> ERIN SLABONIK: Sure.

>> MATT SEELEY: I know Laura had some comments. She is not available today for personal reasons, so I don't know if somebody from OLTL can make sure those questions are followed up with.

>> ERIN SLABONIK: Is that Laura Lyons?

>> MATT SEELEY: We're about five minutes ahead, we're ahead, unless there is something to follow up with.

>> SPEAKER: It looks like we have a couple of minutes here.

>> MATT SEELEY: Seeing there is no questions from the panel, do you want to get a public comment?

>> SPEAKER: Okay. Let me see.

>> MATT SEELEY: Or we can start them now, I mean.

>> SPEAKER: We can go with one or two public comments.

>> MATT SEELEY: Okay.

>> SPEAKER: We do have a question.

>> MATT SEELEY: They answer that. Do we want to unmute Angela?

>> SPEAKER: I have been trying and I am unable to do that, Matt.

>> MATT SEELEY: Okay. Well, if you have -- I see you have a couple of comments in there, Angela. Go ahead.

>> SPEAKER: I'm sorry. I was going to say, we have another question from Matt about the direct care workers, but, again, we have that presentation coming up.

>> MATT SEELEY: Let's see if the presentation answers those questions.

>> JERMAYN GLOVER: This is Jermayn. Montrell gave a good reminder that at the last meeting, there was a full walk through of the waiver changes, so people who want to take a look at that can take a look at documents available on the LTSS subcommittee page from the last meeting.

>> SPEAKER: This is Paula. We also have three hands raised.

>> MATT SEELEY: Go ahead.

>> SPEAKER: Lynn Weidner, if you would like to go ahead.

>> LYNN WEIDNER: Thank you. I am -- my comment was more general comment about the presentation coming up next about the increase. As you know, I'm a home care worker and I'm also a member of the United Home Care Workers of Pennsylvania who represent 10,000 participant directed home care workers in Pennsylvania, and for the last two years our members have been advocating for raises for all of care givers, including agency and participant-directed, and we know that care giving work is meaningful, but also difficult, and wages makes it really difficult. My insurance this year went up to \$700 a month and it is incredibly difficult to try to find enough hours in day to make make up the money that I need to just pay my insurance.

So it is why we have been fighting for increased funding for several years. I personally have gone to lobby visits, lobby days, in person and in Harrisburg. I've written up as we had senator nick Miller come to the house and advocate for home care doing a walk a day to see what it is

like to live a day as a home care worker with a person with a disability.

My participant is also been extremely involved in all of this process as well. And we were thrilled when governor Shapiro and the secretary listened to us and passed the funding to increase our wages. It does mean a lot to be heard in a space where often care givers can be over looked and we know agency care givers need raises as well and we'll keep fighting for that as well. We will make it a reality for all care givers to have a raise.

It brings me, just really quick. We know our policy makers are in the middle of working on implementing the new rates and we want to make sure that everybody knows, it is critical that 100 % of the funding is used in the way it is intended to increase wages and strengthen the system and we fought way too hard and this crisis is huge to make, to do anything other than ensure that every single dollar makes it to care. That is the most important thing.

And we're just calling on the department of human services and Office of Long-Term Living managed care organizations to be transparent when they're setting the new billing and wage rates. We want to make DHS and MCOs should make the bill rate the maximum rate in which the FMS bill and MCO bill for service, which determines what rate they pay public. We want to make sure it is public and ensure it accomplishes what the governor's goal was, which was to raise the wages for home care workers above \$15 an hour.

And also, in addition, we're calling on DHS, OLTL and MCOs to create an automatic opt in. This is not new. It has been done before, it has been implemented and we think it is really important to ensure that any participant who wants to increase their care giver's wages is able to easily do that with as little paperwork as possible. A lot of times the paperwork is burdensome and it is difficult for people to have access to what they need it do to get that done.

Automatic opt in would make that much easier. Sorry if you hear the toddler crying. A lot to juggle every day. A lot of times, when we had raises before and didn't have an automatic opt in, a lot of people didn't get the raise because the paperwork and information is too difficult for a lot of people to understand and they miss the opportunity to get that retro active and we want to make sure that everybody is able to get the raise when they need and want it.

Pennsylvania's most vulnerable citizens are deserving to live at home and in the communities with dignity and investing in the care giving work force makes it possible. We want to make sure that we're working together to get it right and continue to work together to ensure we have quality care and quality jobs for everybody. Thank you.

>> MATT SEELEY: Lynn? I was going to ask you to try to land it. But that comment was very well, it was needed and well heard. Thank you.

>> LYNN WEIDNER: Thank you.

>> JERMAYN GLOVER: Thank you for sharing that personal story.

It is a good example of how you can advocate for yourself. Really good thing you're doing. Thank you.

>> LYNN WEIDNER: Thank you.

>> MATT SEELEY: Is there another question, Paula?. Are you able to unmute Angela?

>> PAULA STUM: I'm still having issues with unmuting some folks, so we might be having some technical problems, but I think we're probably --

>> MATT SEELEY: Why don't we just move on then. Wait. There is a question from Brenda. After that, let's move onto the next presentation.

>> PAULA STUM: Brenda, are you able to unmute?

>> SPEAKER: Hello, I have a quick comment. When Jermayn was giving the update with all of the numbers that reflect different problems and usage cases, and I've noticed this a lot lately with updates that are given to this committee. Act 150 was left out of the numbers, and I really

just want to say that I think Act 150, although a small program, is an important program and I would appreciate the numbers being included on updates that given to this committee.

>> JERMAYN GLOVER: This is Jermayn. Paula, I don't know if we can quickly go back to slide five in the presentation. So we do have some numbers on Act 150. 1,114 Pennsylvanians enrolled in the state-funded program. It is always good to highlight because it does help people who are employed and might not financially qualify for medical assistance to maintain the personal assistance program.

>> SPEAKER: We moved so far and been so successful in implementing other programs that a lot of people aren't aware that Act 150 exists. That is why I think it is important to highlight it. I do appreciate that. I'm sorry. Maybe you didn't read that part of the slide and I missed it visually. I apologize.

>> JERMAYN GLOVER: No problem.

>> MATT SEELEY: With that, do you want to move to the next presentation? There it is. Laura Holman.

>> PAULA STUM: This is Paula. Angela, you should be unmuted on your end and Laura also.

>> ANGELA LUCENTE-PROKOP: Good afternoon, Paula and the committee. I would like to introduce Laura Holman who is the director for operations and she will lead us through the presentation of the implementation program and the information around the participant directed model direct care worker pay rate increase. At the end of the presentation, I understand we'll be able to answer any questions that the audience may have. Thank you, Laura.

>> LAURA HOLMAN: I want to make sure everyone can hear me. I know we have had some microphone issues this morning.

>> ANGELA LUCENTE-PROKOP: We can.

>> LAURA HOLMAN: Okay. Great. Thanks, Angela. My name is Laura Holman and I'm the FMS operations director at HHAeXchange. HHAeXchange provides the software and partners with Tempest as the provider for members participating in the participant-directed option for the community choice waiver. I'll present this information on behalf of the three Community HealthChoices managed care organizations. I thank you for your time, and we can go to the next slide, please. So here is the agenda for today's discussion. I'm going to start with a high level over view of the direct care worker or the DCW pay rate increase. Then I'll walk through the implementation plan, including how the increase will be handled and what updates we need on our end. Finally, I'll review the communication plan for sharing the information with common law employers and other stakeholders.

Next slide, please? First I'll begin with an over view of the direct care worker or the DCW pay rate increase. As many of you know, the state fiscal year 2025-2026 budget includes just over \$20 million for Participant Directed Personal Assistance Services. This funding allows Common Law Employers or CLEs, to increase the hourly wages paid to the direct care workers if they choose. Once the new rates are finalized, approved and published by OLTL, a maximum hourly raise rate will be calculated. The calculation will take into account any required withholding taxes.

The maximum hourly rate is unique to each CLE because it is affected by their state unemployment tax or their SUTA rate. Those SUTA rates are determined by the Pennsylvania Department of Labor and Industry.

There is a DCW pay rate calculator on the Tempus website that takes into account each CLE-specific SUTA rate, which allows the calculator to determine the correct, maximum hourly rate for the CLE.

Next slide, please. Our implementation plan, the approach for the pay rate increase, the

Community HealthChoices Managed Care Organizations will be using a standard opt-in process. The approach is very intentional. It preserves the common employer's authority to decide whether to increase wages and how much which is consistent with their role as the common law employer.

Common law employers will be given at least 30 days to decide whether they want to increase their direct care worker's hourly rate. Assuming those approved rates are published by February 13th, which is next Friday, the anticipated deadline for CLEs to respond is March 16th of 2026. So if a CLE chooses to increase their pay or the pay of their DCW, they must submit a DCW rate change form to Tempus. If Tempus receives the form by March 16th, the new hourly rate will be applied retro actively back to January 1st. If the form is received after March 16th, the new rate will be effective on the following pay period after Tempus receives the form.

That DCW Rate Change Form will be mailed and emailed to CLEs, and it is important to note that CLEs are not required to make a change if they choose not to. Next slide, please.

Now I'll cover some of the system updates needed to support this process. Tempus will be making several system changes, including updating the CHC pay rate calculator and updating the participant dash board so they can see the pay rate by service. The updates will take some time until the participant dash board is fully updated, CLEs should use the pay rate calculator on the Tempus website. CLEs will be updated once the participant dash board is ready. The rate change forms that are sent in will be processed in the order they are received. Because Tempus will handle a large number of forms in a short period of time, rate changes may not appear immediately. We ask stakeholders to please allow processing time and extend patience as Tempus works through the volume. To support timely processing and ensure the best outcome, send in the forms as soon as possible. Sending the forms in earlier rather than later will minimize the delays and make sure the payments processed smoothly. For CLEs that submit the form by March 16th, retroactive payments will be issued bay to January 21st, 2026, where applicable. The Tempus websites listed here will remain a key resource throughout the time. It is <https://pa.tempusunlimited.org>. If you go to that site, you'll see a banner and that will lead you to other information which leads me to next slide.

Several of these Tempus website updates are already live or will be shortly. As I mentioned, the banner has been added to the home page that links directly to the pay rate information. A new DCW pay rate page has been created to house the details instructions and documents related to the increase. You'll want to check back to that page as often as possible for any updates to any changes or any additional information. The DCW rate change form will be added to the main form's page as well as on the DCW pay rate page, and the pay rate calculator will be updated once the rates finalized, approved, and published.

That page will be, the DCW pay rate page will be the central source of truth for CLEs as information continues to be released.

Next slide, please. Now I'll talk through the communication plan. In early February, CLEs will receive a text message alerting them to the upcoming pay rate increase and the letter that is coming. Shortly after, a letter will be mailed and emailed to Common Law Employers. The letter will include the effective date, clear instructions on what action to take and by when, an explanation of the retroactive or back pay, and information about updates to the Pay Rate Calculator.

In early March, CLEs will receive a reminder text, and then additional outreach will occur in March, April, May, and again in September, including follow up letters, texts, and outreach from service coordinators for CLEs who have not responded.

There will also be promotion through service coordinators and community partners. The

Tempus website, the Evvie portal and participant dash board will include banners notify common law employers of the update. And throughout the implementation, we will continue to evaluate and adjust communication efforts to ensure we're reaching stakeholders effectively and maximizing engagement. Next slide, please.

So I thank you for your time today. We appreciate your partnership and support as we work through to implement the DCW pay rate increase thoughtfully and efficiently. If you have questions, I think we can open it up.

>> MATT SEELEY: Okay. Great. Thank you. Let's see. Lynn Weidner, do you have a question?

>> LYNN WEIDNER: Yes, I have a comment as well as a question. I'll be honest. To me, making it an opt in rather than opt out, and giving 30 days. It feels like an attempt to subvert paying retroactive.

It is nowhere near enough time to make everybody aware of the option to increase the wages, and we saw this back in 2020 where we had, like, 30% of people in the entire system were able to get the rate increase because it was hard to do and people didn't -- there was a lot of issues with it. Let's just say that. Compared to our most recent raise, which was in 2022, which is an opt in, and most people were able to get that, and the people who didn't want to give that raise were able to opt out.

This still allows choice, and we have past precedent for that. It makes the process much more easy and many more people are able to get that. It feels like we'll be missing out on thousands of dollars in possible wages because this process will be more burdensome. I also can give you examples of slow processing or missed paperwork, a fax that didn't get received properly, mail that took one day too long.

>> MATT SEELEY: Lynn, we have a number of --

>> LYNN WEIDNER: I'm sorry. What is going to happen to the money if it is not used for rates? Is that profits for them? Thank you.

>> ALI KRONLEY: This is Ali. Can people hear me? Can I speak?

>> MATT SEELEY: Go ahead.

>> ALI KRONLEY: My name is Ali Kronley. I'm with SIU in PA and UHWP. We represent those impacted by this decision, and obviously, members fought really hard for the new state funds and broadly for the larger goal of raising wages above \$15 for all direct care workers for years, so we're, like, really excited and grateful for the leadership of governor Shapiro and secretary Arkoosh and appreciate Angela and Laura for coming here to share the update and all of the work Tempus and MCOs have been doing to support the investment. That having been said, listening to this, I cannot, like, over emphasize how extremely disappointed I and our members are that this implementation plan is going to require every single CLE who would like to provide their direct care worker with a wage increase to complete new paperwork over 30 days.

As opposed to the much simpler process we used in 2022 when only the CLEs who did not want to provide their DCW with an increase were required to complete new paperwork. Both of those models clearly preserve the CLE's authority determine wages and are consistent with the role as a CLE. This plan fails to recognize that, like, the basic reality of CLEs and DCW's lives and the things that seem simple to policy makers like actually getting your mail, downloading, printing and emailing a form, those are extremely challenging when living in poverty with a disability. Without a computer in a neighborhood where mail is unreliable and it just, it out right ignores the voices of those on the front lines who are the ones that will be impacted who have clearly said this over and over, and I know there are several other DCWs and CLEs who can share. Broadly, we hope that the MCOs and Tempus will reconsider this decision and just have to ask, like, what happens, as Lynn said, to the public dollars if a large number of CLEs don't

implement the increase. Even if it is 25%, and by the way, our past experience says it is likely to be three times that. In 2020 when this was the process used, less than 25% of workers and CLEs knew the funds existed to do an increase and had the ability to actually submit the paperwork.

Let's say it is 25%. That is \$5 million. Like, so what happens to that money? Is it repurposed and used by the MCOs or does it go back into the investment of workers? How will they be tracking it? I realize there are other people time. Extreme disappointment and I hope people will listen to voices of CLEs and DCWs on the call when they share why this is a challenge.

>> MATT SEELEY: I know there is a question from Lloyd. Can you guys ask your questions and we'll expect a response to all of them? Don't expect a question right after -- don't expect a response right after your question. Go ahead, Lloyd was the first name I saw.

>> LLOYD WERTZ: Thank you very much, Matt. I'll quickly ask, is there expectation that these funds will be included in the next year's budget so that those raises, assuming they will be eventually awarded, will be able to continue into the next year or is this this a once and done offer which I would think would be tragic.

>> MATT SEELEY: All right. I've trouble getting my own thing unmuted. Who else is up there? Kathy, go ahead.

>> SPEAKER: This is Kathy in Erie, Pennsylvania. I am a CLE. I'm also a dual user. I use both agency and consumer directed model. I personally have gotten sick off and on throughout the most recent years. I've ended up in the hospital. I would really like to see this raise being out out, because it is going to be extremely difficult for people like Ali said, that are low income. I frequently don't get my mail. I have a printer that sometimes prints, but doesn't frequently print. My mail is very long to get to me, if it gets to me at all.

This raise is good for the attendants but I don't want it to be back in the next budget again, because that would be horrible. It should all be retroactive, no matter what time somebody has applied for it. The 30 days is not going to be enough time to get all of that in and processed like Laura said. It is going to take time. And I've been putting in for raises, at least once or twice a year, just to see if there is any increase, and the last increase was, like, three cents. It wasn't even worth our time to put in for three cents.

I sincerely hope that this increase is of some actual material value, because every time some attendant gets a dollar increase, they also get a dollar off their Medicaid and over spending, and I have had many, many attendants so far. What is their healthcare coverage because of being over income, and then you have the other person who says that their insurance went up to \$700, and that is the other problem that we're having.

>> MATT SEELEY: Kathy, can you try to tie it together?

>> SPEAKER: Yeah. That is what I'm saying. Make it an automatic, no brainer, and if you don't want your attendant to get it, you know, then you can opt out. It will be so much easier.

>> MATT SEELEY: Thank you. I see Jeff has a question, but Jenny, you can go ahead.

>> SPEAKER: Hi, guys. I just wanted to -- I wasn't familiar with the other increases and how that worked, but it sounds like there had been a successful process in place for allowing people to have an automatic opt in, and I'm just wondering why the change. If it was successful in the past, I would agree with the other commenters that it should be changed to put less burden on the CLE. Thank you.

>> MATT SEELEY: Thank you, Ginny. I don't see any other questions from panelists, correct, Paula?

>> PAULA STUM: No other questions from members. Correct.

>> MATT SEELEY: We still have a few minutes, I see. Go ahead, Jeff.

>> PAULA STUM: I was going to let Jeff know he was unmuted.

>> MATT SEELEY: Go ahead, Jeff. Jeff?

>> SPEAKER: Okay. Thanks. I was just unmuted.

My question was can OLTL provide a break down of the 8,500 direct care workers who are to receive the increase? -- waivers Act 150 who will be getting the increase?

>> MATT SEELEY: And then Suzanne?

>> SPEAKER: Yes. So this will be very hard for some of our participants to fill out the paperwork, and on top of that, you're only giving us 30 days. Some of us do not have printers, so we're going to have to wait for the paperwork, and then, as she said, people are going to be turning in paperwork. I just don't think that that is fair as participant workers. It is already hard for us to maintain workers, and with this money, you know, we can possibly get new workers because of the pay increase, and the way that you guys are trying to do it, we're going to lose the workers we already have. And I just really hope that you guys can reconsider. Also, I have a question. Will the numbers be made public so we know how they broke down the increase for the CHC -- for participant-directed workers for all of us as a whole?

>> ANGELA LUCENTE-PROKOP: Please let me know when you would like me to start responding to some of the questions raised.

>> MATT SEELEY: I'm sorry. I'm talking to myself on mute. Angela or Laura, if you would like to respond now, please.

>> ANGELA LUCENTE-PROKOP: Okay. Absolutely. And Laura.

Please jump in at any time. I appreciate all of the comments being raised. Please raised salient points, really helpful to hear. The CHC-MCOs in partnership with Tempus will take the points raised and into consideration. The implementation plan is a living plan. We're very committed to optimizing the engagement of the participant CLEs and for DCWs to be able to access the rate increases.

We're truly trying to optimize that level of engagement. I'll start just by addressing -- I did take note of all of the questions raised and I'll try to provide responses to each and every one of them. I would like acknowledge some of the concerns that were raised around the difficulty of completing the form, printing the form, all of those kinds of things, and I want to make sure that everyone also heard that we are mailing that form to you.

I know that doesn't help with the difficulty that some expressed around just completing the form, but please do know that the form will be mailed to you. So, and then the only down side is it doesn't have a self-addressed stamped envelope to it, but the form again will be mailed to you.

>> MATT SEELEY: Can I just interject real quick?

>> ANGELA LUCENTE-PROKOP: Of course.

>> MATT SEELEY: The form being mailed, does the 30 days start from receipt or when sent? The form would be dated the day it was sent, right? 30 days is the day it left your office.

>> ANGELA LUCENTE-PROKOP: It is more a cut point of March the 16th for receiving the form. It is just a recommendation that folks submit the form as soon as you can just to allow the optimal processing time, but for it to retroact back to January 1st, the cut point was March the 16th, and so that gives, that would give at least 30 days, if not more than 30 days for folks to be able to complete the form, add their signatures, mail it back in. We're all hearing from multiple speakers today that the timeframe is feeling like it is not enough, and can there be any adjustments? We'll take that back and explore if there can be so that folks know, wherever it gets retroed there, is manual effort that has to happen to retro it back, hence the need for a cut point as opposed to it being fluid all year long.

That said, even if someone did not opt in by March 16th, it doesn't mean that they lose the

opportunity for an increase. It is just the cut point for the retroactive nature of the increase, for the increase to go back to January 1st. At any point, a participant CLE can make an adjustment to rate by the same process by using the rate form and it will take effect the very next pay period from whenever that is submitted.

Again, we hear you on your concerns.

In terms of the prior precedent that was mentioned, we're aware of that. We have shared that precedent with some of the folks that had some concerns around this, so please know that there continues to be ongoing review and deliberation on that matter. Additionally, I already talked about everything being retroactive.

In terms of how funds or any unused funds, I am not aware, but we will take that back and find out what the status is with any unused funds, but I want to reiterate the interest across all three CH, MCO and Tempus, we appreciate the governor's rate change, the advocacy of the union and all of the DCWs for this wage increase. Well-deserved and our intent is to give it out as much as we possibly can. We are mindful of our role and the participant CLE's role as the employer. We need the participant CLE to make the rate decision and it is our job to implement them as quickly as possible for you.

>> MATT SEELEY: Thank you for that information. Actually, you cleared something up for me, so I will say thank you. Brenda, you have a question?

>> SPEAKER: Thanks, Matt. I actually put a question in chat asking if the retroactive nature of the raise is also going to be available to DCWs in the Act 150 program and if so, what the relevant dates are for the timeframe to apply and have it be retroactive. That is my first thing. My second thing is I wonder if this committee could make a formal request that the period for applying for retroactive raise be extended to 60 days rather than 30. I know that people are willing to take it back and consider it. I think the committee should make a formal recommendation that it be extended to 60 days. Thank you.

>> MATT SEELEY: This is in response real quick. We might want to see what the secretary and Juliet want to do in response to our comments at this point before we start making motions and things, because they may be able to extend it a bit just based on you are on comments at this point.

>> SPEAKER: Okay. I'm speaking for myself. I don't know if Montrell or Jermayn wants to speak to that.

>> ALI KRONLEY: This is Ali. Can I weigh in? I want to say in response to Angela, I appreciate hearing this is a living plan and there is room to review and deliberate based on feedback from those who will be impacted, so I appreciate that, and would like to figure out more opportunities to make sure those folks can weigh in. I think that we have at least until, if I'm looking at the agenda, I think we have until 11:20 for this section and then a break, and -- a good number of DCWs and CLEs on the call who, you know, it is hard to get on this call particularly if you're in the middle of providing care and I want to create a little bit of space there are people who have their hands up or who are trying to get in on the chat to weigh in and share their reactions as well, because it is not that often that people get the opportunity to do that.

>> MATT SEELEY: Well, we have about five minutes, and then we're going to take a break. And we have to take the break for the transcriptionist, the CART individual.

>> ALI KRONLEY: If we can prioritize the DCW and CLEs --

>> MATT SEELEY: I'm not going to be sure who is -- I'm sad to say, but I have a question from Erica Payne. Can you understand what I'm saying? I'm not going to be able to tell who I call is a care giver or not.

>> ALI KRONLEY: I'm happy to let Erica go.

>> MATT SEELEY: She put her hand down. If anybody has any comments, we have about four minutes now. If someone would like to respond in some way, otherwise we're going to take our break early.

>> PAULA STUM: Matt, this is Paula. Erica should be able to unmute herself.

>> MATT SEELEY: Go ahead, Erica, if you're there. They can put their question in chat.

>> PAULA STUM: Maybe, Erica, if you can't unmute yourself, please put your question in chat for us. Thank you.

>> MATT SEELEY: Thank you, Erica. Thank you, Paula. Do we want to -- is there something else we need to cover or do we want to take our break? Anybody on the panel, on the committee have anything they want to add real quick before we move to our break?

>> ANGELA LUCENTE-PROKOP: Matt, it is Angela, I acknowledge Ali's recommendation and we will certainly take that back. Thank you for the opportunity to present today.

>> MATT SEELEY: I wasn't trying to give some sort of speech today, if the committee thinks we can make some type of motion, it is up to the committee, not me. I would entertain a motion.

>> ALI KRONLEY: I'm getting texts from direct care workers trying to put questions in the chat. I know this is a difficult format, but Linda --

>> MATT SEELEY: If you can organize something, if you want to get a list of the individual's names and comments from them, you can send that to me and I will make it available.

>> ALI KRONLEY: Yeah, also, they're in the meeting.

>> MATT SEELEY: With the agenda as it is, it will be hard to hear from a number of individuals.

>> ALI KRONLEY: Maybe folks can just read, like, Linda's comments in the chat or something.

>> MATT SEELEY: Go ahead, Natalia.

>> SPEAKER: I want to make a comment or propose a suggestion, for the committee to set up a committee or a special meeting with the CLEs and the individuals. As a previous self-directed person, and knowing the challenges that you can get frustrated with, and then choosing (Indiscernible) agency model, which which also has its own problem. I think it will be wise that a session be provided to the CLEs and DCWs that on the call to express their concerns. I don't think the timeframe that is available in this agenda benefits them with such a drastic change that is coming that will affect people's livelihood and their services.

>> MATT SEELEY: Thank you. Well, if there is nothing else, we will take our break. We'll be back at 11:20. Thank you, everybody.

[Break]

>> MATT SEELEY: All right everybody, this is Matt. Getting ready to get started here in about 30 seconds. Next up, we'll have a presentation on the Beneficiary Support Services over view.

>> JERMAYN GLOVER: This is Jermayn, if I can just, briefly. I know there were a lot of people who wanted to ask questions related to the rate increase. I want to mention that we do have another public comment period from 12:20 to 1:00 scheduled. I don't know if that would be helpful, if necessary. I want to be respectful of the time. I know people are taking out of their schedule to present as well as those who are coming to the meeting to express their views. The presentation is from an OLTR representative and MCOs. If we want to push that to something that could be considered, since these individuals are always on these meetings, I want to mention that we do have a public comment period at the end of the meeting. People could address their comments about the rate increase.

>> MATT SEELEY: So that would give us, if we kick the in lieu of services to another meeting, that would give us another an hour and ten minutes after the beneficiary segment. Is that what the committee would like to do?

>> JERMAYN GLOVER: I don't know how many people still wanted to talk. If the additional

public comment --

>> MATT SEELEY: There are a number of comments in the chat. And we can give opportunities for these individuals on speak. If there are, Ali, you said there are a number of individuals on the call?

>> ALI KRONLEY: There certainly were. I don't know if we lost people during the break, but I know Linda Ornoff (SP?) I know Erica was. Felicia. I don't know if people were able to get their comments in the chat.

>> MATT SEELEY: Why don't we just take five minutes. How many people in the chat are direct care workers or consumers who want to have a comment on this? If you can just write your name in the chat or raise your hand. Raise your hand. That is probably the easiest. So we can see how much time we're going to need.

Go ahead. Keep them coming. You don't have to ask a question. If you have a comment, a story. Whatever it is. We want to try to keep it concise, you know, to the point. We can take some time as Jermayn was saying to take some questions. We'll do this presentation first but we can reserve the rest of the meeting to do that. Right now we're looking at four people.

>> JERMAYN GLOVER: Thanks, Matt.

>> MATT SEELEY: We can knock out those four people real quick and then move on to the presentation if that is what it is going to be, and then we can reserve the meeting for whatever other questions come up. How do we feel about that?

>> PAM WALZ: That sounds good.

>> MATT SEELEY: I assume the four questions, are they relevant to the presentation we just had? If so, let's knock it out quick and then do this presentation and then move on from there. So that said, Kathy Hertog

>> SPEAKER: This is Kathy. I'm a CLE in Erie again. I would like it to be for the record that we as consumer participants and anybody else on the go to meeting can not see other questions. We used to be able to in the past very many years ago. Also, I'm not able it use my voice dictation to enter a question. I have to type them out manually, which really does not allow me for meaningful --

>> MATT SEELEY: Kathy, can I just interject quick. If you have a comment about the process in the system, can we save that to this afternoon? If you have a question about this presentation right now, we can go forward with that.

>> SPEAKER: Well, I think, you know, the presentation is great, but we also have to have agency increases as well, because the agency attendants work just as hard as the consumer attendants, and does this rate increase also apply to the act 150 Participants as well?

>> MATT SEELEY: Okay.

So we're going to take the questions and if Jermayn or, I'm sorry. If anybody from the office wants to respond, we'll do that. But let's just get all of the questions out first. Denise? Or comments or whatever. Denise ciders, I believe, if that is how you pronounce it.

>> PAULA STUM: Denise, you're unmuted, if you can unmute yourself from your end.

>> MATT SEELEY: I see some new names, new hands. We can spend some time on this if there is a desire to as long as OLTL is okay with moving the beneficiary a little bit later. Your presenters there are able to shift down the road a little bit in today's meeting, I mean.

>> JERMAYN GLOVER: It is in lieu of services that is our presenters, so I don't want to --

>> MATT SEELEY: You want to get rid of the beneficiary thing?

>> JERMAYN GLOVER: No.

>> MATT SEELEY: I'm just saying, I would like to handle questions that have to deal with the direct care worker thing right now after that presentation. The beneficiaries program thing, I'm

just saying, let's move that a half hour from now or however long it had take to deal with the questions.

>> JERMAYN GLOVER: I want to make sure that works for the presenters.

>> MATT SEELEY: Fair enough.

>> SPEAKER: Good morning, folks. This is Paul Kowal from Maximus. We want to make sure people have the time to share the thoughts. If we have to move back to the 11:50 time slot, we can accommodate that.

>> MATT SEELEY: Great. Thank you.

>> PAUL KOWAL: We'll see you then. Thank you.

>> MATT SEELEY: With that said, Denise. Like I said, we'll do, like or like Paul said. We can take until 11:50. So if there are other questions, let's have them. Or comments. We're still on you, Denise.

>> PAULA STUM: Hi, this is Paula. Denise is unmuted. She might be having issues on her end. If you want to move to wanda Carol.

>> SPEAKER: How are you doing?

>> MATT SEELEY: Doing well, thank you.

>> SPEAKER: I have a comment. It is very hard for my client to do the paperwork and stuff. We have to go through UPS store because his computer is down because the first raise we couldn't get because it was in too late. The opt in thing was the perfect option for him to do, because it is kind of hard for him to move around and stuff. Why can't they just keep continue to do that as they have done before? It worked.

>> MATT SEELEY: Can you a little bit more specific. What was working?

>> SPEAKER: The automatic raise when we got the raise in 2022.

>> MATT SEELEY: Okay.

>> SPEAKER: And to lose the retro if you don't get it in within 30 days. It took us almost 60 days, 75 days to get the other one, and we lost it. So that is not good. Because if I'm having that problem, I know it is a lot more people having the same problem.

>> MATT SEELEY: Thank Thank you, Wanda. Brenda?

>> SPEAKER: Thanks, Matt. Again, I did not get a response to my first question, which is the retroactive payment available to to the DCWs in the act 150 program. For act 150DCWs, there have been two separate rate increases in the last month, and that is contributing to the administrative burden on the FMS on the fiscal management system, but also on direct care workers.

I called, because I'm part of the committee and I was anticipating a raise being available. I called on January 1st, and I think, I think it might have been the second, but I called and asked if there was a rate increase available, and I was told, yes, that it was 1484 was the new rate that I was eligible for, and a week later, I called to see if they received my direct care worker paperwork, and at that time, I was told the new rate was \$15.13 so now we're submitting a second round of paperwork, so the administrative burden here was doubled for a reason I don't understand, but I do want to echo, for CHC and across the board participants, this administrative burden is not small, and asking us to do repeated paperwork like this is, it is not feasible for a lot of folks.

>> JERMAYN GLOVER: This is Jermayn, I want to answer the question about Act 150. Yes, it does apply to it.

>> SPEAKER: What is the relevant timeframe? Are the dates the same?

>> JERMAYN GLOVER: At this point, the timeframes are the same, but hearing that people would like to have longer timeframe.

>> SPEAKER: Thank you, Jermayn. I also want to just make sure, do we still have Angela and Laura available?

>> LAURA HOLMAN: Yes, this is Laura. I'm still here.

>> JERMAYN GLOVER: All right. Thanks. We can move to the next question or comment.

>> SPEAKER: I think that is going to be me. My name is Suzanne. I already talked about the rate increase. I just want to know if the numbers going to be made public about how they decided each rate increase as a whole. Are the numbers going to be made public. Laura said they will be mailing out the letters. Will they be mailing them out today? I also live in a rural area and when I get stuff from Tempus, it usually takes about two weeks for me to receive it. I can't printout paperwork. On top of that, I have about probably up to my waist in snow, because I live in a small county, so they're just pushing it all on to, you know, to get out, so that people can drive on the roads. So it is literally impossible to, like, try to go it a library for some of us on top of that. We're going to get hit with snow in a few more days.

I'm just wonder, I know they said they are going to be mailing them out. Will they mail them out today so people can jump on this or are they waiting? Also, are the forms available on the Tempus website? Last that I saw, the pay rate calculator and all of that was disabled. So is that stuff now active on the Tempus website? Do we have to wait on that as well?

>> LAURA HOLMAN: We can answer those questions now if you would like.

>> JERMAYN GLOVER: I think that would be good.

>> LAURA HOLMAN: Okay. As far as mailing out the form and the letter, that will not happen until the rates finalized and published, so once we have that, that is when that would be mailed out. That will also be when everything is updated on the Tempus website so that you have access to it.

We need those rates to be finalized before we could, you know, be requesting you all to send in something that you wouldn't be able to tell for sure what your rate increase could be. When we talk about the 30 days and the March 16th date, that is a tentative date based on when those rates are published, so if it ends up being later than February 13th that they're published, then the March 16th date would be pushed out.

>> SPEAKER: Okay. You still haven't answered my first question. Will the numbers be public of how you guys decided to give everyone their rate increase?

>> SPEAKER: Laura, I'm happy to take that one. This is Marissa from UPMC. We're waiting on rates from OLTL. They have to set rates and share them with the MCOs so then we can set the rates. Those are determined by what has happened in the legislature, the funding that has been applied to that, and once we have the rates from OLTL, and are able to set ours, you will see those on the Tempus website.

>> JERMAYN GLOVER: And this is Jermayn. From the OLTL perspective, that is being worked on.

>> MATT SEELEY: Okay. --

>> PAULA STUM: I want to make a quick announcement to let folks know that if any of the questions can not be answered during the meeting, we do address these as follow up questions that do go out to the subject matter experts, or the subject matter experts do follow up individually with folks.

So one way or another, we will get a response to you for your questions.

>> MATT SEELEY: I see Kathy, Brenda, and Jeff. Go ahead, Kathy.

>> SPEAKER: My comment is also, we get a lot of snow here as well. I don't have stamps. I haven't used postage stamps in forever, so if somebody is going to mail stuff out to the CLEs, it is going to require postage, a lot of us don't have postage anymore, so that is going to become

a problem as well. I would like to request that this committee make a request that this pay increase be flipped over to option out, and not put all of the burden on the consumers and the attendants.

Thank you.

>> MATT SEELEY: Jeff?

>> SPEAKER: Yes. You mentioned about act 150 being included for those with directed models are folks that use the OBRA waiver and participant directed models.

I actually know somebody who stayed with the participant directed model just so the attendant would get a raise. Thanks.

>> MATT SEELEY: It seems like there is not a lot of questions regarding this. It seems to be, if there are further questions, you can reach out to the office or myself, and we can follow up after the next meeting.

Let's see. Is Paul and the other individuals available to start now? And then we can handle other questions, general questions after that. If they're not available, we can take general questions.

>> ALI KRONLEY: Are there comments and questions on this issue in the chat forum?

>> MATT SEELEY: It is more comments. This are a lot of questions from a number of individuals, but redundancy is beginning to be a factor. So those comments --

>> ALI KRONLEY: Often when I'm on the meeting, we read the comments in the chat.

>> MATT SEELEY: There are a lot of them today, Ali. That is what I'm saying. A lot of the comments. We'll have to move forward.

>> ALI KRONLEY: Clearly there is a lot of interest in this topic.

>> MATT SEELEY: Would you like to read them, Ali?

>> ALI KRONLEY: None of us have access to them. So that is why I'm lifting this up. I don't think that anyone other than the moderators can see any of the questions that are asked

>> SPEAKER: That is correct. We used to be able to see all of the comments. We can no longer see any of the comments.

>> JERMAYN GLOVER: I'm going to ask Paula or someone else, is there -- are you able to tell which ones are not the same question that have been asked that you can read those out?

>> PAULA STUM: This is Paula. I can look through them quick. We do have a member, Ginny Rogers, who has her hand raised if we want to address her while I'm looking through this.

>> MATT SEELEY: Go ahead.

>> SPEAKER: Thank you, Matt. I think we have spent a lot of time already talking about this topic, and I would like to take Kathy's idea of a motion to, and you can help me with the technical details of how to do this, but I do think that we should make a request that, for this pay raise, that it is an automated opt in, unless somebody specifically wants to not give their worker a raise. And I imagine there will be a whole lot fewer of those kind of mail that would go back and forth than there is for people who would want to do it automatically.

So of all of the barriers, it has become too much of a barrier, and maybe it is something that can be simply corrected instead of having to continue to talk about the very big importance of direct-care workers getting an increase in their wages. Thanks, Matt.

>> MATT SEELEY: Was that a request for a motion?

>> SPEAKER: It is a request for a motion. I request that Tempus and OLTL or whoever has to make the change essentially goes back in and instead of doing an opt-out or that it becomes an automatic opt-in. You can change the wording however you want, but the idea is there. People shouldn't have to have all of the barriers for having on wait for postage, complete, sign, whatever else that they have to do in order to give their workers a pay raise when we know that the majority of them would want to do that.

So let's remove some of the barriers, and make a motion to do that. Thank you.

>> MATT SEELEY: Is there a second?

>> ALI KRONLEY: I would second.

>> SPEAKER: I second that.

>> SPEAKER: I second that, too.

>> MATT SEELEY: Was that Natalie I heard first?

>> SPEAKER: Yes, I second that motion.

>> MATT SEELEY: There is a motion made and it was seconded. Is there any discussion?

Anybody have any comments about that?

>> LLOYD WERTZ: My only question, this is Lloyd Wertz, is to the OLTL. Was there a reason for the way the funding was applied that it couldn't be an out-out versus an opt-in process or that was just the choice that was made at the time of the grants being awarded?

>> JERMAYN GLOVER: Is this Jermayn. The MCOs have been given the agreement and the rates that are handled by state's MCOs, so with that vote, we can take that back. I think it will make it more clear to have a vote, and then we'll see if that will change at all.

>> LLOYD WERTZ: Thank you. That does clarify. I appreciate it.

>> MATT SEELEY: Can you clarify, though, that the committee is an advisory capacity, correct?

>> JERMAYN GLOVER: What is that?

>> MATT SEELEY: Our committee here is an advisory body, correct?

>> JERMAYN GLOVER: Right. The subcommittee reports to the MAAC advisory.

>> MATT SEELEY: So our motion here is a recommendation.

>> JERMAYN GLOVER: Right. Yeah.

>> MATT SEELEY: I want people to be clear on that. Go ahead. Did you have something to add, Jermayn?

>> JERMAYN GLOVER: No. You're right. It doesn't mean the outcome desired is how it had go.

>> PAM WALZ: Who ultimately makes the decision to opt in, opt out. I was assuming it was OLTL maybe with Tempus. You mentioned the MCOs. Who does make the choice?

>> JERMAYN GLOVER: This is something I'll have to take back to Juliet.

It is not truly an OLTL decision.

>> MATT SEELEY: Given there are so many questions about this. Do you not think that maybe this whole thing should be put on hold maybe and the March, whatever -- March 15th date should be pushed back a little bit since so many people have questions and Juliet is not here to respond to them? We can get back to it. Any other comments or suggestions or whatnot with the motion? A motion has been made, we're seconded, we're on to any kind of discussion. Any committee member have a point?

>> SPEAKER: I guess I want to make a comment, Matt, if I may.

>> MATT SEELEY: Go ahead.

>> SPEAKER: I just want to make sure that the message comes across [Garbled audio] with regard to why this topic is so important and such a hot topic. It is very easy to get together and make those decisions, but what is important is that we have live participants as well as CLEs, and someone who has (Indiscernible) we have a lot of obstacles, and we (Indiscernible) we can not present a situation on a one-on-one basis, but the reason for the comments that I heard here, it comes across there are a lot of obstacles we have to overcome, especially CLEs and self-directed to obtain the services and (Indiscernible) or the CLEs or participants not obtain what is rightfully deserved by DCWs.

>> MATT SEELEY: Okay. I'm going to close this, unless anybody has any other comment, I'm going to close discussion.

>> JERMAYN GLOVER: This is Jermayn. Hearing what the concerns are in multiple areas, we'll take it back and let --

>> MATT SEELEY: We need to have a vote before that happens.

>> JERMAYN GLOVER: You said you weren't doing a vote.

>> MATT SEELEY: The committee needs to vote and approve the motion before you do anything with it. Paula, how do we handle a vote here? Matt, can you ask folks to state their names before speaking?

>> MATT SEELEY: I apologize, I haven't been very good with that. This is Matt. Individuals, before you speak, ask questions, comments, whatever, can you please identify yourself and if you are with an organization, can you please identify that as well going forward. I'm sorry, Paula, go ahead.

>> PAULA STUM: Hi, Matt, this is Paula. As far as a vote, I think you would be calling on the names of the members. You would state the reason that you're having the vote, you will call on the members, ask them to yay or nay, and then we would go with the majority.

>> MATT SEELEY: Okay. I assume I don't get a vote in that. So I will --

>> PAULA STUM: You do. You do get a vote. You are a member.

>> MATT SEELEY: Fair enough. Well, then, we will start with me since I'm at the top of the list. I will vote in support of that motion.

If anyone has an issue with unmuting or whatnot, if you can raise your hand or thumbs down or put something in the chat, we will try to get everyone's vote here. So with that, Abigail Foster

>> SPEAKER: I vote in support.

>> MATT SEELEY: Thank you, Abigail.

>> SPEAKER: Ali Kronley

>> SPEAKER: I vote in support of the CLEs that will be directly impacted.

>> SPEAKER: Can we go back. There was a comment for you to just clarify what people are voting on. Just so it is clear for the record.

>> MATT SEELEY: You're right. Ginny, if I can ask. Can would you mind repeating your motion.

>> SPEAKER: Sure. My motion is to have Tempus or OLTL or whomever needs to make the approval to essentially auto mate the process so that the CLEs are automated with an opt in so that -- I'm sorry. I'm confusing myself.

So that the CLEs automatically receive the pay raise for the direct care workers, and only if they want to out-out, do they actually have to respond.

>> MATT SEELEY: Okay. Thank you, Ginny. I'm actually going to start over again since we didn't do that that.

>> SPEAKER: And please, feel free, anybody to make that sound better.

>> ALI KRONLEY: I might say, if this is helpful, the recommendation is that the implementation plan will require every single CLE who would prefer not to give their participant an increase to complete paperwork and not require CLEs who would like to give their DCW an increase to complete paperwork, because that still preserves the autonomy of the decision making for the CLE and their ability to determine wages, but removes the administrative burden from the majority.

>> MATT SEELEY: Did someone from OLTL capture that? Or is that sufficiently captured by the CART individual in the transcript?

>> PAULA STUM: Hi, Matt. It is possible. The captionist should have captured both of Ginny and Ali's description.

>> MATT SEELEY: I will say this. And I would say that Ali has offered a friendly amendment, does anybody on the committee object to the amendment? Purely object. Go ahead, Jermayn

>> JERMAYN GLOVER: I'm sorry. I don't want to -- I know we're trying to clarify things. I want to make the caveat that the Fee-for-Service it is automatic increase. I don't know if that was made clear through the previous presentation. So this vote would be for managed care.

>> MATT SEELEY: Clear on that? Is everyone clear on that? Go ahead.

>> ALI KRONLEY: Go ahead, Pam.

>> PAM WALZ: This is Pam Walz from community legal service. Were you just answering my question. You said something about the CHC/MCOs. I'm not sure what you were saying.

>> JERMAYN GLOVER: I was clarifying what Ali said makes sense, that when it comes to automatic auto in versus not automatic -- it is the automatic increase. I'm not sure if that was clear in Laura's presentation. Make sure people understand the distinction that this vote would be for CHC.

>> LAURA HOLMAN: Yes, my presentation was specifically for CHC.

>> JERMAYN GLOVER: I know we had multiple people in fee for program services or CHC. I wanted to make that clarification.

>> PAM WALZ: This is Pam again. Are you saying that people who are participant-directed and Fee-for-Service, for them it is opt out?

>> JERMAYN GLOVER: Laura, can you answer that, please?

>> LAURA HOLMAN: I can only talk specifically --

[Multiple speakers]

>> PAM WALZ: That makes me feel even more strongly that folks in the CHC system should not be treated differently and should also be opt out.

>> JERMAYN GLOVER: And this is a CHC-MCO, they make the decisions, so yeah I think we're clear now about the Fee-for-Service versus CHC-MCOs.

>> PAM WALZ: Thank you, Jermaine.

>> MATT SEELEY: Does anybody object to the amendment with the clarification that Jermaine just provided? I'm sorry. I see your hand there, Brenda, but you're not a committee member. I don't hear any objection.

>> SPEAKER: Hold on one second, Matt. Can somebody please just state what it is that the motion is going to be? Sorry.

>> MATT SEELEY: Paula?

>> PAULA STUM: Hi, Matt. Like I said, I have the two motions. I can try to put them together.

>> MONICA VACCARO: Who came to visit us --

>> PAULA STUM: I'm sorry. Is that Brenda?

>> MATT SEELEY: Can somebody please get that?

>> PAULA STUM: I'm trying to get to her.

>> MATT SEELEY: Thank you.

>> PAULA STUM: What I have and maybe we can all come up with one statement.

So first of all, the first thing is that this is for CHC only, implementation plan requires, this was Ali's comment, the implementation plan requires that every CLE is to complete the paperwork if they do not want to provide the increase. Ali, did I get that correct?

>> ALI KRONLEY: Yes. I mean, if the CLE wants to provide their direct care worker with an increase, they should not have to complete paperwork. They should only have to complete the paperwork if they do not want to provide their DCW with an increase. And I guess, based on the discussion, I think what Pam said is right. We should recommend following the same process for the act 150 OBRA universe.

>> PAULA STUM: And G inny's statement is to have Tempus or OLTL or whoever to approve, to do the approval to auto mate the process where the CLE's would receive the pay raise and

only respond if they want to opt out. Ginny, did I get that correct?

>> SPEAKER: You did. I think we're saying the same thing here, so which ever language is easiest, I think, is fine. And I agree, it shouldn't be treated differently from the Fee-for-Service.

>> PAULA STUM: So Matt, which one do you want to go with?

>> MATT SEELEY: Are we agreeing that they're both the same? I heard Ginny say that, but is Ali saying that?

>> ALI KRONLEY: Yes, they're the same. Very awkward.

>> MATT SEELEY: If that is the motion that we are agreeing to, I can do the vote again. But if I can just try to get people back into a little bit more control, let me pick who is going to speak. We don't want to have anybody speaking over each other. Again, this is Matt talking. So we will do the vote all over again with the understanding that that is the motion. So with that understanding, I will vote to approve that. This is Matt. I work with the statewide independent living counsel. Next up, Abigail?

>> SPEAKER: I agree to approve.

>> MATT SEELEY: Ali?

>> ALI KRONLEY: Yes, representing United home care workers of Pennsylvania and direct care workers who will be impacted by the decision.

>> MATT SEELEY: Thank you. Andrea? Anna?

>> ANNA WARHEIT: This is Anna Warheit. I will vote to support. Thank you.

>> MATT SEELEY: Carol? If I'm moving too fast and you're not able to -- if you're not able to unmute, feel free to write something in the chat. Cody?

>> SPEAKER: Yay.

>> MATT SEELEY: Okay. Neil?

>> SPEAKER: I'm a yes.

>> MATT SEELEY: George? Ginny, I'm assuming you're a yes?

>> PROFESSOR:

>> SPEAKER: That is correct. Thank you.

>> MATT SEELEY: Jay?

>> JAY HARNER: Yes.

>> MATT SEELEY: Kathy?

>> SPEAKER: Aya.

>> MATT SEELEY: Laura is excised. Linda?

>> LINDA LITTON: I agree.

>> MATT SEELEY: Lloyd?

>> LLOYD WERTZ: I'm in favor of the motion.

>> MATT SEELEY: Lynn?

>> LYNN WEIDNER: I'm in support of the motion.

>> MATT SEELEY: Michael Galvan? Chell Garrett? Monica?

>> MONICA VACCARO: Yay.

>> MATT SEELEY: Natalie?

>> SPEAKER: Yay.

>> MATT SEELEY: Pam?

>> PAM WALZ: Yay.

>> MATT SEELEY: Rebecca had to step out for a family issue. I don't know that I counted any Nays. So I'm going to say that the vote or the motion passes, so Jermain and Montrell, Paula, if you can pass that on to Juliet, and everyone else. Is there any other comments? Sorry. Go ahead.

>> JERMAYN GLOVER: I was saying thanks, Matt.

>> PAULA STUM: Thank you, Matt. I have a count of 17 yeses.

>> MATT SEELEY: Okay. With that covered, does anybody else have any comment that has not been made already? If not, we are going to move onto the next presentation. Hearing and seeing none, I'm going to ask Paul, Nathan, Michael and Joseline.

I'm not sure who is the lead with that, but if you're ready, please, go ahead.

>> PAULA STUM: This is Paula. Paul, you should be unmuted.

>> PAUL KOWAL: Just got it now, Paula. Thank you so much. Matt, committee, participants, thank you so much for having us here at Maximus. My name is Paul Kowal. I'm the project director here for the PAIUB. I am joined here today with our senior project manager Nathan Hassel, research and support manager, Joseline and senior call manager center manager, Michael. We'll go through the presentation today. We'll give you insight into how we support applicants and non-applicants through the Beneficiary Support Services, and some of the things that we do on a regular basis. So if we can move into the next slide, we can give you a bit of an over view.

So what our slide here tells everybody for the CHC population. From the time that we get a request, whether that is electronic, by the phone, or someone comes into our office, we're really looking to support that person across the board, so as we have expanded our scope of services to our Beneficiary Support Services, we're really looking sure to reduce any of the barriers for folks that are really looking to create that independent living space that they want and striving for when they land at our door step. Please go to the next slide.

So taking a peek here, folks. What it is that we actually do under this umbrella of services, we are supporting both program participants and non-participants. As you can imagine, we get a number of phone calls and inquiries for a number of things, whether related to our core services or beneficiary services or otherwise. So we have to be prepared to support wherever that is and provide a referral or support them in house.

One of the things we pride ourselves on is our staff. The training of our staff, and what we do on a daily basis is we really take a look at what are those needs that go beyond kind of a regular applicant or application, and we take a look at what is going on in their situation then, what it is that they're telling us that they need, and we really put that into our system where we're able to track it. We're able to move that application and the applicant along and resolve some of the other ancillary issues they may have outside of the core application.

What happens is, from there, once they go through our intake process, when we're in person, and when we're on the phone, both before, during, and after our in take visits, we really, again, make sure that we're looking at the applicants and the ARs globally for what that is and what we can do to get them into the next phase of life.

And so within our own system that we have, we really make sure that each step along the application process, both before, during, and after, we have markers that we set that we have our staff trained to follow up, again, whether that is over the phone or in person, to make sure that we're meeting their needs, and if there is anything that comes up throughout the process that isn't, you know, a part of it, we partner with the MCOs or CAOs and obviously the Office of Long-Term Living. And at the back bone of everything we do, folks, it is a person-centered approach, because we do understand that when folks come to us, they may have a clear understanding of who we are and what we do, but others don't. Others may be very confused in the process. They may not understand what it is that their next steps are. Who do they need to get in contact with.

So by understanding kind of that soft approach of what person-centered looks like and dealing

with humans and their issues, we need to make sure we're identifying resolving them in the language that they can understand at the appropriate times when they need us to support or make any referrals.

Please, go onto the next slide.

And so one of the examples that we wanted to share with everybody today is one of our participants might be having some difficulty reading and understanding the information related to their choice or their plan transfer. This can be because they may just not have the education level at the time when they're going through this. So what we'll do is when they're in the appointment or if there is any kind of follow up needed, we'll actually read that to them, and we want to make sure that they're understanding it and knowing that it is okay that you don't understand. We want to make sure that this is an objective and non-judgmental process, so we really do lead with that, with some of the scripting that we have in some of the other avenues. Because, again, we want to make sure that folks have accurate transferral of their information to us so we make sure they have as expeditious of an application process. By making it a safe space for them on the phone and in person, however that may be, we do that for them, and in this scenario, we want to make sure someone is not embarrassed because of that or that they're having any other issues that we may be able to connect them with another service as well. And we don't want to limit their ability to ask those questions or trust and support us in that. Please, go on to the next slide. And so, you know, one of the other things, and one of the big boosts that we've gotten since we've added our beneficiary supports is this kind of scenario where one of our applicants does receive a denial request and they're looking to add documents to it, so what may have happened during the visit is, you know, we do our prep with them. We do some reminder phone calls to let them know what they may need and while we're actually in the visit, we have a check list that we go over with them to have them prepared in case there is something that comes down the line that they may need in addition to the application documents.

So what we'll do is whether it is in the visit or, you know, once they get the denial, we'll schedule a follow up. We'll go over the phone with them to help them understand more of why behind it, but we'll get an actual person out there to them, and when they sit down with them, and hopefully they have some supports there, whether it is an AR or case manager or something like that. We'll explain what is going on. We'll have that 162 or 253 hopefully with us or they will have it, and we'll explain the process of what is going on. Education is key, folks, we don't want to just go ahead and do for them. We want to make sure they understand where they're at in this step of the process, how they got there, and obviously what those next steps are, so both they and we can follow up to the appropriate entities at the appropriate times.

And what we'll do is we'll gather that information. Sometimes folks forget their password or they don't have it. We may need to create an account with them. We may need to reach out to a banking institution on the phone with them to do all of that, so once we're able to get line of sight on that, we'll gather all of those documents with them, and it may require multiple visits or multiple phone calls to be able to do this. This isn't, you know, just designed to be a one stop shop if they don't have it. So we'll get that information back over to the CAO and we will have, as we stated on an earlier slide, we'll have the internal checks where we can go back to folks at certain time intervals where we know documents usually get processed to see if there is anything else they need. If there is any other appointments that might be necessary from just this one single instance.

Please, let's move onto the next slide. And so just as an example, folks, so you understand the care that we take and the diligence that we have on a regular basis, the outreach department

does make multiple outreaches, both over the phone and again if needed, we'll be out in the field, but really, one of the things that we have looked at is are calendar day 20, and then 30 through 45 and then again at 60. We send folks an outreach call. As I stated before, we provide them some guidance on what is actually contained on that 253 form, if there is a denial. And that team really works behind the scenes as well, trying to understand the issues. What do we have on file, what do they need and provide the appropriate and clear communication to the audience of what is needed.

And as a result, folks, as we have changed some of our internal processes and we have become more proactive, once the application process kicks off and not just always waiting for a denial, we have actually seen a very significant increase up over 30% in successful enrollments than just allowing folks to kind of go through the process and get the denial and wait and wait and wait. This was designed, again, everybody, as a person-centered approach, creating those multiple touch points, having that education, and getting out ahead of this as early as possible because folks fall through the cracks. We know that. And that is what we wanted to avoid with this. So by creating the calendar day outreaches, we're continuing to remind folks, we're continuing to support them because this is an overwhelming process to a lot of folks, even if it goes, you know, clean from start to finish, and we know that this can get a little bit messy. It can be uninformed on their part. So by doing this, just simply, again, creating touch points, creating a safe point for them of contact and questions, we have seen a very significant increase in getting folks to a successful end in enrollments in the program.

Please, let's move onto the next slide. So at this point, I'm going to turn it turnover Nathan Hassel. He will go over a couple of points here on how folks can come to us and ways we might be able to support them.

>> NATHAN HASSEL: Good afternoon, everybody, I'm Nate Hassel. I'll highlight some of the tools online at the the PAB website. Some of the tools are in place to complement the support services. We have applicant and enrollment support features including online referral systems where users can submit and complete a community referral form to start an application for themselves or someone else. We feature real time status tracking, applicants can enter their case ID and date of birth into a dedicated tracking module, and also be the current status of the pending waiver applications the

PAIEB.com uses keystone log in which is the commonwealth's security identification and authentication system which allows the applicants and participants to access, update and manage their account information safely.

Additionally, PAIEB.com has plan selection and plan comparison features, such as health plan comparison tools, which allows users to select their county and view available community helmet choices MCOs, comparing specific benefits and provider networks.

We also feature self service transactions, where enrolled CfC participants can change their healthcare plan or physician at any time. We provide a searchable provider directory where applicants can search for specific hospitals, doctors and clinics that participant in CHC networks. We offer extensive information on HCBS programs including program guides with detailed break downs of programs, such as CHC life and OBRA. Also, information and downloadable documents explaining participant rights including how to request a fair hearing or appeal a denial. And of course, all of this content is presented with accessibility to many languages including Spanish, Arabic, Chinese, Vietnamese, Russian, and more. So most importantly, and most applicable here today, the website also features information on how applicants and program participants can contact us for assistance with secondary services such as food and meal support, transportation, medical supplies, and legal representation. Next slide,

please.

As you can see here, here is our contact information. If you or someone you know could benefit from support services at the IEB, reach out to us at the numbers listed as well as on the website at paieb.com to learn more about our Beneficiary Support Services. Next slide, please.

So up to this point, we have covered our centered more so person-centered interaction based on our Beneficiary Support Services and our available online resources. In the following slides, we'll be providing information on how to support the program population through the grievances and complaints process, and to guide us through that, I'll pass you off to Joseline, our research and support manager.

>> JOSELINE FAJARDO-ALVARADO: Good afternoon, everyone, thank you, Nate. Today I'm going to walk you through the complaint support process. Next slide, please.

Let's start talking about the who and the how. So we assist with concerns from participants, family members, the department of aging, County Assistance Office, anyone who was part of the participant care experience.

We log and investigate every complaint sent to us, whether it involves a provider, a managed care organization, a county assistance office or even our own operations. We log and address with the same level of seriousness.

We make reaching out to us as easy as possible. Individuals can call, email, write, fax, or even come our office to report their concerns. While identifying information helps us investigate and respond more effectively, individuals are not required to disclose personal details to have their concerns acknowledged and addressed. Reporting a concern to us does not reduce any other or thing options. Participants can still go directly to the managed care organization, a service coordinator agency or anyone they trust. We're here as another support entity. Sometimes people just need one more door they can walk through and we make sure that door is open. Next slide, please. So once a complaint is received, our team conducts a full review of the case and all of the information that we have access to. We contact the complainant to gather more contacts, and understand the desired outcome. We then reach out to any relevant parties, whether that be a managed care organization, a county assistance office, aging well, or any internal departments to gather input and clarity on the situation.

Throughout, we act as an liaison coordinating multiple conversations, follow ups, and research connections. This can include beneficiary support visits like Paul mentioned earlier, and/or ongoing case tracking to ensure a concern is not just heard, but meaningfully addressed. If needed, we make necessary referrals to other agencies to investigate and follow up as well as escalate to the Office of Long-Term Living for guidance.

So to summarize, a complaint is logged followed by a detailed review, outreach is made to the complainant, then stake holder communication and coordination, and we follow up and document throughout.

Lastly, please note that all complaints are handled in accordions with HIPAA and applicable privacy standards. Thank you. Next slide. I think at this point, we'll open it up for questions.

>> MATT SEELEY: Okay. Thank you. Any committee members have questions?

>> LLOYD WERTZ: . Yeah. Lloyd here. I'm assuming there is a time limit to the filing of complaints and are there points at which the last presenter, for example, might find the process to exceed that time limit, and if so, what can be done?

>> MATT SEELEY: Do you want to lean into that one, Joseline?

>> JOSELINE FAJARDO-ALVARADO: Yeah. There are no time constraints. You mean if something happened months ago, can they still report it now? Or do you mean the time in which it takes us to investigate the complaint fully?

>> LLOYD WERTZ: Sorry. I messed up my mic button. Yeah, actually, both. I'm assuming that whatever the time -- whatever the complaint is, pretty much no matter how far back it goes it can be addressed. I was more concerned about the processes of limiting time for the complaint to be received, to be shared with the involved entity, and then to receive feedback from that. Is there a time limit, like, do we expect them to respond within 15 days, 30 days, are there numbers involved with that process?

>> JOSELINE FAJARDO-ALVARADO: Yes. We have ongoing communication, and when we make outreach to that complainant, if we have the contact information, we will set deadlines or timelines and that varies depending on the type of complaint it is and the situation, and we will have ongoing touch bases with them, communication, as to what the next steps are, and if we reach a standstill point, we will escalate and seek direction from the Office of Long-Term Living on how we can then move forward, but it will be a continuous support and outreach with that person.

>> LLOYD WERTZ: Thank you very much.

>> MATT SEELEY: Thank you. Kathy Cubit?

>> KATHY CUBIT: Thank you, Matt, and thanks for presentation. I have two questions. Do you have a proactive engagement approach for participants going through the renewal process like you do for applicants or what support do you provide to participants during renewal process, and secondly, how do you prevent conflict of interest issues when there are complaints about your services? Thank you.

>> MATT SEELEY: Thank you for the question. We'll take the first one.

>> SPEAKER: We do, Kathy. We have our outreach department in conjunction with our call center as well, that when we have some notifications when folks are reaching the end of their application process or there is a renewal coming up, we will do some outreach to those folks and we have some different avenues and means where we may not -- we may not need to provide an in person visit am the these are things that we may be able to do over the phone, especially since they have gone through that as well. We do have some things set up for that piece, and can you give me a little bit more insight as far as conflict of interests and what you're looking for out of of that question?

>> KATHY CUBIT: Sure. And thanks for the initial response. If someone has a problem with your service, you're handling complaints for the full spectrum of things. But it seems like if someone is complaining about your service, what kind of -- have you had the system set up so there is a real fair and impartial, you know, way that you're reviewing complaints against you?

>> JOSELINE FAJARDO-ALVARADO: So it is multidepartmental process. It is not just one person or one set of eyes on it. It is multiple levels to make sure that there is that transparency. All complaints are also logged and reported on a weekly basis to the Office of Long-Term Living for review, so that way they can see what is being logged as well as all of the actions that being taken followed by a quarterly review as well of a summary of that.

>> KATHY CUBIT: Thanks again.

>> JOSELINE FAJARDO-ALVARADO: Of course.

>> MATT SEELEY: Next up, Pam Walz.

>> PAM WALZ: This is Pam Walz from Community Legal Services. I have two questions. One is to follow up on Kathy's question. For renewals, the answer I heard was that when renewals are coming up, there is an outreach. Does this mean for -- everyone has renewals.

Does this mean for everyone as the renewal comes up, they're getting an outreach and assistance? And then my second question is for participants who are having trouble getting the services they need or who have been denied the number of hours of personal assistance

services they're requesting or facing a reduction, is that something that BSS assists with and what is the scope of assistance?

>> SPEAKER:

>> PAUL KOWAL: To lean into the first one, the proactive outreach is not for everyone, because that would be a lot. We really look for some of those folks that we were speaking to relative to BSS, if we know that there are some things that we may need to follow up on, you know, throughout that application process or afterwards. We'll have some in the system to make sure that we're reaching out to those folks and making sure they're there. What we're really looking for through this process, everyone, as well, again, from the first point of entry until successful enrollment is self service. We want it make sure they understand their dates and timelines, the documents that they're receiving when renewals are coming up. And what our role is and how we can support them through that. So that is one of the major ways that we provide education, both to them and to the authorized representatives or supports that they have. We have some folks that we'll continue to follow with some of that, but most of the time, they're able to come back to us through the process when needed. I hope that answers your first question.

Can you do your second question one more time for me? I apologize.

>> PAM WALZ: Sure. I think, you know, where I work, the Community Legal Services, we frequently receive requests for assistance from CHC participants who have been denied the level of personal assistance services or other kinds of services that they need or they are facing reductions in the services. What does BSS do for people like that?

>> PAUL KOWAL: Absolutely. So again, it will depend. We have a couple of specialized departments between our outreach department and research and support department to really help these folks understand, number one, right, they need to know the why. Why they were denied or why they had a reduction, so what we can do is, again, we'll provide that outreach to them when they check in with us to help them understand why. So if they want to take next steps beyond that, it is going to depend on the way that they want that route to go. It could follow, as Joseline stated earlier, it could fall under our complaints, and then we can take that route with that if they want to appeal.

We have our outreach team that can support them throughout that process. But again, if it is something that goes beyond that, all of our teams and all of our departments do provide the information for any additional legal services that they may need and we work our best, again, at educating them on the how and the what to be able to get connected with that.

>> PAM WALZ: To clarify, if they go through the complaint route, you'll support them through the process. Can you be more specific to the extent of the support?

>> PAUL KOWAL: It is going to fall in parallel to a lot of the appeals as well, so, and more so, that is along the lines of if they felt that there was something that was unjustified or discrimination or something like that, we'll log that complaint as we normally do. We'll follow up with, as Joseline provided in her part of the presentation, ya we'll follow up with the entities to get the context there. If that results with them wanting to follow the appeal process, we'll pick that part up, or if they feel there is something larger at play and they need to take some legal action, we'll provide them with the resources to follow up on that.

>> PAM WALZ: It sounds like that includes helping them file appeals?

>> PAUL KOWAL: Correct. Yes. Correct.

>> PAM WALZ: Thanks.

>> MATT SEELEY: Paula, I don't see any questions from committee members.

I see a number of other questions.

>> PAUL KOWAL: Wherever you want us to go.

>> MATT SEELEY: I'll read a couple from chat. Actually, Sarah McFadden. You have been waiting long. Go ahead.

>> PAULA STUM: Sarah, this is Paula.

You have been unmuted. You would need to unmute from your end.

>> MATT SEELEY: If you're not able to, if you want to take a minute, I see Natalie has a question as well. Why don't you go ahead, Natalie, while Sarah works on her microphone.

>> SPEAKER: This is a question along with a statement. Everything on paper sounds beautiful. Those of us that do the life process with applicants, with enrollees, one question that I have, do you provide the same assistance for those of us who are enrolled in CHC. There is a lot of technology requirement to get to the services, to try to reach the services. And this topic is a little emotional because I just lost a senior I was assisting on the services and she passed away, and I feel that us, as a system, we failed her, and this chain of providing services through LTSS and through CHC.

What are the alternatives, besides so much technology, do you have available, especially for those seniors who don't have the knowledge or don't know how to use a smart phone or computers or computers, et cetera, et cetera, I think that 30% increase would have been higher if so much technology wasn't needed. And then my second --

>> MATT SEELEY: Can I tag on there one quick point. It is a good point to bring in what Kathy was saying earlier. Kathy Hertzog about the go to thing and technology difficult to use. It is apparent today people are having problems unmuting and what not. I think the department, the OLTL really needs to take a look at this. But that said, go ahead, Natalia, finish your points.

>> SPEAKER: And I would also like to know how is accountability or quality assurance of all of the services being provided. In paper, everything looks amazing, I can tell you in reality, it is not how it is going. So what accountability, especially for the LEPs and most important for those seniors or individual with a disability that have no one to assist them, because of their diagnosis or their condition, they don't answer their phones, they are (Indiscernible) with technology. I've seen so many issues. And the purpose of this meeting is not so much to bring out the issues, but to let it be known. Who has the accountability, the quality assurance that this is flowing as beautiful as it is in this paper. Because that is not what is happening in real life.

>> PAUL KOWAL: First and foremost, I want to share my condolences with you. I know it is never easy to lose someone that you work with, so I felt that pain in the past in some of my past professions, I'm very sorry to hear that.

With that note, some of the things we have been talking about here and in our proactive approach, we're looking to expand out on a lot of that. For our life folks and applicants that come through or those already enrolled, we don't ever turn anybody away. For folks that come to us for whatever level of support that they're at, if we can help them within the program confines, we do so, and if it is not under our purview, we make sure that we're connecting them to that.

You're right, Natalia, the population that we generally work with whether because they came up through a different generation or they have some physical or cognitive limitations, we really do our best to use technology as a leverage point, but not as an end game. So whether that means that somebody has difficulty writing or typing or signing their name or being able to see a screen or being able to see paper, when it really boils down to is what each of the individuals need in that moment, whether they're on the phone with us, whether we're in person with them. We make sure that we have all of our materials, both digital and paper-based. And what it goes on from there, if somebody has some sort of impairment, whether that is auditory, visual, a different

language, that we have these in alternative platforms that can be more tangible and more accessible to them. So we don't lose them in the shuffle, and really, what it boils down to, Natalia, for folks coming into the door to us and technology, we have a number of avenues that they can come to our office. We can meet them in their homes, and most importantly, they can call our number for the call center, so if they're not, you know, savvy with a smart phone or a tablet or a computer or something like that, that is okay.

We don't expect them to. We have a number of in ways and pathways for folks to come to us, and the last thing we ever want to do is restrict that access to someone, so that is really kind of how we try to find that balance between technology and the folks that aren't comfortable with it or knowledgeable for it. To be able to, you know, pick up that phone still or have someone pick up the phone on their behalf and then we take care of the rest from there.

As far as the accountability, Natalia, one thing that we really do from the gate is we don't just see this person for just a diagnosis or for just a resource. We're really taking a look at them holistically. Whether that is someone coming in for a new application, a reapplication, or someone that wants to check in with us on something, so we have, on our call center level, we've implemented a number of things, and one of them is the beneficiary supports check list. It is kind of an if/then situation, so as they call, we're gathering information, we're gathering the reason for the phone call, and we ask some sequential questions then where we can better understand what their needs are for that moment, and ancillary on what is the main call reason.

>> MATT SEELEY: Can I interject. We have a number of questions here. Can you bring it together or close it down?

>> PAUL KOWAL: I'll get to the bottom line here, Matt. What happens at the visit is we have a comprehensive assessment that looks at all of the core areas for what folks need, so we're making sure we're not missing anything.

>> MATT SEELEY: Thank you, thank you. Were we able to get Sarah?

>> PAULA STUM: Sarah

>> MATT SEELEY: People like to see the same faces all of the time. Is she able to unmute?

>> PAULA STUM: She says she is not. Here, I can read it. In my experience, people like to see the same faces all of the time. How does that work with your new process? Is it someone different every time? For example, someone that calls, then someone that goes out. How do you build trust among participants?

>> PAUL KOWAL: Good question. Thanks for reading that off. When you call into our call center for the initial appointment, the person that you're speaking with, they will set up and provide all of the information. Prior to the actual face to face visit, everyone, we do, at least one call ahead to do that warm hand off. We'll give them a call sometime 24 hours ahead of time, up to 72 hours, depending on the complexity of the case, and that person who is calling them will most likely be the one that goes out to see them. When they go into the appointment, they make sure that they establish the rapport in a lot of the person-centered approaches we spoke of earlier. If there is any follow up, folks, we leave business cards for the point of contact. They have access to the work cell phone numbers of our front line staff that go out to see them, and if there is a secondary visit that is needed or tertiary visit that is needed and they're requesting the same person, we work within our scheduling confines to make that happen.

>> MATT SEELEY: Thank you. There is a question from Jen Sorano. Why are appeals also listed as a complaint or a grievance. It is very confusing.

>> PAUL KOWAL: Yeah, I'm sorry, Jen, if I didn't speak clearly to that. They can go in a number of different routes. I was just kind of giving the route options of how things may overlap. Complaints are not the same as appeals. I was just allowing some folks to understand, based

on the question, how some of those may overlap.

>> MATT SEELEY: Thank you. I see Brittany has a couple of questions in here. Are you able to unmute?

>> SPEAKER: I am. Can you hear me?

>> MATT SEELEY: I am.

>> SPEAKER: Thank you. Brittany (name?) For independent living. Three questions for issues that we have been facing. When will we have a real solution behind the issue, whenever we are calling for the nursing home transition program where nursing home transition coordinators, we're calling on behalf of the consumers we serve. It is pretty consistently my staff just said it happened yesterday, that representatives are telling us they cannot talk to us, it doesn't matter if we're a nursing home transition coordinator, when we know the information is incorrect. So first question, when is that going to get solved and what trainings need to happen for us to avoid these barriers? Secondly, when the touch points happen with the participants, again, it is usually the nursing home transition coordinator who should be the go to person, because if you're in a facility, it is likely you do not have a personal phone and I'm sure IEB won't be on hold for the nurse's desk for 45 minutes to get hung up on. So how do we go about making that an option and allowing the nursing home transition coordinators to receive that call on behalf of the participant at their request?

Lastly, when we call to get updates and say we are able to get through that time and we're able to access information, I could call now and I could call an hour from now and it is possible, depending on who I speak to, that I will receive two completely different updates. Is there a across the board update that staff are looking at or is there access due to levels or seniority? How does that update come up?

>> PAUL KOWAL: Thanks for rumbling through these here. I'll kick this over to Michael Martin here to speak to some of this in a minute. What we need to make sure first out of the gate is if there is something like this that is coming up, Brittany, that, again, I love to be able to talk more about it in another forum to make sure that we're understanding this and going through it properly, but what it really looks like, again, is we need to make sure that privacy is first and foremost out of the gate, so if there is any concern or if someone is not listed on a case, we're not going to divulge that information. We want to secure HIPAA. Mike, I don't know if you can come off of mute and speak to some of the things Brittany was looking at in addition to, you know, call verification out of gate.

>> MICHAEL MARTIN: Can you all hear me?

>> MATT SEELEY: You're good, go ahead.

>> MICHAEL MARTIN: Brittany, I'm actually surprised to hear that. Honestly, we do have a standard, a method of authentication and verification, and nursing home transition coordinators are actually sort of, you're sort of at the top of the food chain. You really don't have to provide much in the way, you actually, per our guidelines, you just have to provide the applicant's name and date of birth and we should be able to assist you, so I'm a little surprised at that. We'll definitely make sure that we sharpen up on that, on that as well. Just to make sure that they understand exactly, I think one of the things we also have to do, though, is nursing homes, it is very, very helpful when you lead with your title.

So some individuals will call and they will start the discussion and they won't, they won't let us know that they're a nursing home transition coordinator, so please, if you can, if you all can, if the nursing home transition coordinator community, if you can take this back, just lead with the fact that you are a nursing home transition coordinator, and then everything will flow smoothly. Our staff, we have a standard process for that.

So with regard to getting different answers when you call within an hour, that shouldn't happen either, to be honest.

That is rather concerning. In the event that that -- in the event that happens, you can actually escalate to one of our supervisory staff in the call center, and then what we would do is we would do a case review and just get down to the bottom, and all of the calls recorded as well, so we would get down to the bottom of exactly what was told when, and then if we needed to retrain a staff member, we would absolutely invest the time in that.

What we want to do is we want to focus on, you know, definitely providing proactive solutions. In the event that that does happen, just ask for a supervisor. Just say, you know, hey, I called prior, and I got this status, and I'm being told something different. Can you escalate that to your manager, and then what we would do is we'll pull both phone calls, do a review, and train accordingly. Once again, I think these are things that number one, I am glad that you're bringing these things to our attention, because what we want to do is we want to improve, we want to make sure that we're working toward delivering first call resolution, and by all means, any issues that you have, please bubble them up to supervisors and we'll take them seriously and we will train and make sure our staff is on the same page accordingly.

>> SPEAKER: Thank you for your feedback, I will also reach out to you guys offline. These are definitely happening frequently, but I appreciate the update.

>> MICHAEL MARTIN: Thank you.

>> PAUL KOWAL: Looking forward to working with you.

>> MATT SEELEY: Okay. Kathy Hertzog.

>> SPEAKER: This is Kathy Hertzog. I'm a CLE. I'm wondering, is this (Indiscernible) that we as consumers can turn to to get assistance with filing appeals? It used to be, years ago, that they would file appeals and actually appealed decisions, so short of going to legal services, I'm wondering if you're the body that can assist us.

>> PAUL KOWAL: Yes, Kathy. Thanks for the question. We certainly can if we're provided with the information of what is going on with the case.

We can support through the education and the filing of an appeal through our outreach department.

>> SPEAKER: And you said that you have information available in electronic format as well.

>> PAUL KOWAL: We do. Through a number of libraries that we have, Kathy, we can provide some information on a number of topics, depending on what it is you're looking for and appeals would fall under that. Yes.

>> SPEAKER: Okay. Because I know people who are trying to get the electronic format from their MCO, and they're getting formats that are unusable to the CLEs or the consumers. The format that they're sending is out dated and no longer used by most (Indiscernible).

>> PAUL KOWAL: Okay. And we keep up with those fairly regularly to make sure that we don't have any corrupted files, that we have up to date platforms to there, so hopefully whatever needed will be --

>> MATT SEELEY: Kathy, we need to move on.

>> SPEAKER: I just wanted to say that the MCOs are not providing accessible formats. Thank you.

>> MATT SEELEY: Is Sarah able to unmute?

>> SPEAKER: Yes. Can you hear me?

>> MATT SEELEY: Yes.

>> SPEAKER: Okay. So I wanted to say, with the new model, how would you advocate specifically for participants when they need their bank statements, assets, life insurance

policies. Is the person coming out, are they actually going through the bank statements with the participant, highlighting reasons, explanations, et cetera, or are they helping call the life insurance companies to get the letters? How hands on is the process?

>> PAUL KOWAL: Yeah, Sarah, so it is whatever is needed. So just so you have an example of what we have done, we have called banks with the applicant and the AR. We have gone through bank statements with them to make sure that they had everything, we are one, but also understood, kind of where the numbers were coming from.

So again, whether that is on the phone, whether that is online, we are with them. We are literary in the muck and mire of the situation to get them through and get the documents of whatever is being requested.

>> SPEAKER: Okay. And how has the response been from the senior population with your model?

>> PAUL KOWAL: It has been a sigh of relief. So the folks, when we get our surveys and when we do our -- because we do quality calls as well as follow up. They have all been very grateful for those opportunities, because they may not have anybody else. They may not have a son or a daughter or neighbor or somebody that can help them. And we really do that process with them.

As we type or as we call, you know, we're helping them understand, you know, what we're asking and why, or, you know, what it is that is on that piece of paper that they need. It is, again, a lot of teaching.

It is education, it is that self service that we take with the person-centered approach.

>> SPEAKER: And also, do you provide support in the (Indiscernible) assessment.

>> PAUL KOWAL: Can you say that again

>> SPEAKER: Do you provide support in the last assessment with the MCO regard, like, the different services that they can get the advocacy piece there? Do you provide support in that aspect?

>> PAUL KOWAL: If they reach out to us, we can. In that visit, we have a check list to prepare for the next step of the phase. If they call us, we can provide resources in connection as well.

>> SPEAKER: Okay. Thank you.

>> PAUL KOWAL: Thank you. Of course.

>> MATT SEELEY: I have a comment from Anthony House. I feel it is critical, Paula, can you read the rest of that? The top comment. I think it is critical we find means of better educating and demonstrating renewal processes is often improper to assume that people, participants and/or the staff in place to support them can access the processes we have set up. Some outreach campaign at centers with demonstrations to accompany clearly written materials or video, it becomes more and more apparent that -- I have to keep scrolling down. More and more apparent we miss people who suffer dire ignorance of the way to go and where to go once you get there. It seems like not being able to assess where to get services and which services.

>> PAUL KOWAL: I was just going to say, again, that is part of our process from the word go. So we do have scripting and materials for all of that, but at the end of the day, it is about being able to connect back to someone, and that is what we make sure we leave with, with everyone, if there are further questions. Even if they go beyond our scope of services so we can help them get to where they got to go.

>> MATT SEELEY: Great. Thank you. I'm going to bring it back to the committee. It is 12:52.

Anybody have anything they would like to bring up? Okay. Natalie? Natalie?

>> SPEAKER: This is the first presentation that uses the word participant-centered in their presentation and I want to make it known. I don't know if there are other participants in this

meeting today that would either agree or disagree.

I think that a lot of the staff and the different agencies need to be either retrained or refresh training as to what is participant-centered, because as a participant, I feel like I am not in the center. When we're making the opinions or trying to get the services, the services are promoted very pretty, the campaigns are very nice, the advertisement is very nice in paper, but they fail to let us know that we have to go through all of the obstacles and all of the Little Rocks and pebbles and then it becomes a mountain to actually reach those services, so participant-centered, I don't think the entire staff that are in these agencies or in these services grasp or understand that it is supposed to be us doing most of the talking so that we can get our services and our need, health and safety needs met in our community and in our home, or whether that be in the nursing home.

And I bring that up based on the nursing home for transitioners that brought up the issue. It doesn't matter if you tell your staff, we are assisting or working with this individual, we send in the documentation for the release of the information or for the agencies to know that we are working with these participants, and they still would not acknowledge us. Or they still will not want us to be part of that, even if they can see that there is cognitive diagnosis in places.

>> MATT SEELEY: Thank you, Natalia. I don't know. It sounds like a great place to leave it.

Anybody else agree? Do we have a motion to go home?

>> LLOYD WERTZ: I am happy to move to adjourn.

>> MATT SEELEY: Appreciate it, Lloyd. We are adjourned until March. Happy trails, everyone.

>> SPEAKER: Thanks, everybody.

>> SPEAKER: Thank you.

>> LLOYD WERTZ: Good job, Matt. Thank you.

>> MATT SEELEY: Appreciate it.