01/22/2026 Medical Assistance Advisory Committee Meeting

Committee members present: Sonia Brookins, Jospeh Glinka, Jolena Calla, Julie Korick, Kathy Cubit, Minta Livengood, Richard Edley, Russ McDaid, Nicholas Focht, Ted Mowatt, Dr. Mark Goldstein, Dr. Chiamaka Nnamani, Matt Seeley, Mia Haney, Deborah Shoemaker, Mary Hartley, Nick Watsula, Dr. Marc Yester

DHS representatives present: Brinna Ludwig, Carl Feldman, Elise Gregory, Eve Lickers, Jennifer Smith, Juliet Marsala, Kristen Ahrens, Sally Kozak

*Due to technical issues, MAAC support staff were unable to access the attendee report for the January public meeting.

>> ELISE GREGORY: Good morning and welcome to the January edition of the Medical Assistance Advisory Committee (MAAC) meeting. Today is Thursday, January 22nd, 2026. My name is Elise Gregory. Before we begin the meeting, I would like to go over a few items. 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.
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Representing the Department of Human Services (DHS or the Department), Deputy Secretary, Sally Kozak. From the Office of Long-Term Living (OLTL), Deputy Secretary Juliet Marsala. From the Office of Mental Health and Substance Abuse Services (OHMSAS), Deputy Secretary Jennifer Smith from the Office of Developmental Programs (ODP), Deputy Secretary Kristin Ahrens, from the Office of Income Maintenance (OIM), Bureau Director Carl Feldman.
Questions or comments may be submitted in the question tab of the webinar. If you have questions related to the meeting or need additional information, please visit the MAAC web page. I will now hand things over to the MAAC chair, Ms. Sonia Brookins.
>> SONIA BROOKINS: Good morning and thank you for that, Elise. Good morning to everyone. Happy new year to all that I didn't say it to. We will start with meeting off. I'm Sonia Brookins, the chair of the MAAC. We will do roll call.
>> ELISE GREGORY: Jolene Calla?
>> ELISE GREGORY: Kathy Cubit?
>> KAHTY CUBIT: Good morning, I'm here.

>> MINTA LIVENGOOD: Minta Livengood.
>> ELISE GREGORY: Got you.
>> ELISE GREGORY: Richard Edley? (No response)
>> ELISE GREGORY: Nicholas Focht?
>> NICHOLAS FOCHT: I'm here.
>> ELISE GREGORY: Joe Glinka?
>> JOE GLINKA: Good morning.
>> ELISE GREGORY: Dr. Mark Goldstein?
>> ELISE GREGORY: Mike Grier?
>> ELISE GREGORY: Mia Haney?
>> MIA HANEY: Good morning.
>> ELISE GREGORY: Mary Hartley? I saw Erin was attending for her.
>> ERIN GRIMES: Yes, I am attending for her. Good morning. Thank you.
>> ELISE GREGORY: Julie Korick?
>> ELISE GREGORY: Russ McDaid?
>> RUSS MCDAID: Here. Thank you.
>> ELISE GREGORY: Ted Mowatt?
>> ELISE GREGORY: Dr. Chiamaka Nnamani?
>> ELISE GREGORY: Deborah Shoemaker?
>> DEBORAH SHOEMAKER: Good morning.
>> ELISE GREGORY: Nick Watsula?
>> NICK WATSULA: Good morning.
>> ELISE GREGORY: Dr. Marc Yester?
>> ELISE GREGORY: That's it for roll call.
>> SONIA BROOKINS: Do we have a quorum?
>> ELISE GREGORY: Yes, we do.
>> SONIA BROOKINS: Can I have a motion to accept the minutes for the December meeting, please?
>> DEBORAH SHOEMAKER: Deborah Shoemaker motion.
>> TED MOWATT: Second.
>> SONIA BROOKINS: Any abstention?
>> SONIA BROOKINS: All in favor?
>> SONIA BROOKINS: Ayes have it. So, moved. Thank you so much for that. Sally, you're up.
>> SALLY KOZAK: Thank you, Sonia. Good morning, everybody.
A couple of things that folks asked me to talk about this morning. The impacts of HR 1 (House Resolution 1, One Big Beautiful Bill), specifically the work requirements and the state direct payments hospital assessments. The Rural Health Transformation Plan (RHTP), as well as GLP-1s (Glucagon-like peptide-1).
So, I'm not sure whoever is manning the slides, but hopefully, you can follow along as I talk.
So, I think folks have heard me say this. Currently, the Department is focused on the SNAP (Supplement Nutrition Assistance Program) work requirements as this is the very first of the HR 1 requirements that have to go into place.

Once the SNAP work requirements are in place, then we will begin to focus on the Medicaid work requirements. And we have until December 31st of 2026 at which time the Medicaid work requirements will take effect.
We will be using the lessons that we learn and the information that we gather across all the program areas to help inform us as we come into compliance with the Medicaid work requirements.
As a reminder, the Medicaid work requirements will require adults to complete 80 hours per month of either work, education, or community service as a condition of eligibility.
There will be exemptions for certain adults. For example, medically frail individuals. And we are waiting for additional guidance from CMS (Centers for Medicare & Medicaid Services) on what that is allowed to look like.
The other part of HR 1 that will have significant impact to Medicaid eligibility is the implementation of six-month redeterminations for adults. And that will begin, on December 31st of 2026.
We have been working on how we can use our IT (Information technology) systems and what changes we need to be able to make to be able to complete some of these six-month redeterminations without individuals having to do all the paperwork associated with it.
Folks asked me yesterday about the IT changes. I am not an IT person and will probably get anything wrong that I say. So, we will work with our IT folks to see if they can come to one of the future meetings to give everybody an update on what it is that they're doing.
In terms of stakeholder impact into everything that is going to happen around the six-month redetermination and the work requirements, we will be convening a stakeholder workgroup. And that group will include members of the MAAC and the ConSub. The members of this stakeholder workgroup can then provide updates to their respective groups, as well as being able to bring the input of these groups and subgroups to the HR 1 stakeholder workgroup.
We will be issuing additional information about the stakeholder workgroup in the short term. So, I want to say probably closer to the end of February, beginning of March.
And beyond just the members of the MAAC and the ConSub, there will be a much broader range of representation in that stakeholder work group as well.
Questions about eligibility and Medicaid work requirements before I move onto the next slide to talk about state directed payments and hospital assessments?
>> SONIA BROOKINS: Anybody have any questions? (no answer). Okay, Sally, you can go ahead.
>> SALLY KOZAK: Thank you.
In terms of state directed payments and hospital assessments, we do have three assessments that help finance the Medicaid Program. They are the Statewide Hospital assessment, a Managed Care assessment, as well as the Philadelphia Hospital assessment, which applies of course directly to the Philadelphia-area hospitals.
Between 2028 and 2030, HR 1 requires that the Department decrease the amount of the assessments to no more than 3%. Currently, all three of those assessments are over this threshold. So, there will be a significant financial impact to the Medicaid Program as we will

not be able to raise and get the Federal match on existing revenues to fund these three assessments which fund the MA Program.
We also make what are called state directed payments through managed care that we will have to change as well. Currently, we can make these state directed payments, which are add-on payments to what providers are already getting reimbursed by the managed care organization, we can add them up to the average commercial rate. However, by 2030, we will no longer be allowed to use the average commercial rate as our benchmark. We will have to use the Medicare rate, which is lower than the average commercial rate.
In addition, CMS has added new sets of conditions to these payments. They have required us to tie the state directed payments back to provider measures that show improvements. And if we don't meet the promised improvement, they will have the ability to take back the funding we made to providers. Just to clarify for folks and give you an example, we currently have to tie these payments back to our quality improvement strategy. We are currently able to use improvement measures such as maintaining access to care and improving access to care. They can be very generic like that. Going forward, we will have to be much more specific, for example, and say increase access to X type of care by X percent. So, it's a very different type of improvement strategy that we need to make going forward with these state directed payments.
The changes in the assessment rates and the changes in how high we can pay the state directed payments as well as the changes that need to be made to tie it to quality are likely to mean that there is less funding available for the Medicaid program in the future.
At a high level, those are the changes in HR 1 to Medicaid eligibility, as well as Medicaid payment.
>> SONIA BROOKINS: Questions about the payment portions?
>> SONIA BROOKINS: Hearing none.
>> SALLY KOZAK: Okay. Then let's talk about the RHTP. As you know, CMS issued an opportunity for states to apply for funding up to $200 million per state to transform their rural health system. We applied and in December, actually on December 30th, we got the notice that we were awarded $193 million in Federal funding for the first year of the rural health transformation grant. The grants will be over a five-year period so there's four more years to go on it.
As part of the grant, we agreed to foster innovation, as well as improve access to essential healthcare services in rural communities that are going to be impacted by the Federal spending cuts to the state Medicaid Program. With the approved funding, the Department is going to work with established regional economic development entities to convene regional care collaboratives which will guide our rural health projects and funding for the region. We plan to use the initial funding to establish rapid response access stabilization grants to support work already happening in local communities.
Yesterday, I said that we're looking at what we're calling “shovel ready”. So, we are looking at those projects that have already started but need additional funding to continue. So as an example, it may be possible that there are some areas where there is lack of maternity access, but mobile units are interested in taking on that challenge. But they need funding

to support the mobile units. When I say “shovel ready” projects, those are the types of things we're looking at. The people are ready to stand the initiatives up but need the funding to move forward.
The transformation grant that we got of $193 million-plus is renewable over five years. We will have to secure additional funding. And whether or not we get it will be based on our performance and whether or not we were effective and able to spend that money in year one and in subsequent years. The grant is being managed out of our Office of Policy Development (OPD) here in the Department, even though the initiatives are cross-department. Questions about that? We're excited that we got $193 million-plus award.
>> JOE GLINKA: Sally, it's Joe Glinka. If I could ask a question or two.
>> SALLY KOZAK: Sure.
>> JOE GLINKA: Congratulations to the Commonwealth on that $193 million-plus award. Is it correct to understand that the money, if it's not all spent could be clawed back by the federal government?
>> SALLY KOZAK: The money can be clawed back by the federal government if it's not spent and also it can be clawed back by the federal government if we don't meet the targets and implement the initiatives that we committed to in our grant proposal.
>> JOE GLINKA: I think they're modeling their period after the federal fiscal year, which means that, do we have to have the money spent by the end of September or at least allocated for investment?
>> SALLY KOZAK: I'm not sure about that. Federal fiscal year or state fiscal year and I'm not sure if it's allocated or spent. Let me see if there's anybody from the OPD that happens to be on the call.
>> BRINNA LUDWIG: I can jump in. My name is Brinna Ludwig. So, the program is loosely connected to the federal fiscal year. The budget years run from October 31st to October 30th, which is different from the federal fiscal year and then the program year for this year that runs from December 29th to October 30th. We have until the end of the following fiscal year to spend the money. So that will be, for this year's funding, we have until September 30th, 2027, to spend this year's allocation from the federal government. Does that answer your question?
>> JOE GLINKA: Yes. That's very helpful. If it was 9/30/26, that doesn't leave much time to get that amount of resources out the door.
>> BRINNA LUDWIG: Yeah. Exactly. So, we do have some time, but I will say that it's our priority to make sure we're spending this money and spending it appropriately as well. But this is a cooperative agreement, so CMS will be very involved in terms of the allocation of funding.
>> JOE GLINKA: Thank you very much. That's very helpful. Thank you.
>> SALLY KOZAK: Joe, was that the only question you had?
>> JOE GLINKA: Yeah, actually. I thought maybe another one would come top of mind, but it's not. We're good. Thank you.
>> DEBORAH SHOEMAKER: Sally, this is Deborah Shoemaker. Congratulations. In light of things going on, I'm glad we got the money we did. Is it possible to have contact

information for OPD, for anybody that has questions or wanted to get more information about the grant itself besides what's on the website?
>> SALLY KOZAK: Yeah. Let me say this. If you go to our website at: https://www.pa.gov/agencies/dhs/programs-services/healthcare/rural-health/rural-health-transformation-plan. There is the transformation plan available there. There is also a link to a form out there that you can use to submit questions that the Department will respond to here: https://www.pa.gov/agencies/dhs/contact/feedback. The RHTP website is where we will also be posting updates. We can put the link in the chat for everybody. So yes, that's where people should go. That's the most direct route.
>> DEBORAH SHOEMAKER: Thank you so much, Sally. I appreciate that. I'm excited about working with you.
>> SONIA BROOKINS: So, is it fair to say that the $193 million, half of it is allocated already, know where you want to put it?
>> SALLY KOZAK: No, that's not safe to say, Sonia.
>> SONIA BROOKINS: Okay. I'm just asking.
>> SALLY KOZAK: No, the team that's leading it, Brinna and her team, are carefully evaluating how to move forward in the proposals that we will be receiving. The example I gave about the ambulance is just an example. It's just a theoretical example.
>> SONIA BROOKINS: I'm just asking.
>> SALLY KOZAK: Yeah. I appreciate the question, Sonia.
>> SONIA BROOKINS: Alright. Thanks. Anyone else? Okay.
>> SALLY KOZAK: I see some questions in the chat and then also Dr. Nnamani had her hand up.
>> SONIA BROOKINS: Oh, I didn't see that.
>> SALLY KOZAK: Let Dr. Nnamani go and then you can do the chat questions.
Dr. Nnamani?
>> CHIAMAKA NNAMANI: Yes, can you hear me? I didn't realize I muted myself.
Thank you so much. This is very helpful. Happy new year, everyone. I had a couple of questions. When you say the funds are going to be distributed to local economic development funds? Like commissions? Or how are they going to be managed across the rural counties? And then, I apologize if I missed this earlier, but when are the monies supposed to be dispersed to each of the counties? So, I guess the question is when and how?
>> SALLY KOZAK: Yeah. And Brinna, feel free to chime in on this. We just got the notification of the grant on December 30th. And while we had an overarching plan, we had not yet made any determinations about any specific initiatives or allocations of the dollars because we did not know how much we were going to get. Now that we know what it is we're getting, the team that is leading the rural health initiative, Brinna and her folks, will going to begin engaging in those conversations. That information as we begin to make decisions will be available through updates on our website. I don't know if you want to add anything to that or not.
>> BRINNA LUDWIG: Yeah, of course. So, I want to be very clear, the notice of award we

received on December 29th was CMS telling us that $193 million was available. I can promise you that we don't currently have this money sitting in an account and we're not holding it for any reason. Every state, because every state didn't get exactly the same amount they asked for, is required to submit a revised budget. Because every state has to do that, this money is not immediately available to any state.
In terms of what's happening in year one and year two of the program and the plan, that's described in our project narrative, which is available on our website. And in the first year of the plan, one of the first things that is a priority is this rapid response stabilization program that Sally started to explain. And that program meets an immediate need in rural community. So, we'll be evaluating and that need could change based on even when we did the application for the award. So, we will be evaluating establishing that program and distributing funds through that program.
In terms of the funding for particular rural areas, it's described in the project narrative that we'll be using an allocation formula based on the eight regions defined in the project narrative. So for those funds, each region will have that much funding based on an allocation formula to use. And ultimately, the rural care collaboratives will determine priority of projects to make sure that we're really meeting the needs in local rural communities as those local communities themselves define it.
>> CHIAMAKA NNAMANI: Okay. Thank you. That's very helpful. I appreciate it. The question was as a representative of the American Academy of Pediatrics, the Pennsylvania chapter, some of the members wanted to know some specifics around that and how this may impact children across the state. So, thank you. I appreciate it.
>> UNKNOWN SPEAKER: Does the Department have a specific estimate broad or otherwise of the total fiscal impact of the changes to the assessment on state directed payment roles?
>> SALLY KOZAK: Clearly, we have done some preliminary analysis. We are waiting for additional guidance that CMS has indicated they will issue. We anticipate that that will be available probably in late summer, is what they have indicated. Until we get closer to the actual timeframe for implementation, which is 2028, we won't have a final analysis of the fiscal implications. It's going to depend on where we're at in terms of number of eligible individuals. It will be impacted by the SNAP at the time. So, there's a lot of factors that will go into an actual dollar amount and it's too early to tell what that is right now.
>> ELISE GREGORY: From Andrew Kunka, are you able to provide any more information on the timeline to release additional guidance on the state directed payments that will change under HR 1 and the specific quality goals that will be applied to these?
>> SALLY KOZAK: I'm not exactly sure what you're asking. Again, if you're asking about the financial analysis of all that, it's still just a little bit too early for us to talk about that. In terms of the quality goals, again, we're waiting for some additional guidance from CMS.
>> ELISE GREGORY: From Mike Lane. What is the timeline for the RHTP and for spending when the money needs to be spent by and when the period is to be attributable?
>> SALLY KOZAK: Okay. I think Brinna answered those questions when she was talking. I would encourage you to go out and look at the website and the transformation plan, as

well as any updates that we issue because that information will be out there as well.
>> ELISE GREGORY: From Jason Snyder, will the health hub departments receive any additional funding or be able to distribute it themselves?
>> SALLY KOZAK: I'm not sure I totally understand that question. Again, if you go out to our website, there's a link to a form for folks to submit questions and the Department will respond to. I would encourage you to go ahead and submit the question that way.
>> SONIA BROOKINS: Is that it, Elise?
>> ELISE GREGORY: We have a few more. But if we don't have time for that, we can send them out to the appropriate parties.
>> SONIA BROOKINS: Alright. Thank you for that.
>> JOLENE CALLA: Sonia, could I ask a quick question to Sally about the grants?
>> SONIA BROOKINS: Sure.
>> JOLENE CALLA: You said that CMS was going to be very involved with this. Can you talk a little bit about what that means? Do they have to look at the plans that you have submitted and agree with you? Or do they just have to hear you verify that, yep, we're doing things that are in accordance with the plan? How does that work?
>> SALLY KOZAK: I don't recall saying CMS will be very involved with that. Maybe that's something that Brinna said. Are you available to answer that question?
>>BRINNA LUDWIG: Absolutely. Before we can draw down funds, CMS will have to review any contracts or agreements.
>> JOLENE CALLA: Thank you.
>> SALLY KOZAK: Okay.
>> SONIA BROOKINS: Okay, Sally.
>> SALLY KOZAK: Lots of good questions. Again, I would encourage people to go to our website if you have questions and use the link to the form and submit them and somebody will respond to them.
So GLP-1s, I think everybody is aware by now that effective January 1st of this year that the Department stopped covering GLP-1 medications for the treatment of obesity and overweight. We did and still continue to cover them for other approved indications, including diabetes and prior authorization is required.
As of 1/1/26, all individuals who were on a GLP-1 were required to get a new prior authorization regardless of current or past approval status, as there was no grandfathering. All requests will be reviewed for medical necessity other than for obesity and overweight, which we don't cover GLP-1 medications for that anymore. So those will not be reviewed for medical necessity.
The exception to this is children under the age of 21 and that is because children under the age of 21 under the EPSDT (Early and Periodic Screening, Diagnostic, and Treatment) rules are required to get all medically necessary services regardless of whether or not they're a state plan benefit. We have notified our physical health managed care plans about the specific attention that they need to pay to children under the age of 21, and we are monitoring that on an ongoing basis.
In terms of actions that we have taken, we issued an MA (Medical Assistance) Bulletin on

November 24th advising providers of the revisions to the Prior Authorizations guidelines and stopping of coverage for obesity. We sent notices to every beneficiary in managed care and Fee-for-Service (FFS) at the end of November notifying them that GLP-1s will no longer be covered for the treatment of obesity. And we issued a public notice at the end of December regarding the termination of the GLP-1s for obesity as a benefit. We submitted a State Plan Amendment to CMS on 12/30 to update our coverage of GLP-1s and it's currently with them for review.

In terms of appeals or complaints that we have gotten. As of the first full week in January, we had 1,112 appeals. Of these, 68 were for individuals under the age of 21. And the remaining were all for adults. The vast majority, about 900 of these, were for complaints filed appealing the initial notice indicating that current authorizations would be terminated as of 12/31/25. And these were categorized as complaints. The remainder of the grievances or subsequent denials were, the remainder of the grievances, were for denials of requests for new prior authorizations. Again, we continue to monitor the process, and we continue to pull random samples of denials to ensure that folks are doing what it is that they need to be doing. So that's my update on GLP-1s. Happy to take any questions. And I think that ends everything that I'm talking about this morning.

>> SONIA BROOKINS: Any questions for Sally? In the chat?

>> ELISE GREGORY: We have no new questions for GLP-1s.

>> SONIA BROOKINS: Thank you so much, Sally. Appreciate it.

>> SALLY KOZAK: Sure. You're welcome. Next up, ODP.

>> KRISTIN AHRENS: Good morning, can you hear me? All right. We can go ahead to the next slide. I will provide two updates, one of where we are with the Adult Autism Waiver renewal and some updates on implementation or operationalization of some of the changes that we made in the three ID/A (Intellectual Disabilities and Autism) waivers through amendments that were effective January 1st of this year. So, you can go ahead to the next slide.

Unbelievably, we are already at a five-year renewal again for our Adult Autism Waiver. It expires on June 30th of this year. We did, as we typically do, hold kind of an open-ended listening session. We do two open-ended listening sessions to hear from participants and other stakeholders engaged with our Adult Autism Waiver to get feedback on changes and recommendations they may like to see as we prepare for the renewal.

The proposed changes were published in the PA (Pennsylvania) Bulletin on January 6th for public comment. So that public comment period is currently open. Go ahead to the next slide.

The changes are minor and for the most part are intended to align with the other ODP waivers. So, these were changes that we made in recent amendments in the three ID/A waivers.

So, for assistive technology, and this was a very, we got great comments supporting this change, when we put this out for the ID/A waivers and similarly when we published this for the Adult Autism Waiver. We intend to have a $3,000 annual limit and there is an exception for a single year. For someone who has a singular device that's pretty expensive, we have a

process to work outside of that $3,000 annual limit. For vehicle modifications, we historically have had a $10,000 limit per person for a five-year span. We are changing that to $20,000 for ten years.
And then another minor tweak here is that we had in the Adult Autism Waiver, the life sharing service was sort of a subset of our licensed residential rehabilitation service. We are splitting those out as two distinct services, which aligns with our other waivers.
You can go to the next one.
In terms of supported employment, simplifying some things here I think for participants and providers. First, for the career planning portion of the service, we had reauthorizations required every 90 days. That's not been very useful or practical, so we are changing that to six months. And then we had split out and had separate billing and procedure codes for intensive job coaching and extended employment as part of the supported employment service in the Adult Autism Waiver. We're not finding that has much utility, so we are going to just subsume all of that under a singular procedure code. And the rates were the same and will remain the same under that procedure code. Next slide. And then a couple of other changes.
We will be removing speech therapy from the waiver and this is a service that hasn't had anyone utilize it for an extended period of time. We actually intended to remove this at the last renewal, but because of maintenance of effort requirements for accepting funds from the federal government, we were unable to do that. So, we are now removing that.
Another requirement is provider qualifications related to our respite providers. We have a number of providers that have come in and are not providing services to anyone. And then they are still subject to all of the regulatory oversight and monitoring and requalification. So, this does align to some extent with work that we have done in the other ODP waivers to say if you're going to remain enrolled, we expect that you are providing services to at least one person.
And then home modifications, we have for the last many years required three bids from anything that was over $1,000. We're going to raise that limit to $2,500. Next slide.
Public comment period, as I said, this is still open. You have got links on the slide deck here where you can register for the public comment where we will be accepting verbal comment from folks. There are also the instructions for submitting written comments on the announcement that is also linked here:
https://www.pa.gov/agencies/dhs/newsroom/shapiro-administration-announces-public-comment-opportunity-for-federal-application-proposing-new-medicaid-program-flexibilities-to-help-improve-pennsylvanians-health-dhs
Then we'll move on to how we have been operationalizing some of the changes from our waiver amendments from these three ID/A waivers. The Consolidated Community Living, Person Family Directed Support waivers. The amendments took effect on January 1st. You can go to the next slide. I will tell you a little bit about some of the things we have done since then.
We did provide some guidance and clarifications for the field related to a new requirement. As I just noted with the respite and the Autism waiver, we did include an amendment for

three of our services, community participation supports, in-home and community and companion that enrolled providers are providing services and that they are providing them to at least three people a year.
And so, the timelines for when this rolls out, when it applies, when we're calculated it, all of that is in the guidance that we have published.
In response to public comment, we came up with a very reasonable implementation that gives providers who aren't providing any services to anyone or are providing just to one person with a nice on-ramp in terms of length of time for them to be serving additional people. And I think as MAAC is well aware, we do struggle. We have people who are very much in need of these three services in particular. These are some of our big hitters in terms of utilization and people certainly looking for access to these services. So, for these providers even to expand by a couple of people means we will have a couple of people who have been seeking this service who are able to get it.
And lastly, one thing that ODP has known is that our individual support plan manual is much easier to read than our federal applications for our waivers. And so, for people looking to understand parameters, guidance, limitations around any of the services that are available, the individual support plan really is that sort of desk reference. And for everyone's knowledge, that was updated to include the changes that went into effect on the 1st of January of this year. Again, live links in there so people can go grab that down. It is probably one of our chief reference materials. And then for anyone who wants to actually view the recording of our updates to the waiver, all those amendments, there is a recording of our kind of ticking through in detail every single one of those changes. And we have presented those to ISAC (Individuals with Special Needs), but we tried to do that very briefly. You can see the extended version in this recording and that's all I have got. Thank you. I'm happy to take questions or comments.
>> ELISE GREGORY: I don't have any questions in the chat for you at this time.
>> SONIA BROOKINS: Alright.
>> KRISTIN AHRENS: Great. Thank you very much.
>> SONIA BROOKINS: Thank you. Next, Juliet?
>> JULIET MARSALA: Good morning, Sonia. Good morning, everyone. I'm here to provide some OLTL updates for everyone. Just the usual procurement update slide and talk about some recent OLTL communications. If we go to the next slide. Folks should be familiar with the program updates. There have been no changes to the Community HealthChoices RFA (Request for Applications). We remain in a stay and the CHC (Community HealthChoices) program will continue to operate under the current managed care organizations (MCO) and agreements until further notice. And the email box remains open for anyone who has questions regarding the RFA. And that email is RA-PWRFAquestions@PA.gov. The next slide. We did want folks to be aware on January 9th; we posted our bulletin for the updated 2026 Act 150 sliding fee scale. So that is posted on our website at DHS and it has an effective date and an issue date of January 1st, 2026. And the purpose of the 2026 Act 150 sliding fee scale bulletin is to provide the most recent sliding fee scale to all OLTL service coordination entities who are working with Act 150 program participants so program

participants can know kind of what their contribution requirements are. And so, with the issuing of this bulletin, we rescind the former bulletin for last year's sliding fee scale. For folks who don't know what the Act 150 program is, it is a very essential, critical program that allows individuals who need personal assistant services who do not meet the eligibility of Medicaid to be able to access that life sustaining personal assistance services with the sliding fee scale for affordability to allow these individuals and support these individuals to continue with their independent living in the communities of their choice. So, it's a fairly small program, but it is an important one.

A couple of communications that are not in the slide deck that I did want folks to be aware of and watch out for is that fairly soon, hopefully in the next couple of months, we will be issuing the OBRA (Omnibus Budget Reconciliation Act Waiver) renewal call for public comments. We do encourage folks to watch out for that. We will push that out to our Listserv when it gets posted to the Bulletin. So, the OBRA waiver renewal, the OBRA waiver is set to end on June 30th, 2026, and then we renew it on January 1, 2026. This is a five-year sort of renewal cadence. And so, we are working very diligently on that and ask folks to look out for the public notice and comment period.

Once it is announced, it is a 30-calendar day public comment period. So, we do encourage all interested parties to review the renewal and amendment changes and provide comments. For folks at the last LTSS (Long –Term Services and Supports Subcommittee) subcommittee meeting, you would have seen the great presentation by Jen and Robin about the changes to the OBRA waiver renewal. Most notably, we will be adding behavior therapy and benefits counseling as services that may be provided by a Teleservices. So, we hope that it will increase access to folks who need these services. Currently, cognitive rehab therapy services, counseling services, and nutritional consultation may be provided by teleservices, and we heard from a lot of folks that adding behavior therapy and benefits counseling would certainly benefit folks in the OBRA waiver. And as such, we're also putting that extension of teleservices in a CHC amendment that will be happening at the same time.

Other revisions to the OBRA waiver renewal and accompanying CHC amendment really were to address things in the HCBS (Home and Community-Based Services) settings rule to make sure we're compliant with the settings rule's requirement, adding language requiring that service coordinators include the HCBS setting requirements in their service planning process, ensuring that there are additional safeguards in place to ensure conflict-free service plan monitoring for the health and welfare, and other ways for us to strengthen our adherence to the settings rule.

We also removed and revised outdated language, sort of part for the course when we're looking at OBRA waiver renewals and the CHC amendment. We have revised some outdated language across the appendices related to the quality improvement strategy and monitoring process, kind of making sure there's further alignment there.

And also adding in some language for the access to Medicaid services final rule that we needed to shore up. Additional information about our complaint system that's required that we already have in place. And added other language to comply with the access rule,

including updating the timeframe to resolve a complaint from 45 to 60 calendar days due to the additional requirements of the access rule. And we also added formally the beneficiary support services to the responsibilities of the independent enrollment broker. As folks may know, we brought online and implemented beneficiary support services to provide additional assistance for individuals applying for Medicaid or who are receiving Medicaid and need some additional supports and education. So just some pieces there for folks to look to in the near future. And that is all I had for the MAAC this morning. Happy to answer any questions.
>> SONIA BROOKINS: Any questions for Juliet?  What about in the chat?
>> ELISE GREGORY: There are no questions in the chat at this time.
>> SONIA BROOKINS: Alright. Thank you for that report, Juliet.
>> JULIET MARSALA: Thank you.
>> SONIA BROOKINS: Aright. Have a good day. OMHSAS. Deputy Secretary Jennifer Smith.
>> JENNIFER SMITH: Good morning, everyone. Happy Thursday. I hope you're all bracing yourselves for whatever weather seems to be coming our way here in a few days. I don't know about you, but I'm ready for spring already. If you could flip to the next slide, that would be great. Thanks. So, I think I only have one slide today. I was asked to give a standard update on where we are with our 988 suicide and crisis lifeline. And then I will talk a little bit about regulatory updates.
So, in terms of the latest data that we have around 988, for December of 2025, the in-state answer rate for us was 89.8%, which is rounding up to 90%. That 90% is the benchmark that was established for states to adhere to. We have been hovering around that 90% mark for really several years now. For a while, we were above that 90. We were into the 91%, 92% range and we have been down to 88, 89 as we were bringing on some additional call centers and grappling with some staffing issues.
That leads me to the next bullet, which indicates that the number of calls we received in the month of December was really just shy of 16,000 calls. Which is up from the month prior, which was much closer to the 13,000, close to 14,000 range. So, we are continuing month over month over month to see increased calls coming to that call center. So that's important to consider when I say things like we have been at that 90% answer rate pretty much for quite some time. That's actually pretty remarkable that we have been able to maintain that percentage response rate given the fact that we're seeing 1,000, 1500, 2,000 more calls month over month.
So, you can see there that's a 58% increase from last year at this time. So really validates the need for this service in Pennsylvania and those were just calls. So, from a text and chat perspective in December, we received almost 5,000. And that too is an increase over what we had seen the month prior, which I think was somewhere in the above 3,000 range. So, both numbers are going up. That means we're getting more outreach. I wouldn't necessarily say more people outreaching, because these are instances of outreach, these aren't individuals. So certainly, some of these are the same individual who might be calling or contacting us through text and chat at different points throughout the month. In terms of the number of interactions, that continues to climb month over month.

And I also wanted to share some data that I just got in this morning so that's why it's not in the PowerPoint related to the total calendar year 2025 data. So, in Pennsylvania in 2025, there were 145,000 calls routed to our 988 call centers. So, think about that for just a second, 145,000 calls in one year. And that was about a 22% increase over what we had seen in 2024. We did answer 90% of those calls, which meets that federal benchmark, as I had mentioned a moment ago.

I know I often get the question what about the other 10%? And I know I have addressed it before. But since there might be new people on or maybe folks have forgotten. In terms of what constitutes that other 10% of calls, 8% of those calls are part of our abandoned rate, which means that callers are hanging up basically. So, the call never actually gets answered by our call center. So, it might get routed and it might ring once or twice, but folks are hanging up. So, we can't count that as a responded call because we never had the opportunity to respond to it.

So really only 2% of calls routed to Pennsylvania are going to that national backup number. Which means that when somebody calls in Pennsylvania and they're routed to a Pennsylvania line, there's no available capacity at that moment in time for the call to be answered and therefore, it rolls to the Federal backup line. So, when you think about those 145,000 calls in Pennsylvania, only 2% of them really weren't able to be addressed because we didn't have the capacity at that moment to answer the calls.

So that's actually a pretty good number. Nationwide, Pennsylvania looks really, really good in terms of our answer rate. During 2025, we had added two additional call centers, which is really great news for us, and we are continuing to expand capacity and build workforce around the ability to respond to those text and chat features. The only other bit I will share about 988 which isn't on the slide. It appears that funding for 988 does appear in the federal budget, which is outstanding news for us in Pennsylvania. We're hopeful that that will continue to be the case that the federal government will continue to dedicate funding to this really, really necessary service for Pennsylvanians.

In the meantime, DHS will certainly continue to advocate for a longer-term sustainable funding solution. There has been in the past some legislation proposed around the potential for some kind of fee to be added to mobile phone bills. That legislation has not gotten a lot of movement. So unfortunately, we are still at a place in Pennsylvania where we are solely relying on federal dollars to fund these critical services and to answer those 145,000 outreaches that we get.

And I think probably you would remember me also stating that about 90% of the calls that we are able to answer, we can resolve right on that phone call or in that text and chat.

So, it's 10% or less of the time that we actually have to either dispatch a mobile crisis unit or perhaps even call 911 if we feel like there's an actual medical emergency occurring.

So, it's a really, really valuable service to continue to have in Pennsylvania.

The other update I had was just a few items around our regulations. The Psychiatric Residential Treatment services regulatory package had been out for public comment once already. We received some wonderful public feedback. We hosted some webinars afterwards to get additional clarification and talk through some things.

So, we're still in the process of really refining that final package that will ultimately be submitted to the legislature and to IRRC (Independent Regulatory Review Commission), at which time it will be scheduled for a hearing with the IRRC Commissioner. We will have an opportunity to answer any questions they have and then they'll determine whether they will approve or disapprove those regulations. And we expect that final submission to occur in this calendar year, in calendar year 2026. So hopefully sooner rather than later. But we are still working through a number of updates and comments.

And then related to crisis intervention services, there are two different regulatory packages. One is the licensing-related package which addresses more of the programmatic requirements in terms of staffing and physical plant and those types of things. That was out for public comment right before Thanksgiving. We received over 900 comments during that public comment period, which is wonderful. I mean, that's exactly what we were hoping to get. What we're doing now is reading through all of those comments and kind of grouping them into different categories and seeing how we can address those comments. Some are quite easy to address in terms of either yes, we can easily make that change or no, we can't make that change because there's a federal requirement that prohibits us from making that change. And then there will be a category of changes where we really have to have some discussion. So, there will likely be additional stakeholder engagement and outreach around that category of questions and comments that had come in that we're going to need some additional context and maybe some brainstorming and discussion with some of the folks who had submitted those comments. So that will transpire over the next number of months. First, we want to get all those comments organized and really have a plan for these are the outstanding comments that we need to address. And then which stakeholders do we need to engage to have those discussions. So, you can anticipate that happening this spring and into the summer and fall.

The second crisis-related regulatory package is addressing the payment aspect of paying for those services, and that's currently within DHS for review. We're hoping to get that out for public comment this summer. So that was all I had for today. But I am happy to answer or entertain any questions or comments.

>> SONIA BROOKINS: Thank you for that. Does anybody have any questions for Jen?

>> DEBORAH SHOEMAKER: This is Deb. You know where I'm going, Jen. Bravo, bravo, bravo on the 988. Bravo. You know anything we can do to advocate and help. As much as I hate paying any fees on my cell phone, I would pay a fee for that.

>> JENNIFER SMITH: I know.

>> DEBORAH SHOEMAKER: I guess I'm asking a question on behalf of people who had asked questions. There was, as I'm sure you're aware, there was a solicitation for information about 988 that went out the last week or so and a lot of people were confused about it. It was hard to tell if it was a funding announcement, does it relate to the state? Do you have information on it? A couple of people reached out to me and does this mean we're not funded now? Does this affect the funding in the future? It did say things like public and private entities. I don't know if you have information or know what it's concerning or if it makes any changes to the state at all. Or just some information to get

back to people. I said I think we're funded and I'm not sure what the deal is with it.
>> JENNIFER SMITH: It's my understanding that's just the standard notification that they put out for states. So, it's not a new funding source. It's the traditional what we're used to in terms of I'm using air quotes even though you can't see me, applying for these grants. It's an application process, but it's not a competitive grant. So, I think that announcement was just sort of the announcement like hey, states, you can go ahead and tell us whether or not you need the money. And of course, Pennsylvania will say yes.
>> DEBORAH SHOEMAKER: That's right. We will say to show me the money. That's what I told everyone that asked me. I wanted to make sure I was saying it correctly.
But as you know, anything we can do to help with the 988, we will. And that's the problem, a lot of things that come out from CMS, if they're not put in perspective, they're very confusing, especially in light of political things going on. That's why I wanted to ask. Again, anything we can do to help with the 988 is great.
>> JENNIFER SMITH: Things got a little crazy this year because of budget impasse situations, including at the federal level. So, the timing of when we typically see some of these things isn't coinciding with when we're normally used to seeing them. So, it definitely raises questions from folks about waiting, is this what we're used to or is this something different? Yeah.
>> DEBORAH SHOEMAKER: Wonderful. Thank you. Keep up the good work.
>> JENNIFER SMITH: Thanks, Deb.
>> SONIA BROOKINS: Indeed, Jen. Thank you for all that you do.
>> JENNIFER SMITH: Thank you. I will tell my team. They will appreciate that.
>> SONIA BROOKINS: Thank you.
>> DEBORAH SHOEMAKER: Please tell Julie.
>> SONIA BROOKINS: Anything in the chat?
>> ELISE GREGORY: We don't have any questions in the chat at this time.
>> JOE GLINKA: I have some questions.
>> SONIA BROOKINS: Go ahead.
>> JOE GLINKA: Jen, Joe Glinka, thank you for the overview. I'm hoping for a number of questions. Let me try not to inundate you. As far as the increased volume to the 988 lines, would you attribute that to increased awareness of the resource or increased need of services? Or a combination of both?
>> JENNIFER SMITH: I think it's probably a combination of both, Joe. We're in a really interesting time right now. Certainly, there is more awareness, I would say generally speaking, counties are really working hard to build their crisis continuum capacity. And that means things like expanding mobile crisis hours and outreach. Some counties are having emergency behavioral health walk-in centers. And so, in general, kind of the awareness of these types of services is increasing. And that's a really good thing. So certainly, the increased calls could be as a result of increased awareness.
I also just think sort of the political environment that we're living in right now has created a lot of anxiousness for individuals. And they see this service as an opportunity to just feel heard. As I stated earlier, on the majority of calls, it's not a serious enough call that even

warrants sending a mobile crisis team to this individual. It really is just letting them talk through what they're experiencing. It might be sharing some resources with them and certainly we are seeing repeat callers. So, callers who contact us once, feel like they received the support that they needed in that moment, and therefore then feel more comfortable using that same service again in the future.
So, I think it's probably a combination of a lot of different factors. And I would suspect that throughout calendar year 2026 as we start to do more and more public messaging about the impacts of HR 1 and how that will impact Medicaid coverage, I would suspect that we will see increases in calls as a result of that too. People just feeling very worried about that or not understanding the changes and this is one resource they have to get someone on the other end of the phone to be able to answer questions. So, we'll see if that plays out. But that's sort of my prediction.
>> JOE GLINKA: And I appreciate that response. As you stratify the data of the incoming calls, does that provide information that you can glean certain conclusions that would drive interventions or where you need to direct resources for particular interventions?
>> JENNIFER SMITH: To a small degree. What we have to be careful about is that 988, while it's probably the best advertised, is really the newest crisis or mental health suicide lifeline in Pennsylvania. Many counties had crisis lifelines long before a three-digit number or a national number existed. And there are still many counties who operate their own county-driven suicide or crisis hot line.
So, you can't assume that what we see coming into 988 is the full universe. There may be a county who does a really good job and has marketed their line really well and that's why we're not seeing a lot of calls related to those residents. It's also sometimes difficult because the data that we get through the 988 callers is only as good as the information they provide to us in a lot of respects. So now that folks have cell phone numbers that come from other states, we can't necessarily use the data available in the system to make some of those assumptions about whether there are geographic areas that seem to have a higher need.
So, to some extent, we can certainly look at trending of information. We can certainly look at it from a resources need in terms of staffing our crisis centers and making sure that we have enough workforce to handle the centers where we are receiving the bulk of these kinds of calls. But in terms of using the data for funding and policy decisions, we have to be a little bit careful about that because this isn't the only source of data that could drive what the need is.
>> JOE GLINKA: That's fair. I appreciate that. And one last question. I just want to make sure I understand the funding for 988. Is it all federal funding?
>> JENNIFER SMITH: It is. Yep.
>> JOE GLINKA: Okay. And if I heard you correctly, you said there may be some things being discussed where the state could attempt to raise some resources to support 988. Do you think that could hurt us on the federal funding side recognizing that hey, you're raising the money on the state side, so the federal government don't have to pay as much?
>> JENNIFER SMITH: Yeah, that's a really fair question. I don't think at this point we have

seen that happen. There are other states who have come up with mechanisms within their state to fund these services through things like cell phone charges, taxes or fees assessed on their hospitals and health systems. Some states use state dollars to fund the services. They have a general assembly that puts in a line item every year that contributes funding. But I don't know that I have heard from those states that then the federal funding is no longer available to them. But I also haven't asked that question specifically. So that's definitely something we could inquire about.
>> JOE GLINKA: Yeah. We don't want to be hurting ourselves in trying to resource the service more robustly.
>> JENNIFER SMITH: Yeah.
>> JOE GLINKA: All right. That's all I have. I will stop there. Sonia, thank you for allowing me to indulge. I appreciate it.
>> SONIA BROOKINS: Not a problem. Thank you. Anyone else? Thank you, Jen, for the update. We appreciate it again. Next on the agenda, OIM. Carl?
>> CARL FELDMAN: Hello. Good morning. Can you hear me, okay?
>> SONIA BROOKINS: Yes.
>> CARL FELDMAN: Alright. Good to be with you. I'm happy to share some information about some of the information that you have asked about HR 1 and also the Medicaid and SNAP work requirements. These can be thought of as fairly synonymous, while I have said before work requirements existed in the SNAP program, prior to HR 1, they have been expanded significantly in whom they apply to. And that kicked off in, well, the expansion of the population whom it applies to kicked off in November. But the end of our waiver, which was terminated as a result of, or not continued as a result of the HR 1 law kicked off in September.
I think we have said before, but I will say again that because of the government shutdown, all states were to give SNAP recipients receiving, who are on time limit, an additional month on what we call the peer clock. This population is time-limited to three months in a three-year period. They would have otherwise used a month for the month of November and we have to give that back to them. And that's a particularly manual process that we have to go through to change the clocks. As a result of that, it's very hard for us at this time in January to share information about the outcomes of people for whom a time limit was newly applied. We are working on that. We think in February, we will have more information to share about the outcomes. But today, that's not something that we can provide for you.
HR 1 as it pertains to Medicaid work requirements. Our focus up to this point really up to the end of the year has been on the really significant changes that have occurred in the SNAP program outside of the work requirements, the work requirements were a big part of that. But as we proceed through the year, we're obviously going to be focused on the development of the new eligibility criteria that we have to put into place for the Medicaid community engagement requirements.
In the law, in HR 1, it says that CMS has to release guidance to the states by July of this year. That would mean that we would only have six months, probably less, between when the rules have to be in effect and when we could start creating them. And that's obviously not a

feasible scenario to be in. So, we have to work with CMS to kind of push through some of the questions that we need to get answered to pre-figure how the system will need to function, what the eligibility rules will need to look like. CMS has reached out to states and stated that they will start setting up routine meetings with each state to talk with them about these needs. The National Association Medicaid Directors (NAMD) has established a routine meeting with NAMD facilitating on behalf of the states and CMS to attempt to resolve these questions. And the establishment of those things I think is a good sign that we will be able to get more information than we otherwise believed we would get prior to July. But the development of that has not really started yet.
I have more information about the mail delay, but I suspect people have things that they wanted to talk about related to HR 1.
>> SONIA BROOKINS: Any questions for Carl for the HR 1?
>> KYLE FISHER: Good morning. This is Kyle. A question about the definition of medical frailty. I know we have heard a lot about medical frailty as a prime exemption from the Medicaid work requirements and ambiguity in the statute. Can you speak to whether CMS signaled that it will be defining medical frailty or the degree of discretion states may have on that?
>> CARL FELDMAN: They have not really said much about that. I don't have more information I can share about what we expect from them. We agree it's an area that deserves our focus. And in overall development of the policy surrounding the new rules for Medicaid, it is our goal that we will ensure that people who are entitled to an exemption are able to make that known to us and not be subject to the work requirements where appropriate.
>> KYLE FISHER: I guess on the same theme, Carl, it's certainly encouraging to hear that DHS is working or ready to, I think the phrasing you used was pre-figure how the system will need to function. In light of some of the unknowns still, it's good to hear there is progress toward getting information from CMS prior to June or July or whenever they issue proposed rulemaking. That you're already working to set up the system so it can be operational before the end of the year. That tied with I think you heard Sally speak to earlier about having IT folks, DHS IT folks speak to information they already have, the information maybe still needed to automate exceptions, to do ex parte exceptions or wherever possible using diagnosis data or encounter data or other data that the Department or its agents has. I think that's very much a topic of interest to the ConSub and I think the MAAC as well. I guess do you have a timeframe for when you might be able to have a more in-depth conversation with this committee about that?
>> CARL FELDMAN: I'm sorry, I didn't hear Deputy Kozak earlier. I wasn't on the call at that time. Everything that would be required of this rule, you have to know is not the way that our system currently functions. And yes, we have to beyond simply taking in new information, and beyond accessing that information, it has to be integrated into the user interface that a worker has. You have to have on a basic level a whole new set of rules that don't currently exist in our eligibility system that handles eligibility differently for your MG-90s (Modified Adjusted Gross Income), and MG-91s, the expansion population.

We are talking about setting up for those system changes, but we haven't yet started the process of implementing them. And I believe that there is a commitment from the Department for some kind of dedicated group to talk about what that would include for OIM, probably other changes under HR 1. I don't know what that looks like as of today. I don't know if a date has been set for the initiation of those discussions. So, I would expect that's where the conversation would take place.
>> Thank you.
>> SONIA BROOKINS: Alright. Anyone else? Anything in the chat?
>> ELISE GREGORY: We don't have any questions in the chat at this time.
>> SONIA BROOKINS: Okay. Thank you. Okay, Carl.
>> CARL FELDMAN: Okay. I can talk now about some of the mail challenges that you are probably all familiar with. But just as a recap, it was determined that a vendor of the Commonwealth did not conduct its activities for centrally issued Commonwealth mail for about a month from November 3rd to December 3rd, which means that the mail that arrived to that vendor or was picked up for that vendor was not moved from that vendor to the mainstream. And that obviously has implications for the Medicaid Program. People need to be able to correspond with us to keep their eligibility. When we were made aware of this, we took a number of steps to resolve the issue as best we could. We have sent a number of mailings to recipients letting them know how their eligibility will be handled. We sent text messages to them making them aware that this had happened and what might be occurring with their case. We're reopening Medicaid cases, reviewing information available to us to see if we received what we were looking for and then closing as necessary or maintaining their eligibility if that's appropriate.
The cases that were pending were able to remain open with extended deadlines and were given a month to return required materials. We also extended appeal timeframes for these cases. I think it was asked of us how many of the households were mailed about this with extended timeframes. And so, for 73,000 recipients, the mailing on new deadline to complete, so these were pending cases, 73,000 cases received that letter. About 58,000 cases received an application rejection appeal deadline extension. And about 13,000 cases received a new deadline to complete SAR (Semi-Annual Reporting) or LIN (Late Incomplete Notice). So right now, the reopenings are still occurring. If somebody is waiting for that to happen, obviously we would like it to happen as soon as possible. But it's not unusual, I guess you could say that it would take some more time because this is a manual activity. We don't have a mechanism to say this is the cases to which this happened. Restore their eligibility system and see if everything is there or not. Okay, it is. Okay it's not. Act accordingly. Workers have to do this work, and this is an enormous burden they have taken on because of this vendor failure. Our direction is to have those activities completed by the end of the month of January. And that's what we're hoping to see happen.
>> SONIA BROOKINS: Now, Carl, just yesterday, we talked about this and it's like I think that you should go back into October because we have some folks that have letters and stuff that came in October. But y'all went from November. So, we told Scott that yesterday. So, I hope that you'll be able to go back to October and see the letters that came out before

November and see what you can do in reference to the cases.
>> CARL FELDMAN: Yeah. Our commitment so to mailings that we know were affected within the November 3rd to December 3rd timeframe. We welcome cases that have been identified that indicate something is up. We'll look at those cases. If it is determined that something should be done because of the mail or otherwise, we will do that. But as a matter of direction, it's November 3rd to December 3rd.
>> SONIA BROOKINS: Okay. So, anybody that has any cases that you know of that happened in October, please make sure that Carl gets them so they could be justified to the need. Thank you. Anyone else have any questions for Carl? What about in the chat?
>> ELISE GREGORY: From Andrew, can you please repeat the numbers on the mail sent to those impacted by the mail notice delay? And is this information available by county?
>> CARL FELDMAN: The information for the mailings that I will repeat is that there were 73,000 approximately individuals who received a new deadline to complete their MA, CHIP, or cash renewal. There were 58,000 approximately who received an extended deadline for their application rejection. And there were 13,000 approximately that received a new deadline to complete their medical or cash, SAR, or LIN. And no, we don't have that available by county.
>> ELISE GREGORY: There are no more questions in the chat.
>> SONIA BROOKINS: Okay. Will you be able to do it by county?
>> CARL FELDMAN: I suspect with some time, yes, we could subdivide these into county breakouts.
>> SONIA BROOKINS: We thank you for that. Thank you for your patience and thank your staff and you for all that you do for the people we serve.
>> CARL FELDMAN: Thank you.
>> SONIA BROOKINS: Alright. Next, old or new business?
>> ERIN GRIMES: Hi, I'm sorry, this is Erin sitting in for Mary Hartley. I did have a question for Mr. Feldman on behalf of Mary.
>> SONIA BROOKINS: Sure.
>> ERIN GRIMES: Mr. Feldman, Mary, recently supported someone with renewing their six-month redetermination. She wanted to know if there are any thoughts or plans for this to be able to be made electronically in COMPASS (Commonwealth of Pennsylvania Application for Social Services) where the person could upload pictures of their pay stubs?
>> SONIA BROOKINS: Carl, did you hear the question? I don't know if he's on here. But what we can do is make sure that that gets to him. Elise, can you make sure he gets the question?
>> ELISE GREGORY: Yes, we will get that question over to Carl.
>> ERIN: Thank you very much.
>> SONIA BROOKINS: Thank you. Okay. Eve, you're up. MA Bulletins, pharmacy.
>> EVE LICKERS: Good morning, everyone. Since the last meeting, we had a number of bulletins that had been issued and gone out to everyone and gone out to providers specifically. So, we have a couple of bulletins that have gone out related to prior authorization as a result of the Department's move from InterQual to MCG (Milliman Care

Guidelines) guidelines. So, we had MA Bulletin 01-25-41 that was issued on December 22, 2025. And that's “Prior Authorization Guidelines for Hospital Grade Breast Pumps” for after six months of rental. Also, a related prior authorization bulletin, MA Bulletin 01-26-42 was issued on January 15, 2026, “Prior authorization Guidelines for Orthopedic Shoes and Boots and Miscellaneous Shoe Additions.” So, you will be seeing other bulletins for these prior authorization guidelines as a result of our change from InterQual to MCG guidelines. So, keep an eye out for that.

Also, we had MA Bulletin issued on December 23, also effective on December 23, 2025, titled, “Pennsylvania’s Early and Periodic Screening Diagnosis and Treatment (EPSDT) Program Periodicity Schedule Update.” And this was an update to the EPSDT schedule and coding matrix in response to some changes to the vaccine coverage. And just to reflect, the governor's executive order that we will not only cover vaccines according to the recommendations, but that we will also be covering vaccines in accordance with recommendations based on the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, and the U.S. Preventative Task Force and the American Academy of Child and Adolescent Psychiatry. So, keep your eyes open for those changes as well.

And then we also had MA Bulletin 99-26-01titled, “Provider Preventable Conditions, PROMIS*e*™ Provider Handbook Updates. It was issued on December 30. And this was just to bring the current language that's in the provider handbooks related to provider preventable conditions. So, there were no other changes made to it. It's just bringing language current.

Also issued and effective on December 30, MA Bulletin 99-25-09 titled, “Updates to Limited English Proficiency Requirements”. This bulletin updated our policy related to the 15 most used languages within the Commonwealth and also some of the other Federal changes that had been put in place.

Also, on December 30 and effective December 30 there were “Updates to the Family Planning Services Program Fee Schedule” and that was issued as MA Bulletin 01-25-42. Just some minor changes that were made and that are available on the website.

Also available on our website are guidelines for updates to the GLP-1 receptor Agonist and that has been posted to the MAAC web page for review and for comment. So, we invite you to check that out. Also, these bulletins are on not only the Department's “Bulletin Search” page on the DHS website and it's recommended to use the “What’s New at OMAP” webpage. It makes it easier to view and happy new year. Some of you I haven't said that to yet. Thank you.

>> SONIA BROOKINS: Thank you, Eve. We appreciate you. All right. Subcommittee reports. ConSub. Kyle?

>> KYLE FISHER: The Consumer Subcommittee (ConSub) met yesterday and had reports from the program offices. I will not duplicate those provided. We appreciated Deputy Kozak clarifying again on the GLP-1 front that access to these medications for youth for weight loss purposes remains available under the EPSDT benefit. And OMAP is looking at reissuing updating the general EPSDT bulletin, which we would support. We also appreciate that the

Department continues to monitor appeal activity and ensuring that the physical health MCOs are providing pay pending where appropriate. On the general access to GLP-1s for children under 21, we'll note that some MCOs seem to have gotten this memo. Others less so. So, we appreciate that OMAP is open to having more conversations and looking at some cases and notices in the short term here.

OMAP also provided a couple of new initiative reports from managed care plans. Geisinger reported on social activity, and we had a report from UPMC on the supported activities.

The director gave a report on pediatric shift care staffing, so shift nursing in home health services and unfilled shifts for each. There was some slight progress with respect to staffing for both home health aides and shift nursing in the last year that the number of missed shifts were down slightly. About 2.5% for each of those services on the whole. And this data reported went to indications where a nurse was unavailable or unable to staff or a home health aide. So, the consumers certainly appreciate the limited good news there but also ask for the full data set to see the data that also contains the other reasons codes for a shift not being filled as well.

Sonia, I think you already noted the main item from the OIM report was related to the pre-sort vendor failure. The nearly 2 million pieces of OIM mail that Carl outlined. We certainly appreciate OIM's actions to make those budgets, individuals, and families whole to reinstate coverage where it should be and reviewed again. And Sonia, as you noted, there's concern that the mailing delays started prior to that November 3rd date outlined in OIM's memo.

From the OLTL, we received a report from the deputy on PAS (Personal Assistance Services) utilization, sort of average hours provided year after year, both median and mean hours on a daily basis and overall, which is interesting. We look forward to getting that spread sheet to do a more in-depth review. Consumers asked for data on missed shifts similar to the pediatric report. Asked for some information on both the sort of universe of approved hours, as well as those that are staffed and knowing that staffing of direct care workers in general has been a long-standing problem.

OLTL does not currently have information on the number of approved hours or authorized hours. It hasn't encounter data report and did the number of hours provided. In terms of giving us a vacancy rate, it is working with the MCOs to obtain consistent or standardized data on the approved number of personal assistant services. So, they will do that either through Home Health Aide Exchange or new reports from the MCOs. So, the Consumer Subcommittee plans to revisit this topic. It was one they raised last spring as well. So, plans to continue inquiring in this and OLTL has also had interest in this data coming out of the recent completed net adequacy work group. I don't know if there's anything to add to that.

>> MINTA LIVENGOOD: Everything is fine.

>> KYLE FISHER: The consumers will not have a meeting next month because of the appropriations hearings. We will meet again in March in-person in Harrisburg.

>> SONIA BROOKINS: Thank you. Any questions for Kyle? In the chat?

>> ELISE GREGORY: There's no questions in the chat at this time.

>> SONIA BROOKINS: Thank you. Fee-for-Service Subcommittee?

>> DEBORAH SHOEMAKER: This is Deborah Shoemaker, the chair of FFS Subcommittee, as you can see by the date, we met previously so I would have reported that in December. Our next meeting is on the 4th. So very close to I think the day after the budget hearing. So, I don't know how much information we'll have. But we will be meeting and if there's any information or topics related to FFS that you would like us to discuss, feel free to send it my way or Gina's way or Michele who is the director of the FFS delivery program office. Thank you so much.
>> SONIA BROOKINS: Thank you. Questions? Chat?  Okay. LTSS. LTSS?
>>SONIA BROOKINS: I don't know if Matt Seeley is able to be unmuted to give the report? He's the chair of the LTSS Subcommittee.
>> SONIA BROOKINS: Okay. All right. So, we're going to move forward with MCDSS (Managed Care Delivery System Subcommittee).
>> JOSEPH GLINKA: I will be brief. Thank you. We met on December 11th. We're going to be meeting again on February 12th. We did get an update on a number of things covered in this meeting. One of the things we did get an update on was the 1115 waiver and the fact that the reentry pillar of that did not move forward because it was unfunded in the most recent budget process. So, we covered that. We are also discussing some more housekeeping items as far as the frequency our meeting is going to take place. We have been a bit more project oriented over the last year to two. And as a result, we have adjusted our cadence to use the times when we're not having meetings for workgroup sessions and executive sessions and such. We have not solidified or crystallized anything as far as changes to the cadence for 2026. It remains as it is now. The big item in collaboration with the ConSub is an effort to establish greater transparency with respect to value-based payment arrangements, and there are a number of them that MCOs and providers engage in. Consumers have not a certain, but a significant interest in that they want to make sure that the motivations of such strategies are correct. And it's clearly designed to achieve better health outcomes and improve overall health status for consumers and patients that are meeting with the providers. We are working right now on information that we just sent to the ConSub for their or the leadership of that committee to discern over. We're going to have additional conversation about that in our February meeting. And so that's just one piece of it.
We're also going to be tackling what does the disclosure item of that looks like in the actual encounter without interfering with the fidelity of that encounter, which is to in fact treat the consumer in this case for whatever they're visiting the provider for. A lot of good work is being done and a lot of good work that needs to be done yet. And that's basically the latest and greatest from the MCDSS. I will stop there to see if there's questions.
>> SONIA BROOKINS: Questions for Joe? In the chat?
>> ELISE GREGORY: No questions in the chat.
>> SONIA BROOKINS: Alright. The next meeting? I want to thank everyone on this call, thank you for being here. And I just hope that everybody has a safe weekend.
>> JULIET MARSALA: Sonia?
>> SONIA BROOKINS: Yes.

>> JULIET MARSALA: I'm sorry to disturb. I had sent a note. Matt had a situation come up and this is Juliet Marsala. He asked me to run through the agenda of the LTSS subcommittee meeting report if you would like it.
>> SONIA BROOKINS: Sure, Juliet.
>> JULIET MARSALA: Thank you. The LTSS Subcommittee met on January 7th from 10:00 AM to 1:00 PM virtually. The agenda included OLTL updates. We had a walk through which you heard a little bit about today on the OBRA waiver renewal and Community HealthChoices waiver amendment. In addition, Amy, our section chief for the Enrollment unit, Tyrone for the Assessment unit, reviewed the enrollment and redetermination data requests that the committee had requested an overview of with regards to timeliness of enrollments and redeterminations and additional services of the Bureau support services from the PAIEB (Pennsylvania Independent Enrollment Broker). We also had discussion about the participant self-direction wage increase and steps that are in the works for that and we welcome everyone to attend our next meeting, which is Wednesday, February 4th, 2026. That will also be virtual only meeting. Thank you.
>> SONIA BROOKINS: Thank you. Anybody have any questions for Juliet? Chat? Hearing none. Thank you for that report, Juliet. Once again, thank you all for attending this meeting. And look forward to more opportunities to meet and accomplish more this year.
So, on that note, can I have a motion to adjourn the meeting?
>> MINTA LIVENGOOD: This is Minta Livengood. I make a motion to adjourn the meeting.
>> SONIA BROOKINS: I guess we don't need a second.
>> DEBORAH SHOEMAKER: If we do, I would second Minta any day.
>> SONIA BROOKINS: Alright. All in favor? Thank you so much. Thank you all.