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Date: 9/2/2026

Event: Long-Term Services and Supports Subcommittee Meeting

>> MATT SEELEY: Good morning, everyone. I hope everyone is doing well on this beautiful September morning. I guess fall is here. I must say that also because -- is there anybody in the room? If you're listening to me, today is September meeting of the Long-Term Services and Supports subcommittee. I can read the mission. The mission of the LTSS subcommittee is to the resource to the medical assistance advisory committee -- on issues regarding access to service and quality service. With that, I will pass it to Paula who is pinch-hitting today.
>> PAULA STUM: Good morning. This is Paula. We're going to start with the attendee log. I want to make note that this meeting is being recorded. Your participation in this meeting is your consent to being recorded.
Matt Seeley, you are here. Pam Walz is out today. Abigail Foster?
>> ABIGAIL FOSTER: Good morning.
>> PAULA STUM: Good morning, Abigail. Ali Kronley? Has an alternative, Joie Mentry. Andrea Costello has an alternative, Rick Hoffman
>> RICK HOFFMAN: Present.
>> PAULA STUM: Thank you, Rick. Anna Warheit?
>> ANNA WARHEIT: Good morning. This is Anna.
>> PAULA STUM: Good morning, Anna. Carol Marfisi?
>> MATT SEELEY: I see her in the chat
>> PAULA STUM: Good morning, Carol. Neil Brady? George Fernandez? Jay Harner? Kathy Cubit?
>> KATHY CUBIT: Good morning. This is Kathy.
>> PAULA STUM: Good morning, Kathy. Laura Lyons? Linda Litton? Lloyd Wertz?
>> LLOYD WERTZ: Present.
>> PAULA STUM: Good morning, Lloyd. Lynn Weidner?
>> LYNN WEIDNER: Good morning.
>> PAULA STUM: Good morning, Lynn. Chell Garrett? Padraig Tangney?
>> PADRAIG TANGNEY: Here.
>> PAULA STUM: Good morning. Natalia Gomez?
>> NATALIA GOMEZ: Good morning, everyone.
>> PAULA STUM: Good morning, Natalia. Rebecca MacTaggart? Ryan Johnson?
>> RYAN JOHNSON: Present.
>> PAULA STUM: Good morning, Ryan. Okay. We're going to go ahead and move onto the house keeping talking points.
>> MATT SEELEY: I don't know if Neil said he was here but I see him unmuted in chat.
>> CORNELUS BRADY: Good morning, everyone.
>> PAULA STUM: This meeting is being conducted in person and is being recorded. Your participation in this meeting is your consent to being recorded. To comply with logistical requirements, we will end promptly at 1:00 p.m. To avoid background noise, please keep your devices muted and the microphones in chat unless you are speaking. If you are attending the

meeting if person, please keep all background noise to an absolute minimum. The room is fitted with ceiling microphones that pick up everything. Remote captioning is available at every meeting. The CART captioning link is on the agenda and in the chat. It is important for only one person to speak at a time. Please state your name before commenting and speak slowly and clearly so captionist may capture conversations and identify speakers. Please keep your questions and comments concise to allow time for everyone to be heard. Webinar attendees may submit questions and comments into the questions Box in GoToWebinar or use the raise hand feature to speak live. Those attending in person should use one of microphones and wait to be called upon to speak.
The table top microphones are reserved for committee members. Microphones are limited, so you may need to wait for LTSS staff to bring one to you. The general public should use microphone on the stand in the rear of the committee tables area. Staff are available for assistance. Please remember when speaking into the microphone, state your name and speak directly into the microphone to allow the captioner to capture the conversation.
Before speaking into the microphone, use the power switch on the top middle the microphone body to turn it on. The switch should be pushed towards the end the microphone you speak into. When you are finished speaking, push the same button towards the bottom of microphone to turn it off. Time is allotted on 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 agenda and on the LTSS subcommittee web page.
In the event of an emergency or evacuation, everyone must leave building and assemble in the First Responders Plaza. OLTL staff will be available in the staff area in front of the elevators to provide assistance. Please see the back of the agenda for more information.
Matt, it is back to you.
>> MATT SEELEY: Thank you, Paula. I would say I've been on several federal things over my career, and they have recorded that, those kinds of things we have it say at every kind of meeting. I don't know if OLTL can do that, but that is quite a mouthful you just went through. That said, is Juliet with us
>> DAMARIS ALVARADO: This is the communication management, so I just wanted to give you a vision or visual of the room. We have Jermaine at the table sitting in for Juliet. I believe she is joining us later virtually, and then we have a few staff from the Office of Long-Term Living. I wanted to take opportunity to let the room attendees know that I be turning the lights off to enhance visibility and turning them back on when it is break time.
>> MATT SEELEY: Okay, great.
My question was really, who is going to be pinch-hitting for Juliet right now?
>> JERMAYN GLOVER: Hi, Matt, this is Jermaine Glover. I will be substituting.
>> MATT SEELEY: Okay. Over to you.
>> JERMAYN GLOVER: I want to mention anywhere it says on the agenda Juliet, that will be me today. Like Damaris said, Juliet has another engagement. She would like to be here possibly joining later virtually, so I know she is very adept at everything going on and has her finger on the pulse. I'll do the best I can filling in for her. If there is anything I can't answer, I'll see if others from the OLTL team can help out or we'll get an answer to you later. I'll start with the Office of Long-Term Living updates.
Next slide. So for today's updates, I'll cover procurement updates, house resolution 1 community prior webinar, Value Based Purchasing Innovation Showcase, Pennsylvania department of labor and industry, standing up for home care workers press conference. Next slide.

Community Health Choices Request For Applications. On June 1, 2026, a Request For Information, what we call an RFI, was released on PA-emarket place, seeking information to assist the Department of Human Services with suggested input and information concerning the current CHC agreement for the anticipated reprocurement of the CHC Managed Care Organizations. The public comment period for the RFI closed on July 15, 2026. After evaluating each comment, OLTL intends to publish a high leve summary of the comments received in a process similar to what has been done in the past.
The CHC program will continue to operate under the current CHC-MCOs and agreements until further notice. All questions regarding the RFI should be directed to procurement at RA-PWRFICOMMENTS @PA.gov.
H.R.1, community provider webinar. The Department of Human Services recently hosted three H.R.1 webinars. The audiences were general assembly members, county commissioners, and their staff. The second one was hospital systems and then latest was community organizations and stakeholders. These webinars reached over 1,500 people and during the webinars, staff provided updates on the already implemented changes to supplemental nutrition assistance program, SNAP, the upcoming changes to Medicaid and DHS's approach to medical frailty and how everything can help. The recording appeared slides from the stake holder webinar are posted on our website.
The Value Based Purchasing Innovation Showcase, the Office of Long-Term Living held Pennsylvania Value Based Purchasing Innovation Showcase on August 12th in Harrisburg, Pennsylvania. Event was an opportunity for providers to pitch their most innovative ideas for VBP models that would support older adults, individuals with disabilities and individuals who are duly eligible for Medicare and Medicaid. VBP ties payment to healthcare outcomes and quality of care goals, helping us to innovate and find new solutions to improve care and support for Pennsylvanians in our Medicaid programs. Throughout the day, a panel of subject matter experts representing the managed long-term care services and supports association, community healthcare choices Managed Care Organizations and OLTL engaged in discussion with the 12 providers. The proposals ranged from food as medicine and home care solutions to transportation and limited English proficiency services, all designed to support the needs of Pennsylvanians. OLTL would like to thank each provider who submitted their applications for consideration, the national MLTSSA and CHC-MCOs as well as the audience who helped make the day a success.
The standing up for home care workers press conference, this is the event that Juliet is attending in Philadelphia. The Office of Long-Term Living would like to highlight Pennsylvania department of labor and industries stand up for home care workers which is currently taking place. The press conference will highlight L&I labor law compliance initiative focused on home healthcare companies. The event highlights the Shapiro's administration's work to protect home care workers, enhance Pennsylvania labor laws and ensure workers in the industry receive the protections and compensation to which they are entitled. Next slide
Any questions on what I covered in the OLTL updates? If not, I'll turn it back to you, Matt.
>> MATT SEELEY: Oh, wow. That was fast. Do we want to move right into Lloyd's presentation on H.R.1? Or do want -- does anyone have any questions on what was just talked about?
>> CAROL MARFISI: I have a question.
>> MATT SEELEY: I was following for awhile but I got lost. I apologize.
>> CAROL MARFISI:
>> MATT SEELEY: It was only for providers, it wasn't meant for anybody else?
>> CAROL MARFISI: (Indiscernible)

>> MATT SEELEY: Can one of you speak at a time?
>> CAROL MARFISI'S AIDE: I thought I was talking only. She is asking a question, was that for everybody or was that just for providers, June 12th for whole data log.
>> MATT SEELEY: Jermaine, I think that a question for you.
>> SPEAKER: Can you hear me? Can you hear me, Matt?
>> MATT SEELEY: Is that Jermaine? It is very hard to hear you.
>> SPEAKER: Give me a second.
>> SPEAKER: She was asking a question if somebody could get back to her about that, please and thank you.
>> SPEAKER: Can you hear me on the phone?
>> MATT SEELEY: There you go.
>> SPEAKER: Okay. So was question about was it just providers there?
>> CAROL MARFISI: Was it only the providers or -- as well?
>> MATT SEELEY: Okay. So VBP showcase, was it just for providers or also consumers?
>> CAROL MARFISI: Yes.
>> JERMAYN GLOVER: I'm going to look to Montrell Fletcher, he helped coordinate things with the Innovation Showcase.
>> MONTRELL FLETCHER: Good morning, everyone. This is Montrell Fletcher, executive assistant with the office long-term living. Carol, if I'm hearing you correctly, you wanted to know if the VBB showcase was open to anyone or just providers.
>> CAROL MARFISI: Yes.
>> MONTRELL FLETCHER: The event already took place and it was mainly for providers, as well as representatives from the MCOs and we a couple of national partners, so it wasn't open to everyone.
>> CAROL MARFISI: Will there be an opportunity -- will there be any opportunity like that?
>> CAROL MARFISI'S AIDE: Would it be any opportunity like that for consumers?
>> SPEAKER: At this point in time, this was the first of its kind that something like this has taken place. We hope to have something like this in the future, but we don't know at this point in time, so as of now, I would say this is a one and done, but obviously if there are opportunities like this that come up in the future, we will put something out via our listserv or communicated in this meeting.
>> CAROL MARFISI: Thank you so much.
>> MATT SEELEY: Thank you for your question, Carol. At this time, Lloyd, you prepared to move on to your presentation?
>> LLOYD WERTZ: Sure.
>> MATT SEELEY: Okay. Thank you.
>> LLOYD WERTZ: Good morning. We're going to be reviewing the same PowerPoint that was reviewed at the last meeting but we didn't get all the way through it and there were a number of people that thought it would be a good idea to refocus on that and I got it tell you, there are a bunch of things I ain't good at. I have a wife and two daughters. They tell you all of those things. One thing is not reminding people to jump forward on the next slide. If I can ask that to happen on this slide, I'll try to remember and as we get to them, I'll move forward.
Let's keep in mind, I have to do my initial introductory reference it this process. This is a bunch of cold hearted politicians in Washington who believe that the only thing they're in life designed to is to get reelected and the best way is to balance an unbalanced budget onto the shoulders of people who receive Medicaid.
Not only cutting back on those services, but also then finding a way to actually charge states to

manage it for them and reduce those funds that are then available. Just in case anybody is wondering.
So we had a number of different presentations from the folks in attendance at that meeting, and I'll ask to move forward to the first one of those and we'll briefly touch upon each one. Obviously this meeting was held, the work group meeting was held and managed and led by secretary of Department of Human Services, Val Arkoosh. Next?
There were preimplementation communication. I'm assuming that all folks in attendance and in the room can access this PowerPoint presentation as well, so we won't focus on, I really don't like to read PowerPoints if we can help that. Those all fall forward and note the Medicaid work requirements will initiate on January 1st if I'm not mistaken by reading this and after that, everybody who qualifies will be on a six month renewal process and will have to verify that they, in fact, meet those requirements going forward on a six month renewal basis. Next slide.
These are relative to what happens when a person receives or applies and qualifies or doesn't qualify, hope fully qualifies and has to show the work requirements in H.R.1 in the eventual passage and implementation here in the commonwealth. You'll note that the requirement for meeting the work requirements the community engagement requirements of 80 hours a month must happen in at least one month preceding the application by the individual, not the whole 80 for a whole year, the whole six months but one of the months must show that, and I think that is a wonderful thing that we're able to sift out of the requirements.
These then talk about what happens with the 12-month renewal dates, so folks who would renew, who had renewed August and September of 2026 will be able to keep their 12-month renewal date in place, and then six months renewals begin after the first renewal is processed in 2027. If that is confusing, it should be, but folks need to recognize the need to contact your county assistance agency, as offices and people who work with you in offices to make sure that you understand your first renewal date not be a year after -- your next renewal date won't be after a year after the first one in 2027, but only six months, and those had be accounted for, again, based on whether this applies to folks with those requirements to be met or not.
Keep in mind that these are primarily -- these requirements primely will apply to people who are entered into Medicaid under the Medicaid expansion. They apply to people who generally are not disabled and do not have to care for dependents, but rather are expected then to meet the work requirements in order to continue receiving their medical assistance benefit going forward. Next slide, please.
Kristin Ahrens of the Office of Developmental Programs offered a piece of update in the program as well and we can turn slide, please. She talked about the fact that most people who qualify for office developmental programs, folks with intellectual disabilities, will not be subject to the continuing education -- continuing requirements of community engagement, and talks about that directly on this slide. We hope that folks are are able to understand that it doesn't mean that if you, for everybody who has medical assistance, is not going to be cutoff of medical assistance. Just those folks who can meet work requirements but don't or cannot verify that they have met work requirements that could be taken off of those roles. Next slide, please.
Then we had a presentation by The Office of Incomements detectry secretary and the directory of division of health services OIM policy. We get into the weeds of moving forward and trying to work our way through on the commonwealth wide basis of getting as many people eligible as possible for the benefit. I need to take a brief moment here and note that the efforts on the part of the Department of Human Services is not to get you off of medical assistance. They are to help continue eligibility going forward.
It is in the best interest of consumer, best interest of the commonwealth and best interest, truly

of the healthcare system to keep people on Medicaid and in order to be able to move forward in the process.
So the work requirements are present, and interest were a number of policy decisions that were reached by DHS and they will be elucidated on the following slides. Next slide, please.
There are exceptions that are listed on the left side the page. If you're a Medicare recipient, you're either disabled or older and would be part of mandatory exceptions. If you had a recent incarceration, and then specified exclusions, a number them on the second column of page that hopefully you're able to view on your screen. As to compliance, there is a number of work hour options that you can review, and that can include showing a monthly income of $580 which is minimum wage times 80, and you'll get to that amount of work requirement that you met, and then you will have met those and hopefully continue qualification for medical assistance. There is also some short-term hardships built in here if you were in an inpatient program, a disaster or emergency area, if you're in a high end unemployment area defined by the fed and if you have to travel longer distances for treatment. Those pieces tend -- will hold you continuing to be eligible for medical assistance as they are termed a short-term hardships.
I don't know if they can be used multiple times or not. My guess is each one will be assessed individually going forward. Next slide, please.
Here we had the mandatory exceptions and they're described a little bit better on this particular slide, and noting any inmate of a public institution at any point during a three month period, ending on the first day of the month being reviewed for community engagement would count for that incarceration mandate.
Next slide, please. Those in former foster care, part of the American Indian population, caretaker relatives all are noted as to how those exclusions will apply and the dates on which they will apply, which extend and verification needed by 1-1-28. Not '27, but '28. It should be noted for this particular group, it may be likely that individuals who receive services in community health program will probably remain eligible for MA across the line, however, the care giver relatives who are so necessary for them to provide supports either formal or informal might themselves be eligible for medical assistance or be currently involved in medical assistance and thus to them, it will be important for them to know what these rules are and how to stay compliant with them so that they can continue to have their medical assistance and continue to be able to provide care to the folks who are in program.
I'll take a brief pause here, getting a little out of breath. Anybody have any questions? Any questions of the folks online?
>> MATT SEELEY: Are there any questions online, Paula?
>> PAULA STUM: Hi, Matt, it is Paula. Trouble unmuting there. No questions so far online for Lloyd's presentation. I do have a question from Natalia Gomez.
>> MATT SEELEY: Is it how you prefer to do it, Lloyd? How do you want to do it? Lloyd? Is Lloyd still this?
>> PAULA STUM: He might be having trouble in the room.
>> MATT SEELEY: It doesn't look like Lloyd is signed in anymore. Damaris, are you there?
>> PAULA STUM: It is a connection error, and they're working on it.
>> MATT SEELEY: Okay. Are they talking in the room? If
>> PAULA STUM: I don't see --
>> MATT SEELEY: They have advanced slides.
>> PAULA STUM: I don't see that they are, but I'm waiting on more of a response.
>> NATALIA GOMEZ: It seems like they moved on.
>> MATT SEELEY: It looks like slide changed.

>> PAULA STUM: I just got a response that they are working on the connection error.
>> MATT SEELEY: We are working on the connection problem. Bear with us as we try to get back in the room.
>> LLOYD WERTZ: Can folks hear us now?
>> MATT SEELEY: Yes, we hear you. Please, continue. Or, actually, I was asking --
>> LLOYD WERTZ: There were a couple questions, shoot them at me.
>> MATT SEELEY: Do you want to start, Natalia?
>> NATALIA GOMEZ: Thank you, Matt, thank you, Lloyd. I think I continue to see presentation to see if I get the answers, because I notice he is still speaking on the exclusions or exemptions and that is what my question is based on.
>> MATT SEELEY: There was another question. Did they want to hold that, too?
>> PAULA STUM: Hi, Matt. I'm checking with Benita to see if she can unmute. If she is not unmute, we'll continue on with question. Have you unmuted?
>> BENITA TILLMAN: Can you all hear me? I'm going to be real quick. First of all, I cannot download the slides so if you can email them to me, that would be great. It is a disconnect from the (Indiscernible) with their job is I do get long-term services but that being said, I lost my [No Audio] and because I knew rules and knew people at the (Indiscernible) they took their time putting my -- because I lost everything, I lost my medicine, my (Indiscernible) everything, but that being said, when we get the information to people who supposed to provide them, they have to make sure they know the correct information. I went two weeks without medication, without my nurse and everything, and that put me in a messed up position, and I shouldn't have been cutoff. Then they turned around and got smart with me and said (Indiscernible) 90 days to get everything turned on. I to pay money out my Social Security check to continue, I think is Medicare you get with Social Security? That one? And I couldn't even afford that because we're in a Trump economy so then I was in the process of eviction because for two months, they take four months to pay you back and I took money out of my rent to pay my insurance and I'm duel so I just need you to make sure when the people present theation, they know right information and don't cut the people off.
I'll put my email in the box so I can get the slides because I can't download them. Thank you for allowing me to speak.
>> MATT SEELEY: Thank you for speaking. Yes, please put your email in the -- I think somebody from OLTL should contact you. With that, Lloyd, back to you.
>> LLOYD WERTZ: Thank you, and those comments were spot on. Keep in mind, this is being led by a federal administration that does not believe it is approachable or beatable, and we certainly hope that is incorrect. Do anything you can to rally for the cause of continuing Medicaid availability.
On the H.R.1 specified exclusions that are listed now on the screen, we can address the care giver issue. I think it is pretty well straight forward and stated there, but it is individuals who can meet care giver exclusions, people who live in the same household as person who needs the help. They're a relative needing a care giver definition or another individual for whom the individual provides at least 80 hours of care not incidental in nature, so they would meet the work requirements. So that is -- those are exclusions that will count and for those individuals who in the positions who currently have Medicaid, if they're able to prove that they meet those exclusions, they will not then have to go through the twice annual review process to maintain that benefit, and of course, veterans with 100 % disability would also meet that requirement.
Okay. We can move on. The next eligibility pathways and specified exclusions listed before you now. That includes people in TANF and people receiving SNAP who apparently were subjected

to review requirements at an earlier time than straight up folks with getting medical assistance. Next slide, please.
And drug and alcohol treatment programs or people participating and qualifying for drug addiction or alcohol treatment and rehab. Those folks would be excluded from having to meet community engagement requirements as well as inmates and people, women, who are in pregnant and postpartum situations, they would not be excluded to Medicaid due to not meeting work requirements for at least a period of time that is specified in the H.R.1 act and being implemented by Department of Human Services. Next slide, please?
Compliance the is listed this and has the verification needed before 1/1/28 and then after 1/1/28 it is listed the kind of work, paid employment, in kind work in other words, you didn't get paid for but you did something to get reimbursed in another way and unpaid work. That does not include community services but certainly volunteer work can be included here. It needs to be well-documented and the individual on the medical assistance rolls need to collect the information and provide it to the county assistance offices in maintaining the benefit. There are community services that can be included as well all under the community work requirements. There needs to be reliable documentation to show that this was the service was performed by the individual in question.
Next slide, please. The work program presentation participation discusses the reliable information that is available and how that person can grab that information, make the presentation necessary to the office of medical assistance and the education requires halftime enrollment and that has to be shown that it is actually in an educational institution and is not something that has just been determined and kind of volunteered for by participant. You have to have documentation for this one is basically what I believe that says.
Next slide, please. And then finally, the monthly income shows that if one month, over the past six months, you have earned $580 and that accounts for 80 hours per month of work and thus you have met the income requirement. This will -- this may be one of better options for folks to follow through on if they can, but if you can't work, you can't work, and that needs to be clarified as this process moves forward. Next slide, please.
Obviously the optional hardships include inpatient admissions. If you're in a disaster or emergency area, that would certainly qualify you for not having to go through work requirements and show eligibility that way. Next slide, please.
If you're in a high unemployment area where unemployment is 8% or above, you would qualify. And of course, there aren't that many of those places in Pennsylvania now or one and a half the national unemployment rate and whichever is lower. Travelling for treatment outside of community. I don't know if we have a clear guidance on this just yet exactly how many miles that means, but for folks who live in more rural areas that have to travel distances for specialized care and treatment, they will not be required to perform the work requirements because they're having travel to get their treatment. So those things will need to be worked through with your county assistance office and case worker in the office as well. Next slide, please.
So attestation statements, where permissible as part of H.R.1, can be used, and can be verified as of January 1, 2028. They will also accept income hours by proximity when there is lower than the $580 threshold so you can account for some of the work requirements, even if the income is less than that amount, and they are offer an additional category of exclusion from the community education requirements. I believe as much as they can, there are ex parte reviews through the office of income maintenance in order for individuals to show that they have, well, in order for the commonwealth to grasp that individuals have met requirements.

They can be sent to households of the participants and they can be completed in order to affect the renewals. Next slide, please.
Sorry. Dry mouth. The attestation is acceptable. Those statements acceptable by the DHS until they're required to be verified as of January 1, 2028, so over the next calendar year and change, you'll be able it use attestation statements during that time until the verifications by an outside party will be required on January 1, 2028. This will allow the DHS to manage change for the workers and clients along and during this process. Again, from my perspective and from the stake holder work group, it does appear that DHS is doing everything possible to keep people on Medicaid rolls, and continue to do so in processing the rules that we're sharing here on the PowerPoint. Next slide, please.
This shows how the income as hours by proximity, when lower than the $580 threshold, how that is considered, again, using the federal minimum hourly wage of $7.25.
Next slide, please. The hardship for emergency and disaster in high unemployment areas, there is reasonable policy responses for understanding what they are. I don't think those can be made on a blanket basis until it actually happens and you have to figure out whether you have met the requirements or not. Next slide, please.
Individuals will be noted, and notified that there is a notice of non-compliance when the renewal packet affording household 35 days to complete a renewal as well as demonstrate exclusion compliance or request a hardship where applicable. It is important because, again, you want folks to be able to continue, DHS wants that to happen, and once notice of non-compliance comes to the individual's door, it is a need to react. This isn't time to sit back and say, well, maybe this will fix itself. It won't. You will get taken off of medical assistance unless you respond to the CMS compliance notice and then work with those folks to figure out how to get back into compliance and continuing to receive medical assistance under this new and revised plan. Next slide, please.
There are a number of feedback and correspondence dates listed there on slide.
Please review that on your own. They may apply differently to different people, but they all make a difference as far as how that individual will need to proceed. Some are a little different than others, but obviously if you can demonstrate that you have long distances to travel for treatment, that will be different than a disaster area, so you need to figure out which ones apply to you or work with your case worker to figure that out, and again, self attestation form can be used during this first year of implementation. That can be integrated into the renewal process. Next slide, please.
There is your direct questions to the resource listed before you. RA-HSPADHS-H.R.1 @pa.gov. That is where you need to send your questions if they're specific and need to be addressed To to the Department of Human Services for your individual case.
>> MATT SEELEY: Thank you, Lloyd. I'm sure you want an opportunity to breathe for a minute or two, but are there any questions? Are there any questions -- go ahead, Natalia
>> NATALIA GOMEZ: Thank you, Matt, and thank you, Lloyd. I notice it -- a bit in exceptions, and I know it go into effect in January but I know the renewals, the work requirements are being implemented. We have had cases where staff not really fully understanding the exemption procedures or the exemption policies, and they are totally (Indiscernible) compliance that they have to provide verification of exemption at six months, at three months, or any contact when they have contact with the CAO office. I've read very rapidly that in one of the slides, you mentioned that there is permanent exemptions and that there is temporary exemptions are good up to 12 months. Is interest training specifically being given to the case workers and to the eligibility determinators that this is (Indiscernible)?

>> LLOYD WERTZ: Very good question. Thank you for posing it. Of course I can't answer it. It lies to the Department of Human Services staffing and the way they can provide that type support, and I believe, I think all of this really kind of needs to be recognized as building airplane while we're trying to fly it, and as things go forward and we try to figure, DHS tries it figure out what needs to happen next and next and how can we get us to the end point of being the most efficient at keeping people on medical assistance, those questions will be answered. I think that resource account address I gave -- I shared at the end of the presentation, hopefully still on your screen, would be the way I would address those questions, and they will either get back you with a response that they can actually do that now or that they're working on that and thank you for the question.
>> MATT SEELEY: Lloyd, I believe Juliet sent out a message. The HR -- there was supposed to be one yesterday, correct?
>> LLOYD WERTZ: That didn't happen.
>> MATT SEELEY: Right. Okay. Are there any other questions from committee members?
>> SPEAKER: A comment, not a question.
>> MATT SEELEY: We'll take that, too.
>> MATT SEELEY: I don't know who is speaking.
>> SPEAKER: This is (name?) From (Indiscernible) this is Blair from united healthcare. Thank you for the clear explanation and advocating for participants receiving Medicaid services. One of the things -- we're very lucky we're in a state where DHS is trying to keep people eligible. That doesn't exist in every state.
One of the suggestions I made on the health choices side as the health choices MCO is more clarity for people, am I an expansion member. Matt, you asked that question in the last meeting here. Will somebody know that, for the most part, no. They don't know that. We have suggested that that becomes clear, and they don't want to over communicate and confuse people not impacted by that, and I agree with that, but we're getting questions from the community who want to know. In the committee that you're part of, I would suggest, and we have heard that they might do this through the com pass app or some tool for people to see am I an expansion member or not. If you know what you're doing, you can access data and it says newly eligible. That is the category in health choices. I wanted to mention that suggestion.
>> MATT SEELEY: Thank you for that suggestion. Didn't Juliet say something like that at the last meeting, like, they were looking into something like that? Am I making that up? Apparently I am.
>> LLOYD WERTZ: I don't recall that, but I think the Managed Care Organizations might be able to sift that information out and either assist DHS or assist the clientele on their roles to better understand the position. There was an update that was issued recently from the DHS, and we can review briefly what that says. While doesn't provide change to the very foundation of run the update?
>> MATT SEELEY: Does anybody have any further questions about this? Or where we are now?
>> DAMARIS ALVARADO: This i Damaris? Are we starting public? There is a question in the room.
>> MATT SEELEY: Go ahead with room.
>> SPEAKER: Are we finished with your presentation?
>> LLOYD WERTZ: I think we have an update to review. We can do that along way, but okay.
>> MATT SEELEY: Does someone have access to that update? Is there someone, Jermayn or Montrell, can you talk about update that Lloyd is referring to?

>> DAMARIS ALVARADO: This Damaris. We have the update and we're looking for the document so that we can share it with everyone.
>> MATT SEELEY: Okay.
>> LLOYD WERTZ: That can be shared in follow up to meeting. I can summarize it briefly and tell you that your best bet, if you can, log into the Compass at the DHS.pa.gov/compass and check and update your address and contact information. You can't be contacted, you will have a problem along the way in this process. DHS will need to know where you are and who you are and how to move forward in that process.
Also, you'll be contacted by a text message from DHS or phone call and if you have concern that you're being contacted in a fraudulent manner, then those should be specifically listed on screen now. It be a little hard to read. Will this document be separate to the participants? Okay. So you're going to get a copy of what is your screen now and it will tell you exactly how you can go about making those contacts to better assure and understand that you either will be impacted or not and if you are, then how you will be impacted and how you can attempt to deal with that.
Your renewal dates are available in your myCompass PA mobile app.
That is starting in January of 2027. Some adults will have to update the MA every six months. That is who we're talking to now and those folks will need to do so in collaboration with the local county assistance office. After that point, paid work must always be verified so you need to provide information to DHS about that paid work and obviously meeting the 80 hours per month minimum. And as to non-citizen eligibility, that is a bit of a murky turf near as I can tell, I have trouble understanding that myself, and some of those non-citizens will no longer receive medical assistance as of 10/1/26. That includes refugees, humanitarian parolees, trafficking or domestic violence, a number of folks in those populations who will not receive medical assistance after that time based on H.R.1 requirements.
If you're going to that document attached to a communication from the OLTL regarding the CHC program, I think you're best to review them carefully or get somebody to help you review them carefully. I have to do that on occasion, to better understand what position you will individually be in moving forward relative to twice annual reapplications.
>> MATT SEELEY: Thank you, Lloyd. This document are be put out, Damaris? If it hasn't already?
>> DAMARIS ALVARADO: Hi, Matt, yes, we will be sending them with the after meeting materials, however, it is also within the PowerPoint presentation that we're using today.
>> MATT SEELEY: Excellent. Natalia, is your hand still up or do you have another question?
>> NATALIA GOMEZ: I have another question and another comment based on what was just said. I would like to know what is DHS putting in place to earn trust. We have to remember that not too long ago a lot of recipients and participants of people who were applying for benefits were victims of scams where the benefits were being stolen, where their informations were being compromised. A lot of people, a lot individuals are not trusting text messages from the department. They're very concerned opening them because they feel that this might be scams, and I'm noticing that the department is mentioning text messages to communicate with individuals.
We're getting a lot of individuals coming to our office asking those questions. How do I know that this is a reliable mess text message from department, I don't want my information compromised or stolen. Is the department putting out something or doing something to earn the trust of the community members, of the recipients for them to know that they can open these messages, and we're having a lot of issues when we're getting through to Compass trying to

help individuals to access their account or to upload informations through the Compass system.
>> MATT SEELEY: Thank you, Natalia. I hope somebody was writing that down. Any other questions?
>> JERMAYN GLOVER: Can you hear me? This is Jermayn. I want to mention that, and I can send out the link, but there is a tool kit online on the DHS website. It answers the question of how to know if a text message or a phone call is coming from DHS. They give you the information about the number it will come from.
>> MATT SEELEY: That is a problem for a lot people. Are there any questions -- any other questions from committee members? If not, we're going to move to the public comment. Off to you, Paula.
>> PAULA STUM: Hi, Matt. It is Paula. I have no questions in the questions box, but I see Natalia raised her hand, so you want to go back to her.
>> MATT SEELEY: Okay, Natalia.
>> NATALIA GOMEZ: I forgot to mention when I asked other questions. In previous meetings when we were discussing H.R.1 and the outreach that or the communication a was going to be conducted by DHS, we had mentioned the language access part portion. Has anything been updated with regard to the notifications. They were asked if they could provide a sample and Juliet mentioned she was going to work on that. Whatever happened to that?
>> JERMAYN GLOVER: This is Jermayn. I know that is being worked on. I can get an update about the progress, where things are with that. But it is being worked on in other languages.
>> NATALIA GOMEZ: Thank you.
>> JERMAYN GLOVER: You're welcome.
>> MATT SEELEY: Okay. Thank you. No other questions?
>> BELINDA TILLMAN: I have a question. This is Belinda Tillman. So I have a problem, you know, like I said, there is a disconnect from the state. I know a lot. (Indiscernible) these services, a lot people don't know about it. There is a disconnect between the people who provide the services as well, like, I had problems, I'm just speaking for myself. I can speak for other people's stories but even with my new agency, I to tell them their job, and it is getting on my nerves. When you start this program, they don't give you a book. Me, personally, I learned things by things happening to me. I ask questions, they get mad, and then when you tell people how to do their job, they get mad. You have all the agencies opening it up, they don't know the protocol and they call a person like me who knows the protocol and tell them their jobs and they get mad. I'll give you an example I the new agency I'm with now, right, I am a disabled person, but I am an active disabled person. I go to community meetings, I go to church. I do things in my community. So one of the problems that I have is, and I do go to a lot of doctor appointments, sometimes three or four appointments in one day. With that being said, they have a problem with my aid not clocking in in my house. If I have (Indiscernible) and my aide is with me, riding in the Uber. At 7:00, I might be on the table at the hospital, (Indiscernible) not clocking in on way to appointment or when we're in appointment. Also with clock out, if I go to a meeting and I'm not in at 8:00 p.m., there is an issue with them. I keep telling them, I am an active disabled person. I will not be in the house at a certain time all of the time to clock in and clock out. I will be out. With that being said, then they said, well we have to call and verify. I said call and verify what? The same company that you're reporting I clocked in and out is the same one paying for the ride to go to the community meetings and go to the appointments. It is irritating me. They tell you what you can and can't do and I have to tell them what I can and can't do. I have to tell them what their job and what the policies are. There is a disconnect. There are people out here taking advantage of people. I had one client that I was helping, right? And I do all this for free. I

do not get a paycheck. I had one person I was helping that was (Indiscernible) in the tent. They woman had 24-hour care. She had two aides and she was living in a tent. How was that possible? And she had no (Indiscernible) how is that possible?
>> MATT SEELEY: What is your first name?
>> BELINDA TILLMAN: My name is Belinda. I had a problem because all of this happening to people and people don't say nothing but when we speak out, we get back lash from the people taking care of. We have agencies threatening people, doing all kinds of crazy stuff and we're supposed to sit here and just take it.
>> MATT SEELEY: You're preaching to the choir. A lot of people on the call have very similar experiences, including myself.
>> BELINDA TILLMAN: That is why I said I was speaking on my behalf but I advocate for seniors and other people that have disabilities. At some point it has to stop.
It has to stop.
>> MATT SEELEY: I don't want to make excuses, but DHS is the state group, and this is all in response to what has been done federally, does that make sense?
>> BELINDA TILLMAN: It does, but there is still a disconnect. I'm duel. I had Medicare and Medicaid. I was not supposed to lose my insurance. That was inhumane. I was going to appointments, I was at the pharmacy, right? And I was filling medication and I said I can't afford this and the pharmacist gave it to me on credit because he would not allow me to go off my medication. That should not have happened. When they got things straightened out, the lady at the welfare office said Dr. Tillman, (Indiscernible) I said, I'm a person that follows protocol. (Indiscernible) I stopped from the bottom and worked my way up. The problem is they see you on the screen and they look at you on screen, all they know is I'm Tillman, a person on welfare. They don't know I'm out here advocating for people in the community. And they treat you according to what they see and assume things about you. They are cut me off or disrespect me or tell me to put my stuff back on. I had it based on protocols. Here is the rule. They shouldn't have done that. I shouldn't have had to go through that. That woman cussed me off out.
[Multiple speakers]
>> SPEAKER: People with disabilities speak out. We get abused. People don't want to say anything because we get disrespected and abused by the system that is supposed to help us. People don't speak up. I just want it say that. We're not doing enough. Thank you for allowing me to speak.
>> MATT SEELEY: You are not wrong with anything you said. I hope someone from OLTL will please reach out to you. I understand there are two questions in the room.
>> JERMAYN GLOVER: This is Jermayne. If I can. I would like to thank Benita for commenting, advocating for yourself and others. We are going to get your information and someone from OLTL will reach out to you, but I also want to also say if you come across something in future where there is something happening with someone, it is really important for us to get the information about that specific situation. We hear things, we can work to address things if we know exactly what is going on, what is happening, too, you can reach out to OLTL. We have participant help line, provider help line, things that we can get information and find the right people and make a change.
>> MATT SEELEY: Thank you for your comments. Are there questions in the room? Public comments?
>> SHONA EAKON: Yes, hi. This is Shona Eakon. I have a concern regarding, we're experiencing problems in the NHT program with secure emails between the IEB and the CAO, and this is happening particularly in Beaver county. When someone is transitioning from a

nursing facility, the codes need to flip to the community code for CHC. That is the PA1768 for NHT consumers to get services in the community, but the CAO is experiencing problems opening the emails from the IEB, and this are is participants currently that the CAO knows there are emails from the IEB, but they cannot open them to flip the codes, and it is causing consumers to lose services after the discharge dates.
This is kind of an emergency situation. I don't have names because we can't, we can't give you names if we can't see names that is in paperwork that the CAO can't open. We just know that there are people that are losing services after discharge dates, and we think they're connected to that problem. Because we know that the codes can't be flipped, because the CAO isn't receiving notification to flip them, and I don't know where to take this to or who can fix it, but it is a problem specifically in Beaver county. I'm wondering if it is a problem elsewhere, and currently I know it is affecting 11 people.
>> JERMAYN GLOVER: This is Jermayne, thanks for the information. I will connect with you on break and we'll get the information for people in OLTL that works with IEB. Sounds like an email issue but we can find out what is happening and we also have someone at OLTL that works specifically on those transition issues, trying to make things better, so I will make sure they're aware of what is going on also.
>> MATT SEELEY: Thank you, Shona. Are there any other questions in the room or comments?
>> FAITH ?????: Hi, this is faith from Daily Dove Care. Miss Benita has a great point as far as participants going out in the community. I would like to see if we can possibly put that on the agenda in the future to talk about Home and Community-Based Services and what community looks like. I have mentioned it a couple months ago that our participants feeling like they are in prison when providers calling them and verifying every move that they're making because it is not in our system.
Going back to the H.R.1, I think Juliet had mentioned it a few months ago about how much it will cost the state to hire for the county assistance office, and I wanted to know, do we have an update on staffing with the county assistance office, because this is going to be a lot of work and we, as an agency, do assist the service coordinators and participants in getting paperwork over to the county's assistance office, and it are delays, specifically in Philadelphia, Parkside county assistance office who handles the home care services, they always seem to be backed up. Participants are getting frustrated. It is getting colder outside, and I just wanted to know, are we stream lining hiring for county assistance office? Do we know where we are with hiring for the county assistance office, pretty much?
>> LLOYD WERTZ: Good questions, all. I believe we had Carl Feldman from office of income maintenance attend this meeting and attends the MAAC meetings. They will tell you about the staffing across the Commonwealth and the plans to get people in place for that. I thought you were headed for, and the money to come for these will come from oh, yeah, it will same from the same pot as everybody else's money comes from for funding medical assistance. So the best guess I have gotten is between 45 and 75 million, something like that to be able to ramp up staffing, and perform the dutiys, and of course, H.R.1 has a penalty attached to it. If you don't do everything in compliance, you'll be penalized. As a state, and funding will be withheld. Two important questions. Perhaps asking Carl or one of his co-workers to come to our future meeting to tell us about staffing situation. I'm trying to remember, but it is fuzzy. They're doing a whole lot to address the staffing situation because a number of counties were already at 80% and now they need more staff. It won't be easy to do that. Good question. Hopefully we'll be able to take back to Juliet and get one her compadres to attend a future meeting.

>> JERMAYN GLOVER: This is Jermayne. I'll defer to the subcommittee to what they want to put on the agenda but that is a good one to bring forward and I'll see if there is an update from Juliet. Thank you, Lloyd, for the information that you shared.
>> BENITA TILLMAN: (Indiscernible) -- were they can benefit. I said, I'm angered for community. I have my own non-profit. I help a lot of people. I don't know if y'all are aware, but the way Philadelphia goes is you get grant money according to who you know, and they keep getting the same money to the same organization and the majority of the organization takes get the money, they be mostly million dollars non-profits. (Indiscernible) like the mayor's office, we have the state rep, they tell the non-profits (Indiscernible)
>> MATT SEELEY: Benita, we need to have -- we need to move on. There is another period of comments this afternoon or not this afternoon, I'm sorry, in the later part of the agenda. But we need to move onto the presentation. I don't believe there any more questions.
I'm sorry. Did someone say something?
Are Theresa and Laura available?
>> LAURA DEITZ: Good afternoon, this is Laura Deitz. I'm here.
>> MATT SEELEY: Theresa? I see you in chat.
>> SPEAKER: Matt, this is Demaris. Theresa, you should be able to unmute yourself.
>> LAURA DEITZ: She did message me and say she was working on her audio.
>> MATT SEELEY: I assume her presentation is first?
>> LAURA DEITZ: Yes.
>> MATT SEELEY: If she can't get the audio sorted out, the only other suggestion I have is you start first, Laura.
>> PAULA STUM: This is Paula. Theresa, it looks like you are unmuted.
>> LAURA DEITZ: She stated it won't let her unmute, but you're saying she is unmuted.
>> PAULA STUM: Theresa, can you try and just acknowledge that you can hear me?
>> LAURA DEITZ: She is going to try to sign back in.
>> DAMARIS ALVARADO: Matt, this is Demaris. If it is okay with you, we can advance the slides to let Laura Deitz do the report.
>> MATT SEELEY: Please do that. We have to look at the GoTo thing. It seems like we have audio and all kinds of problems with this all of the time. Back on you, Laura.
>> LAURA DEITZ: Good morning, everyone. My name is Laura Deitz, and I am the division director for Adult Protective Services and I'm crossing my fingers that this severe storm that is hitting me right now does not contribute to any of the technical issues right now. I'm going to kind of review our 2024-'25, which is the most recent annual report data with you. If you can go to next slide, please.
A couple of key points. The Adult Protective Services Act normally known as APS70 of 2010 requires the Department of Human Services to create and distribute an annual report to the Senate and the house health and house human services committee. It are two types of reporting in adult protective services with voluntary and mandatory. Both have legal protections against retaliation, discrimination and civil or criminal prosecution under the law. Under the provisions of voluntary reporting, anybody who has reasonable cause to suspect that an adult between the ages of 18 and 59 living with a physical or mental impairment and is the victim of abuse may call the statewide protective services hotline at 1-800-490-8505 and all voluntary reporters can choose to remain anonymous.
Obviously, if an individual is a mandatory reporter, there are some additional reporting requirements and they must provide their information.
During the fiscal year of 2024-'25, there were a total of 24,441 reports of abuse, neglect,

exploitation or abandonment received, which is an average of 2,036 per month. Next slide, please?
So this, so the first graph talks about the type of categorization that adult protective services can make based off a report that comes in. It can be a priority, non-priority, or no need. A case that is placed in the category of priority requires immediate attention because there is specific information within the report that indicates the possibility that the adult reported to need protective services and is at imminent risk of death, bodily injury or serious injury. Investigations must be initiated within 24 hours and this does include a face to face meeting with the adult. These are the most serious cases. The categorization of non-priority, these do not fall within the priority category. There does not need to be immediate attention from the agency. The investigation can be initiated within 72 hours, which also does include a face to face meeting with the adult.
Then our final category of no need means they do not rise to the level that a protective services investigation needs to take place because either the adult has the capacity to perform or attain without help services necessary to maintain the physical or mental health or they are not in imminent risk or danger to a person or property. As I mentioned on the previous slide, we had received over 24,000 reports of need in the fiscal year of '24 and '25. Of those 24,000 plus cases are overwhelming placed in the non-priority categorization. There were 10,610 non-priority investigations. There were 8,757 no need investigations, and then those of the most serious, the priority, there were 5,074 investigations.
Next slide, please. So of those cases that were investigated out of the 24,441, there were 15,684 investigations statewide. An investigation is to be completed within 20 days unless there is a barrier that is unpreventible and current vendor can request to exceed the 20 days. Out of the 15,684, 10,148 were sub substantiated reports. When we sub substantiate a report, we can either substantiate a need protective services meaning there was information that requires us to create a service plan and offer that to the adult to determine if they will accept risk reducing services. It can be substantiated no need for protective services, typically during the course of the investigation, there is some other entity or individual that reduces risk to the adult or it can be substantiated adult protective services refused. The adult has a right to accept or reject all services that we offer to them and they also can choose some and not others. It is completely up to them.
Next slide, please. So we investigate abuse, neglect, exploitation and abandonment.
We break those out into different categories. The overwhelming amount of reports is self-neglect. That comes in at 6,484 of the cases that we substantiated. Care giver neglect comes in at 3,250. Then emotional abuse, physical abuse, financial exploitation, sexual abuse, abandonment, and then sexual harassment. Within an investigation, there is the possibility that one or more of these categories is substantiated, so this number doesn't necessarily always total the number of substantiated cases, because there could be a case where there is financial exploitation and physical abuse. Next slide, please.
When it comes to services that we offer individuals, the largest is respite. This can be anywhere from a group home placement to emergency housing.
We have done a great deal of work to partner with OLTL, ODP, county resources, to really make sure that we're looking at other funding streams, but respite is our largest one.
Guardianship is the second in line. This does include legal services that are required to obtain or petition for a guardianship. It doesn't necessarily mean guardianship was approved or finalized. Just means amount money that has to be utilized to go through that procedure. It could also be for cases where the adult is at risk because of guardian, because guardian isn't

fulfilling their responsibilities and a new guardian needs appointed.
Home health and personal care services are third, and then you can see the whole way down through list to number ten of pest control. Those are just our top ten. There are other services that have been put out there, but we just put the top ten items on to this slide. Next slide, please.
That ends my portion. You can see the links Theresa will be speaking to the Bureau of Human Services Licensing. The second link will take you directly to where the annual report for 2024 is there. On our page is all the annual reports since 2015. Will be '15-'16 is the first one. You can access those at any time. I do believe that Theresa is now with us, so I will gladly turn that over to her.
>> THERESA HARTMAN: Thanks, Laura. I appreciate you jumping in and quickly while I fixed technical difficulties. So I assume that everybody can hear me okay.
>> LAURA DEITZ: I can hear you perfectly.
>> DAMARIS ALVARADO: This is Damaris We can hear you well, thank you.
>> MATT SEELEY: Yes, you're fine.
>> THERESA HARTMAN: Thanks, everyone. For the bureau of human services licensing, just to go back a little bit, we cover both the licensing and regulations for personal care home and assisted living residences as well as Laura's division, which is Adult Protective Services that serves adults 18 to 59. I'm going it give you a high level over view of the 2025 report for human service licensing about our statistics for licensed personal care homes and assisted living residences, and then you can certainly go to the link to look more in depth at the data that we have.
So for 2025, for personal care homes, we ended year with 992 personal care homes with a licensed capacity of 61,424, serving 40,201 residents. So we had a 65% occupancy, and we generally for assisted living residents and personal care homes, operate with about a 30% open bed capacity.
In 2025, the bureau conducted 2,793 inspections of personal care homes, which is a 2.1% increase over inspections we did in 2024. Those inspections include inspections for new homes, annual renewals, complaints, incidents, and facilities that might be operating pending appeal that we go out to visit once a month.
In 2025, we noted there were 2,035 complaints for personal care homes, which represented a 2.8% increase over 2024. In assisted living residences, we ended with 63 assisted living residences with the capacity of 5,407 beds and they were currently serving 3,751 residents or roughly 70% occupancy.
In 2025, the program office conducted 144 inspections of assisted living residences. That was a decrease of about 2.7% over the inspections we conducted in 2024 and again, this included inspections for new homes, annual renewals, complaints, incidents, and facilities that were operating pending appeal.
In 2024 or I'm sorry, 2025, there were 2,004 complaints in assisted living residences and that represents a 31% increase over 2024.
Next slide, please? So just to give you an over view of the demographics of who is residing in our personal care and assisted living residences, you know, we went over the census in the previous slide. There was at end of year, 40,201 residents within personal care homes and 3,751 within assisted living residences. So the program office serves 43,952 individuals that live in that type of a community setting. Majority of those residents over age of 60 years old, however, you'll see in the mix in the data that in personal care homes, we serve a little bit more residents that are under 60, primarily in had assisted living residents, majority of those are over

60. So there are 37,873 residents that are over 60 in personal care homes and 3,717 residents in assisted living residences that are over 60.
Residents that are in personal care and assisted living homes that have a diagnosis of mental illness or mental health diagnosis are a smaller percentage. In personal care homes, that is roughly 5,083, and assisted living residences that would be 117 of the resident that's have diagnosis.
Additionally, we take note of servicing residents that have intellectual disabilities, and in personal care homes, we have 799 residents that have intellectual disabilities as of the end of 2025, and 16 in assisted living residences.
The majority of assisted living residents in personal care homes are private pay and serve a population that they consider mid-market or high market that, you know, can have varying rates for room and board in the facilities, which is covered under private pay. Some of those facilities, smaller facilities, serve populations that are lower income and will accept the SSI rate and can receive a personal care home supplements. That is, again, a smaller portion of the homes, and those are the ones that we find struggle the most financially. Those homes make up from a census perspective, we have about 3,641 residents in personal care home that receive SSI and 68 total residents in assisted living residences. So the majority of the residents in personal care homes and assisted living not receiving SSI and are private pay, you know, purely, and are not at the lower income levels.
Within both personal care homes and assisted living residences, they have what we commonly know as memory care units. In personal care homes, they're called secure dementia care units. Assisted living care units, they're special care units. That would make up about 7,527 residents as of the end of last year, but we're in secure dementia care units within a personal care home, and 814 residents within assisted living residences that in the memory care units.
Next slide, please? So the next slide just goes over, we'll do the top ten violations that we typically see each year, so for 2025, these were the most common violations or the highest cited violations that we saw in personal care homes and then I'll go over the same for assisted living, which is fairly similar.
The number one highest violation that we cite is on medication records, and the majority of the violations tend to be a combination of medication-related errors.
So the medication record errors could be things like not documenting correctly, not putting initials, things of that nature, and that is what we see in the majority.
The next highest violation are direct care staff persons training and orientation, so that means that they may not have gotten their correct number of hours for annual training, where we can't find sufficient documentation for their on boarding initial new hire training or annual training.
Other areas that we see commonly or that, you know, have high numbers of violations are the storage and disposal of medications and medical supplies. Next is violations around food service items. We see violations around fire drills, something we take extremely seriously in regards to emergency preparedness, so that can be things like not being able to conduct your fire drill within the correct amount of time or not conducting your fire drills as required during each month.
We also have, you know, fair percentage of violations in that top ten list for accountability of medication and controlled substances. Next is resident rights. Then we have sanitation, and then making sure that the initial and annual assessment is completed timely.
Next slide. So similar in assisted living residences, we see mostly the same top ten violations. You see medication records and storage and disposal of medications in the top five. Fire drills as well. It flips where we see a higher percentage of direct care staff persons training and

orientation violations. Something that we also see in assisted living residences are the residence living units, meaning they're not meeting the criteria or requirements for what is required in the living units. Next slide.
Just some other common violations that we see. Abuse reporting, so they are required, when there is an incident, of resident to resident, staff to resident, or, you know, any other types of abuses that fall under categories. They required to report that to Adult Protective Services or Older Adult Protective Services for residents over 60. So we do find that those notifications don't happen timely and we cite the violations.
Also reporting incidents and conditions that they're required to report. Confidentiality of records, so that leaving the med book open or leaving a computer open with resident information in it. Ensuring that direct care staffing is appropriate and staffing based on resident needs. Next slide.
So those are probably the biggest highlights from our 2025 annual report. If you have additional questions regarding the annual reports when you look at them for Adult Protective Services or licensing, please feel free to reach out to our group and we will be happy to answer them. If anybody has any questions right now, we're happy to answer those as well.
>> MATT SEELEY: Thank you. We have time for maybe one or two questions. I see somebody has a hand up online. Paula, well, while we're waiting, Natalia, go ahead.
>> NATALIA GOMEZ: Thank you for your presentation. It was very informative. Maybe my question is not related so much to the assisted home facilities and the other facility, but since you are the Bureau of Licensing, I would like to know, based on what we have heard and based on what I have experienced myself and a lot of the other participants have smooth sailing services, the majority of us don't. Do you also monitor and inspect the caregiving agencies for department that providing services in the LTSS-CHC part
>> THERESA HARTMAN: We do not. The Bureau of Human Services Licensing inspects personal care and assisted living homes to ensure they meet the Chapter 2600 and 2800 Regulations.
>> NATALIA GOMEZ: Thank you.
>> RYAN JOHNSON: This Ryan Johnson. I don't know if it was complaints or violations of ALRs between the years. Were those just a smattering across all the top reasons you mentioned or any that stood out more than another? Maybe smaller numbers but big percentage. Anything that is note worthy about that?
>> THERESA HARTMAN: Those complaints can be anything from complaints about contracts, food service, so, you know, the key is that majority of those complaints don't require an on site investigation. They don't rise to a serious level. Those are very small percentage. These are just, the totality of complaints that we get, and, you know, we tend to see some new, larger assisted living residents coming on board so that may be a contributing factor that just newer residents, new facilities where we might see an increase in complaints, but I don't have definitive statistics on what is driving that.
>> MATT SEELEY: Thank you. We're going to have to leave it there for now. We're scheduled for our ten minute break. Following the break, we will work on the transportation group, but are you two, Theresa and Laura, will you be available later for the public comment section?
>> THERESA HARTMAN: I can remain on. Laura, are you able to remain on?
>> LAURA DEITZ: I was just checking my calendar. What time is the public comment? I don't have the schedule in front me.
>> MATT SEELEY: 12:35 to 1:00.
>> LAURA DEITZ: I should be able to be available as well.

>> MATT SEELEY: All right. Thank you. We will take our ten minute break now. We'll be back at whatever ten minutes is from now. Or 11:56. We'll do that.
[Break]
>> MATT SEELEY: Okay, everybody, we'll start in just about a minute. Jermayne, I assume you'll be doing the recommendations summary for work group recommendations.
>> DAMARIS ALVARADO: Matt, this is Damaris, we're getting settled after break, so give us a few seconds.
>> MATT SEELEY: Sure.
>> DAMARIS ALVARADO: Thank you.
>> DAMARIS ALVARADO: Matt, this is Damaris, we're ready.
>> MATT SEELEY: Okay. Carry on. Proceed.
>> JERMAYNE GLOVER: Hi, Matt, this is Jermayne. Do you want me to go ahead and start.?
>> MATT SEELEY: Are you in room, Jermayne. It really loud.
>> JERMAYNE GLOVER: Yes.
>> MATT SEELEY: Can everyone turn of their microphones?
>> JERMAYNE GLOVER: Is that any better?
>> MATT SEELEY: Are you attendee237?
>> JERMAYNE GLOVER: No idea. I'm using a microphone in the room.
>> MATT SEELEY: Go ahead.
>> JERMAYNE GLOVER: Any better?
>> MATT SEELEY: It is. To me it sounds like you're outside, but it will work.
>> JERMAYNE GLOVER: Okay. So, yeah, Matt, I'm going to keep this high level but let me know if you need me to go into anything else. I figure I'll do a brief introduction and summary and let you get into some of the details. Transportation work group recommendations report, that is attached to meeting and GoToWebinar if you want to look at as we go through.
Just want to give a summary that transportation is important for, sorry, the mic keeps cutting out. So people can be integrated into the community as much as they want to be and receive care that they need. It has been a topic of the subcommittee multiple times due to issues that people have brought forward, and whether it is transportation to a medical service or activities in the community, we want to make sure that transportation works as well as possible for everyone.
In response to feedback that OLTL receives from participants and stakeholders throughout the year about the need to improve access to transportation services and Community Health Choices, that the secretary Juliet marsalaa that they help organize the (Indiscernible) to help identify regions for medical and non-medical transportation issues and come up with recommendations to resolve or improve them.
Work group was put together and the members included the Community Health Choices participants, representatives from the Community Health Choices transportation brokers, CTS and MTM. Representatives from each of the Community Health Choices Managed Care Organizations, the Pennsylvania department of transportation, the medical assistance transportation program and others from the Pennsylvania Department of Human Services.
Besides the initial prep meeting between OLTL and Dorothy and kickoff meeting there were six official virtual meetings held over Zoom between March 2025 and June 2025. Prior to meetings in October of 2024, OLTL and sellers Dorothy met to review scope of the project, identify data and composition of the work group and discuss next steps. In February of 2025, there was a kickoff meeting held. Things that were addressed, again, at a high level, at a high level and the other meetings, there was review of data requests and identifying additional data

considerations. There were outlines for next steps as it went along, expectations, pain points, needs, and comments for further consideration.
The key themes identified in the report were communication and coordination, trip cancellations and systemic issues. At the meeting in April, there was a review with PennDOT and MTM, data request responses talked about the cleanliness of vehicles, there were break out groups to identify pain points, needs and comments, subsequent meeting later in April, people from the county assistance offices gave an over view of their role in transportation. There was a journey mapping exercise, which created a visual aid to the process to identify needs, feelings, pain points, actions, and opportunities for improvement.
In May, we reviewed results of mapping exercises, it a survey afterward to prioritize top ten recommendations to be included in the final report, and the last meeting if June, a work group met to review the draft findings and recommendations report. The next steps are to share work group recommendations with deputy secretary Marsala for review and prioritization, identify low hanging fruit that will take minimal effort, can be easily implemented, and identify longer term recommendations that might require provisions to the C had fC waiver, the CHC agreement or appropriated funding. Matt, would you like to take it from there or anything else you would like me to cover in summary?
>> MATT SEELEY: The purpose of today was to share findings with Juliet. Is that what you just said?
>> JERMAYNE GLOVER: This will be recorded so she will have access and representatives here from OLTL. She wanted to have this discussion still on agenda.
>> MATT SEELEY: Okay. Everyone had an opportunity to review the document that was included in the group materials. I don't know -- this document was also, I'm aware it was put on the DHS-OLTL website like two or three weeks ago, correct in
>> JERMAYNE GLOVER: Yes. It is online.
>> MATT SEELEY: All right. So everyone should have had an opportunity to look at this. I did see the list of participants where the committee members that were involved. Obviously Randy was as well. After reviewing it, does anybody have thoughts on this for recommendations?
>> JERMAYNE GLOVER: If you want, Matt, this is Jermayne, I can go through the top ten recommendations if that will help spark some conversation.
>> MATT SEELEY: You can. Kathy has a question. Are there any strategies or related recommendations to improve the response if riders are stranded and have no alternatives to get home? I will note also, it are, as an aside, there are a number of documents in the chat feature on the right hand side that you can download.
A number of reports that were discussed earlier.
Back to this, there is the question. I don't know if anyone here is in a position to be able to answer that question, are we in
>> RYAN JOHNSON: This is Ryan. I can only explain some of our individual experience for any of the services that are rendered through MTM. There is very clear ride recovery rules. Where is my ride follow up and all those types pieces. No shows do happen on provider side. I know specific to, I did look at it yesterday, specific to us, we had about a million completed trips year to date, legs trips completed year-to-date and there were 1,600 participant no shows and five provider no shows. They did happen but we also know that the numbers don't reflect the full efforts of the transportation brokers to recover trips when maybe, you know, the originally intended transportation provider cannot make schedule time, et cetera, again, we oversee the process. We see final results from the MCO perspective but also that is only one portion I know of the transportation experience. There may be others that are managed through local MATPs

and others, but, you know, there are definitely protocols that we ensure, and I think I'm probably speaking for my fellow health plans that, you know, help promote the trip recovery effort.
>> MATT SEELEY: Thank you.
>> JERMAYNE GLOVER: This is Jermayne. I don't know if we have anybody available from CTS or an MCO that utilizes CTS that wants to say anything.
>> DAVID GINGRICH: Sure. This is David Gingrich from UPMC. I'll get out of people's way. Similar to the process through MTM, CTS does have a recovery for when groups do not show up or when riders are stranded. That an area that, similar to what Ryan was saying, is not a high volume, but one that does have a serious impact, and one that we take seriously with internal work groups review review each of the cases to ensure we can learn lessons from it and improve the overall operations as far as reliability and follow through when those cases do occur. So there are designated timeframes that our providers have for responses as well as our call center and after hours folks as well. And we're regularly going through processes to review them and assure they are followed and make enhancements to the process.
Again, the volume of no shows are relatively small, but they still have a big impact when they do occur.
>> MATT SEELEY: I think I'm going to need a minute to process that. That was a lot of, David, wow.
>> RYAN JOHNSON: This is Ryan again as well. One other thing is while we, number one, this are specific requirements we all know that exist in the CHC contract and we monitor those. There is also much broader oversight that I know each of the health plans do with the respective transportation brokers, but I think the other part, too, and again, I can't speak for everybody's processes but while we look at the at the macro level, we are looking at it at the micro level, the individual participants. We have the luxury getting all of data, meaning the trip level data, complaint level data. Any time there is a defect in the process, we're able to take that data, track and trend it at that belly button level, right, to see is this individual person having repeated problems with member no shows, which would then get connected with the service coordinator to then follow up and say, you know, is there confusion in the process, the pick up, whatever root cause is, and try to promote the one-on-one engagement. Similarly, we look at that to say, at the provider level, if we have more no shows for certain transportation providers, we ask the transportation broker to say what are you doing in terms of remediation and all of that, so all of that to say is we're not just looking at it at the global level for oversight. That is the starting point, but we are able to use the data provided on the trips to know if somebody has repeat failures, no shows, whatever it is, then we're able to connect and have our service coordinators engage. In some cases, if we have providers in the home, we'll say, hey, it looks like Mr. Johnson has had repeated problems here. They can help reenforce some of that, so we pull those in home agencies and providers into those cases as well.
>> MATT SEELEY: Natalia, I see you a couple of questions in the chat.
Do you want to ask them?
>> NATALIA GOMEZ: It isn't so much questions, but I noticed, and it is a lot information, and you have to bear in mind in my case with the condition in my brain and storms that are happening, they affect me a lot. But I was -- I had spent days trying to read all of the information that was provided, but I went to key areas, because I didn't see mention of hours of operation for this transportation. Nor was there any information of when there is an wish the cross county, that some of us have to face because our services are out of our counties.
As we all know, doctor appointments, certain things, we don't have control of scheduling, and when someone depends totally on these transportations, sometimes we go without medical

care or necessities that we need for our health and safety or to remain in our community because of the issues of transportation. You know, sometimes also, the numbers for participant being left stranded might be low, but some of us, after being years up and down this roller coaster and trying to obtain services, we're learning what to do, where to go, and some of us have no idea who to call or where to file the complaints. Some of us, when we are left stranded there, no after number for us to call. We have no one to call unless we have a friend or a family member. And sometimes we have to be stranded for hours. For hours to be picked up. And that not to mention the other challenges when you're mentioning the share ride in this method of transportation.
Myself as an example. I have a condition that exacerbates tremendously with the bumping if ride, whether is a private, whether is the transportation that you provide or when you use share ride, sometimes you're the first one picked up, you're bumping all over the roads, delivering everybody else or leaving everybody else and then you might also end up being the last one. But 30 minutes, 45 minutes, turns into four hours and that is horrendous for someone who has a chronic condition. Not to mention the power wheelchair obstacles as well or when you need accessibility ride
>> MATT SEELEY: Thank you, Natalia. Juliet, I see you're here and you're jumping up and down because you want to talk.
>> JULIET MARSALA: Matt, you know me so well. Natalia, thank you so much for comments. I did want to make sure everyone in the room knew that I have made it back to my computer safely and I have joined. I have been listening en route as well and I did kind of want to perhaps adjust a little bit of the perception of this segment of the agenda. It was put forward I believe by vice chair Pam Walz in order to offer the subcommittee members opportunity to provide their own input, comments, and recommendations or views on recommendations that was put forth by the work group.
Perusing some of questions in the chat or comments received, I did want to reiterate that the transportation work group was comprised also of users of transportation services and rural and urban and all regions of Community Health Choices service areas because, you know, it is important for us when we're doing the work groups that we very clearly hear from transportation users and participants who rely on the transportation services.
Sorry, Matt, I absolutely do want to go through all the recommendations with the subcommittee members, but more importantly, we also want to have this time for subcommittee members to provide their learnings of the report and recommendations and considerations for Office of Long-Term Living as well. Thank you.
>> MATT SEELEY: I see there is a hand up in if our line. Paula?
>> PAULA STUM: Jeff, this is Paula. You should be unmuted. You can go ahead.
>> JEFF ISEMAN: This is Jeff from PA (Indiscernible). You hear me?
>> PAULA STUM: Yes.
>> JEFF ISEMAN: Okay. Yeah. I was part of the OLTL work group, so thanks for including me and for others you included. A couple of things that I think, that came up both in the work group and also separately on the C had HC-RFI comments which we submitted someone for the silk board, the centers for independent living and others. Some of this also comes back to lower rates for transportation providers being offered by the brokers. I've heard that from both public transit agencies and private transportation providers, and some of them, the ones I talked to, they have contracts with OVR with some of district offices to provide transportation, some of them do ODP for transportation and others, but they just said it is not sustainable for them to do it with CHC with the rates.

We have also heard comments from some of those where a transportation vehicle comes from several hours away when a more local option could be used. It might be not familiar to participants but also a more, maybe perhaps more cost effective, but I look forward to seeing what is done here. I think if you compare this report and some of comments you got in the RFI, you'll probably see some similarities there. Thanks.
>> MATT SEELEY: Are there any comments from committee members?
>> LLOYD WERTZ: Lloyd Wertz here. This is the first time I have heard about a transportation recovery process. Is that kind an established process that exists or can you share with me what that means?
>> RYAN JOHNSON: Usually each of the individual brokers have what they call a trip recovery process. If something is scheduled for an initial leg A versus a leg B if they're coming back from a location, usually there are points escalation where they can reach out and say hey, where is my ride and they will help identify what will meet the best needs of the participant. Obviously, if they have a special accommodations for wheelchairs, calling an Uber is not going to work for them, so there is that process where, again, the brokers had help to try to facilitate the recovery of the trip, either the initial leg or if anybody is stranded somewhere.
Again, we know this process is not perfect. Pennsylvania is the third state that I have been in and transportation is no different here. Every trip absolutely does matter, and, you know, that is why I think there is a tremendous focus on trying to recover those trips because nobody wants anybody stranded. The fact is, unfortunately, right, like I said, we have a million trips so far to date, and you are reliant upon a group of people you don't have any direct control over, the transportation provider. That is where the transportation brokers and partners that we have, we want to make sure, A, we have good oversight, B, they're meeting all minimum contractual requirements but also C, what are the extra add ones they're doing for trip recovery, trending, some of things I mentioned earlier, so again, the partnerships make difference, but at the end of day, we're still reliant upon a network of individual transportation providers that aren't directly owned by anybody per se. So there will be defects that happen in the process. Unfortunately, we don't want those to happen, but how quickly we can recover from them is obviously paramount.
>> LLOYD WERTZ: Thank you very much.
>> MATT SEELEY: Any other comments, questions? I was looking at these issue barriers and I saw one, and I see this one often. Small business opportunity for participants with vehicles to offer rides. That doesn't seem as feasible as it may seem. Anybody have any thoughts? Natalia?
>> NATALIA GOMEZ: I agree with you. It sounds very nice as a recommendation, but I don't think that it is something that is feasible, number one. Participants, as it is, retaining or obtaining services is hard as is, and then a small business is a self employed with no benefits for medical coverage or health insurance and so on and so on, so I don't see feasibility of that.
And then on top of that, just like gentleman before mentioned, even if you, even if they do subcontracting or the partnerships with them, it sounds, everything sounds so pretty on paper and even though we might have had people from all areas, every area has their own day-to-day challenges in getting the transportation. That recommendation, I'm together with Matt.
>> JULIET MARSALA: I'm going to hop here on that. I was not in the work groups but I'll share some thoughts on the particular recommendation. I would just caution to say that, for me, again, not being person to put forth the recommendation but certainly appreciating the innovation and the thinking that may have been behind that from the group that did put it forward, I think identifying any opportunity for people with disabilities to gain employment or to is an

employment preference is a good thing.
I don't think is necessarily talking about necessarily individuals in the LTSS system, and disabilities come from all sorts of ways, and highlighting potentially an area where the transportation brokers could support small business development for individuals with disabilities to serve people with disabilities I think is not a bad thing. I think partnerships with the office of vocational rehabilitation in any area where there is a labor need is a good thing to highlight additional opportunities for people with disabilities.
People with disabilities could have hidden disabilities and be absolutely able to drive a vehicle, help support someone and all of those things. I just want to caution us not to put people with disabilities in a box to say that they would not be able to do this or would not be able to own a small business successfully, so I respectfully kind disagree a little bit.
>> MATT SEELEY: I respectfully disagree back.
>> JULIET MARSALA: Absolutely. I just wanted to see that there was thinking about opportunities to recruit capable individuals with disabilities to help support all areas of our disabilities system.
>> MATT SEELEY: Okay. So I have been on both sides this. I have been without a car. I drive now myself with a very accessible vehicle.
I could probably take any wheelchair in my van, but the liability attached with that and insurance that goes along with that, I get your point. Your point about starting a business is not a bad one, but to actually be the driver, that I would not suggest. Not only are you driving -- and somebody with have to have a vehicle mine, this is probably a that boo term, but very disabled. Not only would that person have to worry about following rules of the road, but now they have to have someone adequately strapped down in back of their van so as to not cause some other liability.
>> JULIET MARSALA: My only point being, Matt, that it may not be for you but I would not close the door on others with it may be a possibility for them.
>> MATT SEELEY: I agree. Take a long, hard look at it before you decide to do that though.
>> NATALIA GOMEZ: Can I also chime in, Matt?
>> MATT SEELEY: Please.
>> NATALIA GOMEZ: I respectfully say, and I'm speaking for Matt, when this is exclusively to the disabled individuals, I wish I can do as much as I can for my co-participants, and we will encourage, at least me personally, I will encourage anyone to start their own business, but let me put this in. If their care giver agencies are not allow their care givers to drive their patients to doctor's appointments because they're afraid a liability, how much of a -- how much liability insurance will someone need to -- are need to start this kind of business? What will be requirements and the compliance for individuals to do this kind of business? Please do not take it in wrong sense. We're not putting individuals that are disabled into a box. The recommendation did not mention exclusively disabled individuals. The suggestion says participants and recipients will receive benefits. It could be a disabled person, and it might not be a disabled person, so, no, we're not boxing none of us in. We don't want to be boxed in.
I'm tired of medical doctors and everybody else boxing me in and treating me in a square box, so I don't do that to others because I don't fit in the square box, but I do want to, just like Matt, we're not a one-size-fits all and we all know that, whether we're disabled or not disabled, but we do want to, if you are having, as a whole, so much issues with transportation sure, I can start recommending that, but when I started talking to people after reading this and I asked them, would you consider becoming part of this project and being an agency or a transporter that will give rides or provide transportation for individuals? The first question is what is the compliance? What is needed for me? How much insurance needed and so on and so on.

I know is still a working project. But these are to keep in mind.
>> JULIET MARSALA: 100 %. I don't disagree with those points at all. I give credit to the transportation work group for being open and innovative and thinking of all things. I think that is a benefit that comes out a cross stake holder group with many different perspectives and points view. Certainly it it not rise to the top ten of recommendations but it is good to make sure that it was noted for someone is pro employment it was good to see they turned over every rock. Points received.
>> MATT SEELEY: There is a question online or in room or somewhere.
If anyone speaking besides me, I'm Matt, Paula, can you get that question?
>> PAULA STUM: Matt, are we going to public comments or to the public with the questions or you going to keep it to committee only?
>> MATT SEELEY: Is that online that question there?
>> PAULA STUM: Question online is public.
>> MATT SEELEY: Do we have any more comments from committee members? Does anybody have any comments?
>> KATHY CUBIT: This is Kathy. If I can just circle back real quick to the stranded riders, I appreciate hearing the efforts that are ongoing and looking back on when this happens to try to make sure it doesn't happen again, but to the extent it could be woven into the recommendations to address the real time solutions, because even though as David mentioned, even though is a low number, it does have a high impact, and I know we can all appreciate what must feel like to be waiting hours to try to get home.
Anyway, I'll just leave it at that. Thank you.
>> MATT SEELEY: I mean, for me this is a tough situation or conversation because these individuals put forth their recommendations, and that is what they feel, so I don't really like idea of prioritizing somebody else's prioritizations.
>> KATHY CUBIT: They do have things in the recommendations about some of systems and things like that, so I understand what you're saying but if we're having an open discussion about this, if there is a way, my suggestion is if this is a way to weave this into some of current recommendations, that is what I'm suggesting.
>> MATT SEELEY: I don't know -- we're not suggesting that we remove any, are we? I'm just saying that one right there is not very feasible. That many is my only point. I'm sure there are people online that are in different circumstances and that is doable for them, but I would really, really take --
>> KATHY CUBIT: I'm not suggesting we are removing. Some of the recommendations talk about systems improvements so that is what I'm talking about, ensuring that this is part of subset of those global recommendations.
>> MATT SEELEY: Right.
>> JULIET MARSALA: Matt, this is Juliet. I would say, from what I'm hearing from the subcommittee members, you know, the top ten recommendations of the work group, not the full kind of scope recommendations, it does seem to me that top ten that were identified for group, I guess my question is, you know, does this align with kind of the LTSS subcommittee members' thinking? We certainly would want to improve on all areas that we can, but, you know, our focus will certainly be on the top ten that came out of this work group where feasible. Some of these are beyond the scope of OLTL and more broadly systemic that we will continue to work on with our partners across Commonwealth and hopefully, and certainly an action would be to submit this to the executive director, Josie badger, for her committee as well, so that they are also aware of good work this work group it. I don't know if you want me to close with that or if there is

any other commentary or advisory direction the LTSS subcommittee would like us to contemplate.
>> MATT SEELEY: For clarity, what you referring as the CHC-MCO participation group top ten recommendations? I don't know what page that is on.
>> JILL VOVAKES: Page 9. Is there any way we can display that for everybody just in case? That way everybody can see list.
>> MATT SEELEY: Keep going. Not that one.
>> JILL VOVAKES: If you go to page 9, it is the first place that it lists all of the recommendations from the group. It is not weighted. There you go.
>> MATT SEELEY: I don't really have a lot comments, but that last one. Based on the comment that was made earlier about the short staffedness of the CAOs. Is that possible?
>> JULIET MARSALA: I mean, some of these are longer term processes, when the group happened we were not necessarily hit with the full scope and ramifications of H.R.1 as it currently stands, so again, some of these may be lower hanging fruit that can be relatively achieved in the short-term. Some of these are longer term systemic efforts that may, where we may need to plant the seeds today to bear fruit in the future years.
>> MATT SEELEY: Are there any shared ride services out there within the commonwealth that have not been contracted that wish to be contracted with?
>> JULIET MARSALA: I would say there may be shared ride services that have not been contracted with because they do not wish to be contracted with, but certainly I do know that the MCOs have continually reached out and would welcome all ride share services within system.
>> MATT SEELEY: Does -- Natalia, you have your hand up.
>> NATALIA GOMEZ: I see three hands up.
>> MATT SEELEY: I think those people line.
>> NATALIA GOMEZ: Okay. I'm looking at the recommendations.
One question that I will have. Once DHS starts working with the recommendations and suggestions, who decides ranking? Who decides ranking order that will be put in place. For instance, increased collaboration with MATP. It has been the same company that the collaboration have been done with. Reeducating service coordinators and participants. How is that going to improve or help me to get to my doctor's appointment? Ever since I have joined and by participating in this meeting, I have been listening to educating service coordinators. They don't have enough hours in day to do what is expected to be done and every meeting I hear service coordinators and educating us, the participants.
I came to find out about transportation services not too long ago when I joined these meetings, when I joined this committee, and I have been educated and I have been done, even before I even found out, I did my research, I did my own stuff trying to find out how to get to my doctor's appointment. I still have a problem getting to my appointments, even though I have educated, even though I have the knowledge. But there is no vehicles.
>> JULIET MARSALA: Yeah, Natalia, your points are well taken. This is Juliet. The reeducation piece, there is expanded descriptions on what that means within report and I would direct folks to that, but I mean, to your earlier point, Natalia, you mentioned yourself, there are participants that don't know who to call, how to call that is part of the education, making sure participants do know in those urgent emergency situations what to do, how to react, what a back up plan might be, so, you know, it is kind of speaking to your earlier point. There are participants out there that don't know this information, who need to know this information and so, again, I was not in the work group, but I would point to the increased description, what this goal is about.
To your question with regards to who decides, I mean, this work group is sort of a road map of

what is top of mind, what is considered most important to users that participated in work group, and that cross section of, you know, representation, and so, you know, what happens from here, and also in the report, you see a matrix of kind of who has a hand in what.
We have to evaluate myself, my team, the administration, our partners across the commonwealth, our CHC-MCOs, we look at the priority list and we have to try to determine the pathways that we can achieve within the constraints that we have. You know? So that is part of it. I wish I could be the ultimate decider and say I want to add another $100 million to this transportation system. I'm not at that level. Certainly this helps us all kind grow in same direction with regards to keeping the priorities as our north star and trying to identify how we can put efforts and resources to this -- these areas as was communicated to us.
>> NATALIA GOMEZ: Just to make a point, or just to put it out there, it is hard, and it is extremely frustrating when you're educated about services and about something and then you try to tap those services, but there is nothing you can tap into. So, and I understand education is a lot, and that is one of my major outreach that I do is educating the grass root community, but is hard when you educate someone about services and then when they call you back and say, well, you know, I went into your training session and your educational session and you mentioned that this and this and this is available to me, and then when I try or I reach my service coordinator, they say that there is nothing they can do for me. That is frustrating.
I understand this is a frustrating system and I understand also that it is going to become even worse when H.R.1 and all of it goes into effect and all of the cut backs are done and fundings get lost, but it is frustrating, and as an individual who an extremely active individual, listening to all of this and listening about all the education and I police the members the work group and the members that are participating in this, trying to develop something better for everyone, for all of participants that use transportation, medical or non-medical, who are recipients of MA and are recipients of LTSS, for us in LTSS and for a small group of us is even extremely harder to get transportation. I just wanted to make sure that no one that participated in this feel offended by the comments that I might be making. I take grade pride and appreciation for hard work that you guys do because I know it requires and demands a lot of your time to participate in groups. Just like it takes of us to participate in our meetings.
But please bear in mind that for over five years, I have been listening about education and reeducating and reassessing and redoing and I'm still in the same bind where there is no transportation and just like there is none for me with a power wheelchair, I can guarantee that I'm not the only one. And Matt, I'll tell you publicly, I envy a good envy because you can drive yourself. No one knows what driving for me would mean to me. I hate depending on others.
>> MATT SEELEY: If you knew more about my driving, I don't think you would feel that way. We have to move on to public comment. There are three individuals with public comment.
>> PAULA STUM: Hi, Matt. This is Paula. I do have quite a few public comments.
>> MATT SEELEY: If they're going to speak themselves, can they keep their comment or question to a minute so that we can get a couple of questions in?
>> PAULA STUM: If you don't mind, I would like to go to questions that are in the box. The question box.
>> MATT SEELEY: Go ahead.
>> PAULA STUM: Question from Kimberly Sharpe. Will there also be recommendations to improve transportation under OBRA?
>> JULIET MARSALA: Very good question, Kim. The OBRA waiver has a different transportation structure than the CHC-MCOs. I would say from Office of Long-Term Living, wherever we can raise up and improve transportation, you know, I would hope OBRA sees

some benefits to that, but we can certainly take a look at what crosses over to directly impact OBRA, but we are not planning to have an OBRA-specific work group at this time. Our resources constraints won't allow it at this time.
>> PAULA STUM: Hi, Matt, this is Paula. The next question is from William Posdimello. Will there be an opportunity to submit public comment?
>> JULIET MARSALA: We are in public comment period. If William wants to raise his hand to speak, Paula, I certainly think that we would welcome commentary.
I don't think I see him. Certainly I can follow up with him directly and he can type in chat. Paula, maybe go on to next person in the interest of time. Thank you.
>> PAULA STUM: Thanks. This is Paula. The next question is from Paul (name?). Reeducation of service coordinators and participants is one of highest ranked recommendations. Are OLTL develop a single statewide transportation training or guidance document applicable across CHC so that service coordinators are not receiving different interpretations from different MCOs, brokers, MAT programs or counties?
>> JULIET MARSALA: So, Paul, thank you very much for that comment. The piece with that is that the transportation met the CHC-MCOs provide as part of benefits packet are, you know, not necessarily universal across the board. So the SCs usually, from my understanding, are often times working with just one managed care organization, and should definitely be trained to that manage care organization's processes. Certainly if they are, you know, providing services across multiple programs, then they would definitely need to have the knowledge of the specifics of that program. Just as kind a reminder to folks, the Office of Long-Term Living has service recommendations and definitions that, you know, all the CHC-MCOs must adhere to. There are service levels they must adhere to or there is sort of a violation of their agreement. OLTL is not administering that every MCO has to do things the same way, so they have contracted with their own brokers. They have their own processes that they need to ensure that their members and their service coordinators have deep expertise in. I appreciate the comment.
>> PAULA STUM: William, your mic has been enabled. If you are able to unmute yourself. Okay. I'm not hearing anything from William. The next question I have is from Jonathan Mollett. Has the idea of eliminating barriers to information for pace organizations been considered as a way to free up time for CAOs and case workers? If medical renewals are going to be every six months next year, the problem will be multiplied.
>> JULIET MARSALA: Hi. This is Juliet. Jonathan, thank you for your comments.
I know I believe we have spoken or at least engaged on this topic area. First, I think it is wonderful that PACE and life here participating in the LTSS subcommittee public comment period. You are a very important part our LTSS community for folks that are not aware, Pennsylvania Life Program is an integrated podle of care for Medicare and Medicaid individuals and Medicaid-only individuals over the age of 55 who can choose to receive HCBS services through the life/PACE model. The LIFE/PACE programs do have and create access on the same basis as other HCBS providers. The LIFE programs not a health plan. They are not licensed as a health plan. This is certainly something we can look into, you know, health plans have different sets of rules and access and are licensed by the division of insurance. The PACE program is considered a Medicare, Medicaid program so you're considered a provider-level status. Certainly we do welcome and are looking into and pursuing ways in which we can increase provider access and ability to be a DHS helper, to be able to help support individuals where appropriate to, you know, get all of the application and revalidation documents together. We know that there are hundreds of folks out there willing and continually trying to support participants paperwork is done and done timely and helping with the bureaucracy that goes

along with it put forward by the Feds. So, absolutely, we have, as I think I have named with you or others in PACE association have committed to trying to find an appropriate pathway to really leveraging additional supports that, you know, your provider community could support participants with, but I did want to make clear if you're comparing yourself to say information that CHC-MCO participants get in the 834 files it is a little different because they are a health plan and PACE is not. We are certainly open and have committed to working with you to see what pathways we can have, be it looking at Compass and additional helper rules, et cetera. We have reached out to the Office of Income Maintenance as you know. Things are a little busy. We don't have an immediate solution but it is certainly something we're committed to evaluating and pursuing in the longer term.
>> PAULA STUM: Hi, this is Paula. The next question I have is from Paul Remar (name?). Would OLTL consider establishing a standardized escalation pathway for service coordinators when MATP, the transportation broker, the MCO, or the CAO cannot resolve a participant's transportation issue?
>> JULIET MARSALA: I wasn't sure if that was a comment or if there was a question.
>> PAULA STUM: It was posed as a question to see if OLTL is considering that as an option to help out the CAOs or the MCOs. But we can get back as a follow up.
>> JULIET MARSALA: Okay, thank you.
>> MATT SEELEY: Is that going to be in the follow up document? That seems like an interesting question.
>> PAULA STUM: Yes, Matt. That will be in the follow up document.
>> MATT SEELEY: Thank you.
>> PAULA STUM: This goes back to the BHSL presentation from (name?). How can these residential settings be used to increase housing capacity for nursing home transitions?
>> JULIET MARSALA: Thank you for that question. This is Juliet.
I'm going to take that. I know Theresa is waiting in wings also jumping up and down, but I think what is really important about the personal care home licensure, that folks need to be aware of, is that personal care homes serve a level of care that is lower than nursing home level of care. So for it to be utilized as an increased housing capacity for nursing home transitions, it could be utilized for individuals who shouldn't be in the nursing home anyways because they don't meet level care or their condition has improved to the point of no longer needing Long-Term Services and Supports nursing home, clinical eligibility. So that is why we have been looking to assisted living services that is licensed and able to provide services to nursing facility clinically eligible individuals. There are two level of cares here, and I just want to have folks keep that in mind.
>> MATT SEELEY: Can I just, is Shauna still in the room? Damaris, or somebody in room, is Shauna still there? Her question earlier for Juliet was never responded to.
>> JULIET MARSALA: Happy to respond to that. What was question.
>> MATT SEELEY: Something in regard to Beaver county and the transitions done up it. It was, like, a delay in services for some reason because of coding. Is Shauna available? If not, I'm sure she will follow up.
>> JULIET MARSALA: If not, I'm sure my staff took note of question and we can answer in the follow up documents as well.
Happy to take that.
I'll look for it and be sure to provide a response.
>> MATT SEELEY: With that, Paula, we can take one more quick question or comment.
>> JULIET MARSALA: Matt, I didn't get to do OLTL updates. Can I make a comment?
>> MATT SEELEY: It was done for me, but you may.

>> JULIET MARSALA: I know my team did a really good job. I just wanted to say that I apologize for not being here this morning. I know my team had, you know, let you all know that I was participating in a very important announcement, you know, shoulder to shoulder with Department of Labor, and I did want to take a few minutes here to say that, you know, the Office of Long-Term Living and Department of Human Services is excited about The Department Labor initiative to proactively pursue, investigate, and go after any providers in our space, particularly the home care agency providers, that are taking in wage theft. Every Medicaid provider is required to follow local, state, and federal laws and this includes fair labor and wage laws. We take this initiative very seriously. We welcome it. We will be working with The Department of Labor and providing them information as needed and support them in the work. Wage theft is a very common crime. Is a crime, and we need to make sure it is not happening within our provider networks, and so, you know, I would encourage folks, there is some really great materials out there from department labor. There are great materials and webinars from trade associations in our space to make sure that everyone is aware of, educated on, and following the law.

I did want to share those comments to say, you know, we had that announcement today that work is well under way and Shapiro Administration strongly believes that direct care workers should get the wages that they earned and so this is an area of focus, proactive focus, and I am glad we are a part of that.

>> MATT SEELEY: Thank you, Juliet. With that, does anybody want to adjourn? No?

>> KATHY CUBIT: This is Kathy. I'll make a motion to adjourn.

>> MATT SEELEY: Thank you, Kathy. We're adjourned until October.

>> JULIET MARSALA: October 7th, Matt.

>> MATT SEELEY: Thank you, Juliet. See you all same place, same time October 7th. Take care.