Consumer Subcommittee of the MAAC
October 22, 2025

Consumers present: Sonia Brookins; Minta Livengood; Rochelle Jackson; Lauren Hatcher; Marsha White-Mathis; Meghann Luczkowski; Bethany Pancoast; Deb Shoemaker, Liz Healey.

PHLP representatives present: Kyle Fisher; Erin Guay; Amy Lowenstein.

DHS representatives present: Sally Kozak, OMAP Deputy Secretary; Gwen Zander, OMAP Managed Care Bureau Director; Scott Cawthern, OIM Chief of Staff; Juliet Marsala, OLTL Deputy Secretary; Randy Nolen, OLTL Bureau Director.

Attendees: Anthony Abrams, Damaris Alvarado, Laina Auletta, Robert Abercrombie, Paula A Stum, Damaris Alvarado, Morgan Baker, Daniel Bates, Ellan Baumgartner, Norris Benns, Angela Biesecker, Jennifer Baumgardner, Maxine Bachman, Wendy Bailey, Jan Bailey, Katrina Becker, Kara Blasiak, Patricia Brady, Jamie Buchenauer, Ronni Burkhart, David Burnett, Amia Burton-Smith, Ashton Burrell, Christopher Bratton, Leslie Bobo, Scott Cawthern, Sam Chanek, Amy Comarnitsky, Kathy Cubit, Scarlet Davis, Mindy Dunlap, Barbara Dunn, Laila Duncan, Montrell Fletcher, Brandy Flickinger, Nicholas Focht, Craig Gimbi, Elise Gregory, Phil Galewitz, Bethany Garretson, Beverly Gillot, Criag Gimbi, Jamelia Graham, Stacy Gromlich, Angela Gumby, Sean Garraty, Nicole Harris, Rebecca Hathaway, Teri Henning, Paulette Hunter, Casey Hayes, Debby Hewit, Jeff Iseman, China Jackson, Matthew Johnson, Cody Jones, Breanna Jackson, Emily Katz, Erik King, Daphne Knapp, Sally Kozak, Lindsay Kressler, Tom Lacey, Tessa Laughman, Marissa LaWall, Mason Lee, Anita Lewis, Dylan Lindberg, Becky Ludwick, Brinna Ludwig, Tim Lyden, Laura Lentz, Cassandra Ly, Pam Machamer-Peechatka, Jessica Montgomery, Scott Matlock, Michele Minter, Stacy Mitchell, Denise Moore, Shannon McVey, Stacy Mitchell, Francisco Molina, Christina Muchmore, Collen Miles, Julie Nelson, Britany Nolan, Christi O'Donnell, Mary Petrini, Ashlee Reick, Nicole Risner, Michele Robison, Rachel Rumpff, Amanda Sagastume, Esther Shaffer, Naomi Shaffer, Jason Shoemaker, Caleb Sisak, Linda Sciulli, Shahram Shamloo, Megan Shellenberger, Anniyah Shelton, Laura Theurer, Lindsay Townsend, Sharon Tomforde, Countney Troyer, Marriam Wafa, Jared Walker, Sarah Weir, Erin Wyse, Mike Wilkinson, Nick Young, Starell Zoric, Kim Zynn

The meeting was called to order at 1:00pm

***

>>Good afternoon and welcome to the October edition of the Consumer Subcommittee meeting. Today is Wednesday, October 22, 2025. My name is Elise Gregory. Before we

begin the meeting, I would like to go over a few items.

1. This meeting is being recorded. Your continued participation in this meeting is your consent to be recorded. If you do not wish to be recorded, you may end your participation in the webinar at any time.
2. Also, per DHS policy, the use of Artificial Intelligence or AI for notetaking or for any other purpose is not permitted. AI bots in attendance of this meeting will be removed.
3. For panelists and speakers, if you are experiencing audio issues, please go to the top right corner to find the "gear wheel" to adjust settings to the correct "microphone" and "speaker" hardware. If you continue to experience difficulty, please send a message in the chat.
4. To help avoid any disruptions, please remember to keep your microphone muted if you are not speaking.
5. Live Captioning, also known as CART captions, are available for this meeting. The link is included in the chat. Presenters should state their names clearly before speaking to assist the captioner.
6. Representing the Department of Human Services today:
    - From The Office of Medical Assistance Programs – Deputy Secretary Sally Kozak
    - From the Office of Long-Term Living – Representatives for Deputy Secretary Juliet Marsala are Bureau Director Randy Nolen and Colleen Miles.
    - From the Office of Income Maintenance – Chief of Staff Scott Cawthern

7. Questions may be submitted in the Questions tab of the webinar. If you have any questions related to this meeting or need any information, please visit the Consumer Subcommittee webpage.
8. I will now hand things over to the Consumer Subcommittee Chair, Ms. Sonia Brookins.

[AUDIO LOST]
>> SPEAKER: Let me try you again.
>> Hello? Hello? Is that you Sonia Brookins?
>> SONIA BROOKINS: I don't know what happened. Some of the audio has become clear.
>> ELISE GREGORY: We connected with Sam and he said there might continue to be issues because of the Amazon Web Services outage. He is talking with GoTo and if it becomes bad he can give us the Teams link and he can move everyone over to Teams.

- **OMAP Report**
    - **Deputy Secretary Updates**
    - **Federal Government Shutdown & State Budget Impasse**

>> SALLY KOZAK: Before I start I want to make sure people are aware we are recording this and if they don't wish to be recorded they should disconnect from the meeting. With that we've been asked to provide an update on H.R.I. and the state budget and I also want to do an update on SNAP as well and a brief update on the rural health transformation plan application. As of today at 1:14 PM I don't have any updates on the state budget. There is nothing to share with you. Regarding snap and the federal shutdown as you may all be aware of on October 10, not August but October 10 United States Department of Agriculture notified Pennsylvania that it will be unable to pay snap benefits due to the ongoing federal government shut down. Pennsylvania cannot backfill these cost and so as of October 16 no snap benefits will be issued until the federal government shut down ends. What this means is November snap benefits will not be issued and DHS cannot issue emergency snap at this time. We do not know when snap payments will resume. When Congress passes funding to reopen the federal government and fully fund snap the department will work to issue benefits as quickly as possible. We believe that snap recipients with unspent funds on their EBT cards will still be able to use these funds. Benefits do not expire as long as cards are used at least once every nine months. Again recipients who have unspent funds on their EBT cards, we expect will be able to use these funds. The department will continue to process applications for snap and other benefits along the shutdown. The statement should consider to eport case changes and submit any semi annual reviews or renewals they received during this period. Can whoever please mute themselves? Recipients should continue to report case changes, submit any semi annual reviews or renewals they received during this period and update their case to not risk a interruption of their benefits in the future. Snap recipients should also remember changes mandated by the federal government that will take effect November 1 and the need to report their work, schooling or volunteer participation to the department. More information about these changes is available at WW W. DHS .PA.gov \work. For immediate needs during the shutdown people can se PA navigate which can be found t PA – navigate org. In order to help find food and other resources. Local help is also available by calling 211 – or by visiting WW W. PA 211.org. People can also isit feeding PA which is WW W. Feeding PA.org to ind local food banks and other assistance programs. The last hing is that we know that this is a time of stress for individuals however we would ask that people be patient and respectful to our staff. While we try to assist through these changes caused by the federal shutdown and not by the department. Our employees are here to help. Questions about snap from anybody?
>> SONIA BROOKINS: Yes Sally thank you for that. I just want to know when the federal government does get back on track or whatever people will get back snap system right?
>> Is that what you are asking? I don't have an answer to that. I don't have the answer to that. When it does reopen we will work as quickly as possible to process snap benefits. I don't know if there's anyone on OIM that is on the call that can answer the question about

retro snap benefits?
>> SCOTT CAWTHERN: Hi Sally this is Scott from OIM. We are under the impression that when the federal government reopens and they have an established budget or some type of spending authority that benefits for which individuals were eligible should be paid. We have no confirmation of this from the federal government just as Sally said a minute ago. It is our understanding that the individuals are otherwise entitled to the benefits but the benefits are not being issued because there is no spending authority to issue the benefits.
>> KYLE FISHER: Sally this is Kyle. I appreciate this update. It is obviously very bad news. Can you just clarify that snap payments going out in the month of October will still go out but no payments for the month of November will be issued?
>> SCOTT CAWTHERN: At this point snap benefits were issued to the regular payment cycle up through 15 October which should have covered all regular October issuances. Any new eligibility issuances for the month of October that were determined between October 1 and October 15 should have been processed. Benefits starting October 16 and moving forward even for newly eligible and October are not, are being held because those October issuances after October 16 would include November benefits as well. As such we have been directed to hold those October new eligible benefits for anyone starting 16 October and ongoing.
>> Right. That is correct. That is correct Scott.
>> I guess Scott the other piece and this is going to cause considerable hardship for a lot of families but while this pause is in place, and I fully understand this is not a decision that the state has made on it and or certainly not anything accounting assistance offices are responsible for, but the normal paperwork of renewals and obligations to report this new work for community engagement activities, all that continues? Families, as they are no longer getting a snap out of it and while that is being put on hold, should still be completing any paperwork regarding the work requirement and their time limit? Is that right?
>> SCOTT CAWTHERN: That is correct. We still need recipients households to do everything they would normally do. Report changes, change of address, changes in income and any of those types of things to us. So that we can ensure that their benefits are updated accordingly. We are just unable to issue benefits semi annual reporting forms, renewals and as Sally said on the top of her report. Any of those things that we need snap recipients to do as the regular course of their engagement with OIM for snap eligibility, we still need them to continue to do those things.
>> Thank you for the clarification.
>> Thank you. Any other questions on snap before I move on to H.R.I.?
>> I would say not a question but to comment. Thank you guys for your hard work. I know it's a tough time and it's very appreciated.
>> Thank you Deb we appreciate that.

- H.R.1 and Regional Health Transformation Plan Updates

>> SALLY KOZAK: Okay before I talk specifically about H.R.I. let me give you a couple updates about impacts to the MA program regarding the federal shutdown. The department continues to pay for covered services provided to the medical assistance program. Those are not stopping during the shutdown. The program is still covering services for enrollees but the only change at the moment is the federal CHIP staff have been furloughed due to the federal budget impact. As a result our CHIP staff are unable to make any changes to coverage and payment methodology or to the contact with CMS staff. Again however for both medical assistance program and for chip there have been no changes to coverage or services or provider payments. We've received questions related to eligibility notices and whether any similar impacts on Medicaid mailings are expected. What we would say is questions related to notices of mailings should be directed to the office of income maintenance. If you have questions as we move forward other folks are on from there and can answer that. I want to talk about H.R.I. and some of these folks may have heard me say some of this or you may have heard the secretary as she's been talking about the impacts of H.R.I.. I haven't said it particularly in this form so I think it is good information and bears some repeating. The administration and department are working to streamlined and simplify systems to help the individuals we serve understand and prepare for these upcoming changes. There is a real risk that the stricter administrative requirements will cause people to lose access to the benefits. And not because they are not eligible for the benefits but because of having to navigate more red tape. Our primary focus at this point in time has been snap is that program is experiencing the most immediate changes. As soon as we move through this initial barrier to individuals we will then use what we've learned through this process to help inform the other changes and our response as we move forward. Back on September 1 waivers of SNAP work reporting requirements that Pennsylvania has had in place since the pandemic expired. This means we will no longer be able to waive snap work requirements for adults able to work, volunteer or attend school or training program unless the individual has an exemption. Because of this snap recipients who are between the ages of 18 – 54 and do not have a dependent child and who are physically and mentally able to work must either work, volunteer or be enrolled in school or job training for at least 20 hours each week for 80 hours per month. Snap recipients is also report that they are meeting this requirement to the department. Snap recipients are not meeting this requirement or not reporting it to us they are eligible e for only three months of snap and the feds within a fixed three year period. For example if someone needs to report hours worked to beginning September 1 and they don't report in September, October or November, they will no longer be able to get snap benefits beginning in December. During phase 2 which is also a result of the budget

bill, categories of people who are currently able to receive an exemption from the work reporting requirements will be eliminated. We are waiting for federal guidance on the exact start date but we expect the beginning of November 1 Pennsylvania will have to expand the work reporting requirement to include anyone who is 18 – 64 and remember I said it is currently eight team – 54 so it will increase 18 – 64. And who does not have a child under 14 years of age, currently that is 18 years of age and anyone who is physically and mentally able to work. In addition under H.R.1 current exemptions for veterans, homeless individuals, current or former foster youth aged 18 – 24 will end. This means all of these groups that I just described will be required to meet the 80 hour per month work, school or volunteer reporting requirement. The department is exploring whether we have an option to continue to provide an exemption for on housed individuals. As you can see these are big changes that risk cutting people off from life sustaining food assistance which is a very basic necessity that helps people to be well enough to work, go to school and play and simply live healthy lives. We note that any change like this is difficult to navigate. Unfortunately states have tried to implement requirements like these people who are actually meeting the requirements can get hung up in the reporting process and lose access to snap. We are working with all of our partners to do everything we can to prevent this from happening. Last month we started sending surveys to snap recipients who expect could be affected by these reporting requirements. These surveys are not in eligibility determination that they can help us figure out if a person meets any of the exemptions and what we can do to reduce barriers to employment, education or volunteering. Also launched a website to help people understand these changes and what they need to do to report that they are meeting the requirements, whether they have a job, or volunteering or whether they are an education training program. The website also includes information on how to connect to the education and training program we have here the department. This website is available at www. DHS.PA.gov \work. I would encourage everyone to visit this page to learn more about the hanges to the snap and share this resource with anyone you know who may be impacted. We have a toolkit available to help you communicate about these changes. NR communication team continues to add to this. We are working to make updates to the PA navigate e website at PA navigate PA – navigate.org. So users can search for structured volunteer opportunities and organizations can indicate that they are looking for volunteers to help community members meet these new requirements. We expect to launch this later that fall. We encourage you to think about ways you can help your community navigate these new barriers. For example, if you can offer volunteer hours that can make all the difference for someone who is at risk of losing their snap benefits. Unfortunately there is little lead time for us to get out the word about this. We can really use your help in sharing this information.

>>One of the most important things for us is to make sure that we have individuals current mailing addresses and that when they change their address with us they must also notify

the post office. Finally please make sure that you open mail that comes from us. It is still more than a year until the first major impacts to Medicaid recipients take effect. Keeping case information up-to-date will help as we start to prepare for the next phase next year. Both and how we communicate Medicaid recipients and screen for potential exhibitors to the new rules. For Medicaid there are two major changes that will affect our Medicaid expansion population. Beginning January 2027 certain Medicaid recipients which is about 750,000 people who became eligible for Medicaid thanks to the ACA will now be required to renew their coverage every six months. Again that is every six months instead of the once a year that they do now. These individuals will also have to meet reporting requirements that they are working or volunteering at least 20 hours a week or 80 hours a month. Again in a education or training program at least part-time. While some argue that traditional Medicaid population is protected from the fallout of what the law will bring those of us who actually see this program working on it on a day-to-day basis know that in reality a change like this affects one part of our Medicaid and staff program can and will have ripple effects. Especially as we think about how these programs impact our workforce, our economy and especially when it comes to Medicaid, our entire healthcare system. We organized a lot of statewide and localized data about Medicaid to impacted communities in light of this as well as some projections of HR ones overall impact. This data is available on our website DHS.PA.gov \ data. I hope it can be helpful in conversations that you pursue your advocacy. We will be putting additional resources out there for our partners to use to help your community navigate through the changes coming ahead. You're also going to be launching a survey in the near future similar to the unwinding helpers that will share resources and opportunities to help Pennsylvania through the changes ahead. Again as a reminder as I mentioned earlier we have our H.R.1 toolkit which is available at DHS .PA.gov \work. If you go through them you find there are things missing or that you think would be elpful the email address for ur company is on that page and they would love to hear from you. That is the update on the H.R.1 changes that will happen with snap and are already happening with snap and we expect will happen in the 2027 for Medicaid expansion population. Questions about any of that? I know that's an awful lot of information.

>> SONIA BROOKINS: Yes it is. We appreciate all that you said today. For one will we be able to get information from the department so we can get some of this information in reference to all of this? That is number one.

>> Are you talking about the talking points and everything I just gave you? Yes those are available on our website. We will make sure this is an the minutes as well. Does that answer your question?

>> That is fine. Anybody? This is heartbreaking but this is the times we are in.

>> SALLY KOZAK: As I said in the beginning you know, the reality is this is going to impact people who are eligible and who lose eligibility because of the barriers they are putting in

place by all these restrictive requirements of reporting and reapplying every six months. As well as the restrictions around the work requirements. We cannot communicate this information too much to make sure people are aware. Again I stress this in every conversation I have we need you to make sure your address is current. Not only current with us but that you changed it at the post office as well.
>> DEB SHOEMAKER: I had a question. This is Deb. It is related and again I can't say and that Sally about the hard work you guys are doing. I know it is something and you will already busy and this was pushed upon you. You guys are so dedicated to wanting to serve the people in the Commonwealth. Related to homeless because of course that really hits me one of the hardest. Some of our doctors and I know some other groups that really do a lot of work with homeless people and they do some street medicine and other things. Is there going to be an information or anything we can give them or that they could tell people because obviously this is tragic. You know someone who is already expressing homelessness and having all kinds of issues are not going to be able to work. I know you guys are working to get the waiver but they will not understand that they have a lot of medical and other needs. I'm just trying to think what resources or what things are out there that would make it easier to reach the population because really you know people are homeless is going to hit hard. It is going to hit harder with the lack of the federal budget and lack of the state budget. There's a lot of people who would normally not be in the situation of needing assistance with food and other things and they are thrust into that. Is there anything at the DHS level or anything we can have to either give to people or make it as easy as possible to get information to them to help them as much as we can? They will have limited things if other people are losing their benefits and things they are used to going to, they might not have that ability anymore.
>> SALLY KOZAK: That is a good question Deb. Again let me reiterate that we are working to see if we will get an exemption for people that are not housed. So they don't have to meet those requirements. Clearly if we move forward with we will keep everybody up to o date. The communication materials are out there right now. It can certainly be used by anybody that works with this population. They provide talking points, additional information and there's various toolkits out there that talk about how to use the information. As to whether or not there's anything specifically to people that are not housed I will follow up with our comms team. Another spent a lot of conversation about reaching on used individuals but I will follow up and make sure there is something specific out there that can be used for that opulation.
>> Thank you Sally and also veterans because there's a lot of veterans in that community and in that situation too.
>> KYLE FISHER: This is Kyle. A quick note I appreciate the thoroughness of the earlier report. I think we certainly share your concern that an awful lot of people who continue to meet these work requirements will not be able to navigate the administrative barriers and

will lose coverage both for the snap and Medicaid sides. Can you speak a little to the rural health transformation fund and the deadline for states to submit applications for that. We wondered if you had any updates you can provide on that piece.
>> SALLY KOZAK: Yes. We had a very very short timeframe to submit the rural house application. You may recall that we went out with a survey and got lots and lots and lots of feedback from a very wide range of individuals that we've incorporated into it. There were about five main themes that emerged in all information that we received. There was maternal health and transportation. There was workforce. There was economic development and I always forget what the fifth one is.
>> Mental health.
>> Thank you Jen, how can I forget that? Those were the five main areas that we focused on as we submitted our application or as we worked on our application that is due for submission very very soon. There will be additional information forthcoming. I think we would have liked to have been able to meet with everybody but again the timeframe was very very short. There will be additional updates as we move forward. We are on track to submit it. Kyle, is that enough information for you or did you have something more specific?
>> I think during our meeting consumers had conversation around going back to the workforce piece before in-home care and personal assistance as well as pediatric there was focus on doula care and knowing capacity is a struggle there. Probably more in rural areas. If you can speak to those items.
>> SALLY KOZAK: I will say this I know dual care was talked about in our maturity health section. The workforce and personal care assistance was talked about as the need for overall development of the workforce. That included the behavioral health providers, healthcare providers including home healthcare. The need for increased nursing facilities, home and community-based waiver services which is the personal care we were talking about. Yes, those were all addressed with opportunities to expand upon that. Clearly expand and expand training and get more people enrolled as a duel is and training opportunities with potential for career ladders for all of the other folks as well. That is all there.
>> Great. Thank you.
>> Sure.
>> Sally when is that due? November?
>> November 5 I want to believe. They are aiming for a early submission date.
>> Thank you. We have another week until we plan to submit.
>> Thank you. Other questions?
>> Okay. Glenn is going to get a turn to talk a lot. When you are up.
>> You are on muteute.

HealthChoices Issues

- **Dental BLE Report**
- **Pediatric Shift Care Appeals Data**

>> GWEN ZANDER: Can you hear me now? Wonderful you so much. I am doing well. How are you guys?
>> We are here.
>> GWEN ZANDER: All right first I'm going to talk about dental benefit limited exception. I think we've got the slide here, quite the slide to behold. As we are looking at this let me give you a sense of what you're looking at here. You can see is when you're looking along the bottom of this graph you got first quarter of 2024. Then second quarter and third quarter and fourth quarter and then we get into a month by month once we come into the year 2025. For the first part of the graph you're looking at quarterly data and then month by month data. What this graph is measuring is the approval rate for request for dental benefit limited exceptions for adult dental benefits. What you are seeing is the percent that are approved. The BLE approval rating. This is busy because we've got one line for each of the MCO's. I want to show you what it's looking like for all MCO's. There is a redline in the mix somewhere toward the middle which is our health choices program weighted average. That shows you what the overall rates have been doing and then you can look at each MCO based on the colors on the color chart. Basically what you can see here is the overall program wide average BLE approval rates have been relatively consistent since about the third quarter of 2024. Hovering around 30 percent or so. Third quarter of 2024 is when we began having discussions with the MCO's about the BLE process and started answering a lot of questions and going into more detail with them to make sure they were understanding our instructions about how to review BLE requests. We saw an improvement at that time around 2024 and things have been relatively stable through that time. We issued a ops memo at the end of June of this year 2025 and we have not yet seen a big significant change in the way the average memo was released. But we are continuing to keep a look at this. It was a time between the end of June and you can see August on this slide were the MCO's have been reviewing their processes and making some updates. I do think that we are in for a be some changes within the next couple months. As of yet we have not seen it but we can certainly provide this information to you moving forward so you can see if we experience a further increase. I do just want to note that the initial rise in the weighted average you are seeing between the third and fourth quarter of 2024 was due to an anomaly of unusual spikes that we saw in a mirror health Keystone first. It is worth noting those two plans together are the largest plans in terms of population that they serve. When their rates hange the health choices average definitely changes. Those rich changed during the time period of transition where they were moving from their old dental benefit manager to the new one. Beginning in January 2025 we did did see the rates kind of return

to levels that were closer to the weighted average. We don't think that the increase was going to be a permanent one. It was kind of the result of some changes to a new vendor that was reviewing the BLE requests. I think that they are much closer to average and we would probably expect to see that moving forward. Another thing worth noting is there's a very high rate of variability when you look at United. You see their rates jumping all over the place. It is worth noting they have relatively small number of BLE requests so those rates can look like they change a lot. That's because it is a small number of requests. And finally of course obviously when you look at this approval rate it remain significantly higher than the help choice weight average and that is something we discussed a bit of previous meetings. This is the updated data but as I said I'm happy to continue to share this with you all. Any questions on dental BLE rates were what we see on this graph or what we are expressing moving forward?
>> KYLE FISHER: I have a question and a comment Gwen. It is Kyle. I should share it is encouraging to see the overall uptick for the health choices program. I know you are well aware that we've asked for this data and looked at this data with you and your team going back three years now. We really struggled to seek movement with any of the MCO's following the streamlined process exit for high mark. So to see now that basically all the plans have had a uptick suggesting they are connect thing their members with these underlying medical conditions that should be triggering the streamlined condition in a better way than they have been is really gratifying. We appreciate this and thank you for the work you and Doctor Shamloo and others have put in.
>> It is our pleasure.
>> Excellent.
>> KYLE FISHER: Gwen on the last piece about implementation of the revised form and the new guidance was put out earlier this summer. Do you have confidence the plans have changed their practices and ways to comply with that guidance or is that still a work in progress?
>> KYLE FISHER: The ops memo included several action steps the MCO's needed to take revisions they needed to make to their policies and procedures and things they need to submit to the department for review and approval. We have been reviewing all those materials and the updates have been made. Now it is a matter of operationalizing them and we will continue to keep a close eye on them. We conducted a denial audit of the BLE requests somewhat recently. It was a backwards looking so what we did was we established a baseline of what that looked like prior to the ops memo. We will repeat the activity several months to see if things have improved in the way we would expect after all these conversations that we've had and all the updates they've made we will be keeping an eye on it over the next 6 to 12 months to make sure that it wasn't only the procedures and policies that got updated but we see a change in the outcomes as well.
>> SONIA BROOKINS: Gwen, a question about that. Did the plans have any problems

solving or having problems getting the information to you? Did anyone give you problems as far as needing help with this information?
>> GWEN ZANDER: Know the plans have been very cooperative through this process. I think they have been grateful for the clarification. We continue to work through the details where they have good questions about how to handle very specific situations for example. It has been collaborative and overall productive process that we work through.
>> That's good because I would hope that if they did have a problem that they would let you know so you all can work it out. That's why I was asking.
>> KYLE FISHER: I believe during the meeting that Doctor Shamloo reported the department had suggested the MCO's work together to standardize the diagnosis codes that would trigger streamlined process may be working through Pemco. Has that happened?
>> GWEN ZANDER: We are making really good progress. The remaining challenge is the criteria to define a risk of cardiovascular disease. That one is a bit challenging to define in terms of the list of diagnosis codes. We are continuing to work through that and we have made a lot of progress. I think we are quite close to having that finalized.
>> Great good to hear. Thank you.
>> All right that's all for BLE and the next item that the committee has asked for us to discuss is shift care authorizations and appeals. I don't know if Kyle this is going to go to you to talk us through this item.
>> KYLE FISHER: We did not have data and I did not expect we would have data to look at on this. The consumers and counsel wanted to note we've seen a sharp increase in pediatric shift care denials. Seemingly across the board with most of the managed-care plans. Since it seems like August, the last three months. There was some other conversations during the pre-meeting but I don't know if Megan or others want to highlight some of the other anecdotal stuff they've seen from families on the ground. Reports around pediatric rates in particular. I think it probably makes sense if BMCO is able to do it for us to circle back to the authorization and appeals data which I think you presented fairly recently for the last fiscal year. It might make sense to circle back to that sooner rather than later. Given what we see.
>> GWEN ZANDER: The team here is working to present at December if that fits onto the agenda than we will be happy to come with that for December.
>> Excellent.
>> MEGHANN LUCZKOWSKI: This is Meghann. That would be great I agree with Kyle. I know the project said that they are seen an increase in denials. We are also hearing that in the community from families. That it seems like there's more denials going around. We would just like to see what the data says and have conversations around that. I appreciate you are prepping to try to fit that into the December meeting. That was our target too. Some of the other things we've heard from there is some concern and there's talk about provider

rates being cut in new contracts with MCO's for shift care services. Which is certainly concerning if that's what's happening. As we know, those ships are really difficult to fill. There is still a continuous issue with staffing shortages for kids who rely on shift care in the home. Just something we want to raise and throughout. To keep an eye on in any way we can. I think it would be certainly worrisome if that is a trend that's happening with plans. With that said we still continue to struggle with the staffing for families we are hearing it from agencies and obviously the families are still struggling. We will probably make the request soon for some additional data around that. I think we will have an off-line conversation first if that's okay.
>> GWEN ZANDER: Absolutely. As always we appreciate you all sharing what you are seeing and experiencing so we can look into things and make sure that the MCO's are complying with all the obligations under the agreement. Under state and federal law and making sure they are doing all the things they are supposed to be doing in order to identify and connect to adequate staffing for those authorized cases. And they are reviewing request for authorization appropriately. Please do as always keep the information coming so we can look into things. It is really important to us given that we get the data that we get there we get it on the case we get it. Hearing from you all definitely helps us have a well-rounded sure of what is happening from the data we collect.
>> SALLY KOZAK: Let me just add Megan and Kyle certainly we are happy to run the data and provided everything like that but would also be helpful is if you could give us concrete things you are hearing instead of anecdotal. If you can give us specifics that gives us something to look into.
>> KYLE FISHER: Sally we appreciate that and we certainly have had some opportunities to give Gwen and her team specific case examples where we think the plans are not complying with the contract or normal due process rules. We will continue to do that and we do appreciate the extent to which managed-care operations and her folks have been receptive to that. We would like to investigate and work with us and tried to figure out solutions.
>> MEGHANN LUCZKOWSKI: This is Meghann. I would echo that. When connecting with families typically I will connect with consumer sub and by way of consumers sup or directly with PHLP. It can be raised to the Bureau and sort of that route we've established. We are always grateful to the Bureau for being receptive to information and looking into it.
>> Great I appreciate that. Thank you.
>> Anybody else? Okay Gwen hospital terminations.

- **Hospital/MCO Contract Terminations**

>> GWEN ZANDER: You got it I will give you all these updates. You are coming into the end of the calendar year and it is a busy time for negotiations so I have several updates today.

The first is that United continues to negotiate with the Saint Luke health systems which includes all the hospital and outpatient locations that are facilitated. This contract has been extended until February 1. That is good news and indicates that negotiations are progressing. It did have an earlier termination date that we had mentioned before so that's what I wanted to let you know it's been extended. About 2700 members could be impacted if this went to termination so we don't expect that. We have also previously reported on the negotiations between United and St. Christopher's as well as our health. I'm really happy to report that both of those contracts have been extended. There will be no member impact and no termination for United with St. Chris or Tower. Holy Redeemer continues to negotiate with both Health Partners and Keystone First. These contracts have been extended through December 31. That is also good news because they had earlier termination dates and that indicates progress. While no termination is expected there is an approaching mail date for member notices. Which need to go out on November 10 if an agreement is not reached before then. 11,403 Health Partners members would receive the notices. 6935 Keystone members would get those notices. That is Holy Redeemer. Since we last met Health Partners did terminate its contract with Pediatric Specialty Care. Which is a pediatric congregate care facility and a group of facilities. They have several locations around the state. There were 58 health partner members residing in PSC facilities out of the data termination. At this time all former health partners members have now transitioned to a new MCO and continue to reside in a PSC facility with the exception of I believe one who transitioned home. During that time period which is wonderful news for that family. Keystone First has extended contracts that we had previously reported on. And had upcoming expiration dates so I wanted to call those out as well. There contracts with University of Pennsylvania health system and Doylestown Hospital are not extended out until March 1. Of 2026. We provide updated member accounts closer to that date if negotiations are not successful. Those are the negotiations that continued so that is also good news. Keystone is continuing to negotiate with Chestnut Hill Hospital. Current expiration date is December 31 and notices we need to be sent to 3346 members by November 14. That same date December 31 expiration date notice mail date of November 14 applies to negotiations that are underway between UPMC and Jefferson health systems. Member impact is 15,754. That is all the updates I have for this month. I'm happy to take any questions.
>> The last one you said was UPMC?
>> That is correct.
>> Okay. What is the expiring date?
>> December 31 of 2025. This year.
>> Okay.
>> KYLE FISHER: It seems like we have a handful of contracts tied to the end of the calendar year. It seems like if these agreements or extensions get reached it really needs to

be in the next 2 to 3 weeks. We don't have another consumer meeting until early December. I suppose for some of these larger ones like UPMC and Jefferson, if you could give us a head's up if those notices go out. That would be useful to note that before the next meeting.
>> Okay I am taking a note of that and we will be sure to do that.
>> I'm hoping that no notices will come out.
>> Here here.
>> Okay I think that is it for me for this month. Thank you.
>> Thank you so much. Next OIM.

- **OIM Report**
    - **H.R.1 Updates**

>> SCOTT CAWTHERN: Hi this is Scott Cawthern with OIM how are you?
>> I am good how about yourself Scott? I'm getting over a cold so I apologize for my raspy voice but I will get through my OIM part. I dialed in so I don't have any connectivity issues. I'm working from the agenda provided to me by Carl. It looks like the first item is to share any updates or plants related to the design and application of H.R.1 on the Medicaid side. There's a comment that you understand we are solely focused on snap right now in OIM and that is the case. I will address the first part. As we get closer to the Medicaid portion of the work requirements we will shift gears once we get past this initial implementation of the snap rule changes we are included in HR one. Those were immediate and Sally talked about some of those at the top of the meeting today. As we develop those plans we will communicate with this group will we are looking at as far as implementations of the Medicaid portion of the H.R.1 work requirements. And under that question has OIM notice trends in terms of applications or renewals of the subcommittee should be aware of? We have post unwinding which is now almost 2 years in our rearview mirror. We have seen a gradual decline in enrollment and applications. Our renewal rate seems to trend similarly to what we saw pre-pandemic meeting the number of people for whatever reason have a renewal failed and subsequently come back through via a reconsideration or application back to eligibility. That is really the update on that. I will pause there because I've answered a couple questions to see if there's any comments or questions from the group.
>> KYLE FISHER: Scott its Kyle I appreciate you coming on to walk through some of this with us this afternoon. With respect to the Medicaid work requirements there are a number of different policy decisions that need to be made. And then procurement options and IT changes and staff training and all sorts of things that need to follow from that down the line and also working on a tight timeframe certainly understand that snap is the priority given that the step work requirements were happening this month and likely changing next

month as well. Certainly first in time here. I guess I want to clarify that the department is not waiting for instance for the interim final rule from CMS prior to making decisions? It is really getting through what it has to on the snap side and then it intends to start planning and implementing time frames for planning next steps for Medicaid and preparing for those work requirements. Without necessarily waiting for June or July. Is that right?
>> SCOTT CAWTHERN: That is correct. Once we get past this hurdle of snap and we got that moving along we will then be prepared to begin addressing as you stated all of the requirements. Training, messaging and all of those in any system implementations that we need to have these rules implemented we will begin that process. It is not our intent as I understand to wait for any kind of interim final rule or any kind of adjustments to what is currently the direction need to follow that's outlined in H.R.1.
>> KYLE FISHER: I would understand this is a obviously new hurdle with respect to step with the federal government no longer paying for the benefits to be provided. I guess apart from that to the extent we can separate out. The hurdle of the snap work requirements and the changes to those next month, do you envision making some bandwidth to turn toward the Medicaid work requirements before the end of the calendar year or do you have another timeframe in mind?
>> SCOTT CAWTHERN: Once we get past the snap hurdle in November and December we will turn our attention because we understand that we would rather be proactive and be prepared for the implementation of the Medicaid portion of H.R.1 with regard to the work requirement. And move that along as we are able as well.
>> KYLE FISHER: Thank you. There was one piece that Sally touched on earlier. It was better addressed by OIM and she is right. With respect to Medicaid eligibility notices, we understand there was some changes to LIHEAP notices being mailed. Has the state budget impasse or the federal shutdown impacted Medicaid notices at all?
>> SCOTT CAWTHERN: It has not impacted Medicaid notices at this time. We are still operating with determining eligibility for Medicaid and enrolling new individuals. Who establish eligibility for both Medicaid and shift. With regard to notices I think with regard to LIHEAP what we are messaging to families is the delayed start for the opening of the season. We had published that the season would open in November and I'm looking for the date here just to be sure. Just to be sure I get it right. I think November third was our target date to open the season but however given the federal budget and the lack of any funding been received to support the 25 26 season we are looking at delaying opening and that will be communicated out to households and families rectly.
>> Thankyou.
>> SONIA BROOKINS: Scott you don't know when they will open up? You don't have a date?
>> SCOTT CAWTHERN: We are projecting and don't quote me on this. I believe it is December 3. So November third to December 3 is what I'm expecting. That is holding our breath hoping within that timeline the federal budget has passed and funds come there's a

commitment to funds to states. Pennsylvania is not alone. There are other states that may not have any carryover money or sufficient carryover money. To open their season. I hate to say it this way but we are not alone in this. With the impact but that is our target. Hoping by that time we have some type of commitment on the federal government on a funds availability.
>> Okay thank you Scott.
>> Sure Sonia Brookins anytime. If you are ready I can continue.
>> Scott, you can but I wanted to ask because you make sure we get something in writing so we would note to tell our clients and constituents.
>> Absolutely.
>> Thank you so much.
>> I will send that through the channel for communication on that to the subcommittee and to iMac as well Sonia Brookins.
>> Thank you.
>> SCOTT CAWTHERN: The next question please highlight any tools or practices OIM is using to help people get or keep benefits. It says during the IMAC was discussion of a rolling out a tracker to give people access to their status of application renewals. We are very quickly with multiple IT resources being brought to bear. We are developing a digital response to the immediate H.R.1 needs which resulted to changes to try to reduce a couple things. The staff there viability and also increase worker efficiency. We've also included changes to a status tracker. For benefit applications and also I know that many times we've heard of household trying to reset the compass password and needing to go into the office. And the struggles that go with that. We've also developed a web-based compass password reset tool. And finally to try to help with image quality for people who are scanning documents either through their phone or through the camera on their phone, we've done some work on our end to improve imaging quality. And the size of digital files that households can upload. To help improve the quality so when we get the information that we are not that revisiting and saying to the household thank you for using this tool that we've asked you to use but we can't, the image quality is due to poor so can you mail it to us or bring it to us. Or scan it to us in another way. Those are all things that we've done to try and help ease this transition into H.R.1 and to help more seamlessly keep individuals connected to benefits or help them apply for benefits.
>> KYLE FISHER: Quickly it sounds like positive developments from my perspective, Scott. This committee had raised the issue of compass passwords be a problem at the barrier and being unable to reset those and spending hours on helpline trying to get that fixed. In meetings past and going back to last summer so certainly positive to hear that something has been developed to try to fix that problem along with the other pieces. Did you mention the tracker piece for new applications? For applicants to track the progress as it passes through as it also apply for renewals?

>> SCOTT CAWTHERN: I believe it does. It is part of the compass tools that we have for households. I can confirm that to make sure. Don't want to report misinformation, I know it is for applications. I will see if I can get that response before the call finishes today. If not I will respond through email.
>> Thank you.
>> SCOTT CAWTHERN: Sure. Just taking a note. I don't want to miss that. Okay. Very good. With that I will move on to the next one DHS messaging importance of keeping case files up-to-date and reporting changes of address. What other messaging is DHS focused on currently we have been using our primary decision that focused on the snap changes and we have developed a toolkit that's been made available and related to the snap work requirements on the snap work webpage. We are also targeting some proactive text messaging and we are working through what the text messages will say and how we are going to push those out to those individuals for whom we have a good cell phone number to text them. We are looking at multiple channels. We've updated the banner dosages on both the mobile app and on the compass website. To be reflective of information that would be very helpful to households applying for renewing benefits.
>> I don't know if any members of the committee had questions around the messaging? It sounds like it is targeted around the new snap work requirements.
>> Our primary peace right now is the snap work requirements. As we move into the next phase which would be the Medicaid we will continue to develop messaging and communication strategies to ensure that households are as aware as we can make them do the multiple channels of communication so that they know what the expectations are and how to stay connected to the benefits and what the process is to apply for benefits.
>> Thank you for that. I just want to make sure it like I said before to have information about snap or anything or work requirement so we can have it and give it to all the people that we represent.
>> Absolutely.
>> Anybody else have anything else? Anything for Scott? Okay. Scott are you finished?
>> SCOTT CAWTHERN: I have one more agenda item I saw that says receive enrollment report from CMS that identifies individuals whose citizenship or immigration status cannot be confirmed there federal database such as space? We did receive this report for the month of August and September. The initial report included about 34,000 recipients. We took efforts ongoing to clarify the status of these individuals on the report but our preliminary efforts have determined that most do not require further verification because Pennsylvania DHS and OIM was able to narrow the list that CMS provided by removing duplicate individuals could and through the available system verification that CMS had not considered in their data pool which included determining which individuals on the list were verified as U.S. citizens. And those that had their status verified through lawful presence. Also we filtered out individuals who were eligible for and receiving emergency medical

assistance and also those individuals in a reasonable opportunity period to verify citizenship. We really narrowed down that list from CMS and for the remaining group that might require further verification we are developing a process to gather the necessary verifications we can ensure will satisfying CMS part and also ensuring those who are eligible remain connected to benefits. CMS has not provided a timeframe with the resolution on this activity or refer to any kind of reporting template which might need to be shared with them. They are taking the information that we have been doing our due diligence to work through that to make sure we are helping individuals stay connected to benefits.
>> That is a thorough response and I appreciate that. Any rough estimate of what the number from 34,000 has been reduced down to?
>> I do not have that number in front of me. I can see if we have that number. From what I see here that sounds like it is a very small number because we were able to comb through the data that they provided through our sources to say this person was on the list but like I said it was a duplicate or they were a U.S. citizen or we have other means to verify lawful presence or they are in the period of time where we are giving them an opportunity to establish their lawful presence.
>> Perfect thank you.
>> That was everything that was on OIM's list. I will pause to see if it generated any questions or if there's anything else that is necessary for me to address from OIM.
>> Anybody have anything else for Scott? I'm not hearing none. That was a lot Scott. We appreciate you.
>> Thank you and I appreciate the opportunity to provide the OIM updates. If you do have any other questions that come through you can give them to OIM through me and Sonia Brookins any information we talked about, when we are able to share it we will share it with the committees.
>> Okay. Thanks again. Next OLTL. Who do I have the pleasure?

OLTL Report

- **Deputy Secretary Updates**

>> JULIET MARSALA: Hi Sonia Brookins it is Juliet, can you hear me?
>> Yes how are you?
>> SONIA BROOKINS: I'm well how are you.
>> I'm good.
>> You have the pleasure of a couple of us at OLTL presenting and answering.
>> Hello.
>> Okay we hear you.
>> I think she had technical issues. She went off and came back on. Juliet the floor is yours.

>> JULIET MARSALA: Thank you. I was just sharing we have several from OLTL presenting and answering follow-up questions from prior visitations today. It is going to be a group of us but I will kick us off. Let's go to the next slide. We had some updates. And then we will flow into follow-up questions and discussions. We will do our usual procurement update and talk a little bit about Medicare open enrollment timeframe and going back to follow-up on CHC appeal follow-up data. Next slide. Which is not new news. There is no new news community health choice RFA remains in a state of operation should be continued under the memorization care organization until further notice. As you know questions about the RFA and contents can be sent directly to procurement by the resource account which is on this slide. If we go to the next slide. I wanted to highlight a particular office of long-term living over 80 percent of our members are duly eligible. We did want to highlight on behalf of the Department of aging on behalf of of the office of long-term living Medicare annual open enrollment has begun. It began October 15. PA Mehdi which is a Pennsylvania Medicare education and design inside (PA MEDI) counselors are available to help dually-eligible Medicare and Medicaid. Participants in deciding how they wish to maintain or change their enrollment or Medicare benefits. The annual enrollment period for Medicare beneficiaries began October 15. The PA MEDI counselors and preservice campuses with new and current beneficiaries and help select a new coverage plan or make changes to existing benefits or understand all the various plans that might be out in the Medicare market for them. During the open enrollment. New beneficiaries can sign up for Medicare prescription drug coverage. And health plans to complement Medicare. And current beneficiaries can review and join, switch or drop Medicare advantage prescription drug coverage is so that it better meets their needs. The PA MEDI counselor provides the free objective benefits counseling through the 52 area agencies on aging. More information about PA MEDI is on the Department of aging website or folks can call the medi helpline 1-800 783 3 – – 7067. We did want to highlight this resource. For the many folks that are serving CHC or new duly eligible folks or anyone eligible for Medicare. Not just duly eligible. That the open enrollment period has begun and there is help to make those decisions. We go to the next slide. Before I switch over to my great team on CHC appeals data follow-up I want to mention a couple things that were not on the slides and the first is to give a shout out to our chief of staff Jermayn Glover who was one of 20 selected rising state leaders that was selected for a really great Medicaid Pathways program for the Centers for Healthcare Strategies. That is a program for rising leaders and Medicaid it's a rigorous application progress and we are very very proud of Jermayn. In achieving the acceptance of this application. We are looking over to hearing from you and learning about all the great things and expresses he will have the Medicaid pathways program.

>>The other thing I also wanted to celebrate today is that the Office of long-term living for the past three months since June 2025 has maintained our highest level of serving participants in the community. We've maintained that for a three month trend at 78.3

percent. The LTSS subpopulation is being served in the community and this is the highest it's ever been for the office of long-term living. We've been sustaining that bar for the last three months. We watched it very closely. We will continue to do so but I did want to share and highlight those positive news, particularly in light of everything we are facing today. With that I will hand it over to Randy. For the CHC appeals data follow-up and I believe Brian. To answer the questions. Are they on the call?
>> Randy is here but I think Brian and Colleen will handle the appeals data.
>> Is a Brian on the call as well?
>> Yes good afternoon this is Brian. Colleen will be addressing the questions.
>> Hi there I'm also on the call.
>> We do hear yo,u Colleen. We appreciate you highlighting the PA medi as a resource for duals who need help with their Medicaid issues during open enrollment. It is an excellent resource available it's good to see it broadcast in this setting. Thank you for that.
>> Okay Colleen can go head.

- **CHC Appeals Data**

>> COLLEEN MILES: Thank you. I do want to thank this committee for the opportunity to come back and respond to your follow-up questions from last month's meeting. It is always my pleasure to engage with our participants and partners and I'm excited to be here again this month. I want to let you know I have researched the questions that you provided to us and I can provide some information response to your inquiry. I'm going to start with the first question that was on the list. Which was regarding past grievances. The increase in past grievances for one particular CHC CMO. We've identified that as Pennsylvania health and wellness and I have worked with them to review the increase and I'm able to provide an answer to your question. You all asked that you had notice there was a sharp increase in past grievances compared to 2023 and had many more past grievances than the other plans. What information could we share about the reason for this. Pennsylvania health and wellness did see a 79 percent increase in grievances and 97 percent were related to personal services. This increase was primarily due to a higher number of CHC MCO transfers. Under the 2024 community health agreement PHW was permitted to reassess those participants upon transfer. They also had and has the review process and determine the letters to improve clarity and reduce future grievances. That is the response to that question. I am going to pause to see if I have anything further I can add or if there's any follow-up question to that.
>> Thank you for that information. Do you have any comments?
>> SONIA BROOKINS: I appreciate the partnership with PHW and that they were able to obtain information for you.
>> KYLE FISHER: Sorry Colleen I want to follow up. It sounds like PHW explained the

increase due to transfers from other MCO's. Were you able to see if PHW had a disproportionately high number of transfers compared to the other MCO's? We know its HCBS membership is low relative to the other two. Was there any comparison of data from the past year?
>> COLLEEN MILES: I did not conduct that comparison but I'm happy to do that and send it out. Through the communication channel. In short order.
>> Thank you for that.
>> Sure. The committee had also submitted a request for some follow-up data relevant to things they are hearing. A particularly those pending states are hearing that the status had not been reported in last month's meeting. Essentially your question was even noticed over 800 appeals had not been withdrawn or decided. At the end of 2024. Does OLTL have information about how many appeals or percentages that were pending for more than 90 days and what portion of people did not have services pending their appeal waiting for the AK pay pending. On the case is pending for more than 90 days what portions were getting paid pending continuing services pending appeal. Also could we speak to what percentage of appeals are not decided within the required timeframe and any efforts that were made to address this. I can provide a general answer to that today however we are working with all three CHC MCO's to gather the requested information and are prepared to present that information to you at a future meeting. Currently OLTL, excuse me I apologize. Currently OLTL does not require CHC MCOs to track the status of pending states they are hearing. However we do want to remind you that if a participant is currently receiving service or items and disputes or discontinue or reduce or changes the service or item, the participant must continue to receive the disputed service or item at the previously authorized level pending the resolution of the states they are hearing. If the request is made orally and hand-delivered, fax or postmarked within 15 days from the mail date on the written notice of the CHP MCO's decision. We do have an applicable timeframe in which to act in order to be able to continue to receive services at the previously authorized level. If the participant files a request for states they are hearing after the 15 day timeframe the service or item will be provided at the reduced level or if it has been denied will not receive the service or item until the states there hearing is decided. All three CHC MCO's to confirm they do ensure that the participant is receiving the appropriate level of services based on the service covered item and timely state hearing request. That is what I'm able to provide today and as I stated we are working feverishly behind the scenes to pull the status together at it is a bit of a lift because it is not something they been tracking and trending. They are working to get that information to me so I can present it to you at a future meeting.
>> SONIA BROOKINS: I have a question. I understand what you are saying. I hear you loudly and clearly but the 822 that's unknown I have a problem with. I don't know who they are or where they are or if they got service or do they have services. We don't know any of that so I will let you find this out and come back and give us the answer to that number. I would

definitely want to know what is happening with the 822. Not just me but this whole committee.
>> COLLEEN MILES: Absolutely. My desire to get the information to you as I said we worked very hard. We had about two or three days notice to try to pull that information together. It just was not enough time. I am working very hard to get the information for you. I share your concern about where these sit now. As well as the CHC. We are working to get that for you and we will make sure we bring it back to you. I will not drop the ball on that.
>> KYLE FISHER: I would just say one of the pieces from the information you presented last month that stood out was that 800 figure. Out of a little over 2000 fair hearings that were filed. So last calendar year that we didn't have any outcome information for over one third. That was surprising to us and so some of those it would make sense to me are within the 90 day period for them to decide the hearing as they cycle into 2025. But this far into the calendar year of 25 we would hope that either the MCO's themselves or BHA, if they're able to work with you on this. can give us insight into the disposition of those appeals and what has happened in the meantime. Thank you for taking this back and working to put that information together. I appreciate it.
>> Absolutely. I completely understand. Like I said we will gather the data and information and bring that information back.
>> Thank you.
>> Any further questions?
>> I don't have any. Does anyone have any more questions?
>> No.
>> Thank you very much I look forward to talking with you in the future.
>> Thank you.
>> Next?
>> I believe that's the last agenda item.
>> SONIA BROOKINS: That is lovely. Okay. On behalf of the committee I do want to apologize for this morning for the technical inconvenience because we did not get a chance to introduce ourselves. I am Sonia Brookins, the chair. I wanted to say thank you to all and I apologize again for the inconvenience for the delay with this afternoons meeting. On that note do we have somebody to adjourn the meeting?
>> This is Meghann. I motion to adjourn.
>> Deb Shoemaker, I second.
>> Thank you so much I appreciate it. Everyone have a good week the rest of the week. Thank you.
>> Thank you everybody.