

03/26/2026 Medical Assistance Advisory Committee Meeting

Attendees: Sam Chanek, Amanda Sagastume, Anthony Abrams, Caleb Bressler, Elise Gregory, Marriam Wafa, Michael Navarro, Daniel Bates, Eve Lickers, Catherine Stetler, Gwen Zander, Pamela Machamer-Peechatka, Sally Kozak, Sonia Brookins, Amy Lowenstein, Dr. Chiamaka Nnamani, Jennifer Smith, Jolene Calla, Rickard Edley Joseph Glinka, Mia Haney, Julie Korick, Minta Livengood, Kathy Cubit, Kendra Snuffer, Mary Hartley, Matt Seeley, Nicholas Focht, Mark Goldstein, Nick Watsula, Kyle Fisher, Corey Notarangelo, Andrew Kunko, Wayne Vols, Paula Stum, Joe Glinka, Ron Alvarado, Tiffany Angel, Laina Auletta, Anna Aupperle, Radwan Azim, Kim Barge, Valerie Barnes, Anna Barone, Cathy Barrick, Christina Bates, Matthew Bauder, Kara Beem, Norris Bennis, Angela Biesecker, Kara Blasiak, Shauna Blee, Danielle Boncella, Brooke Bowers, Patricia Brady, Ronni Burkhart, Dusty Carl, Andrew Centrone, Martin Ciccocioppo, Cristina Codario, Michelle Cohen, Kristy Cole, Cindy Dang, Scarlett Davis, Melissa Dehoff, Mindy Dunlap, Isaac Durham, Nicole Fidler, Carrie Frownfelter, Craig Gimbi, Janel Gleeson, Donna Greco, Moe Greenwood, Emily Hackman, Theresa Hartman, Beth Hennigan, Amber Hess, Aniam Iqbal, Jeff Iseman, China Jackson, Vicki Lee Jessup, Zayne Kemler, Jonathan Kratchman, Tom Lacey, Christine Lederer, Becky Ludwick, Sun Moon, Latoya Maddox, Juliet Marsala, Sarah Martin, Scott Matlock, Captioner Max, Jenna McCarthy, Teresa McDonnell, Elise Mercer, Carl Feldman, Terri Meyer, Ted Mowatt, Jim Meyer, William Miskowitz, Marsha Mathis- White, Karey Molnar, Denise Moore, Kevin Mulcahy, Erica Nace, Alexandra Naismith, Jennifer Newman, Jazmin Nixon Cartwright, Jordan Notarangelo, Christi Oliver, Nicole Payonk, Mara Perez, Kyle Purchase, Sam Rashdan, Ashlee Reick, Michele Robison, Dana Roman, Ann Roque, Rachel Rumpff, Ian Russell, Robert Rutkowski, Margaret Rybinski, Tyson Rydze, Fady Sahhar, Sean Shamloo, Michele Shaughnessy, Howard Shehan, Jason Shoemaker, William Sieg, Caleb Sisak, Tinnesia Snyder, Tim Sohosky, Marisa Swarney, Laura Theurer, Rochelle Troutman, Jared Walker, Sarah Weir, Lloyd Wertz, Amy Williams, Nick Young, Becca Zelner, Starell Zoric, Sam DeNisco, Rebecca Hathaway, Paulette hunter, Alexandra McMahan, Stacy Mitchell, Gina Morris, Michelle Moxley, Elizabeth Piazza, Christine Valentine, Lisa Allen, Olivia Riek, Anmarie Robey, Jen Corman, Montrell Fletcher, Caroline Straub, Andrea Jones.

>>AMANDA SAGASTUME: Good morning, and welcome to the March edition of the Medical Assistance Advisory Committee (MAAC) meeting. Today is March 26, 2026, and my name is Amanda Sagastume. Before we begin the meeting, I would like to go over a few housekeeping items. This meeting is being recorded. Your continued participation in this meeting indicates your consent to be recorded. If you do not wish to be recorded, you may exit the meeting at any time. Also, per DHS (Department of Human Services) policy, the use of artificial intelligence (AI) for notetaking or any other purpose is not permitted. AI bots in attendance will be removed. For panelists and speakers attending virtually via webinar, we recommend switching your audio connection to phone and dialing in to prevent feedback in the room. Please go to the audio settings on the right side of the GoToWebinar window and switch from computer to phone. If you experience any difficulty, please send a message in that chat. CART (Communication Access Realtime Translation) captioning is available for the meeting and is set up to the right side of the room. The captioner is documenting the discussion remotely and so it is important to speak directly into the microphone. State your name and speak slowly and clearly. Otherwise, the captioner may not be able to capture the conversation. Also, speak clearly into the microphone so people in the room can hear you. In the event of an emergency, the evacuation procedures are posted on the wall by the door of each exit. To help avoid any disruptions, please remember all devices must have sound turned off and microphones muted. During the public comment period, the microphone will be facilitated by a team member. Please raise your hand, and we will bring the microphone to you. So, representing the Department of Human Services today from the Office of Medical Assistance Program (OMAP), Deputy Secretary Sally

Kozak, from the Office of Mental Health and Substance Abuse and Services (OMHSAS), Deputy Secretary Jennifer Smith, and Chief of Staff Kendra Snuffer, and from the Office of Income Maintenance (OIM), Chief of Staff Scott Cawthorn and Bureau Director Carl Feldman. Also presenting today will be Mac members Kathy Cubit and Richard Edley, who will provide an update on the H.R.1 (House Resolution 1) work group. If you have any questions related to this meeting, please visit the MAAC webpage. And I'll now hand things over to the MAAC chair, Miss Sonia Brookings.

>>SONIA BROOKIINS: Good morning, Good to see everyone this morning. So, my name is Sonia Brookins. I'm the chair of the Consumer Subcommittee & the full MAAC. I'm going to pass Kyle Fisher.

>>KYLE FISHER: Kyle, Pennsylvania Health Law Project Council to Consumer Subcommittee.

>>MINTA LIVENGOOD: Minta Livengood, Co-Chair, Consumer Subcommittee.

>>RICKARD EDLEY: Richard Edley, President and CEO of RCPA (Rehabilitation and Community Providers Association).

>>MIA HANEY: Mia Haney, CEO of the Pennsylvania Home Care Association and Executive Director at the PAHCBS (Pennsylvania Association of Home and Community Based Services Providers) Association.

>>MARK GOLDSTEIN: Mark Goldstein, Pennsylvania Dental Association.

>>AMANDA SAGASTUME: And then do we have anyone on the phone?

>>MARY HARTLEY: Yes, thank you, Mary Hartley, the Arc of Greater Pittsburgh.

>>JULIE KORICK: Good morning, Julie Korick, Friends community.

>>KATHY CUBIT: Kathy Cubit, Advocacy and Policy Director from Senior Law Center.

>>JOLENE CALLA: Jolene Calla, From HAP

>>NICHOLAS FOCHT: Nicholas Focht from ACCU-Care Home Nursing.

>>SONIA BROOKINS: Is that it?

>>JOE GLINKA: Joe Glinka from Highmark Co, Chair of the Vice Chair of MCDSS (Managed Care Delivery System Subcommittee). Regretfully, I cannot be there; I have to be in Pittsburgh today. However, I'm glad to be part of the meeting.

>>NICK WATSULA: Nick Watsula with UPMC (University of Pittsburgh Medical Center) is here.

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>>SONIA BROOKINS: Thank you all. Next on the agenda are the minutes, and may I get acceptance of the minutes?

>> [INDISCERNIBLE]

>>MIA HANEY: I will second. This is Mia.

>>SONIA BROOKINS: Any abstentions? (INDISCERNIBLE) So moved. Thank you. Next. OMHSAS.

>> JENNIFER SMITH: Good morning, I'm online. Can you hear me? I apologize for not being able to come in person today. I have to make a trip to the Poconos here shortly and need to get on the road. So, I appreciate your patience. I have just a few slides to go through this morning. If you flip through the first, I am actually not going to talk through this one because we have already presented to the MAAC, I believe, in the last meeting about the state budget update, and that this is just a slide reminding folks about the behavioral health-related items in the Governor's proposed budget for fiscal year 26-27. There is no new information on that slide, just a refresher. What I will talk about is what is on the next slide: a couple of regulatory updates. There are two on the slide, and then one on the next. First, it's about our psychiatric residential treatment facilities (PRTF) regulations. The purpose of these regulations is to codify some particular licensing standards for children, youth, and young adults who receive services in

these facilities and to comply with federal regulations. We had put this regulatory package out for public comment and received lots of really good feedback, and we were very thoughtful about how we reviewed those comments and feedback, particularly around requests for some additional flexibility around staffing, additional considerations around the financial implications that the package would have, as well as some of the implementation time frames. So, we really consider those carefully, and I think that you will see some of those changes then reflected in the final package. That package is moving its way through the approval process again. So, it still has to go through a few stages before consideration. We anticipate that happening, that they will be submitted before it is submitted to the Independent Regulatory Review Commission (IRRC) for final consideration. We still anticipate that they will be submitted to the IRRC before the end of the calendar year. Once they are submitted, IRRC will schedule them to be considered in one of their public meetings and DHS will come and answer some of the questions that the IRRC committee will have for us and then they'll take a vote and they will either approve those regulations at which time they will go to the Attorney General office for one final review before they are put into the Pennsylvania code or the IRRC commissioners will vote to disapprove which means then DHS has another opportunity to revise based on their feedback and what their concerns are and then resubmit. That is where we are in the process with those. The second package I wanted to update you on is the 5100 regulations, which center around confidentiality. Back in 2022, Act 32 and 33, which were sort of companion bills, were passed that required the state to update our regulations around mental health and substance use disorder confidentiality of medical records and align those requirements with HIPAA (Health Insurance Portability and Accountability Act). So, it just took us a little bit to get moving on that package, but we had put that out for public comment. We received very few a handful or less comments about that regulatory package and made a few necessary edits, and they will also be making their way to IRRC here in the next few months. It's possible that those regulations will reach IRRC for final consideration before PRTF regulations, even though the initial public comment occurred after PRTF. And so interesting how this regulatory process works in Pennsylvania. But, you should see both of those packages coming out sometime in the next 6 to 9 months.

And the third package I wanted to update you on is on the next slide, and it actually consists of two separate regulations centered around the topic of crisis. So, there are two components to the crisis regulations that OMHSAS is working on. One is related to the licensing aspect, which is where we address things like physical plant, staffing, credentialing, and that kind of stuff. And there will be a second regulatory package focused solely on payments. And we made a conscious decision to have those as two separate packages. The licensing packages are the ones that have been out for public comment, and they went out, I believe, back in October, and we received over 900 comments, which was wonderful. That is exactly what we asked for. What we have been doing over the last month or so is grouping those comments around similar themes, then grouping them into a sort of category of yes, these are edits we definitely know we can and should make. You know, maybe they were grammar-type things or an oversight in a number that should have been five, and we had two. And so we have those that we will call easier and more obvious changes. And then there will be a bucket of changes that, for whatever reason, we actually cannot make. That may be because the commentator suggested something that would violate federal regulations or perhaps they are suggesting something that contradict another state regulation. And so we just would not be able to make those adjustments. And then everything else will kinda fall into this third middle category of things we need to investigate and consider further. And likely we will schedule some additional stakeholder meetings to address

those topics in more detail. So, do not be surprised if you see some information coming out that may come through the MAAC or may come through our Mental Health Planning Council and it could come out in a variety of ways perhaps to the listserv depending on how large of an audience we need to reach. But over the summer and into the fall we will be looking to schedule additional meetings to start addressing the more detailed comments and questions that require additional discussion. The other piece of these crisis regulations is the payment-related regulations. And that package is currently routing through DHS for internal approval before it starts the approval process with the outside entities, like the Office of General Counsel, the Attorney General's office, but it is expected to move similarly to what I was talking about on the last slide, and also expected to move probably in the next six months. And so, you will likely need that payment piece of the crisis regulations going out for first consideration and public comment at some point this calendar year. And then the hope is that we can receive the public comments back on that payment-related component in time to then make those edits to the payment regulations and then send both the licensing and the payment component for final consideration to IRRC at the same time. So, that would be the goal, and that would likely happen sometime in the summer, late summer of 2027. So, just trying to give folks a perspective on the timing of all of these things that are moving. We will keep folks updated through the listserv, and so if you are not a member of the listserv, make sure you register to do so that you can be updated.

Okay, and then the last update that I wanted to share, I would like to share some statistics with this group about our 988, suicide, and crisis lifeline. So, in February, which is the most recent data that we have, Pennsylvania received just shy of 13,000 calls, which was actually a decrease from January and even the end of 2025, where we were up in the 13,000 calls. So, just a slight decrease in February. You can see our answer rate has remained consistently at 90%. I was on a call with Vibrant, the third-party administrator of SAMHSA (Substance Abuse and Mental Health Services Administration) for the lifeline, and they again expressed their appreciation and gratitude to Pennsylvania for keeping that answer rate in the low 90s and really expressed to us how proud they are of the work that has happened here. So, that is really exciting. Also, I want to share that a lot of times we get the question: "Okay, you're answering 90%; what about the other 10?" So, it is really important that we clarify to you what is happening with the other 10% of calls. So, you can see on the slide that 8.8% of that 10% are abandoned calls, which means that someone is hanging up before anybody gets the opportunity to answer the call. So it could be because they're in an area where cell reception is bad, and perhaps they've lost reception, or maybe they rely on Wi-Fi, and the electricity went out, the router cut off, or maybe they hung up the call. It could be lots of reasons for that. But, that means that only 1.2% of the calls coming from Pennsylvania have to be routed to the national backup call center. So, that is really impressive. I mean that means we are answering really the very large majority of calls from Pennsylvanians. What I will move to next is not as positive of news and that is related to our text and chat. We have seen these numbers continually climbing. So, in February we saw about 5300 texts and chats coming into PA. Of those only about 700 were answered in state which gives us an answer rate of about 13%. What I will say is that is sadly fairly similar to the majority of other states. Right now most states are struggling with the answer rate for texts and chats. You see the abandon rate is actually higher than the voice abandon rate meaning people are opening the chat and then closing it before a call agent has the opportunity to actually reply to the chat. So, about 75% of those texts and chats are being responded to at the national level. One of the challenges is, and we've talked about this before with this group, is that the text and chat platform that is used by the agents in our call centers is

different from the platform that is used to respond to voice calls. So, you actually have to procure a separate IT software tool and you have to have a separate group of staff assigned to do that work. And so that is why it has been very slow for most states in trying to staff up and have the dollars to support the purchase of that additional software tool. I will say on a positive note that we are in a better place than we have been. We now have three of our 14 call centers that are capable of responding to texts and chats. We have onboarded two just within the last several months. That is great -I would expect that our answer rate will probably climb in this space over the coming months as those two additional call centers get staffed up and the staff in those areas become more savvy, utilizing the tools and being able to respond. Hopefully, we will see those numbers starting to improve, but certainly, the money that the Governor has requested to support the 988 system in the 26-27 budget would go a long way in helping to address this particular issue. He proposed a \$10 million investment and that \$10 million would go towards a number of different activities and one would be drastically improving our response rate for text and chat and another would be generally investing in our workforce in this space and ensuring that we are doing everything we can to be caring for the individuals that work in these call centers and are responding to both calls as well as text and chat. And to invest some money in moving forward with the 911 and 988 interoperability work. I just want to put that plug-in for the Governor's budget request and the real need for us to have some additional resources to properly staff up and be able to respond to all of the texts and chats coming in. That is all I have for today but I'm happy to answer any questions you may have.

>>MINTA LIVENGOOD: The 988 number is really important. I am glad in a way that things are decreasing and yet on the other hand, why are they decreasing? And is the information going out to all mental health facilities, even if they are not state-funded? And the reason I ask that is that I came across somebody who is not aware of 988 and did not even think of the guidance center in Indiana County, and I said, " Why didn't you refer the person to the crisis? And she said, 'Oh, I forgot that.' I just tried to solve the problem myself." So, my question is: how can we get this information out more productively about 988 if they don't think of county assistance, since it is really important? And sometimes people try to talk to people through something, but the person telling me this said I could not guarantee that I answered all of the questions. And so that is the only thing - and I know myself - I do not like to do texts. It takes me so long to type up what I need, okay? So, it is easier to do a phone call. Otherwise, I think you are doing an excellent job, I just have those couple of questions. Thank you.

>>JENNIFER SMITH: Yes, thank you, Minta. Those are great questions. And I'll probably answer them in reverse order. So, the last point that you made is really important and contributes to why the answer rate is a little bit more unpredictable on the text and chat side. So, when engaging in a voice phone conversation with someone, the conversation is active. You know there may be pauses in the conversation, but it is kind of intermediate back-and-forth volley of conversation. When you are a call agent responding to a text or a chat, you are typing a response, and then it depends on the individual receiving that response, how long it may take for them to respond to you. And in the meantime you are kind of beholden to wait on them. I mean, you cannot start engaging with another individual who is in crisis via chat on another screen. You have to stay engaged with the individual that you are dealing with at the moment. And so sometimes if there are long delays or pauses between when the individual in crisis is responding to the call agent messages, that may delay that agent from being able to take any additional individuals that are reaching out. So, there is a much longer timeframe in terms of, you know, being an agent and how much time you are spending on each interaction, and that time is typically much longer for those engaged on the text and chat as opposed to the phone

call. That is actually a really excellent point that you make. The other thing I will say to answer your question about why did the numbers drop a little bit - one thing we have to remember is that February is a shorter month and so it is possible that there are a handful fewer days in February. But sometimes it is also unpredictable because we do still have the large majority of counties that still operate some form of a crisis number at the county level. And so there may be individuals who are in fact in crisis and needing services and response that are never calling 988. They may be calling a county number that has been advertised for decades because they know that number has existed in their community. Overall, when we are reporting these 988 numbers, it is good to keep in the back of your mind that these are just the people reaching out to 988. This is definitely not the full population of Pennsylvanians experiencing a behavioral health crisis. We are absolutely missing people who are calling local county crisis lines. We are missing people who are calling 911 instead of 988. We will be missing folks who were directly contacting, perhaps, a treatment provider or a primary care physician. So, when we say there were 12,800 calls to 988 in February, that does not mean that there were only that many calls for help. It is certainly a much larger number than that. We are, though, thinking of how we can continue to advertise for 988 and get the word out in bigger ways. And I don't want to get ahead of myself and so I will not share details, but I think in the next, maybe the next MAAC that we will have some specifics to share about a really cool idea that we have been working on that I think will probably reach probably millions of Pennsylvanians in a really meaningful way. So, we will share a little bit more about that in our next meeting. I just do not want to give too much information since we have not publicized exactly what the plan is going to be yet. But, always thinking about those things and Minta, if there are ideas that you or anyone else on the MAAC or any of the subcommittees have about what we should be considering, but if there are populations that you think we are not reaching - if there are organizations, should we be looking more at faith eight organizations and finding a way to get the message out that way - we are always really happy to engage in those conversations and to be able to hear thoughts and ideas.

>>SONIA BROOKINS: Anyone else?

>>LLOYD WERTZ: Thank you, Lloyd Wertz from the psychiatric leadership Council. I would like to say that if you stick the bumper sticker on the back of your laptop, you can advertise 988! Jennifer, thank you for your report. It is appreciated. A question I had, and actually an observation, you received a great deal of comment from the initial submission, the previous submission to the IRRC that you felt was valuable. And I wonder if you could share one or two of the more valuable of those comments that you received from the general public, and you said you received a great number of them. Are there any couple that you can think of that you may be willing to share?

>>JENNIFER SMITH: Are you talking about the PRTF regulations? Enter once we have a whole lot of packages moving at once, we should celebrate that! Yes, some of the concerns that we heard were around some of the degree requirements that were listed and what would constitute and what would count towards an individual from a staffing perspective in terms of the degree requirements. We heard a lot a great deal about notification time frames and how long the PRTF facility would have to notify different parties when various events happen with the child, including the severity of those events and what the time frame would look like. And we heard quite a bit about the cost and timeline associated with the credentialing, and just concerns that many of our providers right now, you know, are not turning huge profits and are struggling with workforce issues and other concerns. So, just trying to be mindful of the fact that there are lots of competing priorities and we don't want to establish a regulatory package that precludes the

providers from being able to offer this service, because there are many who will do a fantastic job, and we really need this level of service in our continuum. So, those are kind of big ones. And I think you'll see some changes in those areas reflected in the final form.

>>LLOYD WERTZ: Thank you. I just wanted to clarify that getting public comment into the process of creating and finally submitting and eventually passing and enforcing these regulations, the receipt of public commentary was a valuable asset that you had found just by posting those in the bulletin. And I thank you for that.

>>JENNIFER SMITH: Sure, thank you, Lloyd.

>>AMANDA SAGASTUME: We have one comment in the chat from Becca Zelner. Is there a way to provide any data on 988 calls surrounding domestic violence support?

>>JENNIFER SMITH: No, we would not have that kind of data. To my knowledge. I can certainly check and I do not believe, though, that we would have that statistic. If we do, it would not be a complete picture only because the way that 988 is structured is we do not require people to give any certain pieces of information in order to take the call and handle the call appropriately. So, individuals may not share a lot of details on those calls and so kind of what gets recorded is what the individual in crisis is willingly sharing with the call agent. And it does not mean that the call agent is asking all of the questions, but sometimes in the course of time, they may mention how old they are or if they are struggling with a gambling addiction. So, all of that would get captured if it's talked about during the call. But it wouldn't even if we had some data to say, you know, X number of callers mentioned having some kind of interaction with domestic violence, that wouldn't be the total population of all the callers. It would only be those who have sort of self-identified that that was a struggle they were facing. But I can check whether we have any data around that.

>>ANNMARIE ROBY: Hello, this is AnnMarie with the House Human Services Committee. First, I just wanted to say thank you for taking the time to go through all the significant comments on the PRTF proposed regulations. I was just wondering if there is any intent to either provide advance notice during rulemaking or share a preview of what the final form may look like for stakeholders or for the Committees of the General Assembly. Thank you.

>>JENNIFER SMITH: I don't believe so. That is not standard practice for us, and it is only because, in most cases, it becomes a timing challenge. So, there are many entities that these packages have to go through for review before submission to the IRRC. So, we would not be able to give a preview, for example, the Office of General Counsel has not reviewed the regulatory practice yet, because they may have made changes that could substantially change what we had proposed. So, if there were time in that timeline to do such a thing, you know, certainly we could have those conversations. I do not think that will be the case with these and for folks that are not aware, there is sort of a clock that starts ticking with these regulations and once you have submitted them for that initial consideration to the independent regulatory review commission, you then have a two year period of time by which you would need to submit the final form, otherwise you have to start the process all over again. And we are coming up on a two-year deadline at the end of this calendar year, I believe it is in December. So, we do not want to delay the submission of those to IRRCs, as that may cause us to miss the deadline.

>>SONIA BROOKINS: Thank you very much, Jennifer, for your participation, and thank you for your update. We will see you in June!

>>JENNIFER SMITH: Yes, ma'am.

>>SONIA BROOKINS: Next up, OMAP.

>>SALLY KOZAK: I've got the floor? Okay, so actually, there are only two things that I want to talk about. The first is the letter that we received from the House Energy and Commerce

Committee. We received that early in March, March 2nd or 3rd, somewhere around there. And as folks may be aware, 10 other states received it. We were one of them. The questions from the Energy and Commerce Committee really focused on our fraud, waste, and abuse practices and policies here in Pennsylvania. We were actually excited to get the letter because it gave us an opportunity to showcase the work that our Bureau of Program Integrity does. We have an extremely robust program, and we are the leader in the country for recovery and referrals for fraud, waste, and abuse, and so we did not find the questions particularly daunting. In fact, we responded in time. That is where we are at with that. The original letter from E&C is out on the website if you want to take a look at it, although I think it has been widely circulated, and our response was just recently sent, and we are waiting to see what additional questions or follow-up they may have. At that point in time, we will consider whether or not we will have a response because folks have been asking about that, as well. Suffice it to say that we were excited. And we are waiting for a response back and forth to the letter to see if they have any follow-up questions, and then after that, we will decide if we will release the letter for everybody because folks have been asking for it.

And then the second update is on the Rural Health Transformation Program. We do not have any updates at this point in time. We are still going back and forth with CMS (Centers for Medicare & Medicaid Services) on our plan. CMS, just held a summit, Catherine, When was it? At the end of last week, I think on the Rural Health Transformation Program that all states had to attend the collaborative. Once we receive approval, we will provide additional information. I would encourage everybody to look at our website. There is a listserv that you can join there and also an opportunity that you can submit questions directly to our resource account and somebody will respond to you, but again in the meantime we are in a little bit of a holding pattern until we get approval from CMS. Questions?

>>TED MOWATT: No questions for Sally, this is Ted. I just want to shout out to Sally and Sandy for their prompt response to my question about revalidation. I appreciate that.

>>SALLY KOZAK: I'm glad I got it resolved for you.

>>TED MOWATT: I don't know if it was resolved, but it was responded to quickly, and I appreciate that.

>>TED MOWATT: Thank you, I appreciate that.

>>AMANDA SAGASTUME: There are no questions in the chat.

>>SPEAKER: Two quick things on the fraud, waste and abuse. It is not my call, but in terms of transparency, you look for sort of easy wins and you know the response would be an easy one and people are asking and eventually it would be public anyway and I would encourage to give that. That is all.

>>SALLY KOZAK: Yes, we know people have been asking for that, and we are having a conversation right now. We anticipate that there is going to be some follow-up from the energy and commerce committee, just because that is what they always do. CMS always has a follow-up and stuff like that, and we want to wait and see what that looks like and what additional information we have to share. But I will relay that information.

>>UNVERIFIED SPEAKER: The second thing is just to put it in perspective. Obviously, that letter, for those of you who should take a look at it, you know, it has specific examples and provider examples and so forth. Almost immediately, when that was released, it was out there. I heard from a provider that said we're sighted in there. And what they said was that the way it actually turned out was that they have their own internal QI supervision oversight process. They discovered anomalies, and they did a self-investigation and self-reported it to the state, did a payback on their own, and now put in a corrective action plan. No one likes to see that, but

flipping around, you can say it's proof that our system works. I mean, there is a lot in there to catch these things. Rather than look at our horrible situation.

>>SALLY KOZAK: Yes, that is one of the components that we are particularly proud of in our program that we do offer providers with the opportunity to self-audit reimbursement. And our Bureau of Program Integrity, you know, it is routinely out there saying to providers, "Hey, here you go before we have to come catch you, audit yourself, and let us know that you inadvertently made a mistake or overlooked something."

>>MIA HANEY: Thank you so much. And we are looking forward to seeing the letter and the results, and agree that there is a lot to celebrate regarding our Program of Integrity initiative here in Pennsylvania. Given the national rhetoric that are so focused on Program Integrity, I would recommend that either this committee or the subcommittees start to make Program Integrity a place for discussion in these ongoing meetings so that we can continue to discuss and celebrate where we are having the wins and also get feedback roughly from the folks that are boots on the ground so that they can engage in continuous improvement because Program of Integrity is a moving target. You're constantly engaging in that activity, and I think it would be a really useful point of discussion given all the national changes that we are seeing around this.

>>SALLY KOZAK: Sure, in fact, you know what we can do in the future if it's of interest, we could just have Karen Fickes, who is a Bureau Director for the Bureau of Program Integrity, come over and have a conversation with you folks, and kind of do a highlight of what is going on. They have made some changes over the past several years. So, let's put that on for the future.

>>MIA HANEY: That would be excellent, thank you.

>>SALLY KOZAK: Sure.

>>SALLY KOZAK: Other question?

>>UNVERIFIED SPEAKER: I know the secretary mentioned that there would be some upcoming webinars, and I think there was just something released about a webinar on the 31st of March. Is that confirmed? Or is there other information about that?

>>SALLY KOZAK: I saw an email about it, and I have to be honest, I am not directly involved with the Rural Health Project team. I am kind of on the periphery of it. I would encourage you to check our website. I would anticipate that it would be there, but while we are meeting, somebody can reach out - okay, somebody is going to reach out to Brinna and confirm that that is indeed happening.

>>SONIA BROOKINS: Any more questions in the chat? So, Sally, this is for the Committee - do you know exactly when and how long it will take for ERC or whoever you're waiting for, for the letter to be released?

>>SALLY KOZAK: You know, I don't have an estimate for that. We will anticipate that they will come back and ask questions because that is what the federal administration always does. Whether or not they will come back next week or next month, we don't know. So that is just a very long-winded way to tell you that I don't have a timeframe .

>>JOE GLINKA: I have a quick question about rural health information. If you can't answer this, Sally, we can discuss it offline. The feds approved that plan and awarded us \$193 million. We're now negotiating and discussing with them about that same plan to get the money released. Can you help me understand how all this works? Also, I believe we have until September to spend the money; is that correct?

>>SALLY KOZAK: Let me say a few things about all of that. I don't have the exact dates when we had to spend the money; I know we need to spend it before a certain time, but I don't know if September it or not. So, we were asked that states that wanted to apply for the money were

required to submit a strategic plan. And the plans were rather high-level. And now what CMS has come back and said is that we want to see the specifics of what you are doing. So you are going to contract with a vendor A to do B, and it will cost you X, and that is the process that we are in right now. Who are we going to give this money to, and what is the outcome that we expect to see, and how much is it? Just so folks know, we are not the only state that is still negotiating with CMS. There are very few states that have actually started implementing.

>>KYLE FISHER: Thank you. (POOR AUDIO) The latter part of that I'm really certain that in the last presentation we had on the Rural Health Transformation Plan, gave states until the end of the next federal fiscal year to spend the first year's allotment.

>>SALLY KOZAK: Yes, I would have to go back and ask. Again, I am on the periphery of the project.

>>KYLE FISHER: And I'm not on it at all.

>>SALLY KOZAK: Well, there we go. (LAUGHTER).

>>SONIA BROOKINS: Anyone else? OIM?

>>CARL FELDMAN: Hello, I am Carl Feldman, Director of the Bureau of Policy for the Office of Income Maintenance, here to speak on several matters that you have inquired about. I am happy to be with you this morning and I think we will be starting with requests that were made around H.R. 1 (House Resolution 1) related IT update and there is a big first question that was put to us here that I'm happy to say unlike other things I can provide some clarity on. What cadence is DHS is adopting for workplace requirement reviews and a look back? So what is being referred to here is the community engagement requirements of H.R.1 that must take effect January 1, 2027 going forward to the adult expansion categories has a process in which to determine if the person is meeting the community engagement requirement get to look at the month previous in the month of application or states can look at multiple months previous to the application up to three months. In Pennsylvania we are proceeding with the direction that we will only be looking at the month prior to the month of application and that is relevant to the renewal cycle as well and you may know in another separate part of the federal law that was passed it shortens the eligibility time for people who are in this category to six months from 12 and again states are asked if they will look at one or multiple months within that eligibility period to determine if that person is compliant with those new community engagement requirements and Pennsylvania will be looking at one month in that period as well. So, that can give you a sense of how we are preparing for at least that component of these requirements. There was a separate question about the IT work that has to be done and the timeline associated with that. I can say that, at this current point in time we are doing what we consider to be system requirement gathering which is basically looking at the law and trying to determine what that would require within our eligibility system to make it function in a way that would enable us to be compliant with what the federal law requires. You must understand that because this is not a requirement now, it is a novel concept for the Medicaid program. The eligibility system cannot do any of the things that this law requires. Even some of the more basic ones such as moving from a 12 month to a six-month period of eligibility is a big undertaking for us. And it is going to take us pretty much all of the time that we have to prepare for this transition. We expect that there will be a release in the fall to support that, but the stage that we are at now is really about understanding how the law affects our system and trying to determine what changes would need to be made to be compliant with what is required of us. There are separate questions about ex parte that I can go on to, but would you like to talk about the H.R.1 items at this time?

>>KYLE FISHER: We are looking at just one month prior to application and not surprising to hear that, but certainly good news to hear. I do not think that had been previously announced as

a policy decision. So, thank you for that.

>>ANDREW KUNKO: Andrew Kunko, Community Behavioral Health. I just wanted to clarify, so you will only be looking at the one month prior to the renewal date when checking for community engagement requirements and will you be doing this like every six months?

>>CARL FELDMAN: So, the way that the renewal works is interesting as the law is interesting. And the way that the renewal functions and looks for compliance is different than how it works for the application. At application, we review only the month immediately before the application month. For renewal, as long as we can - sorry, this is going in and out. Hello? Okay. For renewals, we can confirm compliance as long as it occurs in any of the six months for which the person - the tense is hard for this, or is eligible - and so if I am in the adult expansion category and I have a renewal due in July of let's say 2027, what we are looking at for compliance if that is the pathway by which your eligibility will continue is that you met those community engagement requirements in one of the six months prior to your renewal due date.

>>ANDREW KUNKO: They would only be required to demonstrate one month of compliance within the six-month time preceding?

>>CARL FELDMAN: That is correct. It is an odd concept to wrap your mind around, but again, the law is really novel.

>>ANDREW KUNKO: And then you also be looking at just the month directly proceeding the renewal date as well?

>>CARL FELDMAN: If your eligibility will continue in the adult expansion category, we will just be looking at whether you were compliant in one of the six months prior to that renewal due date. So, for example, I will expand on this. I have this renewal due date in July, and maybe I did the requisite hours of work in the month of February. Which, I guess, like chronologically, would be month two, that is it. That is all we need. There is of course, financial eligibility requirements that we are not speaking to here; those have not changed, but when it comes to confirming compliance with the community engagement requirement, that is how it would work: they could be in February and it could be in May and it could be in all of them, but it only needs to be in one.

>>ANDREW KUNKO: Understood, but hypothetically speaking, could somebody have the six-month eligibility today occur in January 2027? Would they then be responsible for demonstrating compliance with the community engagement requirement within the month of December 2026?

>>CARL FELDMAN: We are still waiting for the final direction from CMS about that.

>>ANDREW KUNKO: Thank you so much for that clarification.

>>MARSHA MATHIS-WHITE: What does this look like for the client? Who determines what month during those six-month - what month were you in compliance or do you guys determine that?

>>CARL FELDMAN: I will speak to the policy, which is that for any month in which the individual meets that compliance expectation, we will use that in their eligibility. So, if they only did it in one month, we will use that. If they did it multiple times, we don't necessarily need to confirm it multiple times; we only need to confirm it once. And that gets into your question about what that would look like for our recipients. I cannot really say that at this time. This is something that will be worked out over the course of this year, and it will be heavily informed by what CMS articulates as their expectations for how we are communicating with recipients about this. It is a big outstanding question for everyone.

>>KYLE FISHER: This could be a good segue into ex parte determination, Carl.

>>CARL FELDMAN: The first question is straightforward: What is our progress on ex parte

determination to ensure timely processing of renewals for the newly eligible category? And so, it is being referred to that federal law around Medicaid renewal requires an ex parte attempt, which means we attempt to reduce somebody without requesting anything of them before we go about asking them to provide something to us to determine that they are still eligible. That is still required even with the implementation of these new community engagement requirements. At this time, I cannot really say how that will be factored into our ex parte processes, but we know that it is a requirement, and we plan to be compliant with it. There are some additional questions here about ex parte changes that I think have a much longer kind of runway, talking really about the unwinding of continuous eligibility, and the first of these is the use of the asset verification system. So, you may know that there are some categories at this time that we cannot do ex parte for, and for those categories, we are doing manual ex parte. And one of those groups is people who have a resource limitation on their eligibility. Basically, to put it simply, a certain amount of dollars in a bank account. It is very common for long-term care cases, for example. We want to automate the ex parte so we can conduct around his cases, because that is less work for our workers, but in order to do that, we have to change our eligibility system. We are working toward a release in the fall that will make it possible for us to do partial automation of cases that are resource limited, but not all cases that are resource limited. And those for which we cannot fully automate, they will continue to be reviewed manually, because the expectation is that they do receive an ex-parte. And so, to go a little bit beyond this, another major change that will occur when we move to the new ex parte release in the fall is around how that manual ex parte will function. Today, because we are operating on a mitigation plan with CMS which is to be complete by the end of this year, we for cases where we cannot do an upfront, I'll not say it is upfront because it is duplicative, but a ex-parte prior to it going out, when we cannot do that and we will do it after we have sent a packet but we cannot do it if they have not responded to us. And that is something that CMS sees as an appropriate response to our limitations at this time. And when we come out with this change in the fall, what we expect is that, whether it is automated or not, we are going to be able to do all of these reviews prior to sending out the packet. And that is really what is required of completing our mitigation plan with CMS. And then I think - did you talk about that?

>>KYLE FISHER: I want to jump in and connect back to Marsha's question. So, an applicant for instance, did they need to show that I met the work requirement in February, in your example, or June - the states goal here and the statutory requirement is to use the information you have on income already so that the recipient, the client here would not necessarily be asked for income information, right? If you somehow have that through a data source, the state is going to use that to confirm the community engagement requirement on its own. So, I guess you mentioned not having the details of exactly what that looks like yet. But, can you speak to the existing data sources that you have and the changes being made to better collect and on the food stamp side we have heard some about consent-based verification to get more timely income information, but I guess the Department's expectation to be able to do ex-parte in a meaningful way to even confirm that for the folks who already have income above state at 580 threshold so that a significant subset will not add to the documentation burden and then of course the CAOs will not have the burden to process those case.

>>CARL FELDMAN: Yes, let me draw that out a little bit appeared what you mentioned is that part of the law and this is actually present in the SNAP (Supplemental Nutrition Assistance Program) rules like if you make a minimum-wage value of the required number of hours of work we don't even need to confirm the hours themselves, we can just see that you have an earned income of the value that would constitute working those hours. So, yes, absolutely, we will be

looking at that first. And there are many people for whom we think that we will be able to confirm their compliance based on that alone as we believe that we do on the step side as well and we do collect income information and I noticed you mentioned the CBV (Consent-based verification) and that is a great tool, we are happy to have it, You cannot ex parte somebody with CBV because CBV requires contact with the recipient in order to get their consent. That's kind of the whole thing. We do receive verified income information from the federal data services hub, which is essentially giving us Equifax information and getting verified information for Medicaid from the Department of Labor and industry, and we received information from the Social Security Administration and employment compensation, and these are all really income-oriented data sources, and that is really the vast thing that we currently have. When we start getting into places of trying to evaluate for attending an educational program for a certain number of hours or enrolled in - or working for a certain number of hours that does not constitute the income thresholds to confirm compliance, that is where we start getting into difficult waters what we don't really have all the information that is necessary to confirm compliance with these new rules. It will be challenging. I think - maybe on your later, but I think you know when anybody can look at this, and it will not have a positive effect on all of the progress that we have made in advancing our automated ex parte rates. I don't see any other way of looking at it.

>>MARSHA MATHIS-WHITE: Carl, this is Marsha. It sounds like much of this will be handled electronically, so it won't be an additional burden on the Department's offices.

>>CARL FELDMAN: I wish that were true, but I cannot say that is true. Putting aside, let's put aside community engagement requirements the law requires that we now conduct a eligibility renewal at six months as opposed to 12, we are doubling our work on that alone. Then, beyond that, yes, we want to try to collect everything electronically if you can, and we want to check all of the data sources we can. If there are new data sources we can bring in to confirm compliance, that makes it easy for the worker to look at what is in front of them and say they have done everything they need to do, and I will continue - I will run eligibility and we sent out the notice that that is all it is. That is a great outcome, and that is definitely the happy path. But you know, Congress decided that this is how the program will be constructed, and this is the timeline upon which it will be implemented, and I think naturally everyone recognizes that it is an extremely short timeframe upon which to make this major change.

>>SONIA BROOKINS: I'm going to say that I know it is hard, and I do appreciate all that you are doing to accommodate this. But this is like if I had a way, I would let this all go away for you because it is a headache and it is a headache for everyone, not just the work that you are doing, but for everyone that we service. And I just want to thank you for all of the work that you continue to do. That does not go unseen. Anyone else?

>>JOE GLINKA: This is Joe. Can you hear me? I apologize; I really wish I were there. Carl, thank you for the information so far. I have a question that's been on my mind: what are the chances that Pennsylvania might submit a good-faith waiver to get extra time to prepare without risking a false start? Or is it too early to say?

>>CARL FELDMAN: I am not really in a position to say if that is possible or not. The little bit I know about the good-faith waiver exemption is that CMS held a call with states at some point at the end of last year in which they essentially said, "Do not even think about it." So, I don't know what that really means, but I will tell you from my perspective that it does not seem likely or possible, and maybe there are, you know, others who have more information on what that would entail. So, that would probably make it possible for many states to implement more effectively.

>>JOE GLINKA: Thank you for that.

>>SONIA BROOKINS: Anyone else?

>>CARL FELDMAN: I was asked another question that is a good thought about ex parte, which is known as a strategic hierarchy within ex parte. So, the process, as I said, is an attempt to renew somebody by looking at the data sources that are available to us without asking for something from the recipient. And if we are going to be looking at these data sources, there is a way in which you have to decide which sources I look at and when? That is the strategic hierarchy. The way that the strategic hierarchy functions is that we have what is known as a concurrent hierarchy. We call all data sources available to us to try to determine what information we can gather on our recipients in order to determine their eligibility. And then what we do is we attempt to use information that is verified for all programs and is most current. So, more often than not, that will be like your Social Security Administration information on employment compensation. Because the federal data services hub, Equifax information, and the labor and industry wage information are not considered verified for the SNAP program. So, we will look at those things first, and then from there we will look at the FDSH (Federal Data Services Hub) and DOI (Date of Issue), as I mentioned, and also at what is known as reliable case information, which is income information verified within the last six months.

>>SPEAKER: All right, Andy?

>>ANDREW KUNKO: Thank you. You talked about the strategic hierarchy regarding date information that can be used for ex-parte determinations. You also noted that the SSA and unemployment information were verified, but that the labor and industry data and Equifax information were not verified.

>>CARL FELDMAN: To clarify, what I mean is that both are considered verified for Medicaid, but neither are considered verified for both Medicaid and SNAP. The unemployment compensation and Social Security information are considered verification for both of our programs. We will try to use that first, and these are combined eligibility systems, and many of the recipients received both Medicaid and SNAP; that is a very common.

>>ANDREW KUNKO: 60% or something like that

>>CARL FELDMAN: I have not seen a number in a while.

>>ANDREW KUNKO: And when you say it verified, can you explain how that determination is made for learning purposes?

>>CARL FELDMAN: Do you mean if it's how we decide it is determined, verified, and we no longer need to ask the recipient for anything? We do have to consider it verified and I guess that you could say that it is a decision made by the Commonwealth, but most of the time it is actually federal rules around the specific programs that would indicate to us whether we can consider it verified. We have our three big programs, really four when you throw a LIHEAP in there, and they all have different rules about what you can consider verified. And I wish they worked together, played nice, and tried to figure out ways to make combined eligibility smooth and happy, but that's not always the case.

>>ANDREW KUNKO: Thank you so much.

>>CARL FELDMAN: Yes.

>>SONIA BROOKINS: (INDISCERNIBLE) Sally -

>>SALLY KOZAK: Just one thing, really quick. The Rural Health Webinar is on the 31st. If you go to the Rural Health website, the link to register for it is there. And I know somebody had asked about that. And Rural Health Transformation, no, H.R. 1, there are just too many abbreviations I need like a cheat sheet. I know that that is something we can talk about and I want to say something about that, but before I do, Catherine, come on down, you are the next

contestant. I want everyone to meet Catherine; she is a special advisor to the Secretary and one of the very, what is the word, opportunities she has is to help manage the whole H.R. 1 stakeholder group. Catherine is the primary lead on that, and I want to make sure you all know who she is. So, we have gotten a lot of questions about this whole stakeholder structure and how it is going to work. And Catherine, chime in here, if you want. I want to say a couple of things about this. Over the years, we have had these conversations - we have not used some of our primary stakeholder forums as effectively as we could in terms of being able to provide input to the Department. The MAAC is the primary one. The MAAC is our recognized structure for providing input to the Department and for us communicating out. And we have been having those conversations with the MAAC chair for a while now. We also learned from the continuous unwind that when we run multiple groups of multiple stakeholders, it leads to inefficient communication, miscommunication, and missed opportunities. And so, as we have talked about how it is, we communicate out, and it is how we obtain feedback. It was decided that we will use the forum we have designated for that and it's the MAAC. And that is the official chain that we will be communicating through. And having said all of that I also want to say that we know that there is a lot happening out there with H.R.1.. There are community engagement requirements, there is the renewal re-verification and re-application every six months for the application process and we know that there is stuff out there about potential penalties if we don't get our PERM rate down and we know that there is going to be \$20 billion cut coming over the program between 2028 and 2030 or 2032 somewhere in and around there. We know that there will be changes to state-directed payments. And we know that a whole lot of people have a whole lot of interest in all of that. One of the things that the Secretary has said, and let me share with you, she is a sequential logical person who does not believe in extending resources on things that you may not have to extend resources on. And she has been clear on that. And the first one we focused on was SNAP because that was the first priority in front of us. And the next thing we're going to focus on is community engagement and the eligibility process that has to change. At the end of the day, our job is to ensure that nobody who should be eligible for coverage loses coverage. And that is really where we are going to focus. The changes, the financial changes, while we internally are having those discussions about what it could potentially mean, you heard the Secretary say \$20 billion, we are not at the point where we are ready to start having those public conversations. We want to get through the eligibility portions before we move on to that. And those conversations will happen, and it is the next step over time. And again, we will approach these in terms of what comes first and what comes second. And we also recognize that there is a election coming up midterms and it is possible that things change going forward and people ask what should we be doing about this looming financial so to speak and what we will tell you is that there is still opportunity to advocate to get those cuts clawed back and if you really want to do something in terms of the financial pieces that is what I would encourage you. And we will talk about this as it comes up, and right now, we are going to focus on the eligibility piece, ensuring that those folks maintain the coverage they are eligible for. Catherine, what did I miss, and what do you want to add?

>>CATHERINE STETLER: I think that was it. As far as like the overview and level setting with where we are with the steps and I do know that there has been a lot of questions about information sharing and how we are getting information back to us and so we have set up a resource account so that people can submit information and it is very long and I'll make sure we provided and it is RA-HSPADHS-HR1@pa.gov and nobody needs to write that down, but welcoming folks to be submitting their thoughts throughout the process, but I just want to reiterate what Sally said about wanting to really honor and lean into the existing advisory

structures that we do have here with the MAAC and then also with the subcommittees and the ISAC and all of the group and the expertise at those tables so that we can have some really strong conversations about what the concerns are as we go through this process. I think that is all I have. But I know there are other questions.

>>SONIA BROOKINS: I will let Richard get started, and then we can -

>>RICHARD EDLEY: Actually, Kathy, if you are out there, I think you were going first?

>>KATHY CUBIT: Yes, thank you, Sonia, Richard, Sally, and Catherine, for that information. And Richard and I are planning to report today on the first meeting, and I know Richard was going to talk about some of the things that Sally and Catherine mentioned and we really want to leave time for your questions and feedback. The slides are the actual slides from the first meeting, and it takes an hour to go through them. We are going to go through them in just a few minutes, so we will be going through them in an odd way. If you can advance to slide three and then just slowly go to slide eight, and then stop, and then wait until the next, give everyone a chance to see what is on each slide. Secretary Arkoosh led the committee meeting on March 5, and slides three through eight list the timeline of the new federal SNAP and Medicaid mandates, and many of the SNAP mandates are already in effect, such as expansion of work requirements and a significant reduction in the categories of noncitizens who are eligible for benefits. In October, SNAP administrative cost sharing shifts primarily to states agree to 75% costing Pennsylvania \$120 million per year once implemented for a full fiscal year. And then starting in October of 2027, states with SNAP at or above six percent will be required to share the cost of SNAP benefits based on a worst-case scenario this can cost Pennsylvania up to an additional \$660 million in state funds. Fortunately, we heard the current error rate for SNAP is below 6% and the Department is doing a lot of work to reduce error rates and avoid these cuts. Additional CHIP (Children's Health Insurance Program) mandates and policy changes were also discussed that will increase administrative burden and create barriers for individuals eligible for Medicaid benefits, negatively impact reimbursement rates, and lead to significant cuts to the amount of federal Medicaid funds states will receive. For example, beginning in January 2027, states are required to determine eligibility for the Medicaid expansion population every six months instead of every year, impacting about 750,000 Medicaid recipients in Pennsylvania. The Secretary emphasized the importance of changing the address with both DHS and the U.S. Postal Service to help avoid disruption and benefits. Changes in state-directed payments can cost Pennsylvania \$2 billion per year. One great spot highlighted was the \$193 million oral health transformation grant that we heard about today and in a previous MAAC meeting. Moving on to slides 9 through 17, which describe DHS work to date. DHS worked quickly to implement SNAP changes and provide support for the outreach effort to help those eligible access and maintain SNAP benefits. Unfortunately, the Department has begun to see the impact of H.R.1 enrollment. SNAP updates, such as how to get an exemption, along with newly developed tools to help with eligibility requirements, are available at DHS.PA.gov/work and the Department also talked about an ongoing focus on how to properly and most efficiently assess for the medical frailty exemption under the SNAP and Medicaid work and community engagement requirements. For example, DHS is exploring whether Medicaid claims data can be used with the exemption for a person who signs an attestation, without the need to submit paperwork. DHS may need to update the approach as it receives guidance from CMS. Given the sweeping changes to Medicaid and SNAP, the short timeline for implementation, we heard about IT initiatives starting on slide - if we can go through these and get to slide 18 - I know this is quick, but you will get the slides. We heard about IT initiatives and solutions being worked on to increase efficiency. And we can stop at slide 28. Some IT changes for SNAP were implemented last October to help

reduce the administrative burden and error rate and to improve the renewal rate for recipients. DHS is implementing additional system enhancements this October to increase the states' ex-parte renewal rate, reduce enhancements (sorry), and reduce caseworker and client burden. One announcement the Secretary shared that does not include is that DHS is launching a new initiative to streamline the certification of education and training programs that meet federal community engagement guidelines and to maintain SNAP benefits. And then we get to slide 29 and highlight the Department's investments in health, which we have heard about in our previous MAAC meetings. This is the \$2.8 million budget proposal for the next fiscal year to leverage \$7.5 million in total funding and investments in total health will provide funding in three key areas for Pennsylvania's covered, including food is medicine, housing, and reentry supports. The Secretary added that another top budget priority is to increase Pennsylvania's minimum wage. In advance of the meeting, the Department surveyed committee members to identify the top concerns and goals for the meeting, and we can move to slide 30. And stop. Slide 30 shows eligibility cuts, administrative burden, communications to recipients, and worker requirements among the top concerns. And then finally, moving to the last slide highlights the next steps. As you can see, the committee is scheduled again on May 6, with monthly meetings being planned for the fall. I want to add that it was DHS that had an almost \$5 billion budget to support communications during the Medicaid unwinding, but has no additional funding to communicate these new requirements. DHS encourages those interested in helping communicate H.R. 1 changes and receiving related updates to subscribe to its Substack, Human Service Helpers newsletter. The QR code can direct you to the sign-up page. Now, I will turn it over to Richard to provide some additional updates before we move to an open discussion.

>>RICHARD EDLEY: Thank you, Kathy, and thank you for jumping in and doing all of this, and also Kyle and Sonia for the help behind the scenes. A couple of general things I want to talk about and circle back on a few specific points, then questions and discussion, and we have some things ahead, but I'll go quickly. The first thing I know in meetings like this and in my presentation I will focus on concerns - and before that I will say having sat through that first meeting it is very clear that DHS has done an incredible amount of work and particularly around the IT side and a lot of it you will learn really is dictated by the Feds and it is just a little bit of wiggle room in different points and DHS is under the gun with that and we also appreciate the whole sequential part from the Secretary, but also appreciate that the Secretary continues to remind people that even if it is out there, looming cuts and people can lose benefits, because I know like yesterday a number of us were down at the capital and I am surprised you know people were talking about like the legislature of it and this was massive and we should all be talking about it. And the importance of lobbying at the federal level. So, saying all of that, all of that is positive. What are the concerns? It is less about what DHS is doing; it is the concern about all this stuff looming in the future that we all share, and also along with transparency and process. So, I just wanted to talk about that. From what Kathy said in terms of you know let me back up, the first meeting, it really was reporting out, the Secretary talked about the slides and not a lot of discussion, but it was a first meeting. And as you noticed, I think it was on slide 30, what was some of the feedback that the committee was given? I know that it was for five questions, Catherine - I said I hope that this is a real workgroup, and I hope that we are talking about this, and that was my feedback that we have that opportunity. And the other thing that caught me a little bit by surprise is the timeframe. Not to overdo it, but I think this is a big deal. Are we going to meet weekly or every other week? I was surprised to learn that the next meeting isn't until two months from now. Okay. You know, maybe that is something that we can

talk about. That is surprising. And now the other thing is behind the scenes, several MAAC members have contacted Kathy and I about different concerns and so forth and some around transparency. Who are the members of these committees and how are these numbers selected and can these meetings be open vs. closed? And Catherine and I did talk about that and I get it; there is a balancing point. If it is more towards a workgroup you want to keep it small and if it is simply reporting, you may want to keep it for everyone and how do you find that balance? And final thing I will say before I ask any questions is I also had the opportunity and by the way, Sally and Catherine we talked about this beforehand, but for the whole group we should sort of replicate that discussion that we just had that I met with the Governor's office this week and they were pretty clear they will stop me when I said we are hoping for a workgroup and we are going back and forth and rolling up our sleeves and this is not a workgroup - this is a reporting out. I will adapt to whatever, but that is a surprise, because again what I just said if it is just reporting out, we may as well do it for a thousand people, why have a Committee? And we have to figure that part out. And the question really then is to re-create Sally and Catherine, what we just talked about - is this a workgroup reporting out, or is it some kind of hybrid, and we are getting into semantics? It is more reporting out, but there will really be some opportunities between meetings to offer feedback and bring it back to the MAAC. What is your vision of it? Let's not get caught up in which one it is. I can stop there because you look ready to answer.

>>CATHERINE STETLER: You are right, in that hybrid - we are very much looking for the feedback as well and I think that is why our hope and I think the Secretary made it very clear in the first meeting that the hope is that you will do exactly what you have done here and go back and share the information and then have a conversation about what makes sense and what are the concerns and then bring that back to the next meeting so that we are hearing that, as well. So, I think that for us you know as we talked about earlier, that is also a crucial component for us in these meetings as we are going forward.

>>RICHARD EDLEY: In the importance of the feedback, this probably gets more into the discussion that I don't think for a minute that DHS is going to propose something that we all think you know is a horrible thing, and why would they - all best of intentions. I just worry that several of us will be at a meeting, hear something, and I will think you know that is good - thank you. I will bring you back to the provider community and you know that is a disaster, we cannot do that, it is not possible and I didn't realize that, you know? Because we cannot all be aware of every possible aspect, how do we inject some of that to make sure that there really is a window of this is what we are doing, but we want to hear whether you think it works or not.

>>CATHERINE STETLER: Definitely agree and somebody raised a question about not just the schedule of these meetings, but also the MAAC and the Subcommittee meetings not all meeting on the same schedule. And so I appreciate that and I have kind of gone through and hold all of those meeting schedules to look at how we can then schedule any meetings in the fall so that we are somehow falling in between what those schedules are, because I think that would be important to ensure we are getting the feedback from all of the various groups that are at the table.

>>RICHARD EDLEY: So in shifting more to the general discussion, I also want to point out something that Sally and I talked about in that is the legislature you know a couple of staff have brought this up that maybe this is also a real opportunity for the MAAC to transform itself that we have sort of moved into a thing where we have various reports from the Department and they are valuable and then other things and given how important this is and really putting a lot of time aside and even if it means shifting the reports to more written or something like that and we did not even have a chance to talk about and I'm just bringing it up generally. And so, having said

all of that, I have a lot of other notes, but maybe it is better, and we just open it up in some way to what people are thinking, to what Kathy said, and what I said, and anything else?

>>SONIA BROOKINS: And I agree with having this on the table. Before we open it up, because I was going to wait until the meeting in May, but since you are here, I can ask you this. If any of us will have a get to participate and I'm just throwing this out there - notices, because you can write a notice, but is it client friendly? Will we be able to participate? I am just throwing this out there - just as an example. Will we be able to as a group, will we be able to participate in any of these sessions going forward?

>>CATHERINE STETLER: I don't know to what level and I don't want to misspeak on that and Sally I don't know if you have more of a thought?

>>SALLY KOZAK: I will say this, whatever we do - I will say this - whatever we do in terms of notices that need to happen regarding H.R.1 requirements will very much follow the processes that we use currently for recipient eligibility notices. As you know those have spent years being tweaked and there is not going to be a significant interest in redoing them all because they meet all the legal requirements and they meet all of the hearings and appeals and all of the federal requirements. And so will there be an opportunity to tweak them? I don't want to say that there will be. Is there a possibility that we will share the changes in advance? I do not see why it is that we could not and would not do that since it is something that we have historically done with the MAAC in the past. And again, Carl you talk about all of the changes that we have to make. And so, part of the intent is to not change things that we don't have to change. And we know that there is going to be some language tweaks to some of the notices, but in general I don't imagine that we will see significant wholesale change in it. But, Catherine will talk to those folks and confirm all about.

>>MIA HANEY: Thank you all so much for this discussion and I think it is the right discussion and Richard, thank you so much for eloquently summarizing about the MAAC and the folks that you been chatting with. I do appreciate the fact that we are focusing on the things that are right in front of us and I think that is appropriate and the Secretary's approach and knowing that these 20 billion-dollar cuts are more than 12 months out and that maybe there could be change at a federal level while I appreciate that I am also very aware that when we had conversations legislatively and with the folks that would be making funding decisions, those are very top of mind and I know that you said before some aren't for us and they are very top of mind and it is impacting our ability to get funding now because they are worried about what is coming. And so it is great that we are having conversations because people care. There are challenges out there and this program, programs need funding in many areas to sustain services today, not necessarily to sustain them in 2027 and October 2027 when the \$2 billion/year start and we care because it is impacting us and we want to have the right discussion. And I think that Richard brings up the fact that maybe this is an opportunity to rework not only the MAAC but the subcommittee of the MAAC to have them be more conversational, and last readouts could be appropriate, and we need to put checks and balances on that. You know we have to appreciate conversation, but we also have to be able to control conversation so we can be productive. And that is challenging, and I recognize that as well. And I would really be open to continuing that conversation and saying if there is an opportunity to have some of this year. If the point of the H.R.1 workgroup is to be informational, that information is just going to be taken from that group and then shared with these groups; regardless, what is the point of having a separate group? But, if it is meant to be conversational and that helps to control conversation and be productive, we appreciate it; it is that it becomes a game of telephone, and that is our concern. Maybe I heard it this way - when it comes to everybody else, they are taking it a different way, and it is

also going to cause concern. So, our request that we have been chatting about is just what the process is to get people on, because there are stakeholders that are not a part of the conversation. But, also, they can be public listening, maybe not public engagement, and not an open chat, but at least public listening, so we are not playing games of telephone. And I appreciate that there may be challenges with that, and I think that this conversation needs to continue, because October 2027, I appreciate that, but my conversations just on Tuesday were very much it is here, and it is impacting your ability to get what you need for your participants today.

>>SALLY KOZAK: Let me just say this. And thank you, Mia. And I understand what you're saying about the telephone and parts of the conversation getting missed and things like that, and I just want to remind everybody that if you move forward in how you approach all of this, you also have the support of the Department to help you with all of that. Eve and her team will help support; Catherine and I think start coming to these meetings now as we talk about this and of course I am here, as well. So, part of our job will be to make sure that we also relay what it is and what we have heard, so that if there are things that are most helpful, we will pick them up. And I just want to give you folks that assurance, as well. You have our support as you move forward.

>>KYLE FISHER: To unpack this a little bit more, I think Sonia's suggestion around notice content and there will be scheduled revisions to renewals and notices and notices of noncompliance and the outreach notices going out and I think using the existing form, the MAAC and the Consumer Subcommittee for user testing focus groups to some extent and being able to see drafts is one example of feedback that I hope would be valuable to the department and it is an opportunity with a very short window. We have not heard of any plans or dates for when that may happen, but I think it is just one example. I mean, we have heard a lot of work is underway, and I think Richard was right in categorizing the Department, and it is doing an awful lot behind the scenes, like system integration, and we have heard about the code list and defining medical frailty. It would be useful to hear and knowing that the timeframe for all of these changes is very short, how the MAAC and subcommittees can be helpful as the Department is putting some of that together. And I know that we asked specifically about the code list being developed, and I heard Megan Todd talk about that in some detail, but is it more than encounter data from the behavioral health cost? It sounds like they are conversations with the use more real-time diagnostic data, but as the Department is putting that together and again the clinicians on this committee and there are others who would be very interested in helping understand how the Department is defining medical frailty knowing that there is ambiguity at the federal level and we don't really have time to wait for the interim final rule, but as the work is happening, it goes back to how can this really be used. It would be useful to hear from Sally that you spoke to the Department offering support in this, but I guess more of a reaction to the suggestion that this forum and the subcommittee are the actual working group. And I know that has also been a suggestion from the Department from leadership before, and now we have this topic, and I think I don't know that many people want to focus on much but H.R. 1 at this point. Obviously the program, the business of the program remains, but I guess a reaction to that and how we might really make it a reality, these forums being working sessions.

>>SALLY KOZAK: So, I think a couple of things here. When I say support, you have the administrative support for us to help schedule, take notes, manage, type up things and send it back to you, and record things and we just don't do it with AI. And so we can help with all of that kind of stuff. In terms of how you want to structure the back-and-forth within the committee, we are happy to walk through that with you, but that is up to you if you want to use this committee

that you want to define as a working group. This is your committee. It has never been up to us to tell you how you have to implement or operate it. So, it is up to you to how you want to do it. I mean, we have the three or four designated subcommittees, right? And so you have to work through those channels, but you're free to have conversations with them about how you operate, and everything as well. And Joe Glinka, I don't want to put you on the spot, but you've been talking about a forum or a structure and outline for the MCDSS and to report up to the MAAC as well and, Mia, you talk about the provider concerns and you talk about the venue and Deb Shoemaker is on the other subcommittee and that is another venue for it to go through and then we have the ConSub and also the MAAC and so if we want to provide feedback on what you think or what you want to see in a notice or changes, you have the current notices, feel free to mock them up and give it to Catherine. Catherine will move it along this way. I know I am putting a whole lot in Catherine, she is just looking at me like what did she eat for breakfast today-- What did she eat for breakfast today! And so we will support whatever you need to do. Questions about that, because then I want to talk about Kyle -

>>SPEAKER: Just another comment, and some of us who have been longtime attendees of the MAAC over time, and some people who used to run the meetings, who are here, will remember that these meetings used to go a lot longer. They were almost all day, because there was more input and then necessarily there were several administrations go that make the decision that this is going to be a two hour block and then there was all of the other technological reasons that it had to be shrunk down and so I think attending the other subcommittees have seen other format changes and there is a lot other ones like there is a lot of time given to comment and that type of stuff and there has been a lot of comment like the LTSS (Long-Term Services and Supports) has a lot of time given to, you know comments periods and, that type of stuff. And I think stretching this out too much more will be somewhat redundant, I think in a lot of cases, and the territories that we cover, you know, and the silos that are at the sub MAAC, and you know, if there is a way to accommodate both, a little bit of comment during this is fine with me.

>>SALLY KOZAK: We are happy to change our format to here is your written presentation or if you have a really burning question that you want a short presentation on, you can. And we can make sure you get updates from the various program offices. Here is part of your packet. Two hours is a nice chunk of time if you restructure and if there is a need to say, " Hey, for the next two meetings, we want to go three hours, we can work to accommodate that, and you are just thrilled over here as I say that! But we can accommodate this, and I would hate to see this meeting become a standing all-day meeting. But, in the short term, we need to say let's extend this one more time to these two meetings, we can certainly do that.

Kyle, you talked a lot about medical frailty and how it is defined. There is a lot unknown around medical frailty. CMS has not issued guidance on it yet. CMS is looking for states to help provide input onto that. Just so you know, we are one of the states that CMS has been having conversations with. We are in a little bit of a different position than most states in that we have very robust PHR (Personal Health Records) , EHR (electronic health records), that we are looking to tap into to get real-time information for folks instead of just relying on claims. CMS has said that you can do self-attestation, but it has to be auditable within six months.

That is really the only guidance that we have gotten from them. And so, to share things without knowing what the CMS guidance is, is difficult for us because it is out there in the public, and then it is like you know, no, that has not been finalized yet. And so when CMS starts putting forth information and says states can do this, we will be more than happy to share that with you and how it is we are moving forward in that direction, but right now as we talk internally, here is

option A, B, C, D and E and which one do you think that CMS is going to let us do?

>>MINTA LIVENGOOD: I just want to follow up with Sally with something, and I feel that I need to share this with Sally about the H.R.1 implementation. We know that it is going through. But, one thing that we can consider as we are looking at - and I know - I am thinking you know I want to spend more money, okay? But, as you have consumers losing or reducing their benefits between the Medicaid and SNAP programs, we need to take and educate consumers on how to survive on reduced benefits. If we cannot keep them eligible. Because if you are getting - I'm just throwing this out there, \$300 a month in food stamps, and now you have an income that has gone up, the first thing that happens is your SNAP benefits reduce, okay? Not only that, but it reduces the money that is available to the household to pay for utilities for which they do not get ongoing help. Or prescriptions. If they now have to put out \$20 or \$30 extra a month for prescriptions and they don't qualify for any extra help, we need to start also looking into ways to help these consumers to be able to survive on reduced, on paychecks, because the taxes on checks, they don't go away. So, you are still working at minimum wage, but sometimes you are not eligible for extra help. The first thing that happens is that you lose - your rent goes up if you get more money. You lose your food stamps and the medical, it is very hard for people to survive when their health is failing, because now they have no medical. Where are they going to end up? In the emergency room it will cost probably the state more money, because they will have to go and apply for extra benefits to pay that hospital bill and hospital stay may be. So, I just wanted to put this out there. I know this is being implemented. We can only give advice and help in the best that we can, but I would like to consider, people to consider survival if the stuff happens to a consumer. Okay? I could go on and somebody said well, do you have an idea of how to start this? Well, I guess I will have to sit back and think about that.

>>SALLY KOZAK: You raise really good points, and I appreciate that, so thank you for sharing. And this is something that you could put in writing to the Department, which is a recommendation that we can take back. I mean up and down like that, and Catherine, at one point, we will let you know where we land on all of that. And those are the suggestions we are absolutely open to receiving.

>>RICHARD EDLEY: I know that we are probably running late which is what we were talking about, but I just have one last comment which has been my mantra and so I apologize for people have heard me say this over and over, but Minta you are talking appropriately to people who lose benefits and there is another thing I've been hearing about overtime both from providers and families saying that this sounds pretty bad, but we are exempt whether it is because they assume their diagnosis or whatever the disability and certainly I know the providers I work with are dealing with a lot of people with a very serious and significant disabilities and even lifelong disabilities and so to think like good luck, we are exempt, this is the wrong thing, you need to be at the table, because obviously how it is defined and even if you are exempt, somehow there has to be a process and if it is not done in the right way then you can envision dozens and hundreds and thousands of people inadvertently and inappropriately losing benefits because of some glitch that was not quite right and they did not do certain things and they will have to appeal and there will be a period of time that they don't have benefits and do they lose services - they will get back on, because they deserve to be, but what a nightmare. And that is the kind of thing, and it worries me when I hear people say, and I have said, you know, at least we know that it does not touch us, I think it touches everyone in this room.

>>SONIA BROOKINS: Kathy? Does anybody else have comments?

>>KATHY CUBIT: Thank you. I think the importance of transparency and clear communication at this time, and meaningful stakeholder engagement, those points were well made today.

Thank you. Anybody --

>>SONIA BROOKINS: Anybody else online?

>>LLOYD WERTZ: Hello, Lloyd again, and as an advocate, I am certainly not in favor of withholding information sessions with the general public and getting ideas from the group that is going to be reserved under the restrictions. And I'll point out that earlier in this meeting, we heard from OMHSAS, and hundreds of comments were received for their submission of regulations, and in fact, those comments were important and good. So, it is hard for me to understand why we would want to put a bit of a chokepoint in for receiving input from the community, and for the consumers, the advocates, and their families, and only receive it through the MAAC for this issue. Just as an advocate wanting to point that out.

>>SONIA BROOKINS: Anybody else? The floor is open. Richard?

>>RICHARD EDLEY: I was thinking about other things - no, I am set and thank you for the opportunity and again Kathy for keeping us organized. People who know me, I would have prepared for this at 9:59 AM today and so Kathy made sure that we were prepared in advance. So thank you.

>>SONIA BROOKINS: Well, I just want to say thank you to all and I will listen to what everybody said in the room and we will have side conversations in reference to the next meeting and for this group it will be transparent. And I just want you all to know that, as for me, for the chair, it will be transparent now, and I will hold the Department to higher standards, and if they don't do right, they'll have to deal with us. So, I just want to know that we hear you, and we see you, and thank you. That is a wrap. New and old business?

>>EVE LICKERS: Good morning. Since our last meeting, we have had three bulletins that were issued and are on the website, and the first one is Bulletin 01-26-47. Let me put my glasses on. It was issued on February 27 and has an effective date of February 27. It was to update the prior authorization guidelines for blood glucose meters with a voice synthesizer for integrated blood samples and the correlating handbook pages that were updated. Also, Bulletin 01-26-49 is a prior authorization guideline update for GLP-1 receptor under the pharmacy, which was issued on March 2 and is also effective on March 2. And also, the last Bulletin, 08-26-50 is Community Health Worker and the Medical Assistance Program. It was issued on March 19 and is effective April 18, where we will be enrolling community health workers for the purposes of participating in the managed care program effective on that date. And those are the bulletins that we have.

>>SONIA BROOKINS: Thank you so much. May I get a motion - first I want to say thank you for being here. It is good to see everyone. Our next meeting is April 23. It will not be in person. But, I would like us to be in person, but we cannot. But in June, we will be back in person. And may I have a motion to adjourn the meeting?

>>MIA HANEY: This is Mia Haney. I motion to adjourn.

>>SONIA BROOKINGS: Alright, all in favor? so moved. Thank you all.