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**DATE: 5/21/2026**

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

>> MATT SEELEY: If you are here for the ad hoc meeting for Thursday, May 21, 2026, for said meeting, you are in the right place. And as I like to say, I hope you all have your beverages ready. So we will begin with what Paula likes me to read. Remind everyone that the meeting is being recorded. Your participation in the meeting is your consent to be recorded. With that, the agenda and all that is here. We need to do attendance.

>> PAMELA WALZ: All right. This is Pam. I will do attendance. Matt, I know you are here. Abigail Foster.

>> ABIGAIL FOSTER: I'm here.

>> PAMELA WALZ: Ali Kronley. Andrea Costello. Anna Warheit.

>> ANNA WARHEIT: Hello, this is Anna.

>> PAMELA WALZ: Carol, I heard you. I know you're here.

>> CAROL MARFISI: Hello, Pam.

>> PAMELA WALZ: Neil Brady. Jay Harner.

>> JAY HARNER: Hello.

>> PAMELA WALZ: Jay, was that you?

>> JAY HARNER: Yep, that's me.

>> PAMELA WALZ: Great. Kathy Cubit.

>> KATHY CUBIT: I see her in the list.

>> PAMELA WALZ: Great. Laura Lyons. Linda Litton.

>> LINDA LITTON: Hi, Linda here.

>> PAMELA WALZ: Thanks. Lloyd Wertz.

>> LLOYD WERTZ: Present.

>> PAMELA WALZ: Great. Lynn Weidner. Michael Galvan. Chell Garrett.

>> MICHELLE GARRETT: Chell here.

>> PAMELA WALZ: Great. Natalia Gomez. Ryan Johnson.

>> RYAN JOHNSON: Present.

>> NATALIA GOMEZ: Natalia is here.

>> PAMELA WALZ: Thank you. And Ryan. Has anyone else joined since I began attendance? And not had an opportunity to say you're here?

>> ALI KRONLEY: This is Ali Kronley if you can hear me.

>> PAMELA WALZ: Great. Thank you. All right.

We'll move on to housekeeping talking points. As Matt said, this meeting is being recorded. Your participation in the meeting is your content to being recorded. This is a special ad hoc meeting to discuss recently released materials related to House Resolution 1, HR1.

Meeting is being conducted as a webinar with remote streaming. To comply with logistical agreements, we will end promptly at 2:30. To avoid background noise, please keep your devices muted, and the microphones off unless it's your turn to speak. Remote captioning is

available. The CART captioning link is on the agenda and in the chat. It's very important for only one person to speak at a time and to state your name before commenting. Please speak slowly and clearly so the captionist may identify speakers and capture conversations. Please keep your questions and comments concise and on topic to allow time for everyone to be heard. Webinar attendees may submit questions and comments in the questions box in Go to Webinar or use the raise hand feature to be placed in queue to speak live.

We have time allotted on our meeting agenda for one public comment period. If you have questions or comments that weren't heard, please send them to the resource account email found at the bottom of the meeting agenda and the LTSS Subcommittee webpage. All right.

>> MATT SEELEY: Thank you. And anyone, if you have questions regarding this topic, and this is an important topic, please do submit those comments. We do review them. Before we hand it back to Pam, Lloyd is also -- Lloyd Wertz is also a HR1 representative. However, he was brought on to that committee after the last meeting so this will mostly be Pam. Juliet, do you have anything to say before that?

>> JULIET MARSALA: Matt and Pam, no, thank you for running the ad hoc meeting. I would just say for this particular public comment period if we could just keep it to the topic at hand because it's a very important one. And if individuals want to add additional comments and feedback to HR1, they can do so as you stated through our LTSS Subcommittee website or directly to the HR1 website and dedicated email address. And just a note that all feedback related to the topics we're reviewing today are requested by May 29th. So there's a short timeframe for folks. Thank you.

>> PAMELA WALZ: Okay. Great. So we've got a PowerPoint. Paul, are we able to get that loaded up? Wonderful, thank you. Again, this is Pam Walz. And I am going to be reporting back on what happened in the HR1 stakeholder meeting that took place on May 8th. I've got about 15 minutes to go through what took about an hour and a half to go through at the meeting. So I'm going to have to be speedy and concise. But we will have a fair amount of time for questions. So again, this is an overview of HR1 and specifically the stakeholder meeting on May 8 really focused on Medicaid community engagement requirements. So what we've been calling often work requirements, it's actually broader than that. Community engagement can be work, education, volunteer. So they're calling it community engagement requirements. And the policy decisions that the department has made around that so far. So next slide.

All right. Here's a slide about this. Next slide. Okay. So just a few words before we start. The stakeholder meeting began with secretary Hakush [name?] Who gave some remarks and she began by acknowledging the anxiety everyone is feeling around this. And assuring us that the department is doing a lot of work on getting ready to implement the next phase of HR1 which is -- much of which will be the community engagement requirements that will go into effect in January. There are two PowerPoints that came out of that meeting that we saw during that meeting, and they were both included in the zip drive materials that were sent out with this meeting. The slides I'm showing you include some of the slides but we don't have time for all of them. These are lifted from that but there are more slides that go into detail that you'd probably want to look at. A couple of other things the secretary said that are worth repeating is that while they're working hard on getting ready to implement community engagement requirements, they are not at this point looking at line items to cut,

like Medicaid programs to cut or eligibility to trim back. And in fact, they are hoping that they can put off some of those hard decisions and actions if they eventually have to be taken perhaps all the way to 2029. That's really not something they're working on at this point. All right. So the presentations we saw at the meeting were all specifically on implementing community engagement requirements and more frequent renewals which are another part of what's coming in January 2029. As a reminder, these new requirements that we're talking about today affect the expansion population for Medicaid. This is people who newly gained eligibility for Medicaid under the Affordable Care Act and so it's non-disabled, non-elderly adults. So the requirements that I'm talking about today, community engagement, more frequent renewals, they do not by and large affect the LTSS population. Doesn't affect people 65 and older or people receiving SSI or disability-related categories of Medicaid. However, it will affect other people in their lives. Caregivers, direct care workers, family members, and others. The stakeholder meeting focused on a couple of things specifically. The first being how the department is planning to implement what's being called the medical frailty exemption. This is one of the groups of exemptions from community engagement requirements for people who have serious medical conditions that limit their ability to work. So we'll talk about that. And then the second presentation was on current plans for basically implementing and administering the community engagement requirements. An overarching principle that was driven home is that the department is trying to build systems to gather information to implement this that will gather information on exemptions people may qualify for or compliance. People may have with the community engagement requirements from existing information that DHS can access through various electronic data systems. Their strategy is to get that information, to look at whether someone might be exempt maybe due to a medical condition, or whether they are compliant due to earnings. Wherever possible, prior to resorting as kind of a last resort to making participants show that they need an exemption or are compliant. And then the second kind of overarching goal that they articulated to us is enabling as many people as possible to continue to qualify for Medicaid. All right. So looking at this slide, so again, this affects the Medicaid, the expansion population, that is about 750,000 people here in Pennsylvania. And the commonwealth's goal is to meet federal requirements while prioritization keeping as many people continuing to be eligible as possible, and also reducing administrative burden for both participants and case workers. We know that when case workers are overburdened, people get churned in and out of the program. So they're trying to make this as workable for case workers as possible. So community education requirements. Again, this is requirements in HR1 that people in the expansion population be engaged in either paid employment, community service, participation in approved work program or halftime enrollment in an educational program, or some combination of all of those that adds up to 80 hours per month. Alternatively, if people are working, they can demonstrate compliance with the community education requirements and therefore continue to be eligible if they have a monthly income at or over \$580. And DHS is planning to implement this by looking at the whole household's income. The \$580 has arrived at -- federal minimum wage multiplied by 80 hours. For seasonal workers, they'll be averaging over the past six months, and they have to have an average income that meets the \$580 mark. There are a lot of people who are going to be exempt from community education requirements. There's a set of exemptions to protect a

lot of different populations, some of which we're really not going to go into detail with about here, including people who are caregivers for people with disabilities, parents, people caring for children under the age of 14, various other hardships, homelessness, certain former foster youth. But specifically the presentation we saw was really focusing on one of the larger exemption groups which is people who are considered either medically frail or having a serious or complex medical condition. And so a lot of the presentation was about how Pennsylvania is planning to identify these people who are medically frail and implement this exemption. So we'll talk about that more in detail in just a moment. Next slide.

So again, as I was saying, HR1 exempts certain people from the community engagement requirement and we'll focus on this group of people who are medical conditions that limit their ability to work. In the statute it includes people who are blind or disabled, people who have a substance use disorder, disabling mental disorder, or you can read a physical, intellectual, or developmental disability that affects their ability to perform ADLs, or a serious or complex medical condition. It also allows for short-term hardship exemptions, people who've been recently admitted to the hospital, for instance. Next slide.

This is a slide that shows kind of the order in which the department is going to be going about deciding whether people continue to qualify for Medicaid. The first is they're going to be looking at records that are available to them, electronic data available to them to see if it shows that the applicant or recipient is meeting work or other compliance activities through the various avenues that are available to them to identify that. They'll also be looking to see whether people meet an exemption by looking at the records available to them to see if an applicant meets an exemption. Recent incarceration being an example, caregiver, or they're medically frail. The red here is I think meant to indicate the last resort is going to the applicant and requiring them to provide information. They're intending to limit the situations where they're going to the applicant to situations where the information is not available through information that the state already has or can get access to to determine whether people are compliant or exempt from the community engagement requirements. Next slide. They noted the process -- this is going to affect people both at application and renewal. And they noted that it may work a little bit differently in these two different situations. At renewal, they will likely have more information available to them, for instance from Medicaid records to determine whether someone is medically frail. They'll be looking -- we'll talk about this in more detail -- at past healthcare use and health conditions and MCO records. On the other hand, at application, they may have less information available if the person is applying for Medicaid for the first time, there won't be any. Or if it's been a long time since they've been on Medicaid, there will be no recent Medicaid records for them to look at to see if the person has recent hospitalizations or medical conditions that meet an exemption. So at application, the process may require some more information from the applicant. Couple of things, we know that people often come off and on Medicaid. Even people who apply may have fairly recent Medicaid coverage. So there may be Medicaid records for those folks to determine whether people are exempt. But the department is also exploring the use of something called P3N or Pennsylvania Patient and Provider Network, which we'll talk about in just a moment. This is an electronic health records exchange that will include more recent health information and also for providers where care was provided by other kinds of

coverage besides Medicaid. So that may be helpful at application to look for that. Next slide.

So this slide shows kind of the order in which the process the department is planning to implement to determine whether people are exempt from the community education requirements because they meet the medical frailty exemption. And this is the sequence and types of sources that the department is planning to look at to see if people meet this exemption. So first, they will be looking at health records that they have from Medicaid billing. They're going to review past healthcare billing data, looking for medical conditions. They're going to be comparing them to a list the department is developing which they've also released. They're creating a list of diagnosis codes which will be considered to show that the recipient or the applicant meets the medical frailty definition. The department I think on the same day as the meeting released a list of diagnosis codes. It is I believe in the materials that accompanied this meeting invitation. The department is taking comments on this list. There are a lot of folks looking at this list. The department anticipates that some of the diagnoses will be considered to show a permanent exemption, whereas others will be maybe short-term. The list of codes is still in the process of being developed and it's going to have to be approved by CMS as well. So this is the first place that the department is going to be looking at. Do the healthcare billing records show that people have a condition that will just be considered to create an exemption, and find the person exempt based on that from community engagement requirements. The second line is if they can't get the information they need from that, again, this P3N, it's electronic health records exchange through regional health information organizations. Basically electronic health records. Good thing about this is it's got more recent information in many cases than the healthcare billing records. Healthcare billing records can take several months to show up where DHS can see them. So this may get more recent information and also pick up health records for people who are getting coverage paid for by other forms of coverage besides Medicaid. So that's sort of the second line. The third line that they are going to be looking for information is managed care organization health information, including health assessments which are done at enrollment and case management records for members who have complex conditions, and therefore they're enrolled in case management. The department told us they're seeking to collaborate with the MCOs to identify health issues that their members have, particularly where that can indicate functional limitations from these assessments and care management information and other clinical information that the MCOs have. And finally, if medical frailty is not shown by any of these sources the department can access on its own, they will then turn to seeking information that the applicant or the recipient who's going through renewal can provide. So this could be to show compliance, it may be pay stubs, it may be medical information. The department has also developed a draft self-attestation form that it would ask people to complete where people -- and the draft of that is also included in the materials that accompanied this invitation. They're looking for comments on it. It'll allow people to indicate whether they have a health condition, whether they fall into one of the other categories of people who are exempt. The department said they think a lot of the people who fall into the group of using this are going to be caregivers. So they'd really like stakeholder input on that. Next slide.

So again, this is just more about the approach. As I said, really important things to say is

that everyone is waiting for final CMS guidance on this which is due to be released in June. The department doesn't have time to wait for this guidance in order to start developing these systems. So they've started, but a lot of things can't be finally decided yet because again, everyone is waiting for this guidance on how to implement community engagement from CMS. So things could change when that guidance comes out in June. Next slide. So these are some of the policy decisions Pennsylvania has made so far. People who have to comply with community engagement renewals, that'll take effect in January 2027. So it'll take effect for people applying at that time. For people who are going through Medicaid renewals, the first group of people to be affected will be those who have renewals due in February of 2027. In order to show that you're compliant, you have to have been compliant for at least one month in the six months prior to application or renewal. Or it's actually a longer lookback period for people in the first renewal. So Pennsylvania's made some policy decisions to make this kind of as easy as possible for people to retain eligibility. People will need to show that they were exempt or compliant for at least one calendar month in the I think it's six months prior to application or since their last renewal. And we're going to talk some about outreach next. Next slide.

This is a timeline, just shows the timeline on which the department's been creating the design. You see that star next to 6/1 when everyone is waiting for the final guidance from CMS. See the timeline for the building, testing, and launching of systems changes. Then the bottom one, importantly, is where DHS will start beginning in about August to prepare and then send communications to participants about this. Next slide.

They're planning an outreach approach and campaign, information on the PA.gov website coming soon. They will be mailing a number of notices including an initial outreach letter which is going to be like sort of highest level information on this is coming. Here's what it includes. By the end of September of this year. Then there will be recurring notices that CMS is also requiring. And the department is working on a bunch of additional ways that they'll be communicating with people. Email, text messages, et cetera. Next slide.

There's a lot on this slide. I'll just say this shows the different kinds of letters and notices that the department is going to be issuing. You see the initial outreach letter I just mentioned. That is going out to everybody before January 1st, notifying them of upcoming requirements and key information. Then as I said, there's going to be recurring outreach. Skip down to the two boxes on the bottom. When somebody applies or goes through a renewal and the department is not able to confirm compliance or exemption through the information available to them, they will be sending out a noncompliance notice. And they're slightly different depending on whether it's a new application or a renewal. And part of what that notice will say is complete this self-assessment form, which is the box in the upper right. That's a self-attestation form that allows people to self-attest they're doing community engagement activities, so they're compliant, or that they meet one of the exemptions. And they'll be instructed to return that. All of these draft letters, the self-assessment form, the non-compliance notices drafts were attached with materials that went out to the invitation to this meeting and they're really looking for feedback on those letters, including like readability. So please do that. Next slide.

All right. The other thing I want to say that's not on the slides, the other thing we got in the meeting was a walk-through of changes to COMPASS that the department is working on.

When people apply or do their renewal on the app, there are changes being made to the app that will walk people through a series of questions designed to elicit information about whether they're compliant because they're engaging in one of the activities that's required, and/or whether they are exempt. So each question that people answer yes to opens up a bunch more questions to get more and more detailed information. So we saw some of the slides. There is information about that in the PowerPoints that we got that day and that are included in the materials that you got. There's also a video of it, but we weren't able to see that because it malfunctioned that day. So hopefully that will be available to folks at some point. And there was also information about the interface for case workers and how they will be prompted to evaluate for exemptions and exclusions. And then finally, we were all asked to share this information as broadly as possible with all of our communities. So I'm going to pass that message on. And there we go. That's the report.

>> MATT SEELEY: Thank you, Pam. Geez, you put a lot of information in, thank you.

>> PAMELA WALZ: You're welcome.

>> MATT SEELEY: What a time to be alive. (Indistinct) medically frail, huh. How do we want to handle questions, Paula?

>> PAULA STUM: I'm pretty sure we're going to go with the Subcommittee members.

>> MATT SEELEY: All right. Any Subcommittee members have questions? I have -- I can see you all, so raise your hands or... All right, Lloyd.

>> LLOYD WERTZ: Howdy. Good to be here. Good to be serving on this committee going forward. I just wonder if the person that's making applications for the benefit receives services that might indicate their medical frailty, but they receive it from either a non-participating physician or under a different benefit plan or a private pay plan, how is that considered to be collected? How would that information be collected by the DHS in this process?

>> PAMELA WALZ: I'll take a first shot at that. I think the hope is some of that will be available through the P3N, this electronic health records exchange. They're hoping to pick up some of that there. Then people will have the opportunity also to provide that information themselves. I don't know if anyone from the department has a more complete answer.

>> JULIET MARSALA: This is Juliet. Pam, you've got it quite correct. We'll try and find ways to automate using P3N if we can. But that also requires more participation across the commonwealth. But in the absence of being able to verify that with documents that we have, it would go to the applicant's information that they provide.

>> MATT SEELEY: Okay. I hope that answered the question.

>> LLOYD WERTZ: Yeah, it does. I just wanted to add a tag-on. All of these letters have to go to correct addresses. So I'm not so sure that the most important we might be able to do is to make sure people have the correct address on file with any services they receive as part of medical assistance and with the DHS. I don't know how exactly -- I mean obviously going through MCOs, if they're enrolled in those programs would be good. For those who are initial applicants and hoping to move forward, is there any thought on how to get good, solid contact information in place?

>> JULIET MARSALA: So I can take that, Lloyd. And I appreciate that. You know, for us, that's an ongoing and critical piece and responsibility to speak plainly of the applicant and beneficiary receiving services. One of their primary responsibilities is to ensure that we

have means by which to contact them and provide them information that is critical to their benefits. The Office of Income Maintenance has been trying to make COMPASS as easy and accessible as possible for individuals to update their primary addresses via the app, via online, by dropping things off that are required at the county assistance office. But we certainly don't seek to have any kind of big brother mechanism out there. We don't track kind of people through other means, but it would most definitely be hopeful and hopefully all of our community partners can help reinforce that critically important piece, that applicants and Medicaid -- folks who receive Medicaid really do need to ensure that their contact information is up to date. So thank you, Lloyd, for raising that up.

>> LLOYD WERTZ: Thank you.

>> MATT SEELEY: Okay. Let me just say there's 11 minutes more for Subcommittee members. So in addition to keeping questions succinct, try to keep them on the shorter side. I saw Chell's hand up next. But you put it down. I assume. So I will go with Natalia next after that.

>> NATALIA GOMEZ: I'd like to know, once this information is gathered, the exemption or the compliance information, is that information going to be used to crisscross with MA and SNAP? If that's going to be done? And the other question is I saw that it's going to be determined which other way you're going to be publicizing or doing outreach. Have you considered doing the research with the local? I saw that you're going to be translating these notices and these outreach to different languages. Are you also considering promoting -- doing outreach in those languages as well in community, not so much local newspaper because a lot of the immigrants use other sources of newspapers?

>> JULIET MARSALA: So, happy to answer this. The thing I want to point out is that there is no public marketing or notifications through airways or ads or things of that nature. There's absolutely no funding for a public education campaign. This is an administrative burden that was put on to us with no funding attached to it. So we are heavily reliant on our community partners to help us get all this information out above and beyond the required notifications that we are sending. So I wish that we could have a robust public education campaign but there is absolutely no money allocated to do that. So that's unfortunately the state that we have been put in at this point.

>> PAMELA WALZ: And to answer the rest of Natalia's question, do we have some information about how the SNAP and work exemption information will be cross-referenced for Medicaid? I know that there is some of that work going on and I don't have the details right now, I'm sorry.

>> JULIET MARSALA: Yeah, I know that exploration on that work is going on because we do, as one of the principles want to reduce our administrative burdens in both areas. I don't have the specifics because I think they're still sort of exploring all the options. I'll ping the Office of Income Maintenance and if I have a more specific answer, I'll share it before the end of this meeting.

>> MATT SEELEY: Okay. Carol, and then Ali after her. Carol, can you unmute?

>> CAROL MARFISI: Paula and Juliet, maybe you could -- I was wondering, I do a little (indistinct) work related -- (indistinct) if I work a little bit?

>> JULIET MARSALA: So Carol, in regards to the HR1 requirements for work engagement or community engagement, this would not apply to you. In your capacity for services. Most

individuals who would receive or be eligible for long-term services and supports that meet nursing facility clinical eligibility would be exempt from the HR1 workforce requirements and community engagement requirements. We are pretty confident that most folks who meet nursing facility clinical eligibility have enough functional limitations and complex medical needs to be exempt.

>> CAROL MARFISI: Okay. (Indistinct) is that what you're saying?

>> JULIET MARSALA: So for today's topic, the piece here for the community engagement requirements and the work requirements, these are for individuals who are part of the Medicaid expansion population, and so it is reasonable to some folks that these are folks that are able to work without as many barriers as individuals who would meet the medical frailty definition.

>> CAROL MARFISI: Okay. Thank you.

>> MATT SEELEY: Go ahead, Ali.

>> ALI KRONLEY: Hi. Can you hear me?

>> PAMELA WALZ: Yes.

>> ALI KRONLEY: Hey, sorry. Thank you for putting together this long and complicated presentation. I appreciate the effort to put all of this together in one place. And appreciate the opportunity to be part of the conversation. I have a question, and if this is the wrong part of this meeting and you want me to punt it to later, that's okay to. I think it goes to sort of reducing administrative burden. So I'm Ali, representing the united (indistinct) workers of Pennsylvania, represent the approximately 10,000 workers in the state of Pennsylvania. So many of those folks are really reliant on the expansion for their health insurance. And I think what -- I saw in one of the spreadsheets it said sort of one of the goals is to automate where possible and mention relying on EVV compliance. The Office of Income Maintenance is required to verify people's work hours, work requirements. And OLTL has the hours worked for participant directed workers. So I guess what I'm getting at is, is there an intent to share that data to reduce the burden on the workers to verify their employment when like every quarter or every month, given that it's being reported kind of in another place, that's very focused on participant direction. I imagine it could be a broader question, looking at agency home care workers. I don't totally understand the reporting requirements there or other state workers, but just trying to wrap my head around if the entities tend to collaborate enough to share data to reduce the administrative burden here, and if so, kind of what's the thinking behind how that process would function?

>> JULIET MARSALA: Pam, would you like to --

>> ALI KRONLEY: Does the question make sense?

>> PAMELA WALZ: Your question makes perfect sense. Juliet, were you asking me if I wanted to answer?

>> JULIET MARSALA: Yeah. I can. Up to you.

>> PAMELA WALZ: I will just say that the detail around that was not part of what was discussed at this particular stakeholder meeting. They were really focused on medical frailty. I believe that they are also planning to use all the data that they have to verify work but I don't know the details of that so I'm going to give it to Juliet.

>> JULIET MARSALA: That is correct. We are going to be pulling that. We have sort of determined, pending CMS additional guidance, that \$580 is the equivalent of minimum

wage times the 20 hour per week requirements, or 80 hours a month requirement. So for individuals who are working like direct care workers, that would be information that we could pull from Department of Labor. So it's looking at both sort of if their wages are above the minimum threshold that we would have confidence that they would be exempt in terms of looking at their earnings. With regards to how we might pull directly from MCO data or the MFS vendors data, that's certainly something we could look at if we feel it's necessary. But if we can confidently pull from like one data source and see the workers and they're working over that minimum threshold of earnings, then we wouldn't necessarily go that additional step. So it really is still sort of exploring, but certainly aware that that data is there.

>> ALI KRONLEY: That's great. That's great. And definitely like, happy to be -- I'm trying to do the math in my head because I think most folks are making much more than minimum wage. Anyway, yeah. So I'm trying to follow the ball there and maybe not. But I hear the broad picture that, yes, we have the data, and yes there's an intent to find a way to share it to reduce that burden. So I guess I'd just say, really interesting being part of that discussion and understanding it. Do you envision that a worker would need to sort of opt in and provide permission to do that? What's your thinking on that? Would the department just be able to pull the data?

>> JULIET MARSALA: I think that's still things we're exploring and getting into. If we needed to engage with like the FMS vendor specifically for that data to be used for this specific purpose, I don't know legally if we would need to have an opt in on that data or not. So I couldn't say. If there was a need, then I'm pretty sure we'd be able to find an operational way to do it through those FMS vendors.

>> ALI KRONLEY: Okay.

>> MATT SEELEY: We're at time right now. Paula, how would you like to handle the public comments?

>> PAULA STUM: Hi, Matt. This is Paula. I can go ahead and read the questions, if you'd like me to.

>> MATT SEELEY: Yeah, go ahead.

>> PAULA STUM: Okay. Our first question is from Chris Bernard. For the CER self-assessment, how will a participant attestation be verified?

>> PAMELA WALZ: That's a good question. This is Pam. I will say what we've been told, a lot of people asking this question. CMS has said -- well, first of all, I think the department is planning to accept self-attestation wherever possible. But they've been told by CMS that it has to be auditable. When asked what does that mean, CMS said something that we can audit. So still pretty unclear what that means, and I think a lot of thinking going into that. And I think the department is looking for feedback around that. Juliet, do you want to add?

>> JULIET MARSALA: No, you have shared the most up-to-date information we have. That is the current state. Thanks, Pam.

>> MATT SEELEY: Next.

>> PAULA STUM: Hi, this is Paula. The next question is from Ashley Rike [name?]. What is the estimated cost of the outreach?

>> JULIET MARSALA: Ashley, we don't have an estimated cost for the outreach because we have no appropriated dollars for any public education campaign. The cost of just the

notifications alone, knowing that -- I mean this impacts about 750,000 Pennsylvanians, I don't know, many of them may have signed up for electronic notification. I don't know how many have. But just mailing a notification to that many individuals, just back of the envelope, it could be like half a million per notification sent out to that 750,000 folks if you just consider the number of people and the cost of a postage stamp.

>> PAULA STUM: Hi, Matt. This is Paula. I have no other questions from the public.

>> MATT SEELEY: Wow, really? Everybody's thrilled with HR1? It is a big, beautiful bill.

>> JULIET MARSALA: Well, maybe they don't have any questions, Matt. I wouldn't jump to say they're thrilled with it.

>> MATT SEELEY: I get that. I mean, it's a little early, but still. Anyone?

>> LLOYD WERTZ: Yeah, Lloyd will jump back in here. It's not a big, beautiful bill. It's a horrific bill. And we need to do our best to bat it out of the park in the upcoming midterm elections. But I'm wondering, it just seems like there's a lack of kind of intensity on the part of the department. There's not another meeting till July when indeed we'll have some verification as to requirements from CMS as early as June 1. Is there a way to understand that better that I'm not catching?

>> JULIET MARSALA: Lloyd, I'm not sure kind of the concern with the intensity around HR1. I think the reason why we don't have one until July is because we would anticipate CMS' information coming out in June, giving us time to review and contemplate it and then prepare the information to go out to the information committee. I don't know if I share the same concern. I think that's a sort of methodical thoughtful timeframe. Because if we met like before the June release of CMS materials, I'm not necessarily sure if we'd have much more to share that wasn't already shared by the secretary at this last meeting.

>> LLOYD WERTZ: Well, I get you, but if this information from CMS comes out in early June, the participants would have an opportunity to review them and get back to the table or at least get comments to be filed with DHS before a July meeting date. Just kind of throwing it out there. This is a big, big deal, the biggest in my career, and my career is essentially over. So it's a concern.

>> JULIET MARSALA: Yeah, I hear you there, Lloyd. The meetings are not the only way. The meetings are more information for us pushing out. We have our dedicated email that is for anything related to HR1 that people can email at any point in time. Lloyd, now I'm going to put you on the spot and expect you to read what CMS puts out and have emails to the email box. But questions, emails, suggestions, comments, feedback, that dedicated resource account is open at any time.

>> LLOYD WERTZ: Okay, thanks.

>> MATT SEELEY: I look forward to that update, Lloyd.

>> PAMELA WALZ: Yeah. I think it's a really good point, Lloyd. This is Pam. Perhaps the guidance will come out before our next regularly scheduled LTSS, and if so, we can have some discussion about it. I think that June is a good month to provide our thoughts individually, maybe as a committee, about how to respond to what's in that guidance.

>> LLOYD WERTZ: Got it. Thanks.

>> MATT SEELEY: Go ahead, Natalia.

>> NATALIA GOMEZ: I know the material we got was draft and is being worked on. I understand this information is going to be translated to different languages. Due to the fact

that I service a lot of the Hispanic community, and us ourselves, it's hard to comprehend or understand all these changes that are coming along, not to mention the overwhelming situation that is going to be presenting to the case workers and the MCO's offices. The CAO offices. Is there any way that at least the Spanish translation can be seen, or you're not translating none of this yet until they're finalized?

>> JULIET MARSALA: Yeah, the translation of the drafts will occur once finalized.

>> NATALIA GOMEZ: Is there any way you can share a draft of the translation? As a person who is bilingual, I can tell you that sometimes the Spanish applications for DHS programs is a little difficult to understand. And in order sometimes to grasp the meaning, I have to have the English and the Spanish together in order to be able to comprehend it. Us ourselves as advocates and as individuals who are going to be dealing with this horrific nightmare that's approaching, have a hard time understanding, it's going to be a little more challenging for LEPs to kind of understand and grasp the profound effect this is going to be having in their lives.

>> MATT SEELEY: Sounds like a request for a combination I think.

>> JULIET MARSALA: Natalia, I can take that request back to the Office of Income Maintenance to see if they can get a Spanish draft version out. I can't speak for them but I can put the ask in.

>> NATALIA GOMEZ: That would be nice. Appreciate it.

>> MATT SEELEY: Is that something the department does itself, or do you have a vendor that you send that out or something?

>> JULIET MARSALA: I think it depends on the language. The other thing, Natalia, if you'd like, as an LTSS committee member, would you like a native Spanish speaker from our OLTL team to kind of review it with you?

>> NATALIA GOMEZ: It would be nice because we are --

>> MATT SEELEY: Can I say -- what about anyone else that's in Natalia's situation?  
Natalia --

>> JULIET MARSALA: I get what you're saying, Matt. I'm going to bring back the broader request to the Office of Income Maintenance. But Natalia, as an LTSS Subcommittee member, I want to also meet her and arrange that.

>> NATALIA GOMEZ: Appreciate it.

>> MATT SEELEY: Do we have any questions? Any public, Paula?

>> PAULA STUM: Hi, Matt, this is Paula. No other questions.

>> MATT SEELEY: Wow. We got a whole 34 minutes. We can sing show tunes. Or we could open up the questions beyond HR1. Or if someone else had another suggestion.

>> JULIET MARSALA: I had another suggestion. There was the questions and the comments. In the next 4 minutes it goes back to LTSS Subcommittee members to kind of start talking about the formal feedback you want to give back. I would recommend kind of using those minutes that way.

>> MATT SEELEY: I'm sorry. I wasn't even looking at that. Anyway. I guess we have to burn 3 minutes or just have this discussion right now.

>> PAULA STUM: Matt, this is Paula. Could we burn 2 minutes and let Chell ask her question?

>> MICHELLE GARRETT: Yes, I wanted to ask, the changes to the COMPASS app, is that

only related to this criteria with the non-disability personnel? Or is it for everyone, the new changes, the COMPASS?

>> PAMELA WALZ: I think it's for everyone. When you say the non-disability, I'm not sure what you mean. These are questions that people who are using it to renew or apply will encounter to try to determine whether they're exempt or compliant from these requirements -- maybe I understand you, will these be encountered by people who are applying for like LTSS categories of Medicaid, is that it?

>> MICHELLE GARRETT: Yes.

>> PAMELA WALZ: That's a great question. I would -- Juliet, do you know the answer to that?

>> JULIET MARSALA: I think the workflow depends on what the person is applying for as to what shows up in the workflow. But I can certainly get clarification on that. That's a very good question, Chell. I'll get clarification on that.

>> MICHELLE GARRETT: Okay. Thank you.

>> PAMELA WALZ: Yeah, we don't want people having to answer all that if they're applying for community-based services. I would think they wouldn't have to because they're not applying for expansion Medicaid. But Juliet will find out.

>> MICHELLE GARRETT: Okay. Thanks.

>> MATT SEELEY: Okay. Now that I have zoomed back out, I can see that there's something after public comment. So we'll have an LTSS Subcommittee discussion. Who's going to lead that? Me?

>> JULIET MARSALA: So this is specifically to look at the notifications and the outreach letter. I think that was the specific ask of the committee. So I don't know if we could share, if that's what you'd like to do, Pam, to solicit feedback on any comments on the outreach letter. Or how would you like to move forward?

>> PAMELA WALZ: Sure, sorry. I didn't understand that was specifically what this part was about. I don't have the letters handy. Paula, do you have them?

>> JULIET MARSALA: They are attached as handouts. I think we do have that teed up.

>> PAMELA WALZ: Okay. Great. If you could tee that up.

>> LLOYD WERTZ: Is a possible preemption to this question, is it possible to share these letters or have they already been shared with the Consumer Subcommittee, and the MAAC, which really does a pretty good job of assessing the readability for the consumer population of issuances such as these?

>> JULIET MARSALA: The consumer Subcommittee and MAAC, I don't know if they already have them, they may. But the same ask is being made of all the Medicaid advisory committees. The reason why we had this ad hoc is because our meeting happened before these materials were released. The Consumer Sub and the MAAC are meeting next week.

>> LLOYD WERTZ: Thank you.

>> PAMELA WALZ: All right. So this is the letter, the initial kind of letter -- well, no, actually could you scroll down? This looks like -- is this the non-compliance letter? Could we start with the initial letter that they're sending out? There we go. What are they calling this? The initial outreach letter, or a draft of it, that the department is planning to send out in September to inform people in the expansion population of the change in the law basically. So it explains what are community engagement requirements, who does not have to meet

them, if you want to scroll down quickly just to show what's in this. How can you meet them. Scroll down a little bit more.

>> JULIET MARSALA: So I think I should level set while folks are thinking that these notifications are prepared in a way that takes limited English proficiency into account with regards to them being translated, but also in terms of taking into account sort of readability at the 6th grade level for increased understanding and access and things of that nature. Where it gets tricky is where we have to put in very specific regulatory citations or things of that nature. But when we're able to sort of pull that out and look at the base template language, it reads at the 6th grade reading level, and that's always our goal, 6th grade or below. I think if we can scroll back up to the first page, this is the sort of how to report page. I think the meat of it is, yeah.

>> PAMELA WALZ: I know that community legal services is going to be providing a lot of comments on the drafts. I know one thing that we thought of right off the bat is in the list of people who don't have to meet it. We would suggest prioritizing the bullet points at the top for the most commonly encountered groups. Like American Indian and Alaska Native tribes not being as common, not taking room up at the top.

>> JULIET MARSALA: That's a great feedback in regards to attention span and whatnot. I think that one would be a great one for the LTSS committee to include in their feedback.

>> MATT SEELEY: At what point will we actually get a copy of this that we can have in our hand?

>> JULIET MARSALA: Like when are these being sent out? They're being sent out to everyone who applies to in September.

>> PAMELA WALZ: Do you mean a draft, Matt? We do have a draft.

>> MATT SEELEY: Just speaking for myself, I'm not able to process like on a screen like this. I just can't read it like this. I'll wait for your questions. I'm asking you, when can I put it on my screen so I can read it?

>> JULIET MARSALA: You have it in your mailbox.

>> MATT SEELEY: Fantastic. Tell me where that is.

>> PAMELA WALZ: It was in the zip drive of materials with all the PowerPoints and stuff.

>> MATT SEELEY: I missed that part.

>> PAMELA WALZ: Right, the most common would be parents, caregivers, people who are medically frail, maybe substance use or alcohol treatment. Yeah, just putting those more to the top so it'll really catch people's eyes.

>> MATT SEELEY: Ah, the zip drive.

>> PAMELA WALZ: Can you scroll down a bit to look at the "how can you meet requirements" bullet points? Do people have thoughts on looking at this? I think it's a little hard to provide comments in a setting like this. And I know that a lot of people are planning to send comments. But if people have comments like right now based on what they've viewed or what they're seeing on the screen, please share.

>> MATT SEELEY: What was the readability of this?

>> PAMELA WALZ: 6th grade.

>> MATT SEELEY: Incarcerated?

>> JULIET MARSALA: That's why I was saying, Matt, when we have to use the specific federal language, that's where it gets tricky.

>> MATT SEELEY: Oh, I understand. Gross income?

>> JULIET MARSALA: Another specific term.

>> MATT SEELEY: I get it, but I don't think a lot of people know the difference.

>> PAMELA WALZ: Another thing you're going to get a fair amount of feedback about is this paragraph that begins, certain adults. There's a lot of certain times and certain adults. It feels extremely vague. And I think this is hard material to communicate. But I think you'll get a lot of comments hopefully with suggested rewording for some of that.

>> MATT SEELEY: I think you want to change MA and spell it out each time.

>> JULIET MARSALA: Natalia and Kathy have their hands up for feedback.

>> MATT SEELEY: Oh, geez, I'm sorry. Natalia, I see your hand. Go ahead.

>> NATALIA GOMEZ: My comment or suggestion, I don't know if it's a question or suggestion, I know there's federal verbiage that we have to stick to or that DHS has to stick to. My question is during this outreach educational portion of it, is it mandatory, is it required that we have to stick to the federal verbiage wordings? Or is there a way, if we as high education individuals have a hard time processing and understanding all of this information that we're getting with this HR1, imagine our low-income, low level of education clientele that we're going to be servicing. Is there any way that during the outreach, the educational that the department has so willingly been able to do, that we can simplify or clarify a little better all of this information?

>> JULIET MARSALA: We can take that back as feedback, Natalia, absolutely.

>> PAMELA WALZ: I'm getting some information from other advocates thinking that no, we don't have to stick to the federal verbiage. I think we can reword it. So Juliet can check on that but we can provide other language that may be more readable.

>> NATALIA GOMEZ: The reason I bring that suggestion is because as recipients of benefits, sometimes when we're fighting for services, what we hear a lot from MCOs is that we have to do it this way or we have to explain it to you this way or we have to write it that way because that's the DHS verbiage and we can't change it. And the reason why is being out here on the ground with live individuals that we deal with their lives every single day, and this is a huge life changing bill that we're going to be going live with. We're already seeing the effect of what has started already at the renewals. And one concern I also have, does DHS have enough staff? Because now -- and I understand, and I'm glad and I'm happy that you're taking into consideration trying to find a way to diminish all that administration and all the representation of documents so that the workers can at least breathe doing their work. These records are touched as it is right now at least three times a year. Listening to what HR1 is expecting, they're going to be touching these cases constantly. And I don't think there's enough staff to carry such a huge task.

>> PAMELA WALZ: Those are both really good points that I think we can include in feedback to the department. Thank you, Natalia.

>> JULIET MARSALA: Also to your federal representatives.

>> PAMELA WALZ: Did we have a question from Kathy too?

>> KATHY CUBIT: Hi, this is Kathy. This is more I guess not so much specific to these comments about the letters as much as thinking about the impact on particularly unpaid caregivers and I know we spoke earlier to the low wage workers which is also critical. But I don't know if there's any plans or any way that service coordinators, since this isn't really

applying directly to participants but certainly their caregivers who may be getting this information, not understanding it, may be overwhelmed with caregiver responsibilities. If service coordinators are going to be trained and if there's any way that the records, somehow that the MCOs can help identify particularly the unpaid caregivers, that there might not be payroll or other easy ways to document hours, I don't know if that's been discussed or if there's been a way to help support the unpaid caregivers which really are important for many situations.

>> JULIET MARSALA: Yeah, Kathy, I'm glad you brought that up. If we go up to the first page, I believe you'll see caregivers are -- certain types of caregivers are exempt. Parents, caretakers or caregivers of children under 14, and those of individuals with disabilities that directly impacts LTSS. CHC, MCOs and SCs should already be capturing informal supports as part of like the inter-REI. There's some questions about caregivers and also as part of the person-centered support plan, there's a whole section about capturing informal caregivers. So I think that's really great to raise up as a, can you please make sure you consider perhaps utilizing that or inquire if CMS will see that as part of an auditable attestation process. We can certainly kind of think more on that. But those questions are being asked and that information should be captured in various places as a part of the person-centered support plan. Now the difficulty is really in sort of the systems changes and data extractions and permissions and all of that other stuff that need to be thoughtfully thought through. But yeah, you raise a really great point. I think that's great feedback to include from the committee.

>> PAMELA WALZ: The MCOs, would service coordinators or MCOs be able to send out mailings or otherwise make information available to participants and their families about this exemption, about the new requirements with a specific focus on the exemption and how to claim it?

>> JULIET MARSALA: Yeah, so Pam, that's a really good point. We've put out a recent survey to all of our managed care organizations and health plans to get a sense of what they are planning to do, what they can do, because I certainly believe and know that they want to be good partners in these efforts, and many of them are on this call today. I see them in the audience. So yes, we've sent out a survey to them. We're going to take that survey back as part of our active work and kind of looking at what capabilities and possibilities can be pursued and leveraged and magnified.

>> PAMELA WALZ: That's great. Maybe we can follow up on that in our next LTSS meeting with the MCOs.

>> JULIET MARSALA: Yeah, I imagine Joe is probably going to bring this up at their managed care systems delivery group too. They're part of this too.

>> MATT SEELEY: All right. Thank you. I believe we're having a decision to be made right now. Is that my understanding?

>> PAMELA WALZ: I think we're going to think about what feedback we'd like to provide. So the reason for the meeting today is that the deadline that the department is looking for feedback on these materials is a week from Friday. I think this is the moment for us to think about what feedback we'd like to provide. It sounds like we've already had several items that we've noted down. We've got the verbiage, enough staff, information through the MCOs to unpaid caregivers. Do people have thoughts about this? Go ahead.

>> JULIET MARSALA: The re-ordering of the bullets, the request for a draft to go out in Spanish specifically. Other languages if we can. I don't know if that would be possible. And reviewing the language for simplification and attempting to get as close to meet that 6th grade readability mark.

>> NATALIA GOMEZ: Can I ask one question and based on that question -- I don't know if it was mentioned and I didn't get it, but on this initial letter that you're sending, the one that says who does not have to meet community engagement and work requirements, is that going to be a self-attestation or documentation is going to be required from the applicants?

>> JULIET MARSALA: So it really depends between now and then with how much we can automate. This particular notification is their initial notification that this change is going into effect. And then there were three additional notifications if folks are kind of out of compliance or non-compliant where we would need more information. That would go out to the individuals that we would need them to sort of submit attestations or additional documents in a similar manner that those notifications go out if someone just needed additional information for Medicaid applications. So it's building on that similar process.

>> NATALIA GOMEZ: I think that's why it's important to try to get the clarification if we're going to be crossing this information for SNAP and MA, once someone submits the documentations.

>> PAMELA WALZ: That's a good point.

>> JULIET MARSALA: I got the answer. So thank you for reminding me of that. Yes. We are hoping to align wherever we can. The requirements appear to be exactly the same. So we are trying to design a sort of system for reducing the administrative burden with an eye toward being able to use it for both SNAP and Medicaid.

>> NATALIA GOMEZ: Thank you. Hasn't gone live yet and I have a huge headache.

>> PAMELA WALZ: Do we have feedback from others that we want to give to the department?

>> LLOYD WERTZ: Lloyd again. Reaching back to Ms. Cubit's suggestions, I wonder if there could be a more formalized process or can we get the MCOs to generate a more formal process of getting information regarding informal supports and caregivers in their application process? We talked about it, I don't know if there's a way to get a little more formality to that or bring it up to visible levels from the MCOs and through the OLTL.

>> JULIET MARSALA: So it's a little tricky with regards to kind of Medicaid services and service coordinations, Lloyd, about sort of who are they providing direct services to. But it's certainly something we can think about, and I'd be happy to bring up the conversation with the CHC MCOs in particular and/or bring this back to Joe and the Medicaid service delivery system. Because certainly when you lift up the family, you lift up the person. There might be little tweaks that would be good community engagement and education regardless that we can certainly explore. And you can put that in, we can add that as a suggestion.

>> LLOYD WERTZ: Thanks.

>> PAMELA WALZ: Even if they're not able to identify the specific caregivers, you know, as an alternative, if they can give everybody, all the households where people are getting HCBS information about this, the assumption that there are often going to be other family members or others who are caregivers.

>> JULIET MARSALA: That's our hope. Our hope is when we get the surveys back, hint

hint, we'd see them saying things like where we're planning to include this in our member newsletters, or we're planning to have text messages go out through the member portals, or we'll be including this in our member webpage and adding this to our member hand books. Any variety of things. So again, we're kind of waiting for our MCO partners to have the time to kind of evaluate and answer that survey before we would know kind of a good starting place.

>> PAMELA WALZ: It could also be something that a service coordinator includes as part of a meeting with a member and/or leaves behind some information about it.

>> JULIET MARSALA: Yeah, certainly. Perhaps also leveraging many hospitals have community health workers and community health workers, that's sort of one of their main values is educating and things of that nature. This is an every Pennsylvania effort. We're hoping everything we talk about in the HR1 is amplified through all the great people working on it and all of us together thinking about, like a grassroots effort to make sure that our neighbors, friends, loved ones all know about this. So absolutely.

>> MATT SEELEY: Great. Any more comments?

>> PAULA STUM: Hi, Matt. This is Paula. Natalia, if you want to make your comment.

>> NATALIA GOMEZ: I was wondering, I know that it's tricky, maybe the MCOs, in one of our previous meetings we talked about community involvement for the participants that are in CHC. And I know you had mentioned we don't know the population that might be served, but every participant might have a family member or even the caregivers that are taking care of these participants might need somebody that needs these MA or these SNAPs and will be affected by these changes that are coming. Maybe the MCOs can include it in their upcoming pack meetings as a general information or even in their community centers that they have, that they do activities to get us involved in community events.

>> JULIET MARSALA: 100%. I love that. They all have pacs and I would hope this is on their pac agendas for sure. Thank you. For folks who don't know what PACS are, those would be their provider advisor committees and also they have provider advisor committees. And just to a matter of protocol, Matt, you have about 5 minutes to get sort of a vote on -- or a motion on the table for our staff to be able to take the notes and the summary that was provided here of the list of feedback, put it in a document to review, and then proceed to get it to the HR1 committee before the 29th. We can certainly circulate it out to the whole committee group. I'd want a motion that gives you and Pam sort of reasonable confidence that you can give us a green light.

>> MATT SEELEY: Thank you, Julia. Can you make note, Paula, all the individuals that joined that were not recognized?

>> PAULA STUM: Hi Matt, this is Paula. As far as I know, everybody has responded. So there's nobody extra.

>> MATT SEELEY: Excellent. Then I'll call for a motion.

>> LLOYD WERTZ: So moved. Lloyd here.

>> MATT SEELEY: Thank you, Lloyd. Do we need a second, Juliet?

>> PAMELA WALZ: I'll second. It's Pam.

>> MATT SEELEY: Then we have it. All in favor?

>> SPEAKER: Aye.

>> SPEAKER: Aye.

>> MATT SEELEY: The ayes have it. Are there any nays? So I will say the ayes have it.

>> JULIET MARSALA: And abstentions, you never know. All right. Really, really appreciate that. You have about 3 minutes for closing, Matt.

>> MATT SEELEY: Great. I want to thank you all. Obviously this was an ad hoc meeting, which I mentioned at the beginning and carried it out that way. Thank you for making time for this important event and you all showed up. So thank you. Pam, did you want to close something about HR1? Or make your own comments?

>> PAMELA WALZ: No, except to say that I think another way that HR1 will affect the population we work with is the effects on immigrants. So I think at a future coming up meeting we should talk about that because there will be people losing eligibility for LTSS and I think there are a bunch of questions about what policy options are available to try to keep them connected to their services in healthcare.

>> MATT SEELEY: Great. Thank you. One other thing. Paula, if you could put on to our agenda call, I'd like to talk about cognition. That came up in a meeting and we should talk about it at a future date. With that, I'll have a motion to adjourn.

>> SPEAKER: Second.

>> LLOYD WERTZ: So moved.

>> MATT SEELEY: Thank you. We're adjourned. Take care.