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Date: 10/06/2021

Event: Managed Long-Term Services and Supports Meeting

StreamBox

>> Testing .

>> LUBA SOMITS: Good morning.

>> SELLERS DORSEY: I do not see Linda .

>> LUBA SOMITS: Okay thank you .

>> SELLERS DORSEY: Sure .

>> SPEAKER: I just forwarded Jamie the presenter link. She should be joining in a minute .
There she is .

>> SELLERS DORSEY: Luba Somits I don't know if you wanted to get started or wait .

>> LUBA SOMITS: I think we should get started if everyone is ready. Can you hear me Pat?

>> Yes you are all set .

>> LUBA SOMITS: Let's call the October MLTSS subcommittee to order. We can start with membership attendance. Ali Kronley are you on the line?

>> Good morning I'm here .

>> Cindy are you?

>> CINDY CELL: Hi Cindy is here yes .

>> LUBA SOMITS: Neil, how about you? Neil Brady? David? David Johnson?

>> SPEAKER: Good morning this is David Johnson .

>> LUBA SOMITS: Denise? Denise Curry?

>> SELLERS DORSEY: I don't see Denise and I do see Neil .

>> LUBA SOMITS: How about Gail? German Parodi introduce himself earlier, good morning .

>> GERMAN PARODI: Good morning .

>> LUBA SOMITS: Juanita Gray are you in the line?

>> SELLERS DORSEY: I do not see Juanita Gray .

>> LUBA SOMITS: Do you see Linda by chance on the line? She would be next on our list .

>> SELLERS DORSEY: I do not see Linda .

>> LUBA SOMITS: A Lloyd whence are you on the line?

>> SPEAKER: Yes I am .

>> LUBA SOMITS: Matthew? Are you on the line?

>> SPEAKER: I know Matt was having issues with the email he should be joining shortly .

>> LUBA SOMITS: Thank you very much for the information German. And Mark ? Mark Gusek are you on the line? And how about Michael are you in the line?

>> SPEAKER: I am here .

>> LUBA SOMITS: Monica are you on the line?

>> Yes I am here .

>> LUBA SOMITS: Richard ? Are you on the line?

>> SELLERS DORSEY: I do not see Richard .

>> LUBA SOMITS: Sarah? Sarah Glasheen?

>> SELLERS DORSEY: I do not see Sarah .

>> LUBA SOMITS: How about Tonya ? Are you on the line?

>> SELLERS DORSEY: I do not see her either .

>> LUBA SOMITS: William? Williams spots?

>> SELLERS DORSEY: I do not see William .

>> LUBA SOMITS: Thank you Pat for your assistance with that. I did let's take a moment to acknowledge sister Catherine. Last month was her last meeting with us as a committee member. I wanted to recognize her kindness and contribution to the subcommittee and to the people that we serve . We all wanted to wish you the very best . Let's move on to our housekeeping talking points. I will just review the talking points for everyone . Please keep your language professional. This meeting is conducted as a webinar with remote streaming. All webinar Christmas except for committee members and visitors will be a listen only mode during the webinar. While committee members and - - during the webinar, we ask that you use the mute button or feature on your phone when not speaking. This will help to minimize background noise and to improve the sound quality of the webinar . We asked Crispin to please submit your questions and comments into the chat box located on the go to webinar pop-up window on the right side of your computer screen. To enter the questioner, enter the text box under questions and press send. Please hold all questions and comments until the end of each presentation as your question may be entered during the presentation. Please keep your questions and comments concise, clear and to the point. The meeting minutes are transcripts and meeting documents are posted on - - meeting minutes. These documents are normally posted within a few days of receiving the transcript captioning and audio recording , the Is documenting the discussion remotely so it is very important for people to state their name and speak slowly and clearly otherwise they may not be able to capture the information. This meeting is also being audio recorded. The meeting is scheduled until 1:00. To comply with logistical agreements we will end promptly at that time. If you have questions or comments that were not heard, please send your questions or comments to the resource account at RA ☐ pH W - - PA.gov. For your reference, the account is also listed on the agenda. Public comments would be taken at the end of each cup presentation instead of during the presentation. There will be an additional period at the end of the meeting for any additional public comment to be entered into the chat box. The 2021 meeting dates are available on the Department of human services website. Please feel free to take a look at those dates. Thank you.

>> GERMAN PARODI: Thank you Luba Somits. I acknowledge today there is 45 minutes for public comments . I have been informed from numerous consumers that it is not equitable consumer input. Could it be possible that it could be considered options for public input? Outside of the committee members?

>> LUBA SOMITS: I will refer that question to Jamie .

>> SPEAKER: I will have to ask Pat and the group from sellers to help me on this . I think our issue was that we did not know if we are muted everybody it would be difficult for people to hear and for those on the phone we would not know who to mute and unmute. Since we are in this remote form it is a little difficult. If we were all in one room it would be a much easier thing to manage.

>> SELLERS DORSEY: If someone indicated they wanted him muted we could try to manage that. If it does become overwhelming we would apologize for that but we can attempt to do that if someone indicated that they want to. I think the question will be how you manage that time .

>> LUBA SOMITS: Thank you for the response and the input. We will try to make every effort possible to make that work . German if you can pass that on to the individuals asking that would be great .

>> GERMAN PARODI: If we are ready for that. If you need a specific phone number I will be able to provide and I'm sure others will .

>> Is important that individuals will have entered , they get a code in the first join and if they don't enter that code then we cannot unmute those individuals and if we have individuals who have just styled and by telephone then we also cannot unmute those. I think what we will have to do if you want to attempt to do that is have a period of time when we did of the public comment period because great difficulties with some folks unmute them themselves . We can perhaps wait a little bit of time and move on.

>> GERMAN PARODI: This is German , perhaps numbers that are not subcommittee members have been put to it.

>> LUBA SOMITS: From what I understood from Jamie is that they were going to make every effort for that to happen but they need to take a look at the logistics of it. With that the correct Jamie?

>> SPEAKER: I think so. - - Able to unmute them.

>> LUBA SOMITS: Is everyone okay moving on to the next item on the agenda?

>> GERMAN PARODI: This is German yes I am personally interested in the next item so okay to proceed thank you .

>> LUBA SOMITS: The next item on the agenda is OLTL will be presenting on service coordination, appeals, grievances and complaints and service plan reductions.

>> SPEAKER: Good morning everybody, this is Jamie and the office of long-term living will be presenting on grievances and service plan reductions data and obviously wanted to continue the conversation on service coordination and advocacy that we started at the last meeting. With that I will get some help today. Randy Noland will take you through some of the data that we have. I think that we heard from the last MLTSS meeting and to some degree other meetings was that there was a number of service reductions so we want to share the data on what service reductions we have data on in the office of long-term living to put in perspective for everybody. With that, Randy are you on the phone? I can kind of hear you .

>> RANDY NOLEN: Good evening folks this is Randy - - did that some better?

>> JAMIE BUCHENAUER: It does .

>> RANDY NOLEN: Okay. I will go through describing the presentation . As you said the agenda we will talk about some grievance data, service plan reductions and service coordination and advocacy. I will look over the first couple of bullet points here . Grievance data just went through some of the data that we have . Some definitions here one complaint in the grievances . If an objection - - covid operations which have not been resolved and have been filed as a complaint . We categorize them access and availability , coverage of services , service demonstration, payment issue , quality care issues , benefit limits and other things to lead to complaints. - - Provider staff we dealt with some be issued without and quality care . Those are the complaints that they don't resolved and we associate dad. A grievance is a request to have the MCO or utilization review reconsider a decision solely concerning the medical necessity and appropriateness of a covered service . To agree with the fact that your service was not approved or approved as you requested it. That is a grievance you have that looked at her potential to provide more information or to discuss the medical necessity outlet. Categories of grievances are by service type, medical equipment , nonmedical transportation , other services. Those are all things that can lead to agreements. We want to share with you some data that we have seen from the state wide 2020 grievances. There were 12,249 grievances and we broken down by quarter . Quarter one a little over 1500, quarter to 1783, 43 about 2500 and quarter for over 6400. We did see a marked increase in quarter four. Some of the reason for that was through some of these quarters in 2020 especially the first two, the MCO's are not doing assessments and reassessments and individuals because of the stay related to the pandemic . We started the assessments again end of June beginning July . The fact was that the MCO's did a lot of assessments . Someone into the fall that we could increase in grievances because there were a lot more assessments being done.

>> GERMAN PARODI: This is MLTSS . Randy, if you go back one slide please . In the last quarter it's nearly 3 times as more . What is the difference between 2:45 and one fourth for that allow such an implementation?

>> The difference is we allow the MCO's to start doing reassessments at the end of June. - - Is the only MCO that started doing the assessments in the month of July . The reassessments really started implementing reassessments in August and ramped up starting September. That's why we see to the assessment process and get a permit is scheduled with YC what marketing and quarter 4.1. We had a lot more sessions being done.

>> GERMAN PARODI: How do you define appropriateness of services?

>> RANDY NOLEN: If somebody requested 60 hours and only got 40 you can grieve that because you feel like you do not get the certain services that you wanted. Or you requested a certain home modification and it was denied or something else was approved , you can feel that was not appropriate and that is what you are grieving the appropriateness. I got a cutout shower instead of a tub bench. That would be the appropriateness of the service of - - and their family grieving the decision.

>> GERMAN PARODI: Thank you. Again these numbers are the grievance that had a change

in services .

>> RANDY NOLEN: These arguments is on services where the request had the MCO reconsider a decision they made based on medical necessity and appropriateness of the service. These grievance numbers all show that something was not appropriate or may not have been defined appropriate when you have services. You feel it is not an hours requested this is an opportunity to provide medical necessity of getting increased hours.

>> GERMAN PARODI: Thank you Randy and lastly considering we are continuing to be in the midst of the pandemic with hospitals all across the country at max capacity, what allowed the MCO's to all the sudden be able to start changing services while in the midst of the pandemic? When the started services cannot be changed and it's happening clearly by the thousands . I was in your opinion?

>> An individual has to have an assessment on the basis for continued services in the waiver program to test community health . We did waive that for a four or five month period in early 2000 because of the pandemic numbers that were going up and trying to remove some of the issues going on. We did make a decision in July, and of June Debbie will start allowing reassessments to be done either telephonically and in person to continue moving the program forward . If I were interested in moving forward with doing the assessments.

>> GERMAN PARODI: Are the MCO's collecting any data that have had a change in services ? And subsequently need to end up in the hospital because they do not have enough services? Is that been collected?

>> No, they do care plans for everybody . They do track the number of productions that they do an analysis that they do. That's all tracked. I don't know if they track this towards people that are being hospitalized. There are numerous reasons why people could be hospitalized. I don't they track the actual reduction in services to a central hospitalizations .

>> GERMAN PARODI: That may be prudent .

>> JAMIE BUCHENAUER: Let's let Randy get to the rest of his presentation and we will take questions .

>> GERMAN PARODI: Okay, that was my last question, I appreciate it .

>> JAMIE BUCHENAUER: Thank you .

>> RANDY NOLEN: This slide shows for grievances by quarter by plan . You can see for the four quarters in 2020 by plan PSW in a green color - -. We were able to compile the top five reasons for grievances left on the top rating is personal assistant services changing past services the second is pharmacy and the third is a catchall category the fourth is medical equipment and medical services would be the fifth reason. You can see most of it is centered around past hours was the top grievance by far. So from 4 to 1 , quarter one 2021 grievances we broke it down. We had 5074 state wide and we have broken it down with over 2500 PSW was a little over 1100 and - - with a little over 1400. Again, the reasons are similar reasons. Past services by far number one pharmacy - - services and outpatient medical services. If the same five regions and then maybe a change in the percentages . Most of the grievances are related to past services.

>> SPEAKER: Are outpatient medical services being denied ?

>> SELLERS DORSEY: Can I just suggest that we hold all the questions until Randy gets through this section ? Just so we can actually get through .

>> SPEAKER: I can't write my questions down .

>> SELLERS DORSEY: Now but if you can hold them until he gets through the complaint and grievance data and then we will start with the committee member questions and then from the general audience . Does that work?

>> SPEAKER: If you write on the question venture .

>> RANDY NOLEN: We are seeing the same trend for 2021 as we did for 2020 as far as grievances. What I want to talk a little bit about in the next topic is a service plan productions. As you can see on service plan productions we collected data from all three of the MCO's . We broke it down for a six month period October through March . You can take a look at member participants after assessment by the MCO . You can see the numbers, they go down by the five regions so for Southwest Southeast Northwest and Northeast . Anything below 10 we do not report out at this point in time. You will see the numbers - - and the second bottom chart we show by zone the active number of person centered service plans that the MCO has. So look at the southeast they had 38,940 active center service plans. Over a six-month period in the southeast you can see that those numbers there were reductions in those plans are significant , probably about 700 out of that 38,100 plans that they have. That's how he lives across the board and Northeast they have 4000 plan and only have service reductions in 43 of those plans. 53 of those plans . The next few charts will show you the others , the number of active plans actually have and the number of reductions in those plans. The

should be pH W. The same data across the regions including the number of active plans that they have and the number they had reductions in. Over the six month period from October 20 to March 21. Then at UPMC same data as far as the number of active plans. What the slideshow is for each MCO the number of plans that they have was significant and the number of active plans that had a reduction in services . I know there was concern out there that the MCO's are reducing plans for everybody or for a large part of the population . I think with the slideshow is that it's not everybody that is seeing a reduction in their plans. As a percentage probably in the 10% range of reductions. It's something that we continue to monitor with the MCO's. So that's the part that I'm going to go over and discuss today. I think what we are going to do is get to the next piece of service coordination and advocacy . Any specific questions for me before you move on ?

>> SELLERS DORSEY: Yes Randy there are some specific questions related to what you covered in the first two sections. First we can circle back to Matt. I think that you had a question on medical services .

>> SPEAKER: The question that I have is our they denying physical outpatient services?

>> RANDY NOLEN: People may be requesting CAT scans or MRIs or some type of blood work and the MCO is denying those. In turn then the president is grieving and filing a grievance against that denial.

>> SPEAKER: Okay thank you .

>> SELLERS DORSEY: Any other committee members have questions for Randy?

>> GERMAN PARODI: This is German. On the grievance process, if you could go over again , I'm sure in meetings past you have gone over this , the medical review process and the medical review board, its composition and its purpose. Within specific the medical review board.

>> RANDY NOLEN: The grievance process is handled by the MCO's. They have a board which includes a position and some other stuff on the board that reviews the grievances. Participants are able to the grievance process to provide any additional paperwork , medical documentation . If they have a letter from the doctor or the therapist they can present that at the grievance hearing. They can provide additional information that they may have felt was not captured during the assessment. Maybe the assessment showed that the individual was capable of doing some stuff on their own when in reality they needed assistance or guidance . Those are the types of things that can be presented to the grievance committee to determine the appropriateness of services. The grievance committee take all that information into consideration as they review the case and make a decision on whether they're going to maintain the reduction or partially overturn the reduction or fully overturn the reduction.

>> GERMAN PARODI: So there is an additional medical review board? I'm trying to understand this clearly. There are two bodies .

>> RANDY NOLEN: The MCO's have a grievance committee .

>> GERMAN PARODI: Is the grievance committee equal to the medical review board?

>> RANDY NOLEN: Now . They do have a position on the grievance committee . I'm not sure exactly what you are meaning by the medical review board . You present your information , the MCO considers information making the final decision on the grievance .

>> GERMAN PARODI: Thank you. This point the medical staff are - - we hope that there would be an identified member within the medical review board . You added lastly that consumers could or should perhaps a letter of the medical doctor . Within the managed-care system, there is no communication from my PCP for example who knows my system well and is now being - - MCO to have a piece in the medical review system?

>> RANDY NOLEN: When a person goes through a grievance hearing they can present whatever information they want. They can say on the assessment I felt like you did not capture this appropriately horror my position roaming this letter that says I need to 16 hours a day or somebody being with me. Those are all pieces of information that would be considered by the grievance review committee as you like your case.

>> GERMAN PARODI: That is useful information for us. I just don't know and maybe later on when you go over the support coordinator prerogative how everyday consumers were in on this meeting the tools they could use like a letter from the doctor .

>> RANDY NOLEN: - - Explain the review process that can be provided and explain the external review process . Part of the service coordinator's responsibility to help educate the participants on the whole the grievances and appeals process and the information they could do during that process. There's a lot of information in the handbook and each of the MCO websites . There is a number of avenues of information out there that allows or is available to dispense as they go through this process.

>> GERMAN PARODI: Now lastly, I know specifically my mother - - living attended, her hours were reduced last year . That's the case it went through this year right now . We are dealing with another reduction in hours so that's processing. No need to bring that here. However, there was no communication in her language of Spanish , of course I hope you take this into account the language the consumer needs to understand . There is a big problem happening . Secondly just to get ahead of it , the timeframe that consumers have to do a grievance and we visited 10 to 15 days. Will we be Proxy another reduction to 10 days that he used to be.

>> RANDY NOLEN: A couple of points of that. But the grievance - - is also information on the website and also about the grievance process and the assistance that can be provided . You are correct, the MCO should be recognizing anybody primary language and all materials in that language, that is one of the requirements in the agreement no matter what the language is there to provide materials in the appropriate language for the individual. The MCO's had documented on the system what the appropriate language is because that populates from we call the - - system. It entered in by the County assistance workers one day do the application what a person's primary language is. That populates over to the MCO's so that you know the primary language and they are responsible for sending information on the primary language. To file a grievance in the tender process in regards to keeping continuity of care and continuing services , we did extend that to 15 days part of as the mailing issues . I don't know that since we have done that I do know that we have gone back and revisited whether we will continue with the 15 days. That's a decision that the office has to make moving forward.

>> SPEAKER: Randy this is Mike Grier. The 15 day snapshot window that in some cases it's almost realistic that it is sent on a Friday . I'm just reading from a national publication about mail delays because they are hiking the rates and slowing the deliveries on Fridays if you have a couple of weekends in their there are four days out of it right now. This should be a strong consideration for our folks to be able to get that and go to the process of filing grievances.

>> RANDY NOLEN: I agree with you on that fact Mike and I know of the United States Postal Service has been changing about not delivering everyday and prioritizing mail. That stuff need to consider as we move forward.

>> SPEAKER: Can ask two or three other questions. Back to your data, if you have any idea how many of the grievances of Christmas or consumers whatever you call them actually one ? Also how many of these individuals had a second grievance ? Thoroughly as possible , does this data capture what may be considered as minor reductions in hours ? Maybe 5 to 10 hours ?

>> RANDY NOLEN: To answer I will go backwards . That considered a reduction. We capture that data we have a report that the MCO - - have productions. I don't have the data in front of me as far as how many grievances are upheld or partially overturned or will be overturned that something we can make a note of and present in the future so we can take a look at that . The other question about a grievance a second grievance once and go to the grievance with the MCO which is the first step in the process , if the outcome is still not

favorable to the participant in their next steps are they can easily request an external review - - review organization or we can go straight to the process. All they can - - and appeals. That's the process. It's not a second grievance piece .

>> That makes sense. Are you saying OLTL has no idea how many of you - -

>> We have today . We collect that data .

>> At least all the MCO's have the data .

>> I did present this information to the consumer subcommittee in September so the information is out there if everybody will like me to send that slide I can certainly do that.

>> That would be great, thank you .

>> SELLERS DORSEY: Any other committee member questions? Before I turn to the audience ? Okay. So the first question I have from Randy is going to be - - and I will try to unmute Brenda Brenda it is showing that you are self muted .

>> SPEAKER: Can everybody hear me?

>> SELLERS DORSEY: Yes we can .

>> SPEAKER: Great. To move away from reductions I wanted to ask about the functional eligibility determination , here on the ground in southwestern Pennsylvania the reduction that we are seeing a lot of times, when I go through and someone service plan we are seeing that it does not accurately reflect a person's individual circumstances the way other measurement tools might be able to do . I really want to know what we can do to move the department towards allowing for O'Toole that is more customization and individualization . It's not working to reflect people's actual everyday's life . That's the first question .

>> RANDY NOLEN: It's a tool we decided to have the MPO's use as a primary assessment. We have a very limited ability on there.

>> Their individual services that cannot be repotted on the tool. It often does not reflect the people's needs are. Three years in I was part of the eligibility worker. I know the questions that were raised by consumers and I don't see how this tool is going to effectively capture medically complex people and individual circumstances that are different than the norm. I wanted to raise the objection that I wanted to put that out there. I think Pennsylvania could do better to have a more flexible tool.

>> Part of the assessment process , MCO's utilize a number of submental assessments . We do time and testing tools, mental cognitive ability tools , they do fall risk tools . As for the informal support issues that are going on. But number of additional tools that the MCO's are utilizing to come up with the person centered plan and the services requested are approved for the individual. They're not just based on - - capturing the process related questions but there are other tools in mind. If you have another tool that you would like us to take a look at , we can certainly submit it to us and we can look at it we are certainly able to improve the process. We recently had discussions with several groups about the limitation about functional eligibility determination . Certain individual have aggressive disease diagnosis . We know because of the disease process over time that these will continue to deteriorate and require more assistance and care. Those are some of things we have identified that - - . How we improve that process through additional training with the network , do we make changes to that tool? There are some things that we certainly looked

at in regards to ensuring that we can capture some of that data that may not be quite showing up the way that it is.

>> SPEAKER: I'm glad to know that you are open to different tools and we will be in touch with discussion on the matter moving forward, thank you .

>> RANDY NOLEN: Short. Sure. Any other questions?

>> SELLERS DORSEY: The next question comes from - -. Her question is Randy if there were 12,249 grievances statewide in 2020 , how many people received past services? What is the overall percentage of grievances?

>> RANDY NOLEN: If you go back to the 2020 slide . The next slide actually. Slide seven. It shows the grievances , 82% or 8600 grievances were based on past services. We are seeing the number jump up to 92% in the first quarter of 2021.

>> JAMIE BUCHENAUER: What she asking the overall total number of individuals that received past services?

>> SPEAKER: That's correct Jamie .

>> JAMIE BUCHENAUER: After that number would be reflected and I realize it's 2020 and 2021 are a bit different but those numbers would be on the service production slides . It's very safe to say that 99.9% of individuals that receive home and community based services receive assistance services, almost all of them do . We are between 105 and 110,000 individuals that receive community-based services across all three plans and of course numbers are probably going to be higher because people come in and our total number is upwards of 105 210,000 individuals. Does that make sense ?

>> SELLERS DORSEY: The next question is from - -. Why does the MCO director or decision-maker make productions without calling or crediting participants or their representatives? How can they determine health condition and potentially jeopardize their health .

>> RANDY NOLEN: It could be looking informal supports . In their notes they write up what they saw with the assessments and that is then submitted through the utilization management review into the MCO's to make final decisions on services. They are utilizing SC input on that . That's the whole purpose behind the multiple assessment tools that are being used by the MCO to try and determine services. I will put a caveat out there is a little more difficult to recognize the fact that telephonic assessments are not as good as safe space assessments because you'll see the person and their environment and some of the answers that you may get could be different if you could see the person face-to-face. We do know that there are some shortcomings with telephonic assessments but it's a process that we are working through. We are trying to work through that part of the process .

>> SPEAKER: I heard that question is why aren't individuals and their family members contacted before a service production is put into place? That's a pretty good question .

>> RANDY NOLEN: We have had these discussions with the MCO's. They have processes in place to notify persons and families that a reduction is going to occur . When the assessments are being done, the SC should be explaining this to dispense that there could be a change in your service plan and there could be an increase or decrease and no change in your service plan. That's a part of the discussion they should be having with Christmas when doing that is assessments. The MCO's should be notifying the participants that a

letter is producing the service or changing your service to this. That's part of the communication the MCO's should be having with the participants and their families before the letter actually comes out . We discussed a couple of years ago with the MCO's that I do not want dispense being surprised when a letter gets to their mailbox that their services are being changed. So they all work and processes to make sure there notifying participants up front. That is not occurring then certainly back to the MCO questions are back to us to listed in the issues.

>> SELLERS DORSEY: Randy, Cindy had - - face-to-face versus telephonic through September . I believe they are supposed be offering the face-to-face.

>> We put a clarification that is the person's choice whether they want face-to-face versus the telephonic. It's not the choice of the SC or the MCO . Over the summer we saw an increase of numbers across the MCO's with the percentages going to face-to-face and we were hoping we will continue to see growth but it has become stagnant over the last couple of months because of the increase in Covid cases related to the Delta variant . It seemed to be close to 27 the 20% that are face-to-face at this point . I think both PSW and UPMC is probably around 17 to 20% .

>> SPEAKER: Shirk my box of last meeting and out enough I got - -. Outside of the annual review, what would trigger an event to look at hours for these things. More specifically the hours I guess. Can the MCO's answer the question?

>> Outside of the annual assessment the agreement does require anytime there is a trigger event that occurs about hospitalization could be an exchange in the living situation they move, they lost their home from there could be a change in supports. Maybe about God providing informal supports. They need to reassess them. We do have trigger topics in the agreement that the MCO's must do assessments when one of those occur.

>> I understand the obligation but I would like to hear from the MCO's what the exact process step-by-step that they take to obviously reduce hours .

>> RANDY NOLEN: I don't know if you want to go through the rest of the slides Jamie , is that the best way to and handle this?

>> SPEAKER: I can wait .

>> JAMIE BUCHENAUER: We may have to because of where we are on the agenda and the MCO's will be next on the agenda after office of long-term living.

>> RANDY NOLEN: Now I'll turn it over to Jamie to talk about service coordination and advocacy .

>> JAMIE BUCHENAUER: Good morning everybody. This agenda item stems from the last MLTSS meeting. We had a lot of questions about service coordination and the conversation turned to service coordinators being an advocate. I hope to talk in the interim between the last MLTSS meeting and this meeting to get additional clarification. My question was really surrounding what exactly are you looking for the service coordinator to perform that fall and that advocacy with soever category. I'm not sure I got that clarification. We just provided information on service coordination. This information obviously is - - service coordination which is an administrative function and this is outlined in the agreement the community health choices agreement under service coordination . I actually provided a link

to that agreement below . You can see it highlighted in blue for anybody would like to go and read more about service coordinators and what service coordinators must do under the Community Health Systems program. The first thing I will say is service coordination is no longer a surface. It's an administrative function. Though service coordinators are actually employees of the MCO's or they are in contractual relationships with the community health choices MCO's. I know the last meeting a lot of questions around the service coordinators and their role in the fair hearing or potentially grievance process . Going back to the definition, service coordinators must inform participants of their rights and that includes a complaint grievance and fair hearing. And is this a fair hearing request when needed and requested. It is the duty of the service coordinators to assist with the fair hearing request. So they can help to inform the person about what they need to do It's not the service coordinators role to represent the birds but in the fair hearing . They may be called as a witness by either party but the service coordinators are - - it is not their role to represent a person in a fair hearing. It is their role to inform and educate and assist but it is not their role to represent . So just to sum up their duties include education and facilitation . Trying to think more about what we have heard just generally, and I think this goes and we have covered some of this on the previous slide , we have been asked if service coordinators can advocate in a hearing. Again, the service coordinator can assist with the fair hearing request and inform the person about the rights and they can be called as a witness by either party . Asked if the service coordinator can advocate with the MCO, the service coordinator is an employee or contractor of the community health choices MCO. I think there is a conflict there if they are acting as a participant advocate meaning advocating for a certain position or advocating for the participant during a fair hearing process. I know the other question that we got I think at the MLTSS meeting is who can assist the precipitants to advocate for themselves if they experience an adverse benefit determination . Please understand that obviously everybody that receives an adverse benefit determination because due to a service reduction over a service denial does get a notice. There are legal aid contacts and is pertinent to wear that person lives they can always refer to their friends, families and others that the presidents chooses . That's obviously up to the participant. The other suggestion, and I know all of those notice but independent living programs are obviously one of their core functions is to provide advocacy on issues and individual advocacy's. To the extent that CILs has that ability they can provide the advocacy services. Another group wanted service coordination and advocacy to be on the agenda without knowing exactly what the group wanted to talk about , I try to outline what I heard some of the questions to be and provide clarity to some of those. With that I am open to any questions that the committee members or others have .

>> SPEAKER: Quickly my first question would be , and I appreciate what you are saying about CILs and one of the service they provide advocacy, however we are not in touch with every recipient that is receiving participants from and MCO. They can't react to reach out to every member . Someone had to reach out to the CILs if you follow .

>> SELLERS DORSEY: Just a reminder can folks please reminder to say your name when

they are speaking .

>> MATTHEW SEELEY: Sorry if I did not, this is Matt .

>> SELLERS DORSEY: Jamie I think you are answering .

>> JAMIE BUCHENAUER: I was agreeing with Matt. The parties that would have to reach out.

>> MATTHEW SEELEY: What there is an issue right there. On top of that from what your slides in a minute ago on the service cord education , facilitation to consider education to include the options of the consumer would have in this process. In explaining how those would play out .

>> JAMIE BUCHENAUER: Yes .

>> MATTHEW SEELEY: Okay .

>> SELLERS DORSEY: Any other questions?

>> GERMAN PARODI: Thank you Jamie. For the presentation , if you are recommending CILs as well as legal aid than I do not believe that information is within the packets that consumers receive through the grievance process. That may be a way to inform consumers . Secondly specifically to service coordinators , I mentioned earlier that have been assisting my mother through this process twice in the last year and a half . Two points . Twice she did not receive a call during the grievance time. The first time it went through and she did not receive a call. We did not call, we know that was an option. But we did not receive a call and I went through this time within the last month . 10 minutes into the time she was supposed to be called she did not receive any call . We call the number in the paper and they answered and she was able to participate. Just why she did not receive a call during the grievance process time she was supposed to . All this information is in English . Now secondly, twice during this process , the explanation given and this lifetime verbally - - annual assessment that the service coordinator performed . When we afterwards checked in with her coordinator she had no changes prior to putting the changes. The service coordinator who is putting an end pointing the finger to make this assessment , if that is where - - may be and lastly third there was no understanding that the service coordinator could be called . Ken then there be a guidance on how consumers can call in their service coordinator afterwards? Does it have to be prior? The service corner to receive an invitation from the grievance committee 2: ? Lastly in this meeting as I was cleaning my second point , if the grievance committee pointed to the service coordinator when they are being caught by a witness perhaps for the consumer and they say I have made no changes , they may put the situation in a bit of an awkward situation.

>> ALI KRONLEY: German, if you can send information about your mother's case and we can look into it here at the office of long-term living , I do not know your mother's name and I don't know the MCO . We would need to obviously check all of those things out for any of us to comment on it.

>> GERMAN PARODI: I can do that although the grievance process - - . I doubt very much that this is only my mother circumstance . I'm informing you that if service coordinators are to be called as witnesses, please inform consumers of how to ask for a service corner to be a witness . That information is not available. I can also connect you with colleagues at liberty resources for the list of persons were having this very similar issue.

>> MATTHEW SEELEY: If I can follow up on what German is saying here, traditionally service corridors before the introduction of managed care, a lot of consumers receiving services from OLTL relied , that could be a strong word but something like that , on their service coordinators to help them through these processes. Now I understand that service coordinators helping them is a topic of interest or at least the department use it that way. I really must ask again what is the alternative ? If the list of participants will not be shared with CILs we can walk down the street asking people if they are in the program. What if someone in the program supposed to do? Who do they seek out if they are not affiliated with CILs who is to help them through this process if they are not equipped themselves to handle it?

>> JAMIE BUCHENAUER: Let me just clarify, service coordinators can assist the participant with the process . They can assist of respect by filing a grievance and answer any questions that a person has. They can do the same for our fair hearing . They can explain the fair hearing process and explain with attorneys to do they can explain the process and will participate on behalf of the participant and the community health choices MCO . They can explain and inform. They cannot make decisions on behalf of the party spent and they cannot represent the participant in the process. My understanding is that a service coordinator can never represent the person in the process.

>> MATTHEW SEELEY: While the makes sense represent, my question is more about .

>> JAMIE BUCHENAUER: They definitely can inform and answer any questions that the participant has. They can walk the participant through the process so they know step-by-step what needs to happen when. They cannot make decisions and cannot represent the participant. They are educators, informers and a sisters. They assist .

>> MATTHEW SEELEY: I understand that the where we are assuming there is a standard level of , I don't want to get into competency and stuff like that but a certain bar of knowledge that people have about their system , I think we're really overestimating the knowledge base.

>> JAMIE BUCHENAUER: I can understand that and that is why we obviously refer people in the benefit notifications to a legal aid Society . If they want legal representation and they want someone to act on their behalf , they should be comforting legal aid . That is why the department and the Commonwealth fund those legal aid associations to assist participants . If they need more help than a family member or a participant can act on their behalf than they are free to contact other people. We give them the information to do so. The service coordinator can assist with that and explain that but they cannot act on the policeman's behalf .

>> MATTHEW SEELEY: While I agree with that and that sounds great for someone like yourself and myself will have that knowledge, I worry that what you are suggesting the sound really ominous.

>> JAMIE BUCHENAUER: They can ask a friend, family member or whoever they feel comfortable with to act on their behalf . The president may need to give the written consent but there are others who can act on behalf of the Pacific . I understand the situations you are trying to think about. If I have a mother who has dementia, I asked her

daughter have the written ability to make decisions and act on her behalf if I do not agree with her services. Definitely. That's Odyssey not the role of the service coordinator to act on behalf of the participant or to make decisions on behalf of the participant .

>> MATTHEW SEELEY: That is why I am trying to dig into competency issues. Not anyone that they have dementia or some kind of debilitated mental function, whatever you want to call that . Somebody that doesn't have a daughter, son, and uncle. What if you don't have a support system? I myself have no one. I will have a mom down the road . I'm always myself as an example. I have somebody two hours away .

>> JAMIE BUCHENAUER: Totally. I to questions all the time from friends, family members, acquaintances when they understand they have something to do with nursing facility services or in community-based services, I answer a lot of questions for individuals . I told who to contact , the resources available to help them , who the need to go to. Anybody can help anybody . It's not just family members and I'm assuming people all have friends and acquaintances that they can refer to . They can contact the office of long-term living there looking for somebody to talk things through . We are here as a sounding board and refer them to resources . The service coordinator like I said can educate and assist . Obviously if a participant is looking for help, the service coordinator can refer them to others who can help them make those decisions and legal aid societies. That's not the role of the service coordinator and never has been to make the decision for the participant. Or to act on the policeman's behalf.

>> MATTHEW SEELEY: You are saying that OLTL, someone from - - can contact OLTL .

>> We field many questions from Brisbane to Kabul questions and if you're looking for somebody to act on their behalf then we can definitely refer them to organizations who can talk your issues with them and help them make a decision and advocate on their behalf .

>> MATTHEW SEELEY: Is that made clear anywhere?

>> JAMIE BUCHENAUER: We have a participant line that we widely publicized. If there questions or complaints they can call the office of long-term living you can request a paper copy , information is available on the website. Always match and the people unveiled themselves as they should but we have the research and referral tool that is for older Pennsylvanians and Pennsylvanians with disabilities . That's a very good resource in terms of getting general health and asking questions. I'm banking on the name now but as the resource and referral to from the Department of aging. . The aging and disability resource Center .

>> MATTHEW SEELEY: I assume the answer the questions going to be no but would OLTL or the MCO's be able to share a list of the people have grievances and have some to advocate on their behalf? Were they able to share that with Center for Independent living?

>> JAMIE BUCHENAUER: I do not know if we share a list of individuals. I am thinking that would be a couple of violation as we would be referring and disclosing information about a participant's services and advertisements names to an outside organization without the consent.

>> MATTHEW SEELEY: I figured you would say that so my question is how can we connect

some of those , how can you connect some of the people with CILs's were not already affiliated with them .

>> LUBA SOMITS: If I could just interject here, if you're talking about list or support, that is why the ADR see were established. To answer your question and excuse me for interrupting , I think the ADR see is an excellent way , Jamie I'm glad that you brought that up for information to be provided to a participant where does not have the legal term to it but one that is there to help them with information that they need with whatever they are asking for. I want to make one other comment here , as far as service coordination and please correct me if I'm wrong but when an individual enters a program, Medicaid program , there is a legal element to it. To say there is not a legal element I don't think that is correct either. If they are hearing notice identifies information about the process which is a formal process . It can result in a very legal type of process as well. I think that's important for all participants in the Medicaid program to understand that and that is for when they first apply for Medicaid. It's very important from the time they decide to be a part of the program that they understand what some of those things are and those resources for them to understand that are very important. The service coordinator plays a very important role in that. Here again if service corridors provide information about legal aid services and any other type of service that they need , that's all part of what they should be doing and all part of the education facilitation that the service coordinator is expected to do. The information is out there, it's a matter of where the individuals comfort zone is to access that information. The legal aid Society has information as well as the agency on aging.

>> MATTHEW SEELEY: I appreciate that. As an attorney I know there is a legal process for everything. My statement was that the legal process could be ominous for these consumers.

>> LUBA SOMITS: Hopefully the support of the service correlator will help them make that connection and whatever format the president wants them to be .

>> MATTHEW SEELEY: We know about helping in one hand and something for the other. Thank you for the answers .

>> SELLERS DORSEY: You have about two minutes left to other any other committee questions?

>> SPEAKER: The obviously elephant in the room is the service correlator is clearly the conflicted position when he or she is employed by the MCO. If you send somebody in to do an assessment for services that are to be paid for by his or her employee then there is a natural conflict that simply cannot be denied. In the public sector, my recollection has always been that the appearance of conflict in fact is conflict. Either we recognize that there is conflict in place and find another way to deal with it , or we find ways to detach that conflict from the service coordinator position .

>> LUBA SOMITS: Thank you for that comment. Are we able to take another question at this point? Pat?

>> SELLERS DORSEY: We can take maybe one quick one. Anything else from a committee member?

>> LUBA SOMITS: I have a question. Randy, this question would be for you in the process. You had mentioned that there are times - - go look at new information. There's information that included at the time of the assessment, is the added on orders that trigger another assessment? I guess I'm asking why have a grievance if the information is being provided and we can avoid all these processes that make people very anxious etc. and I can take a long time ? Is it possible that there is another assessment that can happen to be looked at and see if can result in some type of change and what the decision was previously.

>> RANDY NOLEN: - - More information to the MCO to say use my service . If that information before hand that they want to present to the MCO and asked MCO to consider that and certainly the MCO can do that but the agreement is the formal process to allow participants to have their voice heard in this process . Certainly if the person goes to the MCO and says I don't think the assessment was done correctly, I am requesting you do a new assessment then the MCO has to honor that. They would do that you assessment. The person can do that all the way through to the fair hearing process. One of the things that - - tried to do was encourage the party to resolve the case and the issue before it comes to a formal hearing. They will encourage the MCO's and placements to mediate before the hearing to see if they can resolve the issue before it goes to a formal hearing. Along the way there is processes for the placement to request that type of situation.

>> LUBA SOMITS: That would be part of the education facilitation at the service correlator would provide .

>> RANDY NOLEN: If they could explain the whole process to the individual, at the service coordinator says your services are being reduced from 80 hours to 40 hours and the person says I don't understand why I still need assistance to do this , I don't think the assistant was run appropriately and I would prefer not to do a face-to-face assessment versus telephonic assessment that certainly they could do that and try to go through a face-to-face assessment and hope that it resolves the issue . Knowing that they go through a second assessment and still get the hours they want this to love the opportunity to grieve that .

>> SELLERS DORSEY: Are you ready to turn it over to the - -4 the presentation too then we will address Matt's question ?

>> That would be fine thank you .

>> SELLERS DORSEY: Meredith you want to switch over. We are starting with Pennsylvania health and wellness and I believe - - is going to present for PA health and wellness .

>> SPEAKER: I believe for this part it will be Jodi from our team .

>> SELLERS DORSEY: I apologize. Do we have Jodi on ?

>> SPEAKER: She said she cannot unmute herself .

>> SELLERS DORSEY: I do not see her. She happened to sign in under Anna too ? Okay, Jodi? I see two people with Anna . Jodi?

>> JODIE: Can you hear me okay?

>> SELLERS DORSEY: Yes .

>> JODIE: Wonderful, I cannot unmute myself thank you very much. Thank you for the opportunity to talk to you all today I appreciate it. What I'm going to present here in this

slide is the pH WH CBS Survey or the consumer assessment survey of their satisfaction for service coordination. These are the 2020 results . The categories are the service coordinator is helpful where pH W scored at 88% . Informationally for you that particular measure is a bundle which includes a couple of questions such as the British spent can contact the service correlator when they need to , the service coordinator worked with them when they were asked for help . They were able to help get or fix equipment . That was a part of the next slide . Could contact the service coordinator when needed. The service coordinator works to get other changes to services and the service coordinator got or fix equipment. 90% from 86% and 89%. Again, our goal is to continuously improve but those are consumer survey results for 2020. The other agenda item, should I continue to talk or do you want to walk through the Survey first?

>> SELLERS DORSEY: No, if you want to go ahead and talk about the question had around the process works .

>> JODIE: As that for the denial process for nursing home transition ?

>> SELLERS DORSEY: No .

>> JODIE: My apologies, what I have prepared talk about were some best practices and a couple of stories that we had from PHW to share. With that be helpful or is it something else? I can do whatever you want .

>> MATTHEW SEELEY: This is Matt, for my question I am really asking if you are going to redo someone hours by five or 10 hours whatever it is , what process does your company use to do that? Prior to the grievance process .

>> JODIE: What is done is that there is an assessment done , there is a pause period for the MPO and the annual assessment or a trigger assessment . - - Is completed and by each specific service for each of those activities , hours are assigned equitable to what the support needed is . For example dressing themselves , eating, transferring, toileting etc. That information is received by Pennsylvania health and wellness. It is reviewed by a medical director . The medical director will make a decision regarding a reduction , a partial reduction or an approval . If there is a reduction or a partial reduction that is done , then at that point a letter is sent out to the participants home . There is that written notice and the written notice includes all the components that were highlighted by Jamie earlier regarding the participants complaint and grievance rights . The assessment itself in my apologies for backing up is documentation within the PCS P regarding informal support and other social supports formal and informal that may be available to the participant. That's part of the overall consideration . The place where the person is cognitively , their safety generally etc. That's all a part of what is presented to the medical director for decision-making. The denial notice will be sent and after about two days from the time the denial notice is sent out , and in order to allow enough time for the placement to receive that notice , they will receive from pH W a phone call to review the notice , first of all to ask have you received the air would like to review together? Talk about the decision itself and talk about also what services have been approved. Making sure not only to clarify and answer questions about what may be reduced , partially denied or denied . Also talk about what is approved through that process if the person shares information about wanting to initiate the

grievance process . And they will be formally asked if they would like to initiate the grievance process . Immediately with a soft transfer, that call is transferred to someone that can help them including an offer of help to put their grievance and appeal into writing for them . To be able to do that for them as a part of the service that we offer to them. When that occurs, the hours or the service that is in place that has been denied or reduced will remain at the previous timeframe will not change until the grievance is exhausted. Until that time frame the grievance process is exhausted and the grievance decision is made . After the grievance decision is made, there is an opportunity to further appeal or request a fair hearing etc. from at that point no change will occur in the decision or the hours until the entire process is complete.

>> SELLERS DORSEY: Jodi this is Pat from Sellers Dorsey can you clarify what MPO means?

>> JODIE: A new participant orientation so when someone is brand-new .

>> SELLERS DORSEY: Thank you . I apologize also we were asked to share any best practices or success stories .

>> JODIE: My apologies we were talking together about possible things that you would like to hear . That's where that came from. Happy to talk about anything that you wish to .

>> SELLERS DORSEY: Because we have 45 minutes to give all MCO time maybe we can present to - - and if you have time at the end we will circle back .

>> SPEAKER: Can ask a quick question first? This is Mike Grier, I was wondering what is the sample size in your survey number?

>> JODIE: I am not sure but I will follow up with you .

>> SPEAKER: Great, thank you .

>> JODIE: You are welcome.

>> SELLERS DORSEY: Thanks Jody. Let's transition over to Amerihealth .

>> MISSY WEAKLAND: Good morning everyone. If you go to the next slide please. What you are seeing on the screen is that Survey results for 2020. Jody did a good job of explaining the questions and what all is involved with or is grouped in with those questions . I will repeat everything that she said . Just wanted to highlight that these are the result in 2020 and in spite of a challenging year with the Covid 19 pandemic and the uncertainty and changes that brought, the service coordination team as a whole worked tirelessly to increase communication channels to the persistence to ensure that they were able to have their needs met and that service coordinators will be reachable and able to assist them with their needs. As you can see it from the 2020 satisfaction results, participants felt supported by the service coordinators as they were helpful and able to meet their needs whenever they did call . Even to the challenges we saw staff arrived to the level that was necessary to continue to serve the participant. You are also asked to highlight best practices in assisting placements with appeals and also an appeals success story or what the service coordinator. One of the best practices that we have with the service coordination team is making sure that the service coordinator understands all the levels of appeals . We have developed a job aid that was a step-by-step job aid that enables the service coordinator to quickly navigate to the level of appeal that a person may be requesting to know exactly what the next steps are for that appeal . This includes

telephone numbers including - - numbers that a person can use to file the appeal as well as addresses the case that needs to occur in rating as a percent is now the call. The job aid also outlines the time frames in which to spend have to appeal including the timely appeal time frames and the appeal time frames for the participant has been issued a reduction in services in order to file an appeal to keep services in place through the appeal process. We found that having that in writing in step-by-step for the service coordinated is best practice. Another best practice that we have incremented in order to assist or dispense with appeals is we do call the Pistons after an adverse decision is made whether it's a reduction or a denial. That call is made by one of our utilization management technicians . At the end of the call to notify the placement of the adverse decision, the technician offers the participant the opportunity to be warm transferred over to our appeals team in order to begin the appeals process right then and there. That is served to be best practice because sometimes the translator is already on the line and can help with filing that appeals process when the one transfer occurs. As far as a success story with service coordinators assisting with the appeals process , generally a very good overview of how the service coordinates can assist with the process . They do outreach up dispense and make sure that they are aware of all opportunities that they have to receive assistance through the appeals process . The service coordinators assist in every aspect in which they can including linking dispense to advocacy groups if that is something that is requested or even the service coordinator might feel it would be beneficial to the per spent with the president's permission of course . Also dispense are aware of their ability to outreach the Pennsylvania health project which is something they can learn from the service coordinator and it's also on the decision letters that are mailed out. We did have a situation where a service coordinator was walking through the decision letter with the per spent and the participant had English as a second language . The service coordinator was already on the line with the participant going over the information on the letter . The participant needed the translator and the letter was translated for the participant as well . Because the advertisement was discussing and I desire to file the appeal they get member services on the line - - fully what was being explained and answering the questions in order for the advertisement to file for her first double grievance request . That highlights the steps - - in the appeals process . Now I want to transition to Matt's question and he asked for each MCO to go over what process he used. You clarify that you want to know the process that we go through prior to the grievance and that is what I will focus on. You will find that our process sounds extreme is similar to the process of Pennsylvania health and wellness outlined. The pretty cement does go through the assessment . For a triggering event , and annual per spent changed MCO's for a change of the person centered service plan. Along with - - being completed other assessment tools are also utilized in order for us to get a full picture of the dispense current needs. As well as how the needs are being met. They can be formal or informal supports . That is all documented in this third person centered service plan. The person centered service plan and assessment is reviewed by our long-term services and supports utilization management team . The questions that are asked of the policeman to outline exactly what this is and they knew their tasks and how long it takes for the tasks . That was

used in the review . That could be the care plan has increased or decreased and the present received a call from a utilization management tack as I mentioned earlier as a part of a best practice for the utilization management tech verbally notifies them of the adverse decision and that letter will be forthcoming in a mealy office assistant and filing the appeal . If there is a situation in which a reduction is issued, we are also making sure the provider is notified verbally as well as to our notification with the authorizations. A written letter is also sent on the person's primary language . The service coordinators being aware of the decision and the service coordinator falls over the per spent . □ Locating on the letter the information had to file a grievance and how to access the assistance of the Pennsylvania project , community legal services need to be on there as well, that way they are able to reach out and secure an advocate if they would prefer to do that . The service coordinator outlined to the participant what to expect as far as that first double grievance . By accessing and referencing the job aid that I mentioned earlier in order to adequately communicate to the present what to expect . I just wanted to see Pat if he wanted to go to UPMC or if there is a pause for questions .

>> SELLERS DORSEY: We will see if anyone has any questions or community members have questions . We have about six minutes before we need to turn to the Mike .

>> SPEAKER: At just wanted to learn the size of the survey and the number up dispense speak and I don't have an exact number for you. The goal is to send out 1500 and we are reliant dispense to actually complete the survey . That 1500 was by zone .

>> MIKE GRIER: Okay, so it's random but you don't have any idea , 10% , 5%? Having people participate in it .

>> Around 25% completed a survey .

>> MIKE GRIER: Thank you .

>> MISSY WEAKLAND: Sure.

>> SELLERS DORSEY: Any question by committee member or anyone in the general audience ?

>> MATTHEW SEELEY: I have a question but I will wait .

>> SELLERS DORSEY: Okay thanks Missy. I think we can transition to Mike Smith for UPMC .

>> MIKE SMITH: Wyoming jump to the next slide. We will speak to the service coordination - - represent what UPMC is doing . It largely is the same process share with our utilization process which German you are referring to as the medical review board. It's really utilization management reviewer that takes care of this process and look at all the information. Out of that process, the UM calls overspent with a determination. At the same time there providing written notification and notifying the service coordinators from our electronic health record that the present adverse determination has been made . I want to say one thing is comfort people were reduction is necessarily . We can reduce and increase plans on a regular basis. On average one in four of our planes is actually a decrease versus most of our plans, three quarters of our plans . That's something that I wanted to mention here. As we contact the participant and on boarding training around this, annual training and ad hoc training is needed . There may be misunderstanding a long about any of the aspects that might be occurring . After the member services connection which is really

important, we will get into a quick sort of example of how they were using a particular circumstance . They are really there to be that record of the information. That's why the little road there with the trees is really representing the fact that all roads lead to member services as a term of this information. We are accurately recording on what the president is concerned about in terms of the adverse determination and what they want to put down on the record on their issue and make sure they are capturing all of that. It's not that UM team collecting it or the CMG folks of complaints and grievances team to ultimately get the complaints and grievances. Dammit the one capturing this . Although they will take additional information is being discussed before on this call. They'll take additional information entered that the consideration at the grievance team meets with the president . So options. Just wanted to show out there that there is the UPMC hearing and appeals complaint in grievance process. There is also an external reviewer which has been mentioned in the previous slides and discussion today. Those external reviewers can be asked is a follow-up and an example will follow up how this person actually had an external reviewer and went through the entire process . Those are some of the options down at the bottom of the slide and off to the left other resources to Mike! That people have available to them. Not listed is the OLTL hotline if they want to call that. Certainly we take them back to member services if any assistance there and it is our job when the service correlator calls is to walk through these options and explain to the president about the adverse determination and what the process is in the event they want to act on that. This is really the assistance that is provided and in an unbiased way for the participant to really show to get to the point where they understand the process. I will give you a good example of this . We had a service coordinator who had contacted a participant who had an adverse reaction and determination about reduction services. What they did is they explain the letter they had received and the recommended number of hours and differences. They also spend the process of appeals noted that the hours - - appealing the process to do so . The per spent actually said to them that they are misinformed and misunderstood the letter of how the appeal it they would get the decrease . Our service coordinator spent time reviewing the hours recommended or the hours that were to be continued and had hours are going to be continued and that is called continuity of care or continually of care. It literally helps them as you heard Missy say the best practice is to lustily one connection there right? We can explain we will get you in touch to help you to this process . Navigating for the person the providing that assistance so they do not have questions or concerns about the process . The SC then explained that the call itself would probably take some time because member services rep is going to try and understand and make sure they capture your statement correctly and that we have all the information explained well when it goes to our grievance process. They also encouraged the president to use short phrases, explain why he or she wanted the hours reviewed and the circumstances. So the person needed anything and they were stuck in terms of what had been - - the service cornucopia back on the line and explain or help them get unstuck so to speak as they were working through the actual explanation of their circumstances. We also have circumstances where we run through the process and had an external review . The UPMC grievance process

upheld the decision with continuity and care in place with services still being rendered . This went on to an external review. The policeman was surprised that during the external review , while they could afford the opportunity to provide information on the external review they were not included on the call like they were with the grievance process that UPMC operates again, in that process the decision was upheld on the external side of the work the resistance to make sure they had and understood that there was still a fair hearing process that was available. During this time, the president actually had a change in their needs and was having difficulty accessing their primary care physician . Our staff help with setting up transportation for that. The PCP information indicated the change in medical condition which was considered prior to the hearing and resulted in an increase in services with the change in the business condition . That was based on a reassessment. We would want to do that because we want to get it as accurate as possible to reinstate those services. That is our process and a couple of examples of what has occurred with regard to a couple of case examples I wanted to provide today . Any questions beyond that?

>> SELLERS DORSEY: Any committee member questions? We have nine minutes .

>> MATTHEW SEELEY: I have a quick question but is not directed solely at this MCO .

>> SELLERS DORSEY: Go head .

>> MATTHEW SEELEY: So I'm going to assume that most doctors of these review boards are primary care physicians . Short of spending time with the participants how they affect the daily life - - is a doctor there were two disabilities and help that person manage their life and disabilities and those kind of things. How can primary care physician □ maximum stability?

>> It's a really good question . At UPMC we actually have grievance review panels that occur on a weekly basis . Basically a case study is presented . It's led by our medical director who works with the CHC product side of the house . Probably on a quarterly basis I am brought into those meetings and we review any kinds of questions that they have or concerns about documentation or how we are representing or what we need to add to the information you're sharing with them. We actually made improvements and data collection based on those conversations. As a best practice having some kind of feedback loop is really important. Our staff are represented through those meetings . We also have regular meetings about service coordination teams . I believe those meetings are monthly at this point but at one time they were biweekly so they can work through getting through more of a steady-state with this. I agree that there can be some position , the differences in the types of positions that do these reviews , it is a broad spectrum so it's not all primary care but some folks are internist and other things that do this . In general, we are working to make sure that we are educating them on this process , on services and providing them with the information that they need to help with the decision-making process so I hope that helps .

>> MATTHEW SEELEY: It does but use myself as an example, again I have a primary care physician. I'm not in an MCO but I've had her for five or six years . She takes my word for it . I would consider to be on my side . I would think some people consider the doctors not on their side if you follow. There is definitely a learning curve I would think with dealing with

disabilities and these kind of the of the impact of disabilities. Thank you for your answer.

>> SELLERS DORSEY: Matt it sounds like you like to have the other MCO's answer so we can go back to Jodi for pH W .

>> MATTHEW SEELEY: If you could address the type of doctors like Mr. Smith did .

>> JODIE: Are physician specialties very. Our acting Chief medical officers and - - all of our documents also practice at a certain percentage of time during the week so they are seeing patients regularly in one setting or another . They also depend on the person centered service plan. In all the documentation that is made about what is observed with the participant and what their needs are and with the environment , that documentation is considered in total when the medical director is making the decision . I agree with everything Mike has described and I would add that.

>> SELLERS DORSEY: Missy ?

>> MISSY WEAKLAND: Similar to what Mike said we are meeting the appeals panel physician on a regular basis to talk about case examples as well as documentation areas of needed improvement. We are fortunate to have our clinical staff led by a physician who has a number of years practicing in all TSS environments in other states. She has brought a level of expertise and training and understanding to our position panels which has been much appreciated.

>> MATTHEW SEELEY: Thank you all three of you .

>> SELLERS DORSEY: Any other committee member questions?

>> LUBA SOMITS: I have a question for all three MCO's. All three of you have mentioned your competition with the participant . If you clarify whether or not that is when when you discuss the most important question about the services and whether or not they hold onto the services of the present level until a decision is made one way or the other . At what point in time to basically know they can keep their services at the same level until a decision is made?

>> SPEAKER: I mentioned that in my case example talking about continuity of care .

>> LUBA SOMITS: To the first conversation, okay. Are they informed about what they would have to do in order to formally request that? Does that happen as a result of that conversation?

>> MIKE SMITH: Once the appeal is filed they don't even have to ask for it, it happens. Once the grievance is happened that's an automatic notification. Our system actually notifies staff to not make any changes in authorizations .

>> GERMAN PARODI: This is MLTSS German . Your specific question I can share that through PA health and wellness , the two individuals that took my mother's grievance informed her that her services would not change at the moment the grievance was being put on . What I'm hearing overall is that there is no universal grievance process . This grievance process should be very replicable or are we agreeing that each MCO can have more control of the grievance process ?

>> MIKE SMITH: I will take a stab at that German and Mike . I will say that the process we describe is pretty consistent across the three MCO's. I do know one of the things that will occur , we have put the 15 days for the appeal to come in out even before the state had

offered it. I know we added another day onto that when you're having to submit that letter late in the day and we know it's not good to get out in the mail. Barring something like that where we are all on 15 day clocks , what you are hearing is pretty consistent among the three of us. We call from our UM departments, we provide letters and have a season follow-up and refer to our lines to capture the actual appeal. If I'm saying that wrong to anybody on the other team let me know . I heard a very similar process .

>> GERMAN PARODI: Mike and the other two MCO's, if you could provide data during the grievance hearing if you will , many consumers are participating or being called up to participate in the grievance process. Like I explained earlier , twice we did not get calls .

>> MISSY WEAKLAND: Hi German, to answer your question I don't have data sitting at my fingertips right now but I can tell you from the experience in working with our grievance committees , a majority and a very large majority of the grievance that occur include the participant and/or the representative.

>> JODIE: I don't have the statistics down but I will follow up with those along with the statistics that you requested and I also agree with the comment made . I believe it's the majority . As closely and to the process I understand that it is often times the participant or a representative or both. I agree.

>> SELLERS DORSEY: We are at 12:17. Do you want to move on to the additional public comments?

>> MIKE SMITH: Can we go back to my slide deck because I have one more slide .

>> SELLERS DORSEY: Sure, very quickly Mike I am sorry .

>> MIKE SMITH: I will but is very important that we get this out in front of the team here . We had talked about in June our service coordinator today are very helpful to folks. They are getting things done . As much as we have heard from time to time that they are hard to connect with we are seeing that they are connecting . We work to get the changes that are needed and provide the information necessary to help participants . I do not want to leave the call without being built he said out loud to members of this group . We often think about the negative aspects of this we are a couple of stories when we do nice work but those are a couple of stories we probably have hundreds of thousands of them are we work with participants. The sample, the Survey points in a positive direction on this. I will say one other thing and turn it over to you Pat really quick. Our Survey was nearly 100 participants never ultimately interviewed. That's a nonbiased random sample process that to us speaks to where we need to work on things and we have talked about where we need to work on things with these calls and how we can improve but also where we are doing things that are pretty darn good. I know you have some questions about the sample size , what I remember if that is about 800.

>> SELLERS DORSEY: Thank you and with that we will turn to the additional public comment. I do have quite a few comments from the general public and we will work our way down through those and if time allows the end any community members have additional comments. The first question comes from Katie worth . How long earth do you expect to do an accurate and fair assessment of an individual telephonically ? I don't know Jamie if you want to ask the MCO's talk about how they would try to do as best they can

given the telephonic assessments .

>> JAMIE BUCHENAUER: The only thing I would add that is that is the participant's choice. The assessment should be done face to face . If the person due to Covid does not want someone coming into their home or they don't want to meet that person out on the lawn to do the assessment , they will be offered the telephonic assessment and can complete the assessment telephonically but face-to-face should be offered first and that is the preferred method of assessment .

>> SELLERS DORSEY: Thank you. Do any of the MCO's want to speak to any special training or input you have learned to improve the telephonic assessment?

>> SPEAKER: This is charity from pH W and I would add that there is also an offer for summer dispense do except if they refuse the face-to-face assessment due to Covid . We will also offer a virtual visit through resume or FaceTime that we can schedule with them and work with a caregiver or a family member to help them to coordinate. Which is helpful to be able to visually see them . The questions within PCS P can be answered with the assistance of a caregiver , family member in the home and the precipitant can choose if they want to do that or have someone be able to attend that telephonic review with them . That is just some additional information.

>> SELLERS DORSEY: Monsieur Mike anything you like to add?

>> MIKE SMITH: Those are really good points that were made. The only thing I would add is that we have the ability and offer first want to hammer home the fact that we want to see people face-to-face never possible . There is the question don't change whether you are face-to-face or in person. Reflecting the same information and we are looking for that collateral if someone else in the home and can help and go to the process that is great to add some context to things. We also offer a video visit we can actually be face-to-face with somebody through their phone or tablet we can send them a link and they click on it and they can engage us . Those are additional points I want to throw out. Thanks .

>> MISSY WEAKLAND: Thank you. Jody in my cover a lot of the points. No intimation of dispense understand that the assessment process is lengthy. We want to make sure we are budgeting enough time only set up a bit visit so that is spent is able to be available to answer the questions or if needed be made to chunk it up into smaller calls if it is too taxing for the person to be on the phone that long . Thank you.

>> SELLERS DORSEY: The next question is from Amy - -. Regarding the service plan reduction data number one. If a person appeals the service reduction and continues to receive benefits pending the appeal is that reduction included in the data while the appeal is still pending? If you want to answer that it's actually three questions and we could do them one at a time .

>> JAMIE BUCHENAUER: My understanding is that the service production data does not include any reductions to the service plan where a grievance or fair hearing is pending .

>> SELLERS DORSEY: The second question is how do you determine the service plan reduction? For example if a person has a cut but the service plan at home meals is not considered a service plan reduction? What if a person is getting nothing and is - - is that a service plan reduction?

>> RANDY NOLEN: In the first example when somebody's path is part of your customer service reduction . The second one , it would be a service reduction because of the change in services. If you are in skilled nurses and the hours are being increased and obviously you have a reduction in the skilled nursing.

>> SELLERS DORSEY: The third part of her question is at the next meeting, can you provide data on the number of reduction notices issued by MCO?

>> RANDY NOLEN: I think we can certainly have a discussion of what we will present on the next meeting and we can add that to the list .

>> SELLERS DORSEY: The next question is the number of grievances reported are significantly higher than the reported reductions. How do you reconcile?

>> JAMIE BUCHENAUER: Randy did you want me to enter this? I am sorry. I think - - answer this question and I asked the very same question. I think you can see that we have a number of reductions that are continuing or in the continuing of our appeals process. They may be obviously in the grievance process or in the fair hearing process and the service reduction is did not take place. There is also obviously, we note to the grievance process that there are decisions made that are in favor of the participant and obviously at times are decisions made during the grievance or even the fair hearing process where the decision is made . So the participant has 60 hours, the plan said 40 and they come to an agreement of 50 hours. There are various positions that can be made during those processes. But you are right, obviously there is a number of cases flowing to the grievances hearing process that are not reflected in that service reduction number.

>> SELLERS DORSEY: Thank you. The next question is from Ford Allison. Seeking clarification, the service plan reduction aligned data is for all individuals who had a past reduction or for all individuals who have any ACS service reduction? It's the service plan reduction slide .

>> This reduction of all services which is why we look at the top five. Most of them are paths but this is reduction to any service plan based on the MCO after readjustments. Most of it is past but other services are included.

>> SELLERS DORSEY: Okay thank you. The next question is from - - who asked to be an muted so I am muting her .

>> SPEAKER: Can you hear me now?

>> SELLERS DORSEY: Yes I can .

>> SPEAKER: So I agree that service coordinators were never to be decision-makers . Their function is support. If you have never been through an appeals process , even those of us know the system well know how frightening it is to have someone challenging the needs that you have and having to be faced with defending yourself. Service coordinators should serve as a function of the court through that process . I understand that CILs and agree wholeheartedly, that CILs should serve as an advocacy role however, there are 17 CILs statewide with an average of seven independent living staff each versus hundreds of service coordinators statewide. How are CILs supposed to be able to meet the needs of 12,200 people who have filed grievances? The third, I will like to make is people with disabilities never wanted service coordination or the NHD process to be an administrative

function . A request on behalf of people with disabilities that in future contracts we eliminate this conflict because NHD as it stands right now because of in a ministry function does not have an appeal right . When consumers are told they are not a candidate for transition , what is the state's obligation under the Olmsted plan when consumers are denied the opportunity transition? Could this be a violation of the Olmsted decision?

>> JAMIE BUCHENAUER: Just for my education because obviously I am new to the office of long-term living , prior to the implementation of community health choices , was nursing home transition and appealable thing ? Do you appeal nursing home transition ? Was it decided that the entity was going to discontinue the provision of NHD to our participant?

>> SPEAKER: Yes you could because it's a Medicaid funded service that was appealable .

>> JAMIE BUCHENAUER: My understanding that it was not a service .

>> SPEAKER: It was always considered a service entrance to an administrative function when CHC came to be .

>> JAMIE BUCHENAUER: Is not a service - - nursing home transition obviously there was contractual relationships. My understanding was with the office of long-term living and the CILs and the AAA's for the provision of nursing home transition to individuals who wanted to leave the nursing facilities . My understanding was that it was not a home and community-based service .

>> SPEAKER: I don't know behind the scenes information but what I can tell you is that your predecessors , several of them have said that any service offered by the office of long-term living was and appealable service and we had throughout I want to say, I have been doing this nursing home transition work for a good 20+ years and we have had people appeal their right to transition . I know this is a statewide issue and is something we need to address .

>> JAMIE BUCHENAUER: So I will say that nursing home condition, this is my understanding is that nursing home transition was an administrative function of long-term living. As it is shown it is in a ministry function so we have a 50-50 percent mass match for the nursing home position function with entities as provided by the CILs. I'm not going to disagree with you that some of the nursing home transition may have been appealable such as if the person - - not allocated the number of hours they thought they should in that time. It was definitely appealable as they were appealing the number of hours in the service plan . There were parts is received as nursing home transition that yes were appealable . My understanding is that nursing home transition whether you received it or not was not appealable . You can correct me if I am wrong .

>> SPEAKER: If someone is being that denied the right to transition then I they are not being given the opportunity to live in the most integrated setting . How do we reconcile the Olmsted decision and Pennsylvania's Olmsted plan with the practices that we have today?

>> JAMIE BUCHENAUER: My understanding and that is why I am saying if the decision was the decision of the predicament that they do not want to continue with nursing home transition services, obviously that is not appealable or the person decision. If the decision was made the transition is not a state discharge for the nursing facility , that was in appealable decision. There are approximately transition that were appealable so it was also

my attending that nursing home transition was provided until the park and you are from a CILs so you would know much better about this than me but nursing home position was provided to the point they decided they did not want transition from the nursing facility meaning it was not a safe discharge where? Home and community based services cannot be provided because they were not financially or clinically eligible for the services in the community .

>> SPEAKER: Of course is the individual's right to decide they no longer wish to transition , but I can tell you that in the last three years statewide there are people's who have transitioned not at - - but at the request of the respective MCO . Because as an adventure to function is not necessarily - -. The providers that would echo my theme statement .

>> Definitely the office of long-term living will like to see those cases because like I said , if there was some decision made on the part of the CHC MCO that was not going to be a safe discharge from the nursing facility . I think that is what you are indicating . That is appealable.

>> SPEAKER: This first came up many months ago at the advisory committee meeting . Pretty your tenure when Kevin was still here , I knew the names were given statewide to Kevin to investigate. I do not know what happened with those because he left shortly after but there have been a number of people statewide from the various entities that for one reason or another were not given the opportunity transition. I think it's something we willing to think about in future contracts because it has been a conflict for the MCO's to have service coordination and NHD . To be fair to the MCO's and this all started they do not necessarily understand obligation to administer NHD the way that we have over the last 25 years. They didn't understand that as one of their roles. We have been working to clarify this process for the last three years and making it how to measure the function of the MCO to eliminate the potential conflict.

>> If nursing home condition is not an initiative function keep in mind I said earlier it was not an initiative function for service , the problem is that there is no way to pay for the service until the person actually leaves and goes into the community . If the person ultimately stays in the nursing facility , there is no entity that can be paid for the nursing home transition service . The other thing I will say here and I will wrap it up Pat is that I understand you are saying is a conflict of interest and I guess I would argue that . It is in the best interest of the CHC MCO's to those individuals out of nursing facilities. □ The goal of community health choices people want to be serving the community, it's cheaper to serving the community and in the best interest to transition people in the community .

>> SELLERS DORSEY: The ministry follow-up that happens maybe the next meeting maybe will want to revisit it .

>> JAMIE BUCHENAUER: Connect with you on hold because there is a nursing home transition meeting right after this. This is one of the issues that my understanding .

>> SELLERS DORSEY: Great, thank you both .

>> LUBA SOMITS: We have a question regarding nursing home transitions. It's my understanding that care plans that is not play a role with nursing home transition with NHD within the waiver process . A person cannot be denied because there carefully would

be cost prohibitive. Would that be correct?

>> The next question is from Joseph do you have any data on grievances related to procedural health services ?

>> As you know the external review process has been changed from the insurance product department. They have in the MCO's send notifications of the external reviewer an opportunity to submit additional information . In some cases the MCO's are not sending out those to consumers . What is being done ?

>> RANDY NOLEN: At this point in time the MCO's are to my knowledge sending at all services notices - - continue to pay the process working with the insurance department to the process in place to the external reviews so there's a lot of work going on with that so we can focus so it will be the insurance department with communication. There's the cases that you are seen of and not be notified on so we can work on that . I don't know if any of them have any input into the processes to send out the letters for the external reviews .

>> RANDY NOLEN: I agree what you describe is what we are doing and if there are any specific examples I would welcome that thank you.

>> SELLERS DORSEY: Mike or Misty?

>> MIKE SMITH: In my example Pat I mentioned we get to somebody with an external review process so yes we would call that as well . To the best of my knowledge that's what we do we provide that information. It was listed on my slide as an alternative option.

>> MISSY WEAKLAND: We also make sure to visit knows they can send the information for consideration as well .

>> SELLERS DORSEY: The next question I will post the MCO directly is from Aaron and the question is can you please delve into the reasons behind the reduction in the MCO service plan ? What are some of the root causes that support the reductions ?

>> MIKE SMITH: I will start off, this is Mike Smith from UPMC. There is a lot of root causes. It's not just one thing. Sometimes a combination of things . When we look at service changes , oftentimes there can be things like a move from a nursing service to a past service using something that is comparable or able to provide the services the person needs . When informal support is introduced or an informal support there is a lot of informal support that was not originally identified whenever at the very beginning of the process that are providing services , not services the providing support in doing things as part of the household activities, those things are taken into consideration so that if a person is doing laundry for an entire family and never spins laundry is a part of that , they can be a part of the decision-making process . This is what we are going to allow for that process . Often times or sometimes there are circumstances where somebody's condition improves. We have to dispense who had - - associated with the stroke. That's a weakening of one side of the body or the other with regard to a stroke. I've actually gone to the process having a back issue for that kind of intervention. Over time you can improve your functionality . That's another reason why the root cause that might be considered. I will stop there and the other time in if they want to add to that list .

>> MISSY WEAKLAND: Hi it's Missy from Amerihealth. I agree with Mike we have the participants that improve and also have presented of a change in informal supports and

maybe now they have a daughter living with them and they are willing and able to provide more functions around the house where the person prefers their daughter doing those chores on their behalf . There are number of reasons that a reduction could be issued. The important thing is that it is supported by the assessment and the documentation in the case record.

>> JODIE: This is Jody from PHW. I agree with my colleagues and would add one of the other changes that may occur similarly is when a participant is leaving the home for a certain period of time during the day or the week and that schedule changes. Now they are at home more often for the opposite. When that occurs that would be considered a result in a reduction decision. Thank you.

>> SELLERS DORSEY: The next question is from day now. Shouldn't the assessment completed by an independent entity?

>> JAMIE BUCHENAUER: I am not sure I can answer that question. The assessments are conducted by the service coordinator.

>> SELLERS DORSEY: They were suggesting it should be someone other than an MCO employee . The next question or request to be on muted comes from I'm sorry, Kelly . Let me find her. Kelly you are on muted . Kelly are you there?

>> SPEAKER: Yes , hold on one second I am getting my notes . I am a consumer of home and community-based services and based on what I've heard today I have two questions. First, if service coordination is an administrative function of the MCO's , and maybe I am misunderstanding how exactly that works so please correct me if I'm wrong. I have seen on - - that I received my MCO and service coordination by the city that I use is being built by my MCO . It is not a service , I was wondering why the MCO is going for it . Secondly, it was just mentioned that a service reduction may take place when a participant leaves the home . For example, I also work full time . That requires me to leave my home . Also if other participants work, that may require them to leave their home as well. I know that there is a push that October is National disability employment awareness month . Soon the MCO's are putting on some webinars about it. Just because I leave the home to do my job does not mean that I do not need support to remain employed ? I just wanted to get some clarification on why leaving my home with me and why someone would need less support ?

>> RANDY NOLEN: Is not the point that you are leaving your home to go to work. I may occur somebody lose their home or has moved to different living situation or their family situation has changed and they don't have the family living with them anymore . Those are the changes that the MCO's will be looking at when they are looking at services. Not because you leave your home to go to work or to do anything like that , it's an actual change in your living conditions that may necessitate looking in your services to make sure we are providing you enough .

>> SPEAKER: Is there any information you can provide me on the service coordination entities , billing for service coordination to the MCO's?

>> SPEAKER: I'm not sure what billing you are seeing. The NCOs work with a handful of external service coordinators and community-based service coordinators underneath , kind of underneath the MCO's umbrella. There might be billing back and forth between

them and the MCO. The MCO did not build the department that is configured as an administrative cause but there may be an external or community SC still working with an MCO that may be billing that MCO .

>> SPEAKER: Okay thank you .

>> RANDY NOLEN: Sure. Pat I don't know if he lost to if there are any other questions .

>> SELLERS DORSEY: Sorry Randy I was on mute. The next question is from - - , why is the service coordination of service if admin snuck into possible profits for the MCO ? Has service coronation been reduced since this change happened? I think she meant why isn't service coordination a service .

>> JAMIE BUCHENAUER: I think that is a question for me although I am not sure that I can speak to the history of service coordination as I was not with the office of long-term living. I will say that service coordination is an administrative function and yes it does cost the MCO money to provide service coordination to participants. It is part of the admin costs.

>> SELLERS DORSEY: The other part of her question is has there been any change or reduction in service coordination since they switched?

>> JAMIE BUCHENAUER: There should not have been a reduction of service coordination provided to participants. Obviously and I would put people back to the requirements of the service coordinator as defined in the community health choices agreement . Service coordinators have a wide range of functions that they provide to individuals.

>> SELLERS DORSEY: The next item is a statement from I think service core Nader need education about the fact that consumers can have outside advocates . I have encountered several incidents where service coordinator does not want individual to have me as a staff member present at an assessment or during a phone call. I think that is a request that the MCO's make sure the service coordinator no that they can have an outside advocate .

>> RANDY NOLEN: Limit prep something for the MCO's talk. Part of the agreement each individual percent has a person centered planning team and on that person centered planning team looking at anybody they want on that team. Family member, neighbors, friends, physicians , legal representation . Anyone they want the person centered planning team. That one individual therapy assessment the SC should be able to allow that. That's one of the tenets of the program.

>> SELLERS DORSEY: In closing, the MCO seven you want to add to what Randy said?

>> MIKE SMITH: This is Mike Smith from UPMC I was going to mention that I had some really interesting discussion about this today and we are deathly going to be having maybe after this next newsletter but in future newsletters information on the availability of advocacy service in addition to what we already provide just people have that handy and our staff can point to it. That would be a nice addition. We regularly communicate with our service coordinators on a weekly basis about timely and topical issues and this would be one that we also address with them . To an earlier point with folks who have been on the call it would be nice this information to be out there and available people can access it and certainly an advocate, member of a CILs somebody was both a relationship to the peer supports program which is another core tenant of the CILs may want to have that peer support on their team and be available to be in the car. Those are really good takeaways

for us to look at and get it out and get that information out to our teams as well as precipitants so thanks for that .

>> SELLERS DORSEY: To see or Jodi anything to add?

>> JODIE: This is Jodi from PHW I would add that my learning today is that we do as suggested her as stated by the other MCO's, PHW is to our former training twice a year about the grievance process that there a hearing process which includes the information regarding the CILs. However, I think I can work with my teams to develop a FAQ sheet , and easy to reference sheet as Mike is speaking of that we could distribute again just to make sure that the information is as Mike suggested it easy to reference . Maybe put some quick links in their and put it top of mind. Thank you.

>> SELLERS DORSEY: Thank you Jodi. Missy, anything to add?

>> MISSY WEAKLAND: The only thing I want to add quickly is I agree with Mike and Jodi had said we train our service core Nader's on advocacy groups but always good to remind them and weekend decimate information in our weekly huddles. We can work to do that this month. Also during our first level grievance panel hearings we are making sure that the participants understand how to take the next step in the grievance process if they are not satisfied with the decision. I failed to mention that earlier but thank you .

>> SELLERS DORSEY: Luba we will turn it back over to you. We will have unanswered question that he will send to OLTL for follow-up .

>> LUBA SOMITS: Thank you Pat. Just want to thank everyone for sharing experiences and asking questions and appreciate everyone also sharing the expertise and providing important information to those who dispense on the call and people on the call asking questions. I thank you for that. On that note our meeting is adjourned.