Medical Assistance Advisory Committee (MAAC) 10:00 am - 12:00 pm ET - January 23, 2025

>> ELISE GREGORY: Good morning and welcome to the January 2025 edition of the MAAC meeting. Today is Thursday, January 23rd and my name is Elise Gregory. Before we begin the meeting, I would like to go over a few items. This meeting is being recorded. Your continued participation in this meeting is your consent to be recorded. If you do not wish to be recorded, you may end your participation in the webinar at any time. To help avoid any disruptions, please remember to keep your microphone muted if you are not speaking. Live captioning, also known as CART captions, is available for this meeting. The link is included in the chat. Presenters should state their names clearly before speaking to assist the captioner. Representing the Department of Human Services (DHS or Department) today from the Office of Medical Assistance Programs (OMAP), Deputy Secretary Sally Kozak. From the Office of Long-Term Living (OLTL), Deputy Secretary Juliet Marsala. From the Office of Mental Health and Substance Abuse Services (OMHSAS), Deputy Secretary Jennifer Smith. From the Office of Developmental Programs (ODP) we have Bureau Director Jeremy Yale, and from the Office of Income Maintenance (OIM), Director of the Bureau of Policy, Carl Feldman. If you have questions related to this meeting or need any additional information, please visit the MAAC webpage. I will now hand things over to the MAAC Chair, Ms. Deborah Shoemaker.

>> DEBORAH SHOEMAKER: Good morning, everyone. Happy New Year. I think I still can say that until the end of January. Hopefully you are at a place where you are warm. It's a perfect segue for Low Income Home Energy Assistance Program (LIHEAP). Remember, if you didn't sign up for LIHEAP, this would be a good time to get it so you stay warm. But thank you for attending and taking time out of your schedule to be able to attend with us today and I will go over the list of our members and thank you for the dedication that all the MAAC members have. My name is Deb Shoemaker, I am the chair of the MAAC, I am also Chair of the Fee-For-Service Delivery System Subcommittee (FFSDSS). I am a consultant for the Pennsylvania Psychiatric Leadership Council and a family member. My Vice-Chair is Sonia Brookins. Sonia are you available? (no answer) Okay. Darren Schultz? (no answer) Okay. And I'm going down the list so I'm not looking at who's there, so I apologize. Dr. Nnamani? (no answer) Okay. Heather King? (no answer) Okay. Joe Glinka.

>> JOE GLINKA: Good morning, madam Chair.

>> DEBORAH SHOEMAKER: Good morning former Chair. Thanks for making me feel good that I'm, finally somebody who is on my list. Jolene Calla? Okay, I think she'll be coming.

>> JOLENE CALLA: Hi Deb, good morning. I'm here.

>> DEBORAH SHOEMAKER: Good. I was going to say if not, I knew you were coming momentarily.

>> JOLENE CALLA: Yep

>> DEBORAH SHOEMAKER: Julie Korick.

>> JULIE KORICK: Good morning.

>> DEBORAH SHOEMAKER: Good morning, Julie. Okay, Kathy Cubit.
>> KATHY CUBIT Good morning.
>> DEBORAH SHOEMAKER: Kathy is a chair as well as Joe, who you will hear from later. Dr. Yester?
>> MARC YESTER: Hello, this is Marc Yester. I'm a pediatrician in the suburbs of Pittsburgh. I'm representing the Pennsylvania American Academy of Pediatrics.
>> DEBORAH SHOEMAKER: Thank you, Thank you Dr. Yester. Dr. Goldstein?
>> MARK GOLDSTEIN: Good morning. Pennsylvania Dental Association.
>> DEBORAH SHOEMAKER: Thank you. Mary Hartley? (no answer) Okay. Mia Haney?
>> MIA HANEY: Hi. Mia Haney from the Pennsylvania Homecare Association.
>> DEBORAH SHOEMAKER: Thank you Mia. Former chair Mike Grier.
>> MIKE GRIER: Hi Deb. Good morning.
>> DEBORAH SHOEMAKER: Good Morning. Minta Livengood? Okay, we will catch Minta. We have a new member, Nicholas Focht. If I say your last name wrong, I apologize, Nicholas.
>> NICHOLAS FOCHT: Good morning, yes, it's actually, Focht (pronounced Faux-kt). It's a pleasure to be here. Thank you.
>> DEBORAH SHOEMAKER: Wonderful. Thanks for being a new member. Nick Watsula?
>> NICK WATSULA: Good morning, Nick Watsula representing UPMC. (Indiscernible).
>> DEBORAH SHOEMAKER: Yes, great. Former Chair as well. Richard Edley?
>> RICHARD EDLEY: Good morning, Deb. Richard Edley, President and CEO of Rehabilitation and Community Providers Association (RCPA) representing health and human services providers.
>> DEBORAH SHOEMAKER: Thank you so much. Another former Chair. This is great. Russ McDaid.?
>> RUSS MCDAID: Hey, good morning, Deb, Russ McDaid. WRMc Strategies, immediate past chair. Great to see everybody.
>> DEBORAH SHOEMAKER: Yes. And Ted Mowatt? Okay, Ted may be on later. He was having some technical difficulties and then also representing the Consumer Subcommittee, would be Kyle Fisher.
>> KYLE FISHER: Morning Deb. Kyle Fisher with Pennsylvania Health Law Project, counsel to the Consumer Subcommittee. I can see that the Vice-Chair Sonia is on the call this morning, but she may be having some difficulty with her audio.
>> DEBORAH SHOEMAKER: I switched over now and saw Sonia. Sonia can you speak? Or are you having problems? (no answer) Okay, well thank you Kyle and I have her over anyway so perfect. Okay, did I miss anyone who is on the MAAC that I missed, or did we miss any people that came from DHS that maybe recently just got on that we should introduce?
>> JOE GLINKA: Hey Deb, I'm sorry. I just said good morning to you, but I heard everybody else introduce themselves and I neglected to do that, I apologize. Should I do that?
>> DEBORAH SHOEMAKER: Yes, you can. That would be wonderful.
>> JOE GLINKA: Good morning, everybody. Joe Glinka Director of HealthChoices at Highmark

Wholecare and Chair of the Managed Care Delivery Systems Subcommittee (MCDSS).
>> DEBORAH SHOEMAKER: Thank you. Thank you.
>> KATHY CUBIT: This is Kathy, I'm sorry Deb. I'll do the same. This is Kathy Cubit from CARIE, the Center for Advocacy for the Rights and Interests of the Elderly and as stated I'm chair of the Long-Term Services and Supports Subcommittee (LTSSS) of the MAAC. Sorry for the interruption.
>> DEBORAH SHOEMAKER: Yes, wonderful. Thank you so much. And we will be hearing from them later and Joe will introduce later what they're going talk about next month from his subcommittee. So, I think now we have enough members on the call for a quorum. So hopefully members had the opportunity to look at the minutes from the December meeting. Those of you probably would remember our December meeting is always early because of the holidays but hopefully everyone had a chance to look at it. If that is the case if someone could please give a motion for the approval of minutes, I would appreciate it.
>> KATHY CUBIT: This is Kathy. I'll make a motion to approve.
>> DEBORAH SHOEMAKER: Thank you Kathy. Second please?
>> JULIE KORICK: Second, Julie Korick.
>> DEBORAH SHOEMAKER: Thank you Julie. Great, all in favor say aye please.
>> [SEVERAL SPEAKERS]: Aye.
>> DEBORAH SHOEMAKER: Any nays? Any abstentions? Okay. Thank you. Then we're good to go. First on the agenda is Carl Feldman from the Office of Income Maintenance. Hi Carl. Hopefully all is well with you.
>> CARL FELDMAN: Hi, good morning. Can you hear me?
>> DEBORAH SHOEMAKER: Yes, perfect. Thank you.
>> CARL FELDMAN: Alright. Yes, I'm Carl Feldman. I'm the Director of the Bureau of Policy within the Office of Income Maintenance and happy to be here with you this morning on the line. I will start by sharing information related to Disabled Adult Children (DAC) cases. This has been of interest to the Consumer Subcommittee and the MAAC. What I can say is that at this time, while we were asked to centralize the role of DAC case handling, we are still considering role centralization. I want to be clear that would mean role centralization within specific counties. We have not made a determination if there will be an organizational change for that, but it's not ruled out. We are interested in it. Just have not yet made a determination. But we are aware that this is a pain point for workers and we're in the process of making kind of a short video training that will be available to those workers. And we got some good insights at the Consumer Subcommittee yesterday about doing our best to make sure that can be most clearly available to workers and we are going to be thinking about that too. That's what I can say about the disabled adult child cases right now. Do folks have questions about DAC?
>> DEBORAH SHOEMAKER: Do we have any questions? (no answer) Okay, I'm guessing Consumer Subcommittee asked the questions yesterday.
>> CARL FELDMAN: They did. They had some good requests and we'll be thinking about it. For

Medical Assistance for Workers with Disabilities (MAWD) cases. I want to talk now about MAWD. This is another pain point. In both instances the pain really comes from the same place, which is that the system doesn't fully support every case action and it really hinges quite a bit on caseworker expertise, knowledge, and policy fidelity. As you may recall, we established a process by which people who were closed but may in fact be eligible to receive MAWD. We are currently sending mailings to those households, each month after closure occurs, telling them they may be actually able to return to eligibility and that that return to eligibility would be through the MAWD program. In the month of December, we sent 627 letters to that effect and in the month of January, there were 440. How many letters are issued is completely contingent on how many cases meet the criteria for that particular month. The criteria are based on someone closing for being over income and they have a certified disability. Those are the things that would send a likely MAWD eligible.

Another thing that was brought to us through the MAAC and Consumer Subcommittee was challenges particularly for MAWD recipients that are already on waiver at their renewal cycle. We know that this is a particularly challenging series of steps that workers need to take in order to ensure that eligibility continues when the person remains eligible. So, it's not this person is ineligible due to circumstance. The person may in fact be eligible, but there's a lot of steps the worker has to get through. We conducted a system enhancement at the end of 2024 which made this easier for workers. Fewer steps are required. I did a sample of cases to see how that change affected the work processing of cases like this. What we can see is that it did make it easier for the worker to move through the eligibility process, which is what is intended.

So, we're happy to report that these changes should limit some of the challenges that people have experienced with maintaining their MAWD eligibility and we're hopeful that we'll continue to see good results because the initial results were quite good. Those were my prepared remarks. But of course, I'm available to take questions on other eligibility related matters for Medicaid.

>> DEBORAH SHOEMAKER: Does anyone have any other questions for Carl? (no answer) I have a question which probably is going to go for almost everyone. It's based on the directive yesterday. It was either yesterday or the day before that at the federal level that, is it 90 days for which there cannot be any kind of communication? How does it affect the reporting you have to do for Centers for Medicare & Medicaid Services (CMS) or any information going back-and-forth about eligibility and working on some of the renewals and other things that come up?

>> CARL FELDMAN: I think we're still digesting new federal guidance, and I guess also lack thereof. If the federal government says to do something, generally we do it. The lack of guidance that we might receive, I think you could expect, will delay potentially actions that we need to take on the eligibility side in terms of our planning. It potentially creates a circumstance where it's not clear to us, what the expectations are of the state Medicaid eligibility agency. That's kind of the territory that we find ourselves in. I don't know for how long this will persist. We had some meetings just this morning that we were told will be rescheduled related to some

Medicaid eligibility things with CMS. That's the extent of what we know. That's kind of the impact. Hopefully it doesn't persist for a long period of time.
>> DEBORAH SHOEMAKER: Okay. Well, I know I wish we all had a magic ball. Yeah a magic eight ball or mirror, you know, to know what was going on. I just didn't know. If depending on how long it goes will there be an extension of some flexibilities on your end so that people, say they can't meet certain requirements, or can't do certain things because they're going to hold back, or say that you're going to drop someone if they didn't get their paperwork. Is there going to be an extension of grace in that respect?
>> CARL FELDMAN: Well, I don't think I've seen anything that has come out thus far as impacting individual level eligibility. Everything that's been said at this point in time is about how the federal government communicates with the state and until we receive guidance that something has changed, the state policy remains the same.
>> DEBORAH SHOEMAKER: Good to hear. Minta, I think your hand is raised. Am I seeing that correct Elise? Is Minta's hand raised?
>> KYLE FISHER: Minta has joined. I think she was trying to unmute to do a quick introduction. Are you able to unmute Minta? You're unmuted now. We might need to come back to it. Thank you.
>> DEBORAH SHOEMAKER: Okay. When you're ready Minta pop in. Do we have any other questions from MAAC members for Carl?
>> JOE GLINKA: Hi Deb. I raised my hand, but I'll lower my hand now, but I had a question for Carl. Carl, thank you for your update. It was drawn to my attention recently on the DHS website that now there is a breakdown of Medicaid enrollment by legislative district which I'm really pleased to see. My question is how often is that information updated? Is it monthly and if so, at what point during the month would those enrollment numbers be updated on the website?
>> CARL FELDMAN: Joe, I'm not sure but I'd be happy to find out for you and the MAAC.
>> JOE GLINKA: Okay.
>> DEBORAH SHOEMAKER: Thank you Joe. That was a public service. I'm gonna have to go back and check that out. That's good.
>> JOE GLINKA: I'm here to serve.
>> DEBORAH SHOEMAKER: Good. Good, good, good. Any other questions from MAAC members? Okay, Elise, any questions in the chat?
>> ELISE GREGORY: We don't have any questions in the chat at this time, but I would like to remind listen-only attendees if you have any questions, please put them in the questions. On our end, it looks like a little box with a question mark on top. It doesn't say questions but that's how we will receive them in the updated version of GoTo Webinar.
>> DEBORAH SHOEMAKER: Thank you Elise. It's a little hard to hear you.
>> ELISE GREGORY: Is this better?
>> DEBORAH SHOEMAKER: Better. Thank you. Well, if no one has anything else for Carl at this time, he's always available by email. He's very quick to get back so I appreciate that. We look

forward to hearing from you next month and encourage everyone to look at the dashboard because obviously there's new things on there that I didn't know so thank you so much for your hard work and everyone's hard work at OIM Carl.

>> CARL FELDMAN: Thank you. Have a good morning.

>> MINTA LIVENGOOD: This is Minta. Can you hear me?

>> DEBORAH SHOEMAKER: Yes, perfect Minta.

>> MINTA LIVENGOOD: Okay.

>> DEBORAH SHOEMAKER: Introduce yourself.

>> MINTA LIVENGOOD: This is Minta Livengood. I am co-Chair of the Consumer Subcommittee for Indiana County.

>> DEBORAH SHOEMAKER: Perfect. And I think I owe you a phone call Minta.

>> MINTA LIVENGOOD: Yes, you do.

>> DEBORAH SHOEMAKER: Alright, I'll call you later. Next on the agenda is, on behalf of ODP we have Jeremy Yale, correct?

>> JEREMY YALE: Good morning, Deb.

>> DEBORAH SHOEMAKER: Good morning.

>> JEREMY YALE: Good morning MAAC members and the public at large. My name is Jeremy Yale, I'm the Bureau Director for Policy and Quality Management with the Office of Developmental Programs representing our Deputy Secretary Kristin Ahrens. Deb, as I've done in the past, I have a few slides to help drive some key updates that I'd like to share with the MAAC this morning. So, we can go to the next page, next slide.

I wanted to touch on two specific areas. One, provide an update on our performance-based contracting of both residential and supports coordination organizations. And then provide an update on the multi-year growth strategy to eliminate the adult emergency waiting list.

So, we can go to the next slide.

So, this is a busy one. Some details about our progress related to performance-based contracting (PBC) for residential. Back at the turn of the calendar year, January 1 2025, ODP's 1915(b)(4) and (c) revisions went into effect. As a refresher, the 1915(b)(4) establishes the authority for performance-based contracting for residential services. We, just again as another refresher, back in August did our first data collection submission with residential providers. There were 36 residential providers that submitted during that time.

And just a thank you to all those providers that did participate early on. This is a new process, and we are engaged in continuous quality improvement. So, it really gave ODP the opportunity to take a look at that process on the whole. We have made some revisions to our implementation guide and are moving forward with several trainings that are coming up for providers. With systems changes and with system transformation, really trying to build as much opportunities for engagement and success of our residential providers. On January 29, 2025, at 11:00am, ODP is hosting a submission information session that will be very targeted toward residential providers that will be submitting their data and documentation related to

performance-based contracting for this upcoming cycle. In addition, we have four virtual office hours (VOH) scheduled and those VOHs are really designed -- there is not an agenda per se. There's not really a PowerPoint. It's really an opportunity for providers that have questions to have access to ODP subject matter experts and staff to really talk through what their questions are and receive answers and solutions.

Our provider data submission process will begin in February. It will be open for a month. And we have also released the Pay for Performance capacity build which is our Pay for Performance initiatives focusing in on workforce, competitive integrated employment, and technology. So, many of those areas really are around capacity building to support providers in areas that will help them be successful with future performance-based contracting performance measures. And then lastly on the slide, we included just a variety of links and points of contact related to performance-based contracting and our mailbox, which is available to providers and any other interested stakeholders. We also have published a frequently asked questions document. One targeted more towards providers, one available for individuals and families. You can go to the next slide.

Quick update on PBC or performance-based contracting for supports coordination organizations (SCOs). We, the office, are currently analyzing information from stakeholders. We have made widely available our draft performance standards for SCOs, and so we are currently analyzing feedback that we've received. We're also analyzing the feasibility to change the current payment model from a Fee-for-Service (FFS) to some type of an alternative payment or per member per month rate. One of the things that we have very clearly identified is that FFS is at times becoming a barrier or is not as supportive of the supports coordinator being able to duplicate jobs effectively which is really building person-centered plans with individuals and families and teams to have the quality of life in everyday life versus really , pardon the expression, but chasing units. We're excited about that. We think that that will be an important change to increase the quality of our supports coordination or court case management services. So you can see a general timeline here. We have been drafting for some future date, in April for which we're currently targeting, we will open it up for a formal public comment period. And then the plan is to submit those waiver modifications to the (b)(4) and our 1915(c)'s, by July 2025 to CMS. And we can go to the next slide.

And a few updates on the multi-year growth strategy. Again, MAAC members will recall that Governor Shapiro, back in February of 2024, announced that ODP would be really targeting and working to reduce and eventually eliminate the adult waiting list. So, we certainly have made some progress. As of December 1, 2024, 1893 individuals have been enrolled. We also have been working very closely with our county partners or the administrative entities. There was a large forum that was held on December 3, 2024, really designed to engage counties, get them working through the protocols that we have jointly collaborated on to help towards that multi-year growth strategy. Helping to shift the ability of administrative entities to manage their own resources, so that we can essentially free up additional waiver capacity and serve more people,

which is our goal. Since the February 2024 announcement, ODP has increased the total program capacity by more than 40,000 individuals. So, we currently have 41,316 people that could be receiving waiver services. So again, making some inroads to addressing the waitlist. I will stop there and see if there are any questions.
>> DEBORAH SHOEMAKER: Okay. Wonderful. Thanks for the great update and the last slide was wonderful that we're working on that waitlist because if we can do capacity, it's like 1300 people. That's good, that's good. That's just a celebration in itself. That's wonderful.
>> JEREMY YALE: Thank you Deb.
>> DEBORAH SHOEMAKER: Does anyone have any questions? I know I see there's some in the chat that Elise can ask, but do we have any MAAC members with questions? Let me see, I'm learning. Sorry, there was a new update to this GoTo. Mike, it looks like you have a question.
>> MIKE GRIER: Yeah, thanks Jeremy for the presentation. Could you talk a little bit about, you had talked about, in the Pay for Performance, one of the measurables that was gonna be in that is the workforce. Is that just vacant positions or can you talk a little bit more about what you guys are looking for as far as workforce?
>> JEREMY YALE: Sure. Thanks for that question, Mike. One of the areas that I think all of human services faces is again workforce shortage. We're not getting qualified people to fill positions, and we continue to see high turnover rates. So, one of the multi-pronged approaches that has been used is a nationally recognized credentialing system. The National Alliance for Correct Support Professionals has what they refer to as a Direct Support Professional (DSP) One, Two, and Three. So, it's a successive tier that's based on competency-based success and accomplishments. When a DSP obtains that, what we're hoping to build over time is a way for the Commonwealth to reimburse providers differently that are utilizing this system and really driving down overtime, or not overtime, turnover rates. One of our providers that wasn't really a doctor has been at this for several years and I think it's uncommon or unusual. I don't know that we expect this type of success with all providers, but this particular provider for the individuals for the direct support professionals that have participated in the DSP credentialing, they have over 90% retention of those staff members. So that's one of the strategies. Some of the other strategies involve taking a deeper look at our turnover rate so that we can more accurately report back on that and plan for that.
>> MIKE GRIER: Thank you.
>> DEBORAH SHOEMAKER: Thank you Mike. Richard I see your hand is raised.
>> RICHARD EDLEY: Yes. Thank you. Hi Jeremy, it's Richard Edley. Good morning. As Deb said certainly the data on the waitlist and the emergency waitlist getting before 4000 is great at a global level, it's the right direction. But given that it was a Governor Shapiro initiative and the budget season coming up, I was actually asked a couple questions by a reporter that I couldn't answer which is the next level detail and I was wondering if you have it or if it's something that could be done. Specifically, of the people who have been taken off the emergency waitlist, what is their acuity level? And are they now receiving the services they were hoping for or just

receiving some services? Obviously, I couldn't answer that question, and I think it also comes up because it's sort of related to the performance-based contracting and the general concern of, ‘will those with the most serious, significant needs and complexities be served?’. And I guess the general question is, is there detail on those who have been taken off the emergency waitlist?

>> JEREMY YALE: Sure, yeah. I don't have that at my fingertips but certainly the office has that information. Part of the way that the emergency waiting list is designed and managed is really around acuity. It's often times the person that has the most critical need at a particular time that is being served if you will. We also have supports intensity scale or SIS data for all individuals so that would also be an indicator into what those support needs are for individuals. And in terms of services, back to the work with performance-based contracting, timeliness of service is one thing that we are taking a look at. There are some performance measures for providers around that area. Both in draft for supports coordination organizations as well as for residential providers. So, timeliness to services is another critical thing and we can see that information through claims data.

>> RICHARD EDLEY: In particular, I hadn't thought of it that way that even knowing the Support Intensity Scale (SIS) score of those who were taken off the emergency waitlist would be interesting. And again I'm not searching for issues. It's good data that you presented. But I figured if I was asked the question, others would probably be asked as well. Whether it's a follow-up in this meeting or other meetings that we're in, that would be great.

>> JEREMY YALE: Sure.

>> RICHARD EDLEY: Thank you.

>> DEBORAH SHOEMAKER: Okay Richard, you just stole my thunder, I was going to say if we could get that information, to be added to next meeting or even prior to that, that could be sent out to MAAC members and we can distribute it, that would be great. Thank you. Thank you for that question. Any other questions from MAAC members because I think there are some in that chat. Any quick, one more question from MAAC members? Elise, you do have questions in the chat, right?

>> ELISE GREGORY: Yes, from Jeff Iseman. Could you briefly comment regarding the technology and CIE, competitive integrated employment, aspect of performance-based contracting and what is ODP looking for from their providers there? Thanks.

>> JEREMY YALE: Sure. And good morning, Jeff. We have published those, so they are available if you navigate to our performance-based contracting resource webpage which is linked in the slide deck if you can get your hands on that. But it's again back to capacity building for both competitive and integrated employment, workforce, and technology. At the stage, we are looking for essentially plans from providers for competitive integrated employment. It's to provide your current strategies or strategies you're interested in implementing in the near future on how you can support individuals with employment.

And that really can take on a variety of different forms. And then once we establish some

baseline and some baseline planning with providers, that next phase of the Pay for Performance initiatives will really be around progress above the benchmarks that were established.

So, if an organization, a residential provider is looking to increase the flat rate of people that are competitively integrated and employed, then that would be something we would start to look at. I think what we're ultimately looking to do is begin to establish some state, recognized statewide benchmarks so that providers can begin to compare against each other, and we can see how they're doing. One of the other things that we've looked at pretty closely was the acuity of individuals in residential and how they're being supported through CIE. So, that would be another potential for an agency to develop some plan around supporting individuals maybe with more complex needs, either physical health or behavioral health needs.

And then technology is again, it's planning for providers. You know, making those critical investments in electronic health records or other technological platforms that can help advance their business, either from an HR perspective, a communication perspective, a training perspective. And then in phase two of that, kind of continuing on to support the growth of the use of remote supports and other technologies for people with intellectual developmental disabilities and autism.

>> ELISE GREGORY: We have no more questions in the chat at this time.

>> DEBORAH SHOEMAKER: Okay. Wonderful. Thank you, Jeremy. I appreciate it.

>> JEREMY YALE: Always a pleasure Deb. Thank you.

>> DEBORAH SHOEMAKER: Yes. The pleasure is ours. Thank you. Have a good day. Next on the agenda would be Deputy Secretary Marsala for an update on OLTL.

>> JULIET MARSALA: Good morning, everybody. Hoping folks can hear me. I'm off-site today.

>> DEBORAH SHOEMAKER: You're perfect. We can hear you.

>> JULIET MARSALA: Wonderful. We'll give a second for the PowerPoint to come up. Great, thank you. We can go to the next slide. Just a very quick, short list of updates. If we go to the next slide, there've been no changes in the status of Community HealthChoices (CHC) or Agency With Choice (AWC). So, there are no updates that we can share at this time. The CHC Request for Application (RFA) is currently still in a stay. If we go to the next slide.

So just some updates that went out on our Office of Long-Term Living that we wanted to make sure everyone was aware of. On December 18, 2024, we released a Listserv with a notification that CMS approved the Community HealthChoices waiver renewal and the Omnibus Budget Reconciliation Act (OBRA) waiver amendment with an effective date of January 1, 2025. So, we were thrilled to have those two packages move through the CMS approval process and come back with approval.

So, in the 2025 CHC waiver and the OBRA amendment, we did add some teleservices as a potential service delivery method that participants can choose for cognitive rehabilitation therapy services, counseling services, and nutritional consultation. So, participants will have a broader availability to access these services in the method that they prefer. Again, this is driven

by the participant. It would have to be documented in the participant's person-centered service plan. The service coordinator would work with the participant to make sure all the elements and requirements for teleservices are met and addressed. And again this is sort of a choice driven by participants. That is to say, a provider could not tele-participate that they could only get this modality.

In addition, we are excited to bring back chore services to the CHC waiver. This was in past waivers and was taken out. We are bringing it back. Chore services consist of heavy household chores which are necessary to maintain the functional use of the home or provide a clean and sanitary and safe environment. This is a service that's authorized only when there's unclean and cluttered living space that's impeding service delivery or increases the probability of injury from environmental hazards such as falls or burns. It is not meant to replace Projects for Assistance in Transition from Homelessness (PATH) or general Instrumental Activities of Daily Living (IADLs) of light housekeeping that typically is under personal assistance services. Covered chore services include things like washing floors, windows and walls. Moving or removing large household furnishing and heavy appliances in order to provide safe access or egress for the participant, the direct service worker, or emergency personnel. It could include addressing items that are stored outside of the home, on porches, in front of doorways and things like that. It could include securing household fixtures and items and tacking down loose rugs and flooring to prevent injuries or fall. And things like the seasonal installation and removal of air-conditioning units for example. It is limited in scope and certainly there are things that are not included like pest eradication is not included in chore services. That has its own service category. And I think the last thing to note on chore services are that, you know, they are a vendor service as opposed to provider service so there isn't a rate on a FFS. It's a market rate because depending on the need, the managed care organizations (MCOs) and their networks may contract with a house cleaning agency or janitorial agency or cleanup contractors, things of that nature. The managed care organizations, similarly to OLTL, have been anticipating a January 1, 2025, start date so we've all been preparing for the addition of chore services. If we go to the next slide.

Another recent communication that came out is our Calendar Year 2024 Nursing Facility Quality Incentive Program Attestation forms. Those are due on March 14, 2025. We released it last week by the Listserv. Notification that makes public the list of all nursing facilities that DHS OLTL has on record as attending at least one learning network webinar that's hosted by the Jewish Healthcare Foundation during 2024. Attending those learning network webinars are a requirement of the Quality Incentive program and so if you attended one of these webinars and are not on the list, we are requesting that you submit your attestation form and submit it to the resource account that you see on the screen. RA-PWNFLNATTEST@PA.gov. Again, these are all due by Friday, March 14, 2025. Anything received after that will not be accepted and if you have any questions about that, you can also send it to that resource account. We can go to the next slide.

Lastly, in our recent OLTL communications, we also posted our Act 150 Program Sliding Fee Scale for the calendar year that went out January 14. So that's titled the 2025 Act 150 Sliding Fee Scale bulletin. It is also posted to the bulletin webpage of the DHS website and this bulletin has an issue date and effective date of January 1, 2025. The purpose for the Act 150 Sliding Fee Scale bulletin is to provide the most recent sliding fee scale, which is the persons portion of responsibility, sort of payment contributions, to all OLTL service coordination entities (SCEs) that are working with Act 150 program participants. And so that bulletin applies to those SCEs but is also available to participants and folks so that they can evaluate any changes to that sliding fee scale for participant payment responsibilities to that program. I think that's all the slides and updates I have today, but before I open it up for questions, in anticipation of questions, the home and community-based services (HCBS) rate and wage study does still remain in a review process and I do not have a date for release. Happy to answer any questions.
>> DEBORAH SHOEMAKER: That was pretty good because you knew that was going to be a question.
>> JULIET MARSALA: I know.
>>DEBORAH SHOEMAKER: See? You're anticipating. That's good. Thank you for your updates. Do we have any questions from MAAC members? Okay. Mia?
>> MIA HANEY: Hi Juliet. Thank you for the update. I wanted to ask on the chore service. We had a few of our members reach out to the MCOs who indicated that chores service would need to be on their Medicaid provider number or Medicaid provider enrollment before they could enroll in that service with the MCO. However, when they reached out to OLTL enrollment, the provider information form had not yet been updated to include chore services. I was wondering if we could get an update on when that form would be updated and released to providers so they could get set up with the managed care organizations.
>> JULIET MARSALA: Yeah, I will have to get back to you. I will check with my enrollment team on the FFS side and circle back to the committee with a date.
>> MIA HANEY: Awesome. Thank you so much.
>> JULIET MARSALA: I wasn't aware it wasn't updated yet.
>> MIA HANEY: Would appreciate that. Thanks so much for the follow-up.
>> JULIET MARSALA: Absolutely. Thank you, Mia.
>> DEBORAH SHOEMAKER: Any other questions from MAAC members? Okay. Any questions in the chat?
>> ELISE GREGORY: There are no questions in the chat at this time.
>> DEBORAH SHOEMAKER: Okay, wonderful. I'm double checking. I had gotten an email, and I didn't see it until a little bit ago. If Dr. Nnamani. She's on. Would you like to introduce yourself?
>> DR. CHIAMKAKA NNAMANI: Absolutely. Good morning, everyone. Dr. Nnamani, Pediatrician and member of the MAAC.
>> DEBORAH SHOEMAKER: Wonderful. Thank you. I wanted to make sure that people knew you were here.

>> Dr. CHIAMKAKA NNAMANI: Thank you.
>> DEBORAH SHOEMAKER: No, thank you. Mike, do you have a question?
>> MIKE GRIER: Yeah. Thanks for the presentation Juliet. You know I sound like a broken record, but is there any additional updates on the study?
>> JULIET MARSALA: No, Mike, there are not any additional updates on the rate and wage study. Still going through the review process.
>> MIKE GRIER: Okay. Thank you.
>> JULIET MARSALA: You're welcome.
>> DEBORAH SHOEMAKER: Do we have anything else? Alright. Thank you so much Deputy Secretary Marsala. We appreciate it.
>> JULIET MARSALA: Thank you. I appreciate your time.
>> DEBORAH SHOEMAKER: Yep, thank you. Next on the agenda I believe should be OMHSAS, Deputy Secretary Smith. I'm sorry. I think you're next, aren't you?
>> JEN SMITH: Hello. I am. I'll wait for the presentation to come up. At least I don't see it yet.
>> DEBORAH SHOEMAKER: No. I don't see it yet either.
>> ELISE GREGORY: Our presenter's computer froze. We're switching presenter computers. It's gonna take a minute.
>> DEBORAH SHOEMAKER: Alright. Pick a topic Jen.
>> JEN SMITH: I can actually get started before the slides are up because I have one thing that didn't make it onto the slides anyway, so I'll start with that one. So, I think everyone on this call knows, because we had announced it previously at some MAAC meetings, but the Chief Psychiatric Officer for OHMSAS, Doctor Dale Adair, retired officially in December. So, we have posted his replacement position. That job posting is still open, and we will be continuing to accept applications through February 4. I will send -- I think I can paste the link in the chat which will go to the organizers and panelists. It won't be available I don't think to members of the public. But you can go right on the Commonwealth's employment website and search for it. You can narrow by DHS postings or type Chief Psychiatric Officer.
One of the differences in terms of what you'll find with this posting compared to Doctor Adair's position is that previously Doctor Adair had been with us as a contracted staff member. The posting that you will find out there is an actual Commonwealth employee position. So, we've slightly changed our approach there. When you look at the posting, you'll be able to read what we're expecting in the position and a salary range and that kind of information. If you are interested in the position or know someone who is, please apply through the website. I know some of us have gotten emails from people saying 'hey, here's my resume can you look at it' or hear 'I'm interested here's my CV'. If you have any interest at all, please go through the link to officially apply for the job. Otherwise, we risk it getting lost in the shuffle. So hopefully folks will be able to find that if they're interested.
>> DEBORAH SHOEMAKER: I was going to tell you that on behalf of Pennsylvania Psychiatric Leadership Council (PPLC) see we did forward it out to our psychiatric society or psychiatric

members, psychiatrist members, so it's out there and I think the psychiatric society may be doing same. Hopefully, if not we can strongly encourage them to do so.
>> JEN SMITH: That would be great. Thanks. Okay. It looks like we've got the slides up and running just in time. That was great timing. I'll give a quick update on 988 and crisis information. I was hoping to have some data in advance of this meeting, but I didn't quite get it yet so if I get it after the meeting Deb, I'll just send it along and you can pass it around to the MAAC. I usually share the statistics for the most recent month end, and I just don't have them. I get that data in a little bit of a different way now and so I don't have that right in front of me but I'm expecting to get it, and I will send that along.
What I do have to share is we continue to have 12 active 988 call centers. I've been reporting for a little while now that we have two in the process of onboarding. That is still the case. Although one of them is very, very, very close to being operational. In fact, may within the next 30 days come online and we're really close. The second one will likely be much later in calendar year 2025. And just for people's awareness, when a new call center comes on board, it's not as easy as just us sort of deciding we have a new call center, let's just start routing calls there. There's a process by which they have to make those requests and then they have to get connected with Vibrant, which is the entity that the Substance Abuse and Mental Health Services Administration (SAMHSA) contracts with to help administer and oversee all of the reporting and data collection around the lifeline. So, some of this is a little bit out of our hands in terms of needing the new onboarding centers to be working with Vibrant and for some data needs to be established and testing to be done and that kind of thing. That's why sometimes it takes what seems to be a significantly long period of time to onboard. But those two are still in the works.
Something we're going to be working on pretty diligently in 2025 is expanding the capabilities within Pennsylvania to answer our texts and chats. That feature has been very difficult for many states to have high percentages of response rates for because they just didn't have staff trained or adequate staffing or technological capabilities for their call center agents to quickly and appropriately respond for messages coming in via those mechanisms, text and chat. Every state is working on this goal, working to bring up the percentage of in-state responses.
For those that aren't answered by our Pennsylvania specific call centers, they are still being answered, but they're being answered by call centers that were identified by the federal government as sort of the "catch-all". That's where calls roll to as well if our call centers are unable to answer a particular call, it'll roll to another. So, we're working in Pennsylvania to expand our capability to be responsive to those texts and chats. We are continuing to exceed the SAMHSA benchmark of having at least a 90% in-state answer rate for the phone calls coming in to our centers. We continue to hover right around that 91%-92% mark so that's good. We expect that number may even increase once we get those two additional call centers on board.
Two other pieces that will be the topic of a lot of conversation around 988 and crisis in 2025 will

be around the sustainable funding, not just for 988, but really for the crisis continuum, which includes 988, but also includes: mobile response teams, co-responder models, crisis walk-in centers or emergency behavioral health walk-in centers. There is a significant need for funding to support these different levels of care within that crisis continuum. And so, lots of conversations within DHS, as well as with the Behavioral Health Council, with the Insurance Commission, and with others around what we can do to ensure the sustainability of all of these services. 988 is definitely one of those. To this point, the 988 call centers have been supported by federal dollars. As is the case with most federal funding, you never really know how long you'll continue to receive that dedicated funding. We want to make sure that we're prepared for a more sustainable approach.

And then lastly, the interoperability of 911 and 988, so really continuing to foster relationships and collaborations between the Pennsylvania 911 centers and our 988 call centers. And figuring out how we can really develop some good processes between those two entities so that they're working together so that we're using our resources as wisely as possible. If there are 988 related calls coming into 911, how can we get those funneled to a 988 call center quickly and effectively? How can we give 911 centers the information, the resources, the skills that they need to identify those calls, and then to move them on very quickly so that it frees up their resources to be responding to 911 appropriate emergencies? So more work in that space as well.

A quick update on the Behavioral Health Council. The report for the work being done by that group is expected later this calendar year. I think initially they were hoping to have that either the end of 2024 or even early this calendar year. But we've opted to add a few topics. We've expanded some of the topics that we wanted to cover that we just didn't have sufficient time for previously.

We've also added a joint session of the Behavioral Health Council and the Behavioral Health Advisory Committee, which I know some of our MAAC members are a part of. That's occurring this coming week where we're going to do some whiteboarding and mapping out some processes and talking through some specifics around action items that we could take to improve specific parts of the system. So, the work continues with that council and the advisory commission. They continue to meet monthly, and we can expect, the public can expect a report with some recommendations to come out a bit later in 2025.

In terms of regulatory updates, we had posted the psychiatric residential treatment facilities or PRTF regulations to Independent Regulatory Review Commission’s (IRRC) website back in November. Those were posted for 30 days. We received public comment. That was the initial comment period. So, this was the opportunity to really hear from a wide variety of stakeholders and what their thoughts were with that current draft of the regulations. That comment period closed. We collated all of the responses that came in. There were a lot of responses so thank you to those that responded to that. The responses really ranged in terms of some feeling that the regulations were going way too far and others feeling like they aren't going nearly far

enough. So, this is kind of the difficult balance that we find ourselves in now in terms of what's in the best interest of Pennsylvanians and how do we accomplish that without being overly burdensome to the providers that need to deliver the services?

So, we're working through addressing that balancing act and will be conducting some additional webinars and meetings with stakeholders in the coming months to sort through some of the topics that seem to come up most frequently and try to sort through how we can come to a better place for those. Ultimately, we will make revisions. They will go back to that regulatory process ultimately ending up at IRRC for a second time and at that point they'll receive public comment again, and we'll have the opportunity to appear before the IRRC and hopefully receive a vote on the regulation. So, there's still a whole lot of work to come, many months ahead in this process, but it was really great to get those out at least for the initial round of public comment and start to understand where the challenges are and what we can do to address them.

And then on the psychiatric rehabilitation services regulations, they were officially published in the *Pennsylvania Bulletin* on January 18. There will be an OMHSAS bulletin forthcoming very shortly, to talk about what that means to providers. You can expect that in the near future. Next slide please.

And this is my last slide for those concerned about time. A really quick update on our EMDR initiative which stands for Eye Movement Desensitization and Reprocessing Initiative. EMDR for those that don't know is a form of psychotherapy for people that are working to address some emotional distress issues that have resulted from trauma. And the initiative we have was to help train practitioners in this version of therapy. So, since January 2024, so about a year, we've had seven cohorts that have gone through this process, which included 274 individual practitioners and has touched 50 counties. The initiative was funded with American Rescue Plan Act (ARPA) HCBS funds and practitioners could apply. It's a free certification process and everything was paid for the practitioners. The classroom training, the continuing education credits, sitting for the certification, so it was completely free to the practitioners to participate. So, really, really nice turnout from that initiative. Pretty pleased with those results.

And then last but not least, I did mention about the importance of sustaining our crisis continuum. Just wanted to mention we had put out a funding announcement back at the end of calendar year 2024 for counties to apply for money to create Emergency Behavioral Health Walk-in Centers. We were able to fund five counties or county joinders as a result of that grant opportunity. You see those five listed there. Bradford/Sullivan, Lehigh, Lycoming/Clinton, McKeen, and Westmoreland. The money that was used to fund this initiative was the $5 million that governor Shapiro had pledged for the creation of these centers in the 2024-2025 state budget. We used that $5 million and added to it an additional $10 million from our Community Mental Health Services Block Grant funds for a total of a $15 million funding opportunity. Because we have five different entities that were awarded the funds, each entity is receiving $3 million to support the creation of these walk-in centers. So good news there too. And I think

that's all I had for today, Deb.
>> ELISE GREGORY: I’m sorry. Deb did have to step away. Deb, are you back? (no answer) Sonia, are you able to unmute?
>> KYLE FISHER: I don't know that Sonia is on. And this is Kyle with Health Law Project. One question for the Deputy here on the last note. Very good news the funding going to those counties to stand up new emergency walk-in centers. Is there a timeframe for how quickly the counties or the joinders are expected to have those operational?
>> JEN SMITH: No, there isn't a standard timeframe Kyle because it's quite different as you can imagine county by county. Looking at that list, some of them are a little more resource lush than others. So, in some cases, they will need to be braiding this funding with some other sources. They also will likely need to go through a procurement process to obtain a vendor or a provider that is willing to work with them to open and begin operating. So, there's not kind of a standard timeline that we are expecting all five to be operational by. We're working with them. They did have to submit a tentative timeline to us as part of their application, so we're aware of what they're working toward but also know that they’re really early in the planning process. So, there's lots of steps to get through yet until they'd be ready and operational.
>> KYLE FISHER: Thank you.
>> JEN SMITH: Sure.
>> KYLE FISHER: I don't know if Deb is back on. In her absence, are there other questions for the OMHSAS Deputy?
>> JOE GLINKA: Yeah. Kyle, thank you. Jen it's Joe Glinka, how are you.
>> JEN SMITH: Hi Joe. Good.
>> JOE GLINKA: I wanted to come back to the 988. If I understood correctly, 12 call centers to be onboarded. How do you determine where to place those call centers? Is it based on -- I don't know what it's based on. Can you maybe shed some light on that?
>> JEN SMITH: It's not really based on anything. It's not our active seeking out of call centers and saying oh, we need one in this county. It's usually more the opposite of providers reaching out to us and saying hey, we offer crisis services already or we offer call center services already for a county. We're interested in becoming a statewide 988 call center so it usually kind of works in reverse.
>> JOE GLINKA: Okay. And then along the lines of 988, you had talked about the interoperability between 911 and 988. What proportion of the calls right now coming in to be rerouted? Any idea on that?
>> JEN SMITH: I don't have the data on that handy. But I will check to see what we do have.
>> JOE GLINKA: Thank you. That's it. Appreciate the opportunity.
>> LINDSAY TOWNSEND: We do have questions and comments in the chat. First is from Lloyd Wertz for Deputy Secretary Smith. There is a grave concern about the fate of managed care, Medical Assistance (MA) funded services in the community, and the reports of underestimated state match for the federal funds that are available to support these services. I have heard

estimates of between $1 billion and $2 billion in shortages and the need to have those funds made up in some way in the upcoming 2026 enacted Commonwealth budget. What is the plan at this time?
>> JEN SMITH: Well, that's a loaded question that I probably could take the next two hours to answer but I don't have two hours to answer it. So, I'll give as brief a response as I can and Lloyd is certainly welcome to reach out to us if he wants to talk about it in greater detail. So, essentially for the greater good of folks on the call, the behavioral health managed-care program is an at-risk program. And in 2024, as a result of the unwinding, that resulted from the end of the federal public health emergency, what happened in the Behavioral Health HealthChoices program was that the individuals who remained in the Medicaid program after the unwinding were folks that were using more services and more expensive services.
The projected rates that were needed to cover costs that were calculated back at the end of 2023 and put in place beginning January 1 of 2024, had not necessarily accounted for that assumption. DHS did a mid-year rate adjustment in 2024. This is calendar year I'm talking. Calendar year 2024 for the period July 1 through December 31. It was a 4% rate increase. That 4% did not necessarily cover the losses that some of our primary contractors were experiencing. But again, this is a risk-based program and there are mechanisms in place to assist when there are good years and when there are not so good years. Then in the fall of 2024, we started the calculation for the calendar year 2025 rates. Of course, now we have better information about the folks that are in the Behavioral Health HealthChoices program. We factored all of that in as well as any estimated changes or nuances that we'd be aware of that would impact costs in 2025. We went through the rate negotiation process, so rates have been set for calendar year 2025. Many of those rates saw a fairly significant increase from what is typically seen in the behavioral health space. Some of them ranging between 9% and 12%. Every indication is that those rates have been set appropriately to cover the costs of the services that will be incurred during calendar year 2025.
I assume that what Lloyd is hinting at, which is some of the questions we've gotten a lot of is, what are we doing to make up the losses from 2024? I'll reiterate the fact that it is a risk-based program. So, we don't have the opportunity to try to bake-in additional costs in the calculation of the 2025 rates to make up for losses that were incurred in 2024. That's not permitted by CMS. CMS ultimately has to approve the rates that we set in this program, and they have actuaries that scrutinize all of those numbers to ensure that in fact we are not doing that very thing. We gave a 4% increase to help alleviate some of the losses that were experienced in 2024. But then 2025 rates were set clean slate looking at all the facts and circumstances we know. We'll be watching closely what happens in the first couple quarters here of 2025 just to get some assurance that in fact those rates were adequate to cover costs.
The last point I'll make is, we are, DHS, is always pleased for folks to message to members of the general assembly about the importance of funding for our Medicaid program. I'm going to shamelessly say specifically for the behavioral health Medicaid program and even for behavioral

health outside of the Medicaid program. The system itself really needs an infusion of resources, and we cannot solely repair and rebuild the system on the back of Medicaid. We really need additional dollars to help support the creation of the crisis continuum, the sustainability of providers at all levels of care who are experiencing expenses and workforce challenges. Always happy for folks to advocate for some additional funding in whatever form that may come with Members of the general assembly.

>> RICHARD EDLEY: This is Richard. I just put my hand up, but I don't know if, who's calling people out but just a follow-up on what Lloyd said Jen. I think the disconnect in the community is that we hear what you're saying but at the same time, a number of primary contractors and/or behavioral health MCOs (BH-MCOs) are sending notices out to the community basically asserting, and this is a direct quote from one of the letters out there, "there were devastating losses and a marginal 2025 increase." So, I think the message from one aspect is we're in serious trouble and your message is a bit different. I think it's just a basic disconnect that has to be reconciled. That's where providers are then calling me up, probably calling Lloyd up, and wondering well what's the truth. But they are being told you aren't getting any increases or program expansion at a minimum let alone if there's any cuts coming. So, just a comment. I don't know if you have any thoughts about that, Jen.

>> JEN SMITH: Yeah, I mean it's, I'm not trying to pooh-pooh in any way. I think we're all in really difficult circumstances right now. And we all answer to different entities. So, while providers are trying to figure out how they stay open and continue to provide services because they feel they're not getting enough in terms of rates, the folks who have to pay them those rates also are beholden to either county commissioners or Board of Directors who are feeling that same challenge that they're worried about the funding. They're worried about policy changes. What happened with the unwinding created a lot of fear. I mean this was a program that for many, many, many years did not see losses. And in fact, during COVID years saw some pretty significant earnings, and they were using those earnings to re-invest in the community. This isn't in any way sort of a negative comment about that, it was all a good thing.

But this 2024 created a lot of fear for entities across the entire system. And when you experience that fear, you tend to hold onto things much more tightly. So, the letters that you saw I think is a response to we're very worried. We have a lot of fear, and we need to see what's going to happen in 2025. My hope is that the numbers we see in the first two quarters of 2025 are going to look much better. And then maybe there will be opportunity again to revisit those discussions around rate increases. But for now, I think the fear persists and that's why you're hearing such different versions because that level of fear is drastically different across the system.

>> RICHRAD EDLEY: And then just one real detailed follow up. Lloyd had referenced that the total estimated losses $1 to $2 billion. I've actually heard everything from $500 million to $3 billion so maybe Lloyd's right. Any sense of what that number is? Now understanding that you're not saying that you backfill that nor should you and even if you wanted to, how would

you come up with that money, but I’m just curious, what is that number? Do you have any idea?
>> JEN SMITH: No, we wouldn't have that information at least not yet, but I think the fact that you're hearing such a wide variety of numbers is pretty telling about the narrative that's being spun in some cases. I think that the fear is causing some folks to really five alarm fire, this is going to be terrible, this is devastating. I'm gonna really paint the picture as bad as I can paint it because I'm worried if I don't and it gets worse, I'm gonna be held accountable for that. Versus some other entities that are saying, “Well, it was pretty bad, but we have some of these other mechanisms in place.” Some folks are using risk and contingency funds and other mechanisms to help close those gaps, so it is really a kind of wide variety of how impactful those losses were in 2024. It varied pretty greatly across primary contractors. I will say the last quarter of 2024, we did see plateauing and in some cases improvement in those numbers, which was very encouraging for us.
>>RICHARD EDLEY: Okay, well thank you. I appreciate the follow-up.
>> DEBORAH SHOEMAKER: And. This is Deb. Sorry. I had to step away, to go out for a minute so I apologize that I didn't get to follow-up with you. But are there any other questions from MAAC members? Okay. Anything in the chat Elise?
>> LINDSAY TOWNSEND: Yes. There are two more questions in a public comment. So, one from Anne-Marie Robey, with respect to the Psychiatric Residential Treatment Facility regulations, were there any changes made besides the preamble to the regulation, while it was in the Attorney General's office?
>> JEN SMITH: I'm gonna have to follow-up with you separately on that. Did you say that in the chat it said the PRTF regulations?
>> LINDSAY TOWNSEND: Yes.
>> JEN SMITH: I think you're mixing up the two. There was a slight change in the preamble to the Psychiatric Rehabilitation Services (PRS) regulations before they were issued. The PRTF regulations were out for IRRC public comment and then they've come back to us with all those comments. So, they were through the Attorney General's office, but that was prior to going to IRRC so no changes were made. No changes were made there that weren't reflected in what was seen on the IRRC publication. I think maybe you're mixing up the two sets of regulations. But you can reach out to me if you'd like to talk about that more directly. My email is just jensmith@pa.gov.
>> LINDSAY TOWNSEND: Yeah, Anne-Marie did clarify she did mean the PRS regulation. Yeah, thank you.
>> JEN SMITH: Okay, then no, that was the only change, Anne-Marie.
>> LINDSAY TOWNSEND: Okay, then we have a comment from Andrew Kunka. He said it might be worth mentioning that the Intensive Behavioral Health Services (IBHS) regulations compliance guide was also released by OMHSAS and that it's a comprehensive document.
>> JEN SMITH: Yeah, thanks Andrew. We had three different compliance guidelines that we've

put out in the last probably 60 days. IBHS is one of those so very helpful if you're a provider. Really helpful information to understand how we interpret regulations and what we're looking for and can really serve as a guide for you in the delivery of those services.
>> LINDSAY TOWNSEND: Alright, and one final question in the chat from Andrew Kunka. What will be done to support the BH-MCOs if they continue to face losses in calendar year 2025 following calendar year 2024 even with the rate increase in 2025 leading to compounding losses that need to be addressed?
>> JEN SMITH: Sure, so you know, I'll reiterate again that we wouldn't be making any adjustment to account for losses experienced in a prior agreement year. So whatever loss was experienced in 2024 we are not going to be making any adjustments in 2025 to account for that. However, what I think Andrew is asking and I was just adding that as an aside, I think he's saying if 2025 looks bad and it doesn't look like the rates were sufficient, what's going to be done? The answer is the same that I would give every year, which is first we have to see the data to prove that that's the case. So, we'll have to wait for reports to come in from our primary contractors. We will monitor that very closely. We'll have somewhat of an idea after the first quarter. Although I will say historically first quarter numbers are low for a variety of reasons that I don't have time to talk about now. We'll likely wait until the second quarter to really have a sense for whether there's a continued trend of loss or not. If we are continuing to see that, then we have to see what's causing that trend and whether or not there is an opportunity to make adjustments.
Something that's really important to note from a timing perspective is that the state fiscal year budget that is about to be negotiated will cover July 1 of 2025 through June 30 of 2026. And we haven't yet negotiated rates for 2026 yet. So when we're building that capitation line item into our state budget request, we're doing a bit of estimation there in terms of what the first half of calendar year 2026 is going to look like. Some of it is also financial in terms of what we have the ability to do to assist MCOs and whether those appropriations have been made by the General assembly to make adjustments. So, it's a bit of a wait and see game I think. There's certainly a desire to help. We're all hopeful we don't continue to see those losses. But if we do, we will be in close communication and figure out what solutions we have available.
>> DEBORAH SHOEMAKER: Thank you and thank you Lindsay, I said Elise, but I saw your name was up there. I'm saying it as a citizen. That's why we need to lobby the state legislature and make sure the budget has enough funding for behavioral health. I mean that's beating a dead horse and something we've been saying for years, but it continues, and we'll continue to continue. I can say that right Deputy Secretary Smith?
>> JEN SMITH: You can say whatever you want Deb.
>> DEBORAH SHOEMAKER: That's right. I can say lobby, lobby, lobby. Put a human face on everything you do when you talk to your legislators. So, on that note, thank you very much. Have a good day and I'm sure I'll be talking to you soon.
>> JEN SMITH: Thank you.

>> DEBORAH SHOEMAKER: Next on the agenda is Deputy Secretary Kozak for the update on OMAP.

>> SALLY KOZAK: So, good morning. It’s still morning, not quite afternoon yet. First, I just want to say welcome to all the new members of the MAAC. We appreciate your willingness to serve and we look forward to your participation and input as we move forward. So again, thank you and welcome.

I just really only have one brief update because it's the primary thing that's been on everybody's mind, which is the status of our 1115 demonstration waiver which we call the Keystones of Health. As folks are aware, we did receive approval on December 26, 2024. It was for a five-year period which will run from December 26, 2024 until December 31, 2029. Folks may recall, and I think we said this at the last meeting, that at the recommendation of CMS, the continuous eligibility provisions of the waiver were approved through a different mechanism, which was an amendment to an existing waiver. And that occurred on November 14, 2024.

The approvals in our original application include four programs and those are reentry supports for incarcerated individuals, housing support services, food and nutrition, and multi-year continuous coverage for children under six years of age. That is what has been approved in our waiver. In terms of next steps for implementation, we will work through the normal budget process to plan for the implementation and once we receive approval, we'll focus a little bit more intently on actual implementation. The Governor's budget address will come in early February and will help inform the next steps on implementing the waiver approvals. In the interim, we are focusing on careful review of the special terms and conditions as well as deliverables needed by CMS.

So that is the update on the 1115 waiver and that is the only update I have so if people have questions on that, I'm happy to take them or if there are other questions that people have, I'm happy to take those as well.

>> DEBORAH SHOEMAKER: Thank you Sally, short but sweet. I have a question that's probably similar to what I asked earlier. Well, I guess first is the second, I know on the website or the information there is the information about 1115 approval of the amendment. Is a copy of the approved, on December 26th, like the waiver information on the website as well?

>> SALLY KOZAK: I don't know if it's on our website or not. I know it was on the CMS website. I'll have one of our folks check on that. Eve, you and your folks are on, can someone take a note and see if the approval letter has been posted to our website?

>> DEBORAH SHOEMAKER: The only reason I'm asking is because people asked me for it and I didn't get a chance, they asked me yesterday, and I didn’t get a chance to check our website.

>> SALLY KOZAK: CMS clearly posts all of their approvals on the websites but we’ll follow up and see if we put it on our website. And if it’s out there, we’ll let you know where it’s at and if not, we’ll follow up with the process for getting these things posted.

>> DEBORAH SHOEMAKER: Perfect. My question then, I mean again if we had a crystal ball it would be wonderful, based on not being able to right now with the 90 day no speaking rule or

whatever we want to call it from CMS, is there anything that we were waived, besides potential funding, is there anything that were waiting for or you were waiting for that we need to be able to proceed with the initiatives in 1115 waiver beside state funding and things like that?
>> SALLY KOZAK: Clearly, legislative approval and inclusion in the budget is what we need before we can begin to move forward with any implementation steps. We continue to work with the folks at CMS on any outstanding issues and questions. As I indicated, we are right now really focused on carefully reviewing all the special terms and conditions as well as all the deliverables that they'll need so that once we receive budget approval that we are ready to move forward.
>> DEBORAH SHOEMAKER: Okay, I mean because I'm just concerned the feds are gonna mess us up. There's nothing any of us can do about that, but if there's anything from a MAAC perspective that we can do to assist. Obviously, we are here to assist and do that.
>> SALLY KOZAK: We appreciate that right now is a time of transition at the federal level and we also appreciate that there's been different communications being put forward and a lot of supposition from a whole lot of different organizations. What I will say is we are moving forward with business as usual until we get something official otherwise.
>> DEBORAH SHOEMAKER: Okay, no, and I appreciate that. I didn't expect any differently. I just have one more question quickly, I'm sorry that I'm jumping it to you all at once. Related, to similar to Lloyd's question, there have been discussions or concerns hearing that on the physical health end that there have been some shortfalls as well. Is there any information from the physical health side on possible, the amounts, that maybe there's a shortfall or if there is any update on that?
>> SALLY KOZAK: Yeah, so I will reiterate a lot of what Deputy Smith said. The program has always historically operated as a full-risk, fully capitated program based on actuarially sound rates. There have been years when the MCOs have experienced modest profits and there have been years when the MCOs have experienced more than modest profit and there have also been a few years in the past where the MCOs have experienced losses. The most recent year, there were losses experienced. As Deputy Smith said, until we get all of the final data, we won't know exactly what those total losses look like so it will be a while.
We did meet with the MCOs, and unlike the behavioral health side, at the time that we met and reviewed the data that they were submitting from an actuarial perspective, we did not see a need to do any rate adjustments. And as Deputy Smith said as we move forward with 2025 rate negotiations, the rules prohibit us from making anybody whole for the prior year. Having said that, as we move forward with the 2025 rates, our actuarial consultants did review all the most current information that all of our physical health plans sent us and took that into consideration at the time they did the rate setting. Rate negotiations were concluded, and we believe that the offers we made to the plans were actuarially sound and they are currently under review with CMS. Of course, as with any year, it will be a while until we have any definitive data that shows us otherwise.

>> DEBORAH SHOEMAKER: Okay. Fair enough. Thank you, Sally.
>> SALLY KOZAK: Sure.
>> DEBORAH SHOEMAKER: Okay. Any questions from MAAC members? Okay, I don't see a hand up. Any questions from the chat, Elise or Lindsay?
>> ELISE GREGORY: Yes, we have a few questions. Can you please repeat, this is from Andrew Kunka, can you please repeat what services were approved in the CMS 1115 waiver? Also is there a public announcement? I didn't see if there was a press release. And is it true the legislature must appropriate the funds for these to be implemented?
>> SALLY KOZAK: Sure. The services that were approved as part of our 1115 demonstration waiver, the Keystones of Health, were reentry supports for incarcerated individuals, housing supports, food and nutrition, and multi-year continuous coverage for children under six years of age. Yes, before we can move forward, we would have to have budget approval from the leg, so we can't move forward until we get that and Elise, I'm sorry, I forget the third question that you posed there. What were the services, is it true that budget was needed, and what was the other one?
>> ELISE GREGORY: Was there a press release?
>> SALLY KOZAK: Oh. There was not a press release that I recall. As I said, it is on the CMS website. They did issue their usual notification process, and I believe Eve, if I'm not mistaken, you dropped that link into the chat as well.
>> ELISE GREGORY: We have one more question in the chat from Tony DiLuca. Do you know how many children the waiver will impact or those reentering from incarceration?
>> SALLY KOZAK: At this time, we don't have exact numbers. That will remain to be determined at the time that we get the budget approval to implement.
>> DEBORAH SHOEMAKER: Do you have anything else Elise?
>> ELISE GREGORY: There are no more questions in the chat at this time.
>> DEBORAH SHOEMAKER: It looks like Minta has, like Minta just raised her hand. So, Minta, do you have a question?
>> MINTA LIVENGOOD: Yes. Well, no question. I just needed to tell you I'm dropping off here. I have school at 12:30.
>> DEBORAH SHOEMAKER: Okay, well I'm never going to hold you between school.
>> MINTA LIVENGOOD: Okay. We'll see you. Bye.
>> DEBORAH SHOEMAKER: See ya, bye. Thank you. Okay. Thank you, Deputy Secretary Kozak. As I reiterated on the last one, as a private citizen, use your voice, for funding. Okay, next on the agenda would be the subcommittee reports. Consumer Subcommittee (Consumer Sub) I assume you're giving it Kyle?
>> KYLE FISHER: I am, thank you Deb. So the Consumer Subcommittee met yesterday. I won't repeat items that I think duplicate with what folks have already heard this morning. I would just highlight three reports discussed yesterday that haven't been touched on yet today. The first was from OMAP from Deputy Secretary Kozak and it was on value-based purchasing (VBP) and

specifically the departments initiative to develop a strategic plan across program offices tied to the VBP initiative. The consumers expressed interest in being part of that planning process and look forward to working with the Department internal team, and Gwen Zander when she returns from leave, especially on ways that DHS can better center the patient experience and be more transparent to consumers or patients whose providers are in a VBP model.
Second Update received pertaining to MCO contract terminations with MCO and hospital contract or pending contract terminations. We heard good news with respect to Health Partners and the Mainline Health System having reached agreement and good news with Keystone AmeriHealth having extended the contract with Lancaster General although that one is still pending for whether they will reach an ongoing agreement. Largely still in the air is the Health Partners contract with the Penn Health System which is currently scheduled to terminate March 8, 2025 and would impact well over 30,000 Health Partner's members. Notices to those members informing them of the upcoming contract termination are due basically now.
Last update our raise was a conversation with the Office of Income Maintenance where consumers raised an issue tied to Compass and MyCompass accounts. This is IT related. Numerous consumers who have been locked out of their accounts have discovered that the password reset function does not work. Wait times to get through to a customer service line routinely go over an hour and the customer service staff are also frustrated with the IT error. The subcommittee raised this issue up as sort of a public service announcement we will share that a solution, or workaround rather, offered by customer service staff is to create a new account. Apparently, that's possible using the same record number and the email as on it earlier, MyCompass account. I will stop there and take questions if there are any.
>> DEBORAH SHOEMAKER: Hi Kyle. Thank you for the update. I just have a question just for you and it's something to either keep in the back of your head but you mentioned that the Keystone extension with Lancaster General was going on right now. I wasn't sure how it would be affected because Lancaster General was part of Penn Health. So, I wasn't sure how that would play in since right now, well I guess it's Health Partners versus Keystone but I didn't know if that was going to be a concern.
>> KYLE FISHER: Right. How Keystone AmeriHealth handles contracting with individual hospitals I really can't tell you Deb. Although I can only share that OMAP reported for Keystone AmeriHealth only the Lancaster General contract being up for termination unlike with Health Partners where it sounds like it's all the Penn Health System hospitals that are being negotiated right now.
>> DEBORAH SHOEMAKER: Okay, no that's fine. I just wanted to make that note because I know that when hospitals merge, or do things, sometimes there's a little disruption there and I wasn't sure because like Lancaster General became part of Penn Health not that long ago. If it was a concern holding up anything but I know it's a different MCO. That was just something that I wanted to mention and keep in the back on my head so maybe I'll hear from you about it later.

So, perfect. Any questions for Kyle from MAAC members and/or in the chat? Okay. Their next meeting is February 26, 2025, the day before our next meeting so thank you for your hard work at Consumer Subcommittee.
>> KYLE FISHER: Thank you Deb.
>> DEB SHOEMAKER: FFSDS, we do meet quarterly. As the chair, I am going to meet with Gina and Michelle Robinson probably next week, so I am due to give some dates to Gina. Those of you on the call including Tony DiLuca and Jeff if you have questions or things you want to be addressed send them to me or send them to Gina to get on the call. We will be meeting on February 12, 2025, so we will have a report for the next meeting. Okay, LTSSS, I don't know if you have, Kathy, if you have an update since it looks like you probably met prior to, oh no you have an update. What am I thinking. Okay, Kathy do you have an update?
>> KATHY CUBIT: Yes, thanks Deb. We met via webinar and in-person on January 8th. We heard similar updates as we heard today. In addition, OLTL staff also shared the 2025 nursing facility reporting dates along with information about an updated communication about the patient driven payment model versus the resource utilizations groups analysis related to the proposed rulemaking to amending setting Medicaid rates for nursing facilities. Presentations including an OLTL data dashboard overview. The Data Dash includes monthly reports regarding current and past OLTL enrollment data, market share among CHC-MCOs, and other frequently requested information, such as CHC enrollment data by race, ethnicity and number of CHC participants who use the self-direction option. I know Carl had shared the DHS data link, where you can find this information on DHS's website, or you can find this by putting Data Dash in the search box. OLTL staff also described assisted living in lieu of services including background information, CHC agreement language, provider enrollment, and OLTL’s role. Assisted living and in lieu of services is an optional CHC service for participants and providers but assisted living providers must be enrolled in Medicaid, be approved by OLTL, and be part of a CHC-MCO provider network to participate. CHC-MCOs must have in lieu of services plans approved by OLTL and in lieu of services are offered to participants at the option of the CHC MCO. This topic is on our next meeting’s agenda to continue the conversation. As always, we had two open form times for public form times for public comment. We meet again virtually only on Wednesday, February 5, 2025, from 10am to 1pm. All are welcome to join us and I'm happy to answer any questions.
>> DEBORAH SHOEMAKER: Alright. Thank you Kathy. Any questions for Kathy? I was looking, oh, did you answer the question Elise that was in the chat?
>> ELISE GREGORY: Yes. The documentation about those specific numbers will be part of the Consumer Subcommittee meeting minutes.
>> DEBORAH SHOEMAKER: Okay, perfect, perfect. Okay, the MCDSS. I don't think that you've met since the last time we met but Joe, do you want to provide an overview of what is going to be discussed in February?
>> JOE GLINKA: Yeah Deb, I appreciate that. I'm very proud to talk about what I'm gonna share

and excited about it frankly. Just a little level setting for the MAAC and for our audience. Over the course of 2024 the MCDSS revised its meeting scheduled to meet less times, but we certainly did not waste time or go idle. What we decided to do over the course of 2024 is divide the MCDSS up into two workgroups to work on a couple projects that were chosen and selected among others through a voting process. The two projects, two areas for the workgroups that were decided on were complex care coordination and provider capacity and development there within. So, over the course of 2024, those respective workgroups met during the times where the MCDSS did not meet and then also as warranted and decided upon by each of the work groups.

We are in the finalization process of both of those products. I can tell you they are very thoughtful. There's been a lot of time and effort put into them. To give you an idea of the volume of the information, the one resource, that being provider capacity, is a 17-page resource and the complex care coordination is a 26-page resource. And the reason why I'm raising that is because the MAAC members themselves will be receiving each of these resources very shortly for their review and assessment and discussion. The first item that we will be talking about will be the provider capacity product. We're may not have time on the MAAC agenda to go into both of these products, so our hope is we will have a final vote from the MCDSS which I expect to be a formality on the provider workgroup product, to then be disseminated.

In fact, I may even disseminate that to MAAC members for some additional time to read so we can have a thoughtful conversation at the February MAAC meeting on that particular item. In that particular product, you'll find a summary of issues and recommendations, you'll find background information, why are we focusing on the domains that we are focusing on, the issues and recommendations, more detail, and conclusions. With respect to provider capacity workgroup instead of trying to look at all provider domains and boil the ocean, we decided to focus on three particular domains that would include: behavioral health, dental, primary care and maternal health which there's a lot of overlap on the last two. Within that workgroup we divided the workgroup then into three teams to tackle each one of those domains for a division of labor and so it wasn't just the members of MCDSS or members of these teams and workgroups, we also invited the input of external stakeholders who often attend our MCDSS meetings.

I'm putting that on the radar for everybody. I would highly encourage you and request that you read the provider capacity piece in preparation for the February MAAC meeting so we can have a thoughtful discussion and hopefully advance this through the MAAC process to the Department. And then in March our hope is to, we will have the complex care coordination piece finalized where we can have similar discussion at the March meeting to then advanced to the Department. In that complex care, we just met on that today to put final tweaks to it. You'll find in that when you get that executive summary and introduction of the item, stakeholders in the complex care coordination calculus, and then key recommendations within that particular

arena as well as a summary and references.
I will also say that in the provider capacity piece source links to source documents and so forth will be embedded into the product, in fact in both products, in both cases. Again, very excited about it. Deb, thank you for allowing me to indulge. I will stop there and answer any questions I can for the sake of time. I'll keep it brief.
>> DEBORAH SHOEMAKER: Okay, any questions for Joe? And like he stated, we want to make sure that wonderful things, there's a lot of good things coming from the MAAC and subcommittees and we want to recognize those and make sure that we are the guiding, we are provide guidance documents and the information not just to consumers and families but to the Department and they've done amazing work as have all the subcommittees. So, we will put time for that, so appreciate that. Does anyone have questions for Joe quickly? Okay Joe. Looking forward to that then check for sure.
>> JOE GLINKA: Thank you Deb.
>> DEB SHOEMAKER: Thank you. Okay. Eve, MA Bulletins (MAB), pharmacy documents, or What's New? Elise, do we have someone doing that if Eve is not available?
>> ELISE GREGORY: Yeah, I can pull it up.
>> DEB SHOEMAKER: Okay.
>> ELISE GREGORY: We are not hearing you Eve if you're unmuted.
>> DEBORAH SHOEMAKER: Yes Eve. We can hear you if you're talking. Sorry.
>> ELISE GREGORY: Okay, so the first is MAB 09-25-33, "Coverage and Payment of Doula Services in the Medical Assistance Program". Last year there was an MAB that went out adding them as a provider type into the program this adds them to FFS. That was issued Adding them as a provider to the Program, this adds them to Fee-for-Service. That was issued on December 23, 2024, effective for January 1, 2025. The next one is MAB 03-25-33 that is, "Update of the Admission Notice Packet (MA 401)" that was January 10, 2025, effective for January 1, 2025. We have MAB 99-25-01, "Limited English Proficiency Requirements". This is an update to those requirements, it was issued on January 16, 2025, effective January 16, 2025. The last one is Prior Authorization for Anticonvulsants from Pharmacy Services and that MAB number 01-25-33 and that was issued the 10th of January 2025 and effective January 15, 2025. That's all we have for those. You can always find what's new on the What's New at OMAP webpage.
>> DEBORAH SHOEMAKER: Wonderful. Thank you. Any new or old business? An old business to let people know. We did a couple months ago, we talked about some revamping of things that we were going to try to do with the MAAC. I think a lot of it is going to make sure as we work through, as DHS works through, some of the implementation of the 1115 waiver and some of the requirements including compositions of the subcommittees, we will be providing information and working on that. [Inaudible] Gwen is still on her leave, so let her enjoy that, we weren't going to bombard her until she came back, so that's still, put that on your radar but if we don't have any other new business, I'll give it a second, then I will take a motion to adjourn. Our next meeting is as always, is the fourth Thursday so it's February 27, 2025, and it's going to

be by webinar. So, is there any new business before I ask for motion to adjourn? Okay, alright, wonderful. Thanks for everyone sticking with us the whole time. Stay warm and have a wonderful month, rest of your month so may I please take a motion to adjourn?

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

>> DEBORAH SHOEMAKER: Thank you Mia, second?

>> JULIE KORICK: Julie Korick, second.

>> DEBORAH SHOEMAKER: Thank you Julie. All in favor? Say aye please.

>> [SEVERAL SPEAKERS]: Aye.

>>DEBORAH SHOEMAKER: Okay, I'm assuming there's no nays, but thank you everyone. Have a wonderful day. Thank you, DHS. I appreciate your hard work. Okay, have a good month. Bye.