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Date: 5/6/2026

Event: Long-Term Services and Supports Subcommittee Meeting

>> MATT SEELEY: If you are looking for the LTSS subcommittee you are in the right place. I am Matt Seeley. Joined by Pam Walz and I will pass it to you, Pam.

>> PAM WALZ: We will start with attendance.

>> MATT SEELEY: I forgot to say everyone that your participation in this meeting, the meeting is being recorded and you are consenting to being recorded in this meeting.

>> PAM WALZ: All right. Attendance is Abigail Foster.

>> ABIGAIL FOSTER: Good morning.

>> PAM WALZ: Hi. Thank you. Juliet, can you let me know who was in the room as we go? Abigail, are you in person or virtually?

>> ABIGAIL FOSTER: Virtually.

>> PAM WALZ: All right. Ali Kronley.

>> ALI KRONLEY: Good morning. I am here on zoom virtually.

>> PAM WALZ: Thank you. Andrea Costello. Andrea? Anna Warheit? Carol Marfisi? Cornelius "Neil" Brady?

>> NEIL BRADY: Good morning. Here virtually.

>> PAM WALZ: Hello. George Fernandez? Ginny Rogers? Jay Harner?

>> JAY HARNER: Good morning, virtually.

>> PAM WALZ: Thank you. Kathy Cubit?

>> KATHY CUBIT: Good morning this is Kathy. Here virtually.

>> PAM WALZ: Thanks. Laura Lyons? Linda Lytton? Lloyd Wertz? I'm sorry, Lynn Weidner?

>> LYNN WEIDNER: Good morning, here virtually.

>> PAM WALZ: Thanks. Michael Galvan? Michelle "Chell" Garrett? Natalia Gomez?

>> NATALIA GOMEZ: Good morning everyone. Here virtually.

>> PAM WALZ: Good morning. Rebecca MacTarggart?

>> REBECCA MACTAGGART: Good morning. Here virtually.

>> PAM WALZ: Good morning. Ryan Johnson?

>> RYAN JOHNSON: Good morning. Present virtually.

>> PAM WALZ: Thanks. Because we started at the crack of 10:00 I am has anyone joined since I read the attendance?

>> ANNA WARHEIT: Good morning. This is Anna Warheit, I am here.

>> PAM WALZ: Hi. Are you in the room or virtual?

>> ANNA WARHEIT: Virtual, thank you.

>> PADRAIG TANGNEY: Padraig Tangney here virtually.

>> PAM WALZ: Great. I'm sorry, who is this?

>> PADRAIG TAGHENY: Padraig Tangney

>> PAM WALZ: Thank you. All right. So next I am going to read off the housekeeping. And

committee rules. So again, the meeting is being recorded, your participation is your consent to being recorded. This meeting is being conducted in person and as a webinar to comply with logistical agreements will end promptly at 1:00 PM. To avoid background noise please keep your devices muted and your microphones off unless you are speaking. If you are attending the meeting in person please keep background noise to an absolute minimum. The room is fitted with ceiling microphones I can pick up everything. One of the chairs will report in person attendance. Remote captioning is available every meeting. The captioning link is on the agenda and in the chat. It's important for only one person to speak at a time. Please state your name before commenting and speak slowly and clearly so that the captioner may identify speakers and conversation. Please keep questions and comments concise to allow everyone to be heard. Webinar attendees may submit questions and comments into the questions box and go to webinar or use the right-hand feature. To be put in queue to speak live. Those attending in person should use one of the microphones and wait to be called upon to speak. Tabletop microphones are reserved for committee members. Microphones are limited so you may need to wait for O LCL staff to bring 12. General public should use the microphone on the stand in the rear of the committee tables area. OLTL staff are available for assistance. Before speaking into a microphone use the power switch on the top middle of the microphone body to turn the microphone on. The switch should be pushed towards the end of the microphone that you speak into. When you are finished speaking push the same button toward the bottom of the microphone body to turn the microphone off. Time is allotted on the meeting agenda for two public comment periods. If you have questions or comments that were not heard please send them to the resource account email found at the bottom of the meeting agenda and on the LTSS sub map webpage.

In the event of an emergency evacuation everyone must leave the building and assemble in the first responders Plaza. OLTL staff will be available in the safe area in front of the elevators to provide any assistance. Please see the back of the agenda for more information. I also have some emergency evacuation procedures on the back of the agenda. In the event of an emergency or evacuation we will proceed to the assembly area in the first responders Plaza. That is the states between the Keystone building in the museum indicated with a red star on the map on the back of your agenda. If you require assistance evacuating you must go the safe area located in front of the elevators. Oh well stop is available to assist evacuating. Take belongings with you, do not operate cell phones and don't try to use elevators and they will be locked down. Evacuating the forest room from the left side door, exit the forest room at the left side door and turned toward the double doors. Please note that these doors open inward and are not automated. Go through the double doors and turn left toward the stairs, go down and turn left. Exit through the double doors on the right onto North Street. If you are evacuating the forest room through the back door and to the back forest room door turn right, follow the silver sign for Plaza, turn left toward the double doors, go through the double doors and turn right toward the Plaza. After reaching the Plaza go straight toward the blue North Forster Street sign. Go to the north ends Forster Street bridge, walked with double doors, exit through the double doors onto Forrester Street. Okay. I will turn it back over to you, Matt.

>> MATT SEELEY: Okay. I feel like I just made that exit myself. Next up on the agenda we

have, we did housekeeping. Juliet. Good morning. Are you there? Juliet?

>> JOSH HOOVER: This is Josh, we are not hearing anybody in the room if you are speaking in the room.

>> MATT SEELEY: No, I don't hear you, Juliet. tHIS ISThis ist. George Fernandez has joined. I'm not sure if the people in the room. Oh, yes. Faintly.

>> JULIET MARSALA: Vaguely?

>> MATT SEELEY: It's not optimal but we can hear you.

>> JULIET MARSALA: I don't know if there is a way to adjust the volume. Is that better? Okay. Let me try a different microphone. Can you hear me better using this one?

>> MATT SEELEY: It's acceptable to me but I don't know about everyone else.

>> JULIET MARSALA: Okay well I will get started. Hopefully it works for everyone else. So I was welcoming everyone in the LTSS committee members in addition to the now 196 individuals who have joined is virtually or in person. Very glad to see so much participation. I wanted to take a moment to welcome Ryan Johnson, our newest LTSS subcommittee member representing health plans on the LTSS subcommittee. I will go straight into the updates. If we can go to the first side. I have a quick agenda for folks. I should note for folks awareness I do have to step out at 10:30 AM but will be returning and Randy and my team is graciously going to support the meeting in my absence.

Alright so the office of long-term living agenda. Document updates. Want to celebrate some executive orders. Talk a little bit about the overall health transformation project funding announcement and talk a little bit about the OBRA community CHC amendments. We will dive in.

As folks know the community health choices RSA we had announced on August 22, 2024 awards for the CHC RFA. There were protests and on April 2, 2026 the Commonwealth canceled the RSA awards. Not the whole RFA. The CHC RFA is still active. The office of long-term living remains in a blackout as we contemplate the next steps with regards to the procurement. So what does that mean? That means the CHC program will continue to operate under the current CHC managed-care organizations and their agreements until further notice. Inbox remains open with procurement team. Should anyone have any questions about the RFA and its content. Please direct them to procurement by the resource account. RA-pwfraquestions@pa.gov and we will keep folks updated as we are able to.

Next slide. All right. I wanted to take a moment to celebrate some new executive orders expanding protections for individuals with disabilities. That were signed by Governor Josh Shapiro on April 15, 2026. And I have the honor of joining the governor and many others and many advocates. For the signing ceremony. And sohe signed orders to protect Pennsylvanians with disabilities and autism. Three executive orders will reaffirm the Commonwealth disability. Not as termination policy, establish new data privacy protections. Reauthorize developmental disabilities DD counsel and create a new Governor's advisory commission focus solely on people with disabilities which is something I am truly excited about. The first executive order, rescinded and replace the executive order that was put out in 2002. And protects the rights, dignity and privacy of people with disabilities. We have a link to that Executive Order should folks wish to read it in its entirety. The second executive order rescinds the Executive Order from 2006 and 2016. That establishes the governor's

advisory commission on people with disabilities which will consist of up to 30 volunteer members. Appointed by the governor including many individuals with disabilities, family members or those with relative expertise. Who advise him and his team, the executive team on issues that are important to individuals with disabilities. In the third Executive Order which rescinded a prior Executive Order from 1997 reestablishes and modernizes the developmental disability DD counsel. So really happy to see all of those. In place. Just going to pause for a moment. Pam, to make you aware that Michelle "Chell" Garrett has joined us at the table. Good to see you in person. She has joined us in case you want to update the attendance.

>> PAM WALZ: Thank you.

>> JULIET MARSALA: Let's go to the next slide. The rural health transformation project or are RHT because we love acronyms has the first funding announcement. Which was put out via the listserv. Regarding a rapid response stabilization funding opportunity, it is now live. The application dates are pretty quick. So it's from May 1, 2026. So it went live earlier in the week and it goes through June 1, 2026 or until the authorized funding cap has been met. So whichever is sooner. The total available funding for this first round is \$25 million. And is available in grant payments between \$10,000-\$1 million. It's available to qualified entities. So one is operating in a rural area. Hospitals, healthcare providers, rural health facilities within specific regions. Qualified hospitals, healthcare providers, rural health facilities are eligible for program payment for supplies, equipment, renovations or structural improvement. The payment must stabilize or enhance rural healthcare access for rural health and well-being and fall under the following six initiatives in the departments federally approved RHTP application. Those areas are aging and access, behavioral health, emergency medical services and transportation. Maternal health, technology and infrastructure and the workforce. And the RHTP plan and application has been posted online at the DHS webpage. If we go to the next slide. To receive RHTP payment qualified entities must complete and submit eligibility certification. There is a link to it. In the PowerPoint submission but also available online. There is also a frequently asked questions document. Information on the webpage and also connected to the PowerPoint materials that are sent out. Please make sure you review FAQs prior to submitting eligibility certification and the accompanying attachments. The Department of human services will begin accepting eligibility certifications at midnight on May 1 so they are currently accepting them now. And there are additional resources. You may have heard us talk about this at past meetings but for folks who are rural health providers and folks interested in the rural health transformation plan we encourage you to sign up for the rural health transformation plan listserv. To receive those important updates in your email box. Because they will not always be brought up here and if he LTSS subcommittee. They may not always be sent out on the LTSS listserv. So really if this is your area of interest and topic please please sign up for that listserv for additional updates. To find current and upcoming RHTP opportunities including links to postings and instructions for accessing the funding there is a webpage in the Department of human services website. Under RHTP opportunities there is a link in the PowerPoint that's been made available to folks. To learn more about me rural health transformation project navigate to rural health, human services on the Commonwealth of Pennsylvania webpage and all of that information is contained there. All right.

Next slide. Okay. Many of you know the office of long-term living team was working very very hard on the OBRA waiver renewal and the accompanying community health choices amendment. Our fear of director is Jen Hale and her team member Robyn Kokus has presented on that the prior LTSS as subcommittee meeting. And it was posted for public comment. So just a couple of things on that.

On the Omnibus reconciliation act or the OBRA renewal, participants rights are modified. Office of long-term living added that the right modifications would be reviewed by a service coordination, coordinator quarterly. On a quarterly basis. Timeframe for additional follow-up and resolution for fee-for-service complaint will remain at 45 calendar days. Not 60 calendar days as was proposed.

And then under the CHC amendment specific changes for the home-based settings rule, the same thing. If rights are modified OLTL added that rights modifications would be reviewed by the coordinator quarterly same as the OBRA waiver. Next slide. I should have been clear these were changes to our submission based on public comments that we received. So just to reiterate we read all of the public comments. We take them into consideration. These are changes and tweaks we have made based on comments that have been put forward by our stakeholders. We also received changes that we have under consideration and review for future amendments because often times there's a lot of work that needs to go behind some of those suggestions. And we always want to make sure we are doing things methodically, appropriately, so that everyone is set up for success. We are contemplating for future amendments, for the Omnibus reconciliation renewal. It is to review and refine the waiting list guideline. We don't want to waiting list, our goal is never to have a waiting list but showed a waiting list be needed because there have been waiting lists in the past we do acknowledge that we will potentially need to do some more work to review and define how that priority list would occur. We also received commentary to consider allowing job coaching to be delivered as tele-service. We are evaluating and looking into that and its implications. Job coaching as a titrate stone from in person, having chickens over teleservices, etc. could be beneficial. Based on worksites, etc. Could be a beneficial modality. We are taking back under serious consideration. In addition we are going to be reviewing time limits on certain services like employment services and community integration. Taking a look at that as well.

If we go to the next slide. In addition, more changes based on public comment. That we will take into consideration for future amendments. Specifically for community health choices. We received a lot of good suggestions. Under review, our provisional hiring for the participant self-directed model we have heard this numerous times. It is something that our stakeholders have been very interested in advancing. Considering teleservices again for job coaching for all the reasons and more that I mentioned. And also reviewing time limits on certain services. Employment services, community integration, nutritional consultation. Test eradication. In addition to timelines with reviewing reimbursement rates, reviewing community transition requirements and increase lifetime on financial caps. Home adaptation quote requirements. Nonmedical transportation ride scheduling time frames and reinstating support brokers. So again, lots of good comments. My team and I read them and we take it very seriously. So you'll hear me plug again whenever there's a public comment period. Please do take advantage of those.

Next slide. Okay. So that kind of concludes my updates as it relates to the office of long-term living.

However as we move into House resolution one before I handed over to our next speakers I did want to bring up question for LTSS subcommittee members. I only had a brief moment to chat about this with Matt. With HR one sometimes there are timelines, requirements that we anticipate will come up that may require work outside of our regularly scheduled LTSS subcommittee meeting. And we want to make sure as well as in the design, vision of the secretary that we are utilizing the LTSS subcommittee and all the other Mac committees and advisory committees to the fullest extent possible. With regards to informing her about suggestions, feedback and questions related to HR one over the next several years. And so because it is not always going to be feasible to line up with timelines and regularly monthly cadence, I I am hoping to propose to the LTSS subcommittee some flexibility and gauge your interest in on occasion, when needed. To call - - directly tied to HR one topics should they come of as the work continues over the next few years. So that this committee and all of its members and our important stakeholders have an opportunity to fully engage and we don't miss opportunities to participate in that work. I'm going to pause there deposit back to subcommittee members and Matt I will head over to you for this portion. Of the discussion.

>> MATT SEELEY: I would love to get some comments. LTSS doesn't have any kind of forum, does it?

>> MATT SEELEY:LTSS subcommittee has members representative on HR one committee directly with the secretary. So they liaise back and forth with information from that meeting to these meetings. There may be cases whether asked to give feedback on things that come up in that meeting so I just want to make sure that there is capability and availability for those feedback loops to occur.

>> MATT SEELEY: Does anyone have any questions? Pam, do you have those?

>> PAM WALZ: Matt, did you give your question answered? It sounded like there were quorum issues if we had ad hoc.

>> MATT SEELEY: That's what I was trying at. I don't know how many people you would need on a separate call is what I'm trying to ask.

>> JULIET MARSALA: It would be following the sunshine act and ensuring we give adequate notice to the LTSS committee members in addition to the public. Under the sunshine act it's a minimum of three days. We certainly want to give as much additional notice as possible and quorum would be required.

>> LAURA LYONS: I'm available to help as much as possible.

>> ANNA WARHEIT: I would be happy to participate in attending to help with quorum.

>> PAM WALZ: Pam walls, liaison, I would certainly appreciate the ability to get feedback in meetings like this. And would prioritize it.

>> NATALIA GOMEZ: This is Natalia, I could support.

>> REBECCA MACTAGGART: I could also report.

>> KATHY CUBIT: I also support these meetings.

>> JULIET MARSALA: Linda, I want to recognize you as well.

>> LYNN WEIDNER: With provisional hiring I am happy to see that it would be considered. This allows home care agencies to hire caregivers before background checks. And we don't

have that option in participant direction. It takes about one month for participants to begin receiving care in this model compared to the agency model which is pretty much immediate. Which is also, to me, unnecessary because participants are able to waive results and background checks in participant direction which means participants who consult directly weeks or months for background checks that are relevant for their enrollment eligibility. We have been making this recommendation for the last three years and I know we are not alone. There several other stakeholders including managed-care organizations that made the same recommendation and I want to know at what point in time will it be considered?

>> JULIET MARSALA: Yeah, Lynn, I absolutely appreciate the support for that work and exploration. I can't give you a specific timeframe. There are things that need to be worked through and considered but but we are hopeful it can be included in the future Amendment.

>> LYNN WEIDNER: Thank you.

>> JULIET MARSALA: To wrap up the HR one ad hoc meetings I think there sounds like a lot of support. Our team will work with the chair in the HR one representatives to put into place any ad hoc meetings as they come up. For the purposes of folks in the room and folks virtually I am handing the microphone over to Randy as I step out momentarily and will be back hopefully within the next half hour. Matt. I'm going to hand it over to you to move forward with the agenda.

>> MATT SEELEY: Thank you. Speaking of which, I guess I'm handing it back to you, Pam, for HR one discussion.

>> PAM WALZ: Thanks. We don't have a big report back. Because we haven't had an HR one working group meeting since our last meeting but we do have one coming up on Friday. So we should have a report back about what happens at that meeting. At the next meeting. I did want to say, I have a bit of information. Just from the MAAC meeting. I attended the MAAC meeting a couple of weeks ago as a liaison from LTSS and MAAC asked secretary our clues to attend the meeting and she did.

And talked a little bit about the status of planning for HR one and the role of the MAAC in various stakeholder groups and giving input on that and what she shared is she shared information about the current work going on and a lot of the focus at this point has been on developing procedures around upcoming engagement requirements. With the exception of the frailty, which is due out in June, she described a lot of the work they are doing. A lot of this around implementing those work requirements. Including creating procedures to try and verify exemptions for people. With information the department already has access to to the extent that they can do that. For example, developing a list of diagnostic codes which would verify medical frailty. In which department could obtain themselves through their MA billing data. There was discussion about that work going on I think we will hear about that on Friday that we can report back about.

One of the big takeaways I had that I wanted to share is the secretary said at this point they are not having any deliberations about cuts to eligibility or benefit or services because they believe that the need for that would be out at least one fiscal year or so. So I wanted to share that because I know that that is something of interest to all of us. And Rebecca, I will hand it over to you in case you have anything to add.

>> REBECCA MACTAGGART: As always you do such an excellent job, thank you Pam.

>> PAM WALZ: Thanks.

>> MATT SEELEY: Great. Thank you Pam, Rebecca. Pam I don't know, I understand there wasn't a meeting yet but do you want to entertain any questions?

>> PAM WALZ: Absolutely. And also if there is anyone at the MAAC who wants to add anything to what I said.

>> MATT SEELEY: We can start. Was there a committee member at MAAC that wants to add to what Pam had said? We have a question or two regarding HR one. Any committee members in the room? Is there anybody in the room? There are actually committee Members in the room. Okay. Any more questions? Maybe online?

>> SPEAKER: Nothing in the room.

>> MATT SEELEY: Nothing online?

>> PAM WALZ: If members have particular things, issues or questions that they want us to try to get answers to or tried to get addressed in these meetings, we would love to have that input as well.

>> MATT SEELEY: I think we are going to talk about that. Since we have a few minutes we may as well open up more public comment. Right Randy? You would enjoy that.

>> RANDY NOLEN: We will open up the public comment. Anyone in the room? Quiet group in the room here. Anything in the chat?

>> PAULA STUM: Hi Randy, there's a question in the chat about HR one. How can people participate in this work as a person, I'm sorry. Let me start over. This question is from Nina Tillman. How can I participate in this work as a person receiving services?

>> RANDY NOLEN: Pam, can she reach out to you?

>> PAM WALZ: Absolutely. Any questions or comments raised in these meetings you are very welcome to reach out to me directly. And we can put my contact information. Can we put it in the chat? For her?

>> PAULA: Yes, I can do that when we finish.

>> PAM WALZ: Yes, great. I would be happy to hear from you. Rebecca and I can share your thoughts and figure out how to incorporate that into our comments.

>> PAULA: There is another question in the chat from Joshua caught. As a disabled individual on the act 150 program is there a way to express interest in representing my program on the governor's counsel?

>> RANDY: I assume that's counsel signed and as an executive order. I think the easiest way to go on the website is check on that but we can get back on that and figure out how we are taking nominations for that.

>> PAULA STUM: This is Paula and I have a question from Latoya Maddox Sorry. Do all MCO's have housing? My consumers share someone from one of the MCO's reached out, completed some documents around housing and they never heard anything back from them since.

>> RANDY: Hi Latoya, yes, all three of them are in the room and I will let them come up to respond. AmeriHealth.

>> MISSY WEAKLAND: This is Missy Weakland. Thank you for your question. That team is overseen by Jennifer Bay. If you need to reach out to me on my contact information and my email address is mweakaland@amerihealth-- I can set up a call with Jennifer and would be willing to set up a call with you as well. Thank you.

>> RANDY NOLEN : Thank you Missy.

>> JOE ELLIOTT: Hello everyone, Joe Elliott. We do have individuals to work with them on navigating house challenges. So if you have a housing challenge at our PHRW participant, you can

contact our advisor to help navigate that specific issue.

>> RANDY NOLEN: Thanks, Joe. UPMC?

>> DAVID GINGERICH: Hello, David Gingerich - - from UPMC. We have housing specialists that work closely with our service coronation team that can support participants with a variety of different housing needs. If you need assistance and are with UPMC you can contact our service coronation team who will work with the housing specialists to support with various housing needs such as rental assistance for housing assistance. You can reach out her coronation team to get that started.

>> RANDY NOLEN: Thanks folks. Paula, anything else in the chat?

>> PAULA STUM: No, Randy. Nothing else.

>> RANDY NOLEN: Matt, no more comments in the room. Would you like to move to the next topic or do you have something else to go over?

>> MATT SEELEY: I have a question. I wonder if we can get three representatives from the MCO's to come up. It doesn't matter who they are. Last month I asked a question of the three MCO's. About based on the caps survey. And their endeavor is to, because activity in the community was so low. They told us about their great plans and how they were going to increase that. I don't know about anybody else that was listening. I was underwhelmed. And I wondered, they had a whole month to think about it. If they had any other thoughts. Since we have so much.

>> RANDY NOLEN: Yes, Matt, I will ask all three MCO's to come to the table for discussion.

>> MATT SEELEY: That would be great.

>> MISSY WEAKLAND : Matt, Missy with AmeriHealth. Thank you for your question. We have entries, a workgroup committee that works on the topic. We are formulating ideas and plans to increase the scores including having a very pointed conversation with participants during their person centered service plan meetings. We are also exploring any changes that we may be able to make for transportation and the amount of time needed to schedule that. I'm not sure that we can move the more, this year but there's conversations that we are having. We are also going to be talking to participant advisory councils to brainstorm with participants if they-ideas on how to increase the ability for participants to get out and do things in the community that they want to do. We do have a number of ideas that are being worked on currently. And we do plan to implement more than one measure in order to move the mark on that.

>> OLIVIA MARTIN: Hi Matt, Olivia Martin with PHW. I don't think this will be solved quickly but we are working with service coordinators to revamp our persons for service plan to include a more robust section on community integration and what's important to our participants. I think that is key. The focus on the communication between the SCN that conversation that's happening at this in person visit as well as checkpoints through the year. Where groups are being formed. Documentation is being looked at and we are planning on holding some focus groups as well as working with our pack. As participants to

find out from each area the weak spots, strong spots and how we can work to improve that.

>> LAUREN MARSHALL: Hi, Lauren Marshall with UPMC health choices. I'm not a usual voice at the table but quite proud of the initiatives that our team is heavily a part of. And it is called community connection. This is only one facet but I was given the nod to definitely call this out of our approach at UPMC CHC. So this is something really incredible where we launched this initiative in June of last year. We are rounding up coming up to one year of this approach. It's very person centered. With community connections, what we lovingly call it, when we get to those questions very similar to what you brought up, Matt, as a response to how we can get people more integrated, often times service coordinators are doing so much that they don't have the opportunity to really dive in to find those opportunities for social connections. So we thought. Community engagement team, the word community is an hour job title. So let's approach this more as a concierge type model where there is a warm handoff based on those participants that are identified. We work very closely with service coordinators and they are referred to our team. It's a statewide opportunity for all participants and it is region specific. So that way when someone from our team is assigned we get a referral and I assigned them out as a project lead to the person based on that location. With that we get to work one-to-one. We may have biweekly conversations. Until that participant feel supported enough that they feel they have enough resources that they need. And this is not a one time deal by any means. Because we also have to navigate some of the challenges that may come up or they may try something and it's not a fit. One of the things we focus heavily on is working with community partners to identify accessible opportunities. With the Fish and boat commission, that's a side comment. Actually an important Segway. Let me pause there because we did not develop this without feedback from the participant advisory committee. That's the first place we took this. I would be remiss if I didn't say some of my counterparts that brought me and had been working on this previously. We took what we thought was an approach to position ourselves, listen to committee feedback. And we got input to service coordinators. We put all of this together and we actually none had a lot of the information we had by the Department of human services so that we can do this and it has been very successful. People we have both qualitative and quantitative scores. I won't bore you with all of it but roughly we have received a big number of referrals and we are happy to say this is also open doors to working with participants in more rural areas. This is a really tough population to reach. So whether it's connecting virtually or in person and their community based on their specific interest to, not this blanket approach. We can get people to do cool things like find accessible air hockey. For somebody to play with their grandkids. Finding fishing spots for someone who thought it was impossible. Finding bowling. The Harrisburg Garden club. I cannot speak enough about them. These are the opportunities coming from this initiative. So I think meetings like this are very important because this to, listening to all of you has also informed the level of seriousness and our approach that we take to work with our participants this way. Thank you.

>> MATT SEELEY: I look forward to all three of those presentations. You had me excited. I mean I'm always making, I understand Padraig has a question. Is it in regard to these presentations right now?

>> PADRAIG: My question was more for Juliet but I do have one for the UPMC presenter.

A lot of providers of residential services have therapist in-house that for years have been able to navigate the community to find ADA accessible options for CHC participants. So it may not be a bad idea to pull your internal providers that have the network to better collate a list of those community options that may be available for our shared consumers.

>> LAUREN MARSHALL: It's amazing the amount of information collected in the seriousness of the state is taken in certain counties with making it more front and center with was accessible. Like the trails Conservancy. I love it. They have a huge amount of accessible trails in the state. A lot of beauty here and some people have thought that it was not possible. So we are bringing them back and reintroducing this to people and hopefully from person to person it spreads and we truly can get back to a sense of healthy community in some areas.

>> PADRAIG: Sorry Matt, you are breaking up.

>> MATT SEELEY: Did you want to ask your question to Randy?

>> PADRAIG: If that's all right. This is more towards the amendments and proposed seats to the amendments. One of the things Juliet spoke about is finding a better process for waitlist for certain over services. Is not applied to the CHC waivers as well?

>> RANDY: Everything usually applies to CHC waiver. I will have Jen validate that because she shaking her head at me. Jen doesn't let me speak.

>> PADRAIG: Thank you.

>> SPEAKER???: Just want to clarify what Randy said. There is currently language - -

>> SPEAKER: Comments about taking that process. It's only in the over waiver. We are not considering or putting language in the CHD waiver that's the same as OBRA. It's also not for specific services. I want to make the distinction. I think you mentioned for services but it's a waiting list for entrance into the waiver first received services. Just want to get on the same page there.

>> PADRAIG: Important distinction. Thank you.

>> NATALIA GOMEZ: It's not so much of a question but more of a comment with regards to the presentations on the community inclusion. I think there are participants that have been asking questions about joint committees, etc. I also hear that a lot of these decisions for community inclusions are made under the PAC, participant advisory committee.

Unfortunately, I'm sure there are other participants because I'm also a participant. Everything sounds very beautiful. Very nice. When everyone uses the word participant centered plans. I always say that we, the participants, feel we are in left field. There are some of us that have a really hard time with transportation to get to these committees. Or find out when these meetings are being held. And in writing it's very nice. But when you don't have the right transportation to get to these community inclusive or inclusive activities. It's not really there for us. And to hear that, to include it in the assessments, or plan of services when they do their annual visits or their quarterly, I believe someone mentioned in their presentation, service coordinations and service coordinator only have so much time to do what's expected of them. There are some service coordinators that do not allow the care team or the team that you want there in the interview with you to participate with you are not even allowed at times. Everything is such a rush because of time. It's disheartening to hear that. Also hearing a participant asking how to become members to a lot of these committees. I've been in these services for six years and finally got into certain

committees and it is still hard to participate in some of those community inclusions because of transportation. So I asked the MCO's there what reality is really being put in place for those of us who still have issues with transportation to get to these inclusive actions to be part of a community. Because that's why we chose the CHC program because we want to remain in our community but we don't want to remain, we want to be actively involved in our community and I believe that services presented, we can have access to that. But we really don't have access. Unit everything is about a rush.

>> MATT SEELEY: Natalia, this is Matt. Full disclosure, we put the three of them on the spot. I hesitate to use the word presentation because they really did not prepare. It was really impromptu. They were at a disadvantage. But I want to thank respondents. Maybe in future meetings something like that will happen. Anyway.

>> RANDY NOLEN: We agree. Transportation-issue. We've had a lot of conversations on that. MCO's recognize that transportation, that's part of what we will work toward as we try to get more community involvement. If you want to get on a committee and want to send this in person you need to have that discussion with your SC as far as transportation. We recognize transportation can be a barrier to being involved and we are addressing it.

>> MATT SEELEY: Any questions in the room? I don't see anything online.

>> RANDY NOLEN: Nothing in the room. Paula, chat?

>> PAULA STUM: Latoya, you have been unmuted if you'd like to ask.

>> LATOYA MADDOX: The person who just spoke asked a question. It was shared that we should reach out to the MCO to ask about joint transportation. My question is surrounding that. If public transportation - - take us somewhere and we need to be somewhere whether it's leisurely or spending money to go somewhere and letting three days before the event you can go because transportation doesn't take us there I'm out of money. Consumers are out of that money and we are trying to work around Uber and Lyft. You're not getting a ride back although in Philadelphia. Vice versa. I will talk to my MCO about joining a community and see what you come up with because something has to give. Public transportation whether it's rural or city is getting worse because of funding. Operational budgets and things of that nature. Somebody needs to be able to help us out.

>> MATT SEELEY: [Name?] Has joint. Italia put, sorry for the, do you want me to read this out loud, Natalia?

>> NATALIA: Yes.

>> MATT SEELEY: Sorry for the lack of better words. When you have a cognitive condition as specific in my case I gets exacerbated with storms it's hard to find and express myself correctly. Thank you to each MCO for the update on the topic. Thank you, Natalia. Are there any other questions or comments?

>> PAULA STUM: Hi Matt, this is Paula. Brenda Dare has a question/comment. Brenda, you can ask. If you'd like.

>> BRENDA: Thank you Paula, it's a comment that I put in chat. I here MCO-they're working on community involvement and I said as of the last meeting as well. If MCO's are permitted to use Uber and lift in areas where that's working well enough to provide transportation for participants, we need equitable services for people who don't have access to those rideshare services and that can start fairly easily by having MCO's agree that they are going to partner with existing paratransit networks. I understand that

opportunity was given at the beginning of the MCO's coming into service. And it was not successful in many areas. But I think it needs to be revisited because that's a network, people are already familiar with using and it became available as something they did not have to pay for them. It would help fill the gap. It would not be a complete solution but I think that needs to happen sooner than later. Thank you.

>> RANDY NOLEN: Thanks, this is Randy. We are having discussions about that. It's something we discuss across the and are having those discussions.

>> SPEAKER: Hello everybody. I have not been able to attend a meeting. Because I - - though I hope that it's all right that I came to the meeting.

>> MATT SEELEY: Absolutely.

>> PAM WALZ: We are down in attendance, I am glad you are here.

>> RANDY: No other questions or comments, do we want to - -

>> PAULA: This is Paula if we can squeeze this in. Cindy had a guard. You are unmetered if you'd like to make your comment.

>> CINDY: I'm a community accessibility's manager and we have a personal assistant services, we mentioned this before. I think it's good that we talk about double billing but past providers are willing and able to provide transportation for participants. And we do in fact do that on a limited basis because the reimbursement rate was so low that we have to keep mileage down in terms of errands, prescription pickups. Doctors appointments and things like that. We are able to pay mileage and do reimbursement. There are several times that we would have to go outside of this reimbursement limitations that we have and take people to doctors appointments which we do and we try to manage those accommodations with shopping trips and things. But if it was to be at a point where you would allow past providers to have some type of.[Multiple speakers] Then we would be able to do that and people would get to where they needed to especially with past providers that know them, help them get ready for the appointments and help them get back and communicate for them. It just seems a way to be honest. They're the people they are most familiar with and went on the trip with him so if they can work out the gas prices at 469 a gallon or something, it's tough. We people to pay the bill, take people everywhere that they need to go. We have the people we just have to rethink what's being reimbursed.

>> LAUREN MARSHALL: Thank you for that comment. If you like I should out the fact that I'm back in the room and happy to hear the comment. It does come up quite a bit. The personal assistant services and transportation and the office of long-term living has put out policy clarifications with regard to personal assistant services and transportation. When and how that is considered. So you know I think the latest update was in March 2024. That we put out that policy clarification with regards to personal assistant services workers and transportation within community health choices specifically. There is also information for the fee-for-service program. I would certainly recommend reviewing that. It is very detailed about the difference and the reasoning as to why and when personal assistant services can be used nor the personal assistant service provider is working in each role and why that is. Come spells out the billing for that as well you may have reviewed it and we would always be open to questions on the bulletin. It's out there so I wanted to reference that provokes awareness.

>> RANDY NOLEN: If there is something else Jill and Doctor Larry are ready to go.

>> MATT SEELEY: Nursing facility quality incentive program updates. Take it away, Jill.

>> JILL VOVAKES: Good morning everyone. This is Jill Vovakes. We are going to review nursing facility quality incentive program. Next slide. Again. Just a little background on the nursing facility quality incentive program. It is pay-for-performance incentive program. And it is required by our community health choices agreement with our managed care organizations. You can reference the CHC agreement. Exhibit DD two. This is the link to the most recent 2026 agreement if you would like additional information. This nursing facility is a state directed payment for Medicaid participants only. State directed payments in the centers for Medicare and Medicaid services approved state preprints can be found at the link on the slide. All of our state directed payments must be submitted to CMS for approval and you can find our preprint out there.

Next slide. So our nursing facilities. They earned points for meeting performance requirements. For Medicaid services provided throughout that performance. And to be eligible in a nursing facility must be an open Medicaid facility. They have to achieve a benchmark on at least one of the measures. And attend at least one learning network webinar hosted by the Jewish healthcare foundation's in measurement year. So just to give a reminder to folks every Thursday at 2:00 PM we have a learning network webinar posted by the Jewish healthcare foundation that has an agreement with our three CHC MCO's and they conduct webinars specifically for nursing facility audience ? from nursing facilities. And it focuses on ways to improve and achieve the goal of the nursing facility incentive program. We have some wonderful speakers if you ever get a chance to attend one or more of them. Thursday at 2:00 PM. We do send out a list serve on this in the Jewish healthcare foundation has all the materials on their website. For tomorrow's healthcare. The health choices managed care organizations must have at minimum our nursing facility quip in the agreement but they can have additional incentive programs and most of them do. And if they haven't they are in the process of developing additional incentives for nursing facilities. Next slide. So here is our goal. Percentage of short stay residents who are re-hospitalized. After a nursing facility admission. Percentage of long stay residents experiencing one or more falls with major injury. Percentage of long stay residents with pressure ulcers. Percentage of long stay residents assessed and appropriately given the flu vaccine. Percentage of long stay residents assessed and appropriately given. The pneumococcal vaccine and percentage of long stay residents who have received an antipsychotic medication of course that number we want to see lowered.

Next slide. So the Department of human services used published statewide and national in establishing these benchmarks. This is based on rewarding statewide benchmark goals and incremental improvement. The nursing facilities will be rewarded for incremental improvement for clinical and utilization measures year over year. Measures were developed using the statewide 50 percentile and 70 for the 25th percentile depending on whether higher or lower is better. From the MDS or minimal data set and claims data. Please note that during these calculations all measures use a total nursing facility population.

Next slide. Performance targets are set on 2026 statewide nursing facility performance by quartile for clinical and utilization measures. Points are awarded relative to hitting specific targets for each metric. Nursing facilities can earn between zero and two points per measure based on their 2026 performance. They can earn payments for each specific

quality metric independent on performance of other metrics. Each nursing facility medical assistance occupancy percentage is used for the calculation.

Next slide. We just received approval for 2024. A bit behind. Payments are now processing and the tentative payments for 2024 measurement year range from a high of 100,000 to a low of 2100. So we have some nursing facilities that are really taking advantage of that incentive plan. The average payment earned for 2024 and eligible for payments is 31,250. Our 500 facilities eligible for payments all but 11 earned a benchmark or an incremental approval point. Of the 99 who did not attending learning network webinar, all of one would've been eligible for payments how they attended. One learning network webinar, Thursday at 2:00 PM. If they just attended one and submitted the form to us. They would have earned some sort of incentive. So we have 98 facilities that left money on the table.

Next slide. The deadline for the 2025 station form was March 13, 2026. With the forms received from attendance list that we received from the Jewish healthcare foundation, we have

identified or verified, sorry, 499 nursing facilities who attended at least one learning network webinar at this time. So we went down one from last year.

Next slide. I'm going to turn it over to Larry. Here we go.

>> DR. LARRY APPEL: Great. Thank you so much, Jill. And thank you all for letting us tell you about this nursing facility quality incentive and the learning network. We are very excited about what's happened so far since the quality incentive program has begun. We have seen substantial improvement and excitement with the learning network every Thursday at 2:00 PM. If it seems like we are in advertisement for that we unabashedly are. The webinars are great. There's a lot to be learned. I learned something every time I attend. So I would really encourage all of you to attend. Especially the nursing facility teams. I am going to talk a little bit about the service coordinator role in nursing facilities. For the past three years Jill and I have attended the PADONA conference. The PA Pennsylvania director of nursing Association conference and one of the topics the directors of nursing for nursing facilities have consistently asked us about our the role of service coordinators and the interactions of service coordinators in their facilities. So the news is good. We've heard more and more feedback that is positive and we will get into that another day but I do want to just touch base about what the service coordinator is and their role in nursing facilities. For many of you this will be a review but a brief description of a service coordinator's role includes working for or with a health plan and identifying services that the participants need. The real goal is to understand services available and provide which providers offer those services and develop an overall person centered service plan and ensure that the participant receives the services. So it's really starting from understanding what services are there and what the participant needs. Then combining those into a person centered service plan as best as possible. Service coordinators need to assist participants who need long-term services and supports in obtaining the services they need. And lead the person centered service planning process and oversee the implementation of the person centered service plan.

Qualifications of service coordinators. What kind of credentials are needed these folks need to be RNs, registered nurses or they need to have a bachelors degree in social work,

psychology or other related fields. Why they need to have at least three or more years experience in social service or healthcare related setting. So they certainly need to be appropriately credentialed and/or experienced. So what about service coordinators? How does this work in nursing facilities? Somewhat uniquely. It's still the role of the service coordinator needed to develop service plans based on the participant's individual needs and desires and directing their own care while in the long-term care facility. I can certainly mean a whole variety of things. Upon admission to the facility, what kind of clinical needs are there. What kind of social needs are there. And almost to a degree, you know, what kind of end-of-life care, health related social needs there are. Specific, often. These are one of the roles that service coordinators have in developing the service plans for folks in nursing facilities and of course discharge planning is also a key role. Establishing the participants goals for their stay in the nursing facility often includes discharge goals and the service coordinator should be available and doing that as rapidly as possible upon admission for the participant into the facility. They partner with the facility staff to get these goals to find - - defined, implemented and achieved and advocate to ensure the highest quality of care for the participant. They identify participants with a goal of transition back to the community and again they try to do that as early as possible. And certainly they make referrals. And facilitate referrals for any needs including clinical needs such as referrals, to behavioral health or specialty. Other physical therapist, occupational therapist, etc. But they also facilitate referrals for durable medical equipment and facility transfers for a whole variety of reasons as well. So you can see the service coordinator's role in doing this really does involve a lot of interaction with the nursing facility staff and also the participant and often other advocates and/or family members for the participant. We are excited that more and more this relationship is evolving into a very effective model. We do have the contact information.

Next slide. For each of the MCO's. Available, if there are any issues particularly related to the learning network and also service coordinators. And with that, Jill and I will take any questions. Thank you.

>> MATT SEELEY: Great, thank you. Any questions in the room? I see a hand raised but Randy,

Juliet, sorry. Any in the room?

>> RANDY: None in the room.

>> MATT SEELEY: Paula, I can see two questions.

>> PAULA STUM: The questions that we have are not related to this presentation. Do you want to hold off?

>> MATT SEELEY: Let's hold for questions. So no panelist questions at all?

>> PAM WALZ: This is Pam, I raised my hand.

>> MATT SEELEY: Go ahead.

>> PAM WALZ: I have a couple of questions. First of all about the quality incentive program. Are the results of the program available anywhere online in terms of what performance measures were improved in various facilities and which facilities qualify for payments?

>> JILL VOVAKES: Hi Pam, thank you for your question. We do not have results posted. And we do not have a public list of those facilities that would have received payment. We

can provide information about the improvements over the last three years. Because this program has been in place now, this is our fourth year. So we can share that but we don't have it posted online anywhere currently.

>> PAM WALZ: It would be great to get granular data over which performance targets there have been improvements, to what degree. And if possible it would also be great to see which facilities are achieving those improvements. Then I have a question, more for Dr. Larry Appel. It's not so much a question but a reaction. I really appreciate the description of the service coordinator role in nursing facilities. It's helpful to hear because it is something that I know I have really wandered about. Just want to say that we see a lot with our clients. Service coordinators not being involved in a number of these different things. Particularly discharge planning. We get calls from clients attempting to get out of a nursing facility and they are really just working with the social worker in the nursing home and struggling and often their service coordinator is not involved in that process although the person has been really trying to get discharged after a short-term stay or is trying to move back into the community during a long-term stay. So we can supply examples of where we see that happening and it would be great if the department could take a look and really think about how to make improvements and how this happens. We also, I have clients who would like to transfer. Service coordinators don't tend to be involved in that. Or getting them behavioral health. So I guess it would be useful maybe to get more information about how this has worked in particular cases. It's not really something that we see happening. A lot.

>> JILL VOVAKES: So that's actually surprising. We know there's a lot of collaboration between the service coordinators and the facility social workers. In fact there has been efforts in workgroups with managed care organizations and their network facilities to take steps to improve exchange information in being more involved in the regular weekly, if a service coordinator is not involved in the transition process or is having problems with getting the behavioral health services referred please make sure that we do get those. Because then we can find out what is going on. Also then as a resource for you, the contact slide of their does give you the individual contact so we can also make sure that you guys have the contacts for each one of the MCO's. For service coordination that's happening in the nursing facility because there are dedicated individuals from youth help - - each health care plan that participate in the learning network and how to facilitate issues that would be occurring with collaboration with the facilities themselves. So yes, any cases that you would have we would welcome you sending it to us for research and resolution.

>> PAM WALZ: The other thing I want to mention is one thing that we see pretty frequently right now is nursing facilities and voluntary discharging residents. And often the discharge location is listed as a homeless shelter. In those situations we would expect the service coordinator to be getting involved but we don't really see that happening. We have sort of reached out to some of the service coordinators and try to involve them in the process but generally we don't see service coordinators having been in a loop on that. Once notified really getting involved.

>> JILL VOVAKES: Again, that is the first I'm hearing of that. If you have cases like that absolutely get them into myself and Larry. That's definitely something we would want to follow up on.

>> DR. LARRY APPEL: We also do work with the Department of healthcare long-term transformation and we have multiple meetings with them as well and we have not heard anything from them either about this particular situation. So we would certainly be very interested in ensuring safe discharge and appropriate discharge. From all kinds of perspectives. So if you have cases like that we definitely want to see them.

>> JULIET MARSALA: Three of the CHC MCO's have representation at the LTSS committee and hear the same comments and concerns and I know they also take those back and look into those so I would imagine they would want to know who those participants are because it does not give them a good service to have one of their members in a more precarious situation than prior and they certainly would have a vested interest in that. And evaluating their root causes of involuntary discharges. But I imagine the investment office is also engaged.

>> SPEAKER: They are really the source of our referrals.

>> JULIET MARSALA: I understand. All great points and certainly I appreciate you raising them and areas for further exploration and opportunities for us for sure. Kathy has her hand up. I imagine we are going to Kathy next.

>> KATHY CUBIT: Thank you, sorry, go ahead. I thought I was cutting someone off. I had a comment and question. In terms of the service coordinator role in nursing homes I'm not sure that residents actually know who their service coordinator is or how to contact them. It may be interesting to do a survey just to see because I think there is a need to do more. I think there's a lot of work between the service coordinators and staff but I think the residents aren't always aware. I'm sorry.

>> JILL VOVAKES: I was just going to address that. We have the Medicaid research center that is regularly doing interviews of our nursing facility residents. And part of that is do you know who your service coordinator is? That should be there reports are reposted online. I think we are still going to review this last one for 2025. However that is one of the areas of the survey and we have seen overall improvement in the outcome of that since the onset of the program. That being said we absolutely can talk about incorporating that somehow. We do have regular surveys of the nursing facility staff. That was just conducted. By the Jewish healthcare foundation prior to Larry and I attending the conference because we wanted to know, get a little bit of a heads up and provide the survey results. To the facilities. And again we have seen quite a bit of improvement and collaboration, knowing who the service coordinators are. Making sure that there is - - of when those meetings are to ensure leadership of the facility. I think that's a great idea. We will have to talk about how we can expand on the resident surveys. But we do have that already incorporated in the MRC surveys that they conduct for us.

>> KATHY CUBIT: Thank you. I appreciate your presentation and your work to work on the quality of care in nursing homes. I think the Jewish healthcare learning network, the work of the long-term care transformation office is all critical. My question that I have are for residents that live in a special focused facilities, or one star facilities. Is there any role that MCO's play to make sure those residents were participants are getting the care that they need or the food that they need? Because I think those are often areas where the care is not happening. People are not getting enough food to eat. Things of that nature so I appreciate any comments on that.

Thank you.

>> JILL VOVAKES: Great question. Jill again. I think that the first response is we do have, like I said, representation from each one of the managed care organizations. And endpoint people that work with the Jewish healthcare foundation and our learning network. That would be able to facilitate additional information for you there. I know that the MCO's collectively work on a presentation that they had given at the learning network and we were just talking about resurrecting that. For the nursing facilities yet again to remind folks about the role and engagement. But I think that's an excellent question and we should probably open it up to the managed care plans in the room.

>> REBECCA MACTAGGART: This is Rebecca. Can I make a comment?

>> JILL VOVAKES: Hang on a second, Rebecca, CHC managed care organizations are getting ready to answer Kathy's questions.

>> MISSY: Missy Weakland from AmeriHealth. Nurses are there on a regular basis. If a participant is experiencing an issue you raise an example such as not receiving enough food. Or inadequate care. We can work with the nursing facility staff to address the issue. We can also make referrals to the investment office as well as referrals to the Department of Health if we are seeing substandard care is that the Department of Health does help licensing facilities. That would be a licensing concern we have. If a participant would like to transfer out of that facility based on the inadequate care that they are receiving based on your example we would assist the participant in identifying is it a discharge plan or plan to move to another facility.

>> OLIVIA MARTIN: Everything mentioned is accurate and we also have an in quality care team to notice anything whether it's lack of food, a possible wound or something that is not quite healing. That is encouraged to report to our quality care team so our investigations occur. We take it pretty seriously and we follow up on that.

>> SPEAKER: Hello, [Name?]. Similar to health and wellness we have a lot of those same processes in place. Additionally our service coordinators if they are aware of concerns in addition to reporting to our quality Council, they would also increase frequency of visits at the facility to make sure that they are checking on but, participants more frequently to see if they choose to discharge and helping identify and support them through the process.

>> JILL VOVAKES: What I would add, Kathy, for your awareness is the complaints, incidents and investigation brought forward by the CHC MCO's I can attest that they do happen but I also want to point out that they won't be made known to the public. So it's not that they are going to be saying CHC MCO's have five incidences at this facility. Just because of the nature and confidentiality both of the residence and they need to really preserve the investigative and complaint process it does seem like we don't talk about it but I can assure you there is a lot of work that happens in that space. There is a lot of work that happened in situations where there was a high risk nursing facility where I can let you know that some of the health plans have SCEs out there once a week. Every week for an extended period of time in certain situations but again investigations, these are not going to be things that we publicly share for very good reasons. But I do appreciate you are shedding light on the issue. It's an issue that will be continual and ongoing. So I really appreciate that. Thank you.

>> KATHY CUBIT: Thanks to everybody.

>> MATT SEELEY: Any other questions, Paula?

>> PAULA: [Name?] Heather hand raised.

>> SPEAKER: I do want to second everything Kathy and Paula said because we hear it too. The other thing and sometimes the abutment are the ones calling us and the other thing I'm seeing an uptick of is I get phone calls about people who have been transferred into nursing facilities because their homes are not ready after inpatient rehab. What ends up happening is all the progress they have made into physically being independent or pressure wounds being healed, those types of things get worse. And then it's kind of like they don't ever get to leave because even if their homes already they no longer have the independence that they had once they went into the nursing facility from rehab.

>> JILL VOVAKES: Thank you Rebecca, those transitions are incredibly important. I do not disagree that it is certainly very important to make sure that folks can feel at home as fast as possible whenever possible. I share your thoughts there.

>> MATT SEELEY: Any more questions?

>> PAULA: No more hands raised. Just a reminder you have two questions or comments in the chat and do not - -

>> MATT SEELEY: I can't see that.

>> JULIET MARSALA: I'm sorry to interrupt. We can barely hear Paula in the room. I don't know if you can move closer to the microphone for your laptop.

>> PAULA: How is this?

>> JULIET MARSALA: A bit better, thank you.

>> MATT SEELEY: I don't see anything in the chat. Other than. . Do you see anything, Paula? I don't have access. Only a panelist.

>> PAULA: I do have comments from the public.

>> MATT SEELEY: We have about six minutes. Go ahead.

>> PAULA: Jeff Eiseman, you are on muted if you would like to make your comment.

>> JEFF EISEMAN: Jeff from PA - - can you hear me? The question earlier was on transportation. From what we've heard is with folks from community health choices, from transportation providers. That's one of the reasons I think that there is limited access. Whether there is a transit agency or another private company. Some of the private contractors will even go to ODP or OPR or adjust private options for contracts. And that's part of the reason for limited access which is particularly problematic on evenings, weekends and holidays and going to the employment first discussion. Pennsylvania is going to be unemployment first state including CHC and other participation. Accessible transportation has to be part of the discussion. Thanks.

>> MATT SEELEY: Thanks Jeff. I see a hand up.

>> SPEAKER: Going to defer to Paula. Sorry, Matt.

>> PAULA STUM: Kate Bleecker. You have been on muted if you'd like to ask your question.

>> JOSH KOCH: I had a follow-up on transportation. Asking for clarification from OLTL on service ordination. As you know under the services transportation is provided under act 150 but we have not been able to deduct medical transportation expenses. Once terminations are happening. Guidelines are not exceptionally clear and have gone some strange responses from OLTL on asking for clarification on what the state is saying to be deducted

for fee termination. Direct care worker would have to be clocked out when providing those services. It's not okay if the state is saying direct care workers should be absorbing those transportation services into their wages. But if you'd be able to provide some clarification on service coordinators I think that would be helpful.

>> JILL VOVAKES: I think the question goes to medical transportation for fee determination versus nonmedical transportation. Are you speaking to medical transportation being deducted as a medical cost? Just so I know my understanding.

>> JOSH: It's been denied every year and it's been stated that's the reason for the deduction and apparently that's been the communication given to other service coordination entities.

>> JILL VOVAKES: Will I appreciate that, Josh. I will have my team make a note. I will follow-up with our fee-for-service folks to look into that further - - thank you for raising that up.

Paula, Matt, we have a question or comment in the room. Is it okay to move forward?

>> MATT SEELEY: If it is quick. We are due for a break. We are due for a break at 11:50 AM. Please make it quick.

>> SPEAKER: I'll make it quick. Rickhere. As a provider for different services for individuals one of the things that we see when somebody goes into the nursing home, we may use tour for example. Once there are individuals in the nursing home we may, I'm sorry. Once the MCO makes a referral we have the approval and identify it. We move forward because we have the approval. The individual goes into the nursing home. We don't know it. We check, the states moving a little slower. And they can get back until that's done. So I kind of want to bring that to a head there because as a provider other providers will stop. They will move forward so going back to what Rebecca said. Services, for them to get back on because they can get paid. I think we need to have a conversation about that piece of it. So people can get paid for why they are there. So they can get back home.

>> JILL VOVAKES: I think all modifications are in a slightly different bucket for other ones that happen day today by the nature of your work and installations, implementations and things of that nature but good point in terms of really clarifying with our home adaptation, modification providers. The work that you do particularly if it's a barrier to transitioning home.

>> RICK: Sure, it's all home care.

>> JILL VOVAKES: It's all supported. Yep.

>> RICK: Thank you.

>> JILL VOVAKES: Thank you.

>> MATT SEELEY: We are going for a 10 minute break. We will return at 12:02 PM.

[10-minute break]

>> MATT SEELEY: Two minute warning. Freshen your beverage, get your snacks. See you in two. Are we all heading back? It's about 12 or 2 PM. Hopefully people are still here. Next up what we want to talk about on the agenda is future meeting topics. From our members. Something like that, Juliet. Right? Are you still here?

>> JULIET MARSALA: Yes. We are back in the room. And you were absolutely right. We wanted to

dedicate some time in the LTSS subcommittee for future meeting topics. For the LTSS

committee. Things that are of interest to the LTSS subcommittee members. So this can be discussed and explored in the public forum. Our team at OLTL can support the subcommittee. I don't know how you want to do this, Matt. Do you want to have committee members raise hands? It's looking like we can call them in order.

>> MATT SEELEY: Let's do that. In addition to what Juliet just said, if anybody has any kind of comments, any comments, grumblings or concerns I would love to hear that, too.

Anything to do with his committee. Paula, can you feel the strings? Does anyone have any thoughts, comments on the committee? The topics, really anything? The floor is yours.

>> PAULA STUM: We have a hand raised by Natalia Gomez.

>> MATT SEELEY: Excellent. Go ahead, Italia.

>> NATALIA GOMEZ: Thank you. As a participant I have to make it publicly known that the system to obtain the services is an extremely frustrating program. And a frustrating system. I understand we are all striving and working towards improvement but dealing with this program for six years I feel, I don't know if it's just my opinion but if there's other participants in this meeting it would be nice to hear and see if they feel the same way. I feel that at times there is no accountability. There is no enforcement of accountability as to the services being provided. And I understand that service is done and PAC was used to get information or to obtain it but sometimes the most vulnerable ones, those of us who have issues with transportation, etc. I feel our voices are not heard anything something that has to be looked into, the modifications and adaptation programs I think conversations need to be had a facility that rents, an apartment, a participant who is also a homeowner. I think the language and verbiage and some forms are not to the advantage of a homeowner. And when it comes to modification I think the accountability of the brokers, MCO's of acknowledging and enforcing how these things are being done. PAS and modification of two huge topics for us participants. And the challenges we face in obtaining the services. I think a lot of times especially those of us who have cognition issues is extremely frustrating when you have to fight an uphill battle to obtain services and feel the responsibility and accountability is back onto the participant rather than the MCO's or at some point even the state who hold the accountability of how things are being done.

>> MATT SEELEY: Thank you, Natalia. Is there another hand?

>> PAULA STUM: Hi, this is Paula. Lloyd, you have been taken off mute. Go ahead.

>> LLOYD: Thank you. Because of parking issues I could not get to the meeting in person. I'm off site and may lose charge in my laptop. These are really the crux of the organization, of the CHC program in assessing the need for services and getting those services provided. But we never hear from service tornadoes. I'm wondering if it's possible to have a set of service coordinators offer brief presentations of their work, brief discussions of the obstacles that there might be. I know that's going to be difficult because obviously there sponsoring organizations in the room but I would think at least letting us know and setting an example of how they tried to do their work and how sometimes they may find themselves being prevented from doing this as adequately as possible. Just a suggestion.

>> MATT SEELEY: Thank you, Lloyd. Does anyone else have any comments, thoughts, future topics?

>> JULIET MARSALA: Matt, I have an esteemed OLTL member who would like to contribute and respond to Lloyd. That be okay?

>> MATT SEELEY: That would be wonderful. Go ahead.

>> JILL VOVAKES: Hi Lloyd, this is Jill Vovakes. We have had service coordinators come, at the time it was ML TSS. And we have had them present at the learning network. The Thursday webinars. So I don't think it would be too difficult for service coordinators to come and talk about their experiences from each one of the MCO's. We could put that on a future desired agenda item if that is what the group wants.

>> LLOYD: That really would be good.

>> JILL VOVAKES: And fee-for-service programs. Sure.

>> LLOYD WERTZ: Good idea. I don't want to see service coordinator feel that they have to arrange their presentation because they are presenting in front of their bosses. It would be slightly hard to present that but it would occur to me that we should hear from them.

>> RANDY NOLEN: Lloyd, I agree. Last year on site visits with MCO's, we brought service coordination both H CBS and nursing facility coordinators into present. Also members from UPMC and MCO's. We can certainly do that.

>> LLOYD WERTZ: Thank you very much.

>> PAULA STUM: This is Paula. Carol Marfisi has her hand raised.

>> MATT SEELEY: Go ahead, Carol.

>> CAROL: I am happy to be here today because I have nobody to help me. My question, or my comment, is related to the people who we are talking about. Is there a facility, I think everybody - - or whatever it is. I was wondering is there ever been of service where people are so against - - and would there be enabling that they - - answering. And is there a survey conducted on widespread community level, where people - - that is my question. Because if there is a facility and a group they will know why they get a bad rap. They are never going to be able to be - - they are never going to be able to become more modernized. They are always going to be throughout the - -. Would you repeat anything you were - -

>> JULIET MARSALA: Hey Carol, it's Juliet. I just want to make sure I understood. So my understanding is that you are asking has there ever been surveys conducted in long-term facilities and community support services and I think you mentioned some additional population targets.

>> CAROL: What I said is has there ever been an extensive survey of people with difficult disabilities where they are entering into a nursing home? That's what I said. Did you get that?

>> JULIET MARSALA: Yes so what I think I heard was your asking if we have ever surveyed individuals with physical disabilities as to why they are against entering a nursing home. Correct?

>> CAROL: Yes.

>> JULIET MARSALA: Okay. What I can say is the office of long-term living specifically has not done though surveys. I do know and sort of nationally there has been work on preferences of individuals who receive long-term services and support. And it has been clear for decades that they prefer their services in their communities. And so to be quite frank the office of long-term living and Department of human services has for the last few decades really been working on their rebalancing efforts into LTSS. It is progressively trying as best as we can to serve people in the communities where they want to be. I think we've got a new high. I might be a little bit ahead, putting the cart before the horse but I will do it

anyway. I saw the preliminary numbers and we have had a new high of 78.8 percent of individuals served in the community up from 78.6. You can see I watched that number very carefully. So to your point while it may be informative to us to see the reasons why people don't want to be in a nursing home I'm going to be honest to say would not necessarily want to put resources towards that because it is so commonly accepted at the Department of human services and the office of long-term living from the national information gathered from lots of different places. There is no question people want to be served in the community. It's not necessarily a question that we have to revalidate. People want to be served in the community. So I would rather put resources toward serving them and making that happen. We wouldn't necessarily be doing a survey from the office of long-term living perspective.

>> CAROL MARFISI: I guess what I am saying is there going to - - know why people are against going in.

>> JULIET MARSALA: IC.

>> CAROL MARFISI: I know you are but I'm talking about the nursing home as a group. Are they aware of the rep that they get?

>> JULIET MARSALA: I'm pretty confident that they are aware. But it certainly is a good topic. And you know many nursing facilities, our partners in trying to help folks in short-term admissions returned back home. And there are facilities working very closely. Their social work teams are working very closely with CHC MCO-coordinators to work on nursing home transition planning. And you know we know that this is, this is been around a long time. It's not a problem that OLTL can solve alone. Hold on, Carol. Real quick. We do know that one of the largest barriers is affordable, accessible housing. And the governor's administration which I'm very happy to be supportive of is aware of that and that's why one of his big priorities and initiatives is the strategic housing plan for the Commonwealth to help address affordable housing. Accessible housing and lots of housing strategies. Across the Commonwealth. So folks have not seen that housing strategy, strategic plan and we believe it's the first fully coordinated strategic plan that the Commonwealth had. I would encourage folks to use your search browser of choice and type in you know governorship heroes strategic housing plan and all of that will come up. The Department of human services does have a big part to play in partnership with D.C. ED and other housing partners. Sorry, Carol. Back to you.

>> SPEAKER: [Poor audio] I do want to highlight what you said, Juliet about housing. That is no small thing. So people should go ahead and look that up. Paula, any other questions or comments?

>> PAULA STUM: Hey, Matt. Are we taking comments from the public on future topic discussions?

>> MATT SEELEY: Are there no other panels? If I can just say this out loud for a minute, I hear my voice, Pam, Lloyd, Natalia and I'm not going to go down the list. A lot of people come to these meetings to voice what they have to say. It would be great if everyone had some input into these meetings. If no panelist have anything else to say then sure. Let's hear from the public.

>> PAULA: Okay. Jeff Eiseman, you have been on muted if you'd like to make your suggestions.

>> JEFF EISEMAN: First I want to follow up just on the earlier comments on transportation as far as direct care workers. We had two issues. One is we are covering and the other is liability issues. In terms of future topics, two suggestions really to the recent directives from CMS Medicare. Medicaid is perhaps the June or July meeting. We can have an update as far as providing validation. If there's anything that's new since the CMS directive and the other piece is prior authorizations. They provided some. Providing guidance. I don't know what they want. I think that might be helpful in this.

>> MATT SEELEY: Thank you, Jeff. Paula, do I understand correctly that when Natalia made her comment earlier there was some sort of sound issue?

>> PAULA: There was no sound issue, her voice was kind of low like mine gets sometimes. I think we all did hear Natalia's comment. If you would like me to have her repeat it that's fine.

>> MATT SEELEY: I think that's up to Natalia.

>> NATALIA GOMEZ: - - Because I know it's important. It's extremely important. There's a lot of issues and a lot of participants here but we face a lot of challenges and issues when it comes to the PAS and when it comes to the whole modification of the environmental accessibility. It's a nightmare and it's truly a nightmare. I don't know how other participants on this call Phil but I think our voices should be heard and I know that we are working in a workgroup for home modification. And would like to get an update as to where we stand with that. I think verbiage and some of the forms have to be discussed. When it comes to home modification. There should be a difference between a tenant that rents a property and a participant who is a homeowner that lives on that property. Keeping in mind that as homeowners we have to reimburse every penny that we get. Our voices and suggestions should be heard. I see a lot of participants are to blame as to certain things not moving forward. When we are doing what we are expected to do and I think that is a huge talent and a huge situation for those of us who have cognition. And we need a lot of help in that manner. I would love to see that we are in the center and that our voices and our suggestions are really taken into account when being evaluated and determined. For services. Writing is very pretty but in reality it's a nightmare.

>> MATT SEELEY: Thank you Natalia. Two other questions or comments?

>> PAULA STUM: Hi, Matt. I have subcommittee member Lloyd Wertz.

>> LLOYD: I just wonder if there would be a way that MCO's would be able to comment on the financial benefits or losses. Part of a year-to-year spending stream for the MCO's. I just wonder are there ones who have actually lost money and how they dealt with that? Are there ones who retain revenues and how are those, if they are reinvested in the program? Does finding an financial update wouldn't be a bad idea of looking at resolution one and the negative impact it's going to have across Medicaid. The spectrum in all states, especially Pennsylvania.

>> MATT SEELEY: Thank you, Lloyd. Bringing that up, Juliet, did you see that email? Don't know if you want to talk about that now.

>> JULIET MARSALA: The email is very nonspecific so I don't know if I want to talk about an hour later.

>> MATT SEELEY: All right then, I don't know. [Multiple speakers]

>> JULIET MARSALA: Until I know that I can't - - Laura Lyons.

>> MATT SEELEY: Her schedule changed and she is no longer to commit. Would you like to say?

>> SPEAKER: Can you hear me?

>> JULIET MARSALA: Yes.

>> SPEAKER: I have another commitment that happens, that used to happen in the afternoon. On Fridays. And now they changed it to the morning. Since I already committed to this group I am resigning from my position on the HR one committee liaison. So somebody else can step in because I have to choose between the two and since the original was, my first commitment. I am choosing that one but I can go this Friday because I know it's a last minute change.

>> JULIET MARSALA: Thank you, that's helpful. [Multiple speakers]

>> SPEAKER: I just found out why would've sent it earlier. But I just found out.

>> MATT SEELEY: I guess any other panelist that's interested in taking over should reach out to Juliet.

>> JULIET MARSALA: That would be great. Cody Jones was an alternate but since we need to look for additional representatives for folks who are online or having the pleasure of being in a room at the moment. Between me. And of certain LTSS committee member, Michelle Garrett, please do send interested names and I will share it with Matt and certainly will make a selection. Thank you.

>> MATT SEELEY: Thank you.

>> JULIET MARSALA: I think Michelle "Chell" Garrett had a question or comment.

>> CHELL GARRETT: We focused on each transportation provider to be able to capture detailed information for nonmedical transport.

>> JULIET MARSALA: Yes so very good suggestion. And you know, the survey of members with regards to nonmedical transportation might be something that managed-care organizations may want to do. I believe they do satisfaction surveys. With their members. With their transportation broker. I can't say for sure but I believe there are satisfaction members. There surveys we talked about at the prior meeting, the caps. Around the consumer's experience by design they are random. So we would not be able to target the caps in particular. Participants in that kind of manner. Sometimes we over survey in certain areas. So I can see by over survey we over identify folks but we can't target specifics because it was undo the integrity of that survey process. I hope that is helpful but we will certainly get that feedback to see if you can over survey certain populations but I don't know for sure. But we will follow up.

>> MATT SEELEY: Paula?

>> PAULA STUM: I have a hand raised by Amy Sharon. Amy, were taken off mute if you'd like to make a comment or question.

>> AMY SHANNON: This is actually Amy Shannon. I was told by my service coordinator to dial into this meeting because I'm having such a hard time trying to figure out how to have caregivers. I have a spinal cord injury and it's a high level of care. I have things I need help with about the program and wound care because insurance doesn't pay for us to do those things.

>> MATT SEELEY: What was your first name? Shannon?

>> AMY SHANNON: Amy Shannon.

>> MATT SEELEY: I don't want to cut you off but I don't know if you want to share all of this personal information. There's hundreds of people on the line. Juliet, maybe Randy wants to connect? I mean come up before I say that, can you use less identifying stuff? And explain the issue?

>> AMY SHANNON: I just can't find caregivers to do the things that I need help with. Because this is supposed to be nonmedical so I keep being told I can go through an agency but I can hire a consumer model. But I'm not finding any help and it's getting harder and harder on the consumer model because it can be months to get attendance put on payroll and people are wanting \$30 an hour if you're not going through an agency and I'm not sure I can get my needs met. This has been a struggle the last 25 years on the program. If you like the program is completely outdated. This is like living back in 1935 when it was all started. People fought to get out of nursing homes and now nursing homes are being brought into our homes. In the programs not serving what people need. Because my needs and more complex people, I should be able to pay more to get people to work my cases because they want to take easy cases where they dressed don't have to completely get me dressed. And do everything to get me out of bed. And nobody has had any solutions for me. They are telling me to come to this meeting to see if I can get any help there you guys. My mom is helping me pretty much all the time and she's 77 years old. She can keep doing this.

>> JULIET MARSALA: Thank you. This is Juliet. A couple of things. You mentioned that you called into the participants hotline. Randy Nolen will be sure to follow up and connect. He or a member of the team will connect with you directly. Just from my purposes and understanding, which program, if you don't mind me sharing are you talking about? CHC program act 150? Fee-for-service programs?

>> AMY SHANNON: Act 150. But I've been told it would be the same thing on CHC.

>> JULIET MARSALA: Okay. We will certainly have Randy and his team follow up with you. You know it's difficult. You're not alone in the act 150 program for folks awareness is not a Medicaid program. It's a state-funded program with state-funded dollars and very limited support. I think it's a gem of a program. Critically needed and important. I don't disagree with you. I wish I could resource all of my programs. I wish I held the first strings. I don't. It's not uncommon to experience limitations with regards to the act 150 program because of the very narrow in nature of those services. It doesn't mean her team will reach out to help. We certainly will and I really do appreciate you sharing those issues with us today.

>> AMY SHANNON: Will I mean the problem with CHC is, I have been told they would not make any difference one way or another.

>> JULIET MARSALA: I would not necessarily say I fully agree because in community health choices there are five different LTSS services. I certainly don't know your situation but I would not necessarily agree with this person's opinion that they shared with you. But I will leave it at that.

>> AMY SHANNON: Either program, they need to be revamped to meet people's needs now. Because a lot of the caregivers are not able to drive. So how am I supposed to get out into the community if this is home and community-based services?

>> JULIET MARSALA: I don't disagree with you. We certainly understand that transportation across the Commonwealth has room for improvement that certainly extends

upon the office of long-term living. I don't disagree that I believe lawncare workers deserve a living wage. I certainly do believe that. That's why Governor Shapiro in this administration is trying to pass again for the third time. For the Commonwealth of Pennsylvania. - - I don't disagree with you all not. The points about wages and investments and Pennsylvanians. Hopefully this year is the year that we gets a pass minimum wage for the Commonwealth and you know certainly encourage folks to educate their representatives on the importance of the services. Because I am certainly as I said all in as is the office of long-term living but I do think a lot of people don't fully understand home and community-based services. And it's important. The direct connection from these services to the ability for individuals to participate in the community. In very valuable and meaningful ways. I recommend also sharing this with your local representatives as well. But thank you very much for taking the time to share with us.

>> AMY SHANNON: How will minimum wage increase for direct care workers?

>> JULIET MARSALA: The Commonwealth increases minimum wage for direct care workers who may be compensated below the minimum wage whatever that New Age would be. It would be raised to the minimum wage. Not all direct care workers today make \$15 an hour. A lot more due in participant self-direction. Based on Governor Shapiro's \$21 million investment, from last year's budget. A lot more due. But not everyone does. I think that we are still slightly below the \$15 minimum wage for many direct care workers. And so that increases across the board for many Pennsylvanians. In addition raising the minimum wage is also anticipated to save costs from the Medicaid program. Not for LTSS necessarily. But certainly as you look at the Medicaid expansion population. So raising minimum wage would not only benefit Pennsylvanians across the board, giving them additional spending power and recognizing their work. It also can save a lot of dollars from the Medicaid program if you look at it holistically. Not just LTSS which also helps the poor how we kind of react to HR one. I like Lloyd's description. But I won't repeat it. Of HR one with regards to losing investment in our Medicaid program across the board. That's why things are very interconnected. So I hope that helps a little bit to answer your question, Amy. I'm going to headed back over to you, Matt.

>> MATT SEELEY: Thank you, Juliet. We are in public comment right now. Paula, I see there is a hand. Is that in regard to the previous topic?

>> PAULA: I cannot answer you on that but I can take Brenda off mute and she can make her comment.

>> MATT SEELEY: Go ahead, Brenda. Just so everyone knows. We will do public, Doctor Brenda.

>> BRENDA DARE: Hi, Brenda Dare. A comment on future topics. I know this is a little bit difficult. But I trust this committee has done hard things in the past. I think one of the things we really need as receivers of service is an honest discussion about any proposed cuts or any cuts being imagined two in-home services because if it comes down the pike with 90 days notice that is a much more difficult thing to deal with than if we know a 10 percent across-the-board cut is being considered. I'm just throwing that out there. As an imaginary thing. I've heard nothing and I'm not trying to put anything in anybody's ear. But if we know he cut is going to be necessary to services for people currently receiving we need to know as early as possible so we can work to modify things in our lives to absorb that. And I think

there is a tendency to say well we are trying behind the scenes to stop that from needing to happen. We need some upfront notice. And that's just my comment about future topics as an honest discussion about what in real life services are going to look like once HR one is fully implemented.

>> MATT SEELEY: Thank you, Brenda.

>> JULIET MARSALA: Can I respond?

>> MATT SEELEY: You may.

>> JULIET MARSALA: Great. Brenda, I hear you. I don't disagree whatsoever. We do want to have those discussions as early as possible. It's also why HR one informational meeting exist, to have those discussions as early as we can and have them honestly, openly and share the information. I think the secretary has been very open in terms of where we are and very transparent. There are no cops on the table. I'm not sitting with my team saying let's cut something we need to cut something. That's not happening at this stage in relation to HR one. We have the discussion in September when HR one first came out where we talked about a lot of things in the process of looking at Medicaid as a whole program. In that meeting and I will state again today we recognize home and community-based services is a cost. It's a cost saver. It keeps people out of higher costly institutions. It's not our current target. We don't have any current targets. Our strategy right now that the secretary has put out there are strategies, and the governors, strategies such as the one I just talked about. Raising minimum wage is also a cost saver to the Medicaid programs. Looking at the strategic investments in health. You've heard of the appropriation meetings. Follow-up speaking events where the secretary has spoken. She talks a lot about investments in health. There is three very distinct strategies with investment in health that have proven to save costs in the Medicaid programs. While also, and I think more importantly, improving the health of Pennsylvanians. And so those areas are food, you know, food is health. Nutrition is health. And medically tailored meals. That has shown to improve health outcomes and reduce cost. The second includes investment and reentry of population. When individuals reenter the community from incarceration where they should be embraced as full members of our society. They are often times needing Medicaid as they start their journey. Back into the community. Investing in of that and making sure their strong connections there, both improve those individuals life outcomes. As they reenter as our community members again. And decrease future costs. The third one is the investments in housing. Short-term housing supports that so often are a critical bridge for individuals in need to take medically complex individuals who otherwise would be very frequent flyers to our emergency rooms and hospital systems. So that investment as well has been proven to save costs. So right now our focus is really and making a smart investment that will have long term benefits both financially but more importantly the quality of life of Pennsylvanians. That's our current strategy. We are not looking at any strategies that are a 10 percent across-the-board. We've had to make some decisions in the last fiscal year, as you know. We haven't talked about such as making changes to the pharmaceutical spend on GLP-1's. You know that they were not going to be covered for obesity. Or diabetes. We have to make those peaks so when we are at a stage when we have a good idea of what dollar amount if there is one that we would need to target this conversation, will happen early and openly. We don't want to be making closed behind the door decisions on things that impact

Pennsylvanians lives. In addition there is a midterm tucked in there. Right? So we want to plan for the worst, hope for the best. There is a midterm tucked in there and opportunity to have some things roll back. It's really important you raise this. Thank you.

>> BRENDA: I appreciate your response as a person who is higher need, I recognize the precarious nature of what we are dealing with and I just want to open that door again and it probably won't be the last time we have a topic like this.

>> JULIET MARSALA: I will say educating representatives is very important. While DHS is not thinking about these things there may be other stakeholders who are and sharing their thoughts with your representatives.

>> BRENDA: Every day, all day long.

>> JULIET MARSALA: There are folks recommending caps and things of that nature but it's not us. So I would educate your members as to what's most important to you.

>> JULIET MARSALA: Thank you.

>> MATT SEELEY: Other comments or questions?

>> PAULA STUM: I have a question Kate Bleecker. Question is when HR one is implemented is oh VR and transportation systems prepared to have the appropriate infrastructure to meet needs of participants in meeting the employment goals?

>> JULIET MARSALA: I can say I am not oh VR but I know they are aware of HR one. Brian Hiatt is a very smart man. Over at OVR and we do work closely with them. With regards to HR one and workforce requirements I would imagine they are tracking that and looking at opportunities. Because we have been reaching out, Department of human services. Department of Labor to talk about ways to support HR one and workforce requirements as it relates to the work or community engagement requirements. All say is one of the reasons you don't hear about this a lot in this committee, the LTSS subcommittee is the majority of individuals impacted by community engagement and workforce requirements are not necessarily LTSS participants. By the very nature of being a LTSS participant it is most likely that you are exempt from those community engagement and workforce requirements. So while it is certainly very important it may not necessarily be as relevant to this committee as other committees like the I MAAC, MAAC. It's not that this isn't important it just doesn't have the same effect on this population as others. I hope that is helpful.

>> AMY SHANNON: This is Amy Shannon. Can I bring up another topic?

>> MATT SEELEY: Sure. Go ahead.

>> AMY SHANNON: I feel like people receiving care are not really considering our needs. Because the system is nonmedical and nonskilled which does not really fit. There are skills that people need to learn and it seems like healthcare, even though caregiving is in healthcare, it's not really life care. Like living our lives to the fullest. How can we change the system to be more concrete for people to get more training like direct care workers to get more training and be able to do more things that people need in their homes instead of learning in a nursing home or an agency that is really healthcare based.

>> JULIET MARSALA: Matt, may I respond?

>> MATT SEELEY: Please.

>> JULIET MARSALA: Good points, Amy. I just wanted to take the opportunity to share resources. Certainly direct care workers. In the agency models. There are training

requirements or the agencies are direct care workers. There is also a requirement that agencies ensure that their direct care workers are trained and oriented to the needs of individuals they are going to be scheduled to serve. That sort of baseline agency requirement in the agency model. For participants and participant self-direction in community health choices there is a training program mandatory orientation where the director worker is paid to attend those trainings. I believe it's an eight hour training. If my memory serves me correctly. My team will shake their heads at me. That's a base training. A universal training. The Department of Labor put out a grant recently to allow support and participant self-direction enhanced training of an additional eight hours of training on additional topics related to disability and participant self-direction. In addition the Department of Labor also put out a grant that was awarded to the Pennsylvania homecare Association to help further support their training availability for direct care workers which is also available and free online for direct care workers called my APA Learning Center. I think I got that right. Great. That any direct care worker can access for free additional training on topics set up, like many trainings. As someone who before this role many years ago I used to rely on those trainings as well to increase my knowledge. Very disability specific. So that's available. At least for participant self-direction. Some may still be offering managing your personal assistant training where participant in their direct care workers attend trainings and sessions with peers. That may be available in your local area. These are just some resources available. I would hope that if this is an area of interest that your service coordination entity should be working with you to be able to identify opportunities if your participant is self-directed. Through PPL. Or with your agency to better meet your needs. But I agree that a well-trained workforce is a workforce.

>> MATT SEELEY: Thank you. Thank you for that center of independent living. 12:57 PM. Any more questions?

>> PAULA STUM: Jeff Eiseman, you are not muted if you want to make a comment or ask a question. >> JEFF EISEMAN: Just a general comment on scheduling. I know it's tough to coordinate scheduling within DHS but a number of folks participate in other groups. That sometimes they are conflicted. I don't know if there efforts within DHS to coordinate a little more. I know it's something that would be helpful. I personally get a lot out of it and I know there are other people that do but sometimes you have to be on conflicting meeting so may be able to provide feedback that is just something to consider. For future scheduling. Thank you.

>> JULIET MARSALA: I am going to say we schedule it first. The first Wednesday of every month are mine. Point well taken. I understand there's a lot of meetings. That's why for us we do offer the hybrid meeting in addition to recordings and our email is always open. So - - RA-PWLTSSSUBMAAC@pa.gov. Our meetings are recorded, you can listen to them. If you have comments, suggestions, use the inbox. It is active and we can engage even between the meetings that we have. Really appreciate that. Back to you, Matt.

>> MATT SEELEY: It's 1:00 PM on my watch. Would anyone like to adjourn? I will accept a motion from someone.

>> LLOYD: Moved by Lloyd.

>> MATT SEELEY: See you next time.