

>> ELISE GREGORY: Good morning and welcome to the February 2024 edition of the MAAC Meeting. Today is Thursday, February 22<sup>nd</sup>. My name is Elise Gregory. Before we begin the meeting, I would like to go over a few items. 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're not speaking. Live captioning, also known as CART captions, are available for this meeting. The link is included in the chat. Presenters, please state your names clearly before speaking to assist the captioner. Representing the Department of Human Services 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), Chief of Staff, Kendra Snuffer. From the Office of Developmental Programs (ODP), Director of the Bureau of Policy and Quality Management, Jeremy Yale and from the Office of Income Maintenance (OIM), Chief of Staff, Scott Cawthern.

>> DEB SHOEMAKER: Okay. Welcome everyone to our February meeting. My name is Deb Shoemaker. I'm the chair of the MAAC. I'm the chair of the Fee-for-Service Subcommittee. I am a consultant for the PA Psychiatric Leadership Council (PPLC) and Government Relations for the PA Rheumatology Society and also a parent of a child with mental health needs and in recovery for some of my own mental health needs. So, recovery is always a wonderful thing, and it changes daily. First, I would like to go through the roll. Sonia Brookins?

>>SONIA BROOKINS: Yes, good morning, Deb.

>>DEB SHOEMAKER: Good morning. Chair of the Consumer Sub. I'm not going in any specific order, just by the list. Jolene Calla, a new member. Many of you remember Jeff Bechtel. Jeff is semi-retired. Jolene, are you on? Okay. Maybe we will check to see if she is on the other side as well. Kathy Cubit?

>> KATHY CUBIT: Good morning, this is Kathy, the Advocacy Director at the Center for Advocacy for the Rights and Interests of Elders (CARIE) and chair for the LTSS (Long-Term Services and Supports Subcommittee) of the MAAC.

>> DEB SHOEMAKER: Okay, I see Jolene. Do we have you? Okay, back to Jolene then. Okay okay, Richard Edley?

>> RICHARD EDLEY: Thank you. Hello. I apologize in advance. I have to leave a little early, probably after Sally's presentation, unless we are wildly efficient.

>> DEB SHOEMAKER: That's my goal, always, Richard. We will see how it works out. Okay, Joe Glinka will be late because he has a doctor's appointment for his son. Okay, Dr. Goldstein? Okay, we will come back to Dr. Goldstein. Teri Henning?

>> TERI HENNING: Hi, Teri Henning with Aveanna Healthcare.

>> DEB SHOEMAKER: Good morning. Mike Grier? Okay we will check for Mike Grier. Okay, Heather King? Okay. Julie Korick?

>> JULIE KORICK: Good morning, Julie Korick with Pennsylvania Association of Community Health Centers.

>> DEB SHOEMAKER: Thank you, Julie. Minta Livengood? Former chair Russ McDaid?

>> RUSS MCDAID: Hi, everybody. Russ McDaid. Principal and owner of WRMc Strategies and as Deb said, immediate past chair. Thanks.

>> DEB SHOEMAKER: Thank you. Ted Mowatt?

>> TED MOWATT: Good morning. Ted Mowatt, Wanner Associates and the Executive Director for Pennsylvania Association for Home and Community-Based Service Providers.

>> DEB SHOEMAKER: Thank you. Next, Mark Yester? Okay. Nick Watsula? Okay, Nancy had her last meeting. I don't think her proxy is here yet. Kyle Fisher?

>> KYLE FISHER: This is Kyle from Pennsylvania Health Law Project and counsel to the Consumer Subcommittee.

>> DEB SHOEMAKER: Thank you. Did I miss anyone from the MAAC? Okay. Thank you for all in attendance. If we follow the agenda, next on the agenda would be the minutes for the January 2024 meeting. They should have been distributed through the listserv and I encourage everyone to make sure you are signed up for the listserv. I know some of us as MAAC members aren't sure sometimes if we've gotten information. I know sometimes I have to check myself. But if you could please have a motion to approve the minutes as they were distributed.

>> SONIA BROOKINS: I make a motion.

>> DEB SHOEMAKER: Thank you Ms. Sonia. Second?

>> TOM MOWATT: Second.

>> DEB SHOEMAKER: Thank you, Ted. All in favor? Aye, please.

>> MULTIPLE PEOPLE: Aye.

>> DEB SHOEMAKER: Any nays? Okay. Any abstentions? All right. Thank you very much. First on the agenda would be Deputy Secretary Marsala.

>> JULIET MARSALA: Good morning, everyone. Great to be here with you. So ready to get started whenever you would like. All right. So, if we go to -- we only have short updates today. You can see here as we head to the next slide. We are going to talk about procurement updates just so everyone is aware. There are no updates with regards to Agency with Choice that can be shared. Community Health Choices (CHC) RFA was posted to the eMarketplace on January 30, 2024. All questions regarding the RFA and its contents should be directed to Procurement via the resource account [RA-pwrfaquestions@pa.gov](mailto:RA-pwrfaquestions@pa.gov). In addition, we can provide the update that Independent Enrollment Broker has been awarded to Maximus. The contract has been signed. It is effective January 1, 2024. Our team is meeting and working with Maximus to implement the provisions of the contract which includes support for participants and individuals applying for our programs. So, I will be excited to talk more about that in future meetings as to the development of the participant supports. We go to the next slide.

I wanted to share a little bit about sort of the framework and framing for OLTL's priorities for 2024 and how it is building off of momentum from the top and cascading down and what that means for us this year. So, you probably heard Governor Shapiro talked a lot about getting stuff done. That is certainly something we are adopting at OLTL and very much having that as our mindset for 2024 and beyond to get stuff done. Meaningful things. Meaningful changes getting to root causes and addressing them.

Also, you may have heard, I had the privilege to hear Secretary Arkoosh talk publicly. Often times she talks about getting upstream. So not only addressing the issues and needs that folks have today in the present, but also looking at, you know, how did we get to the needs and issues that we are supporting today? How do we get further upstream, look at things that could have been prevented and look at things that could have been fixed and mitigate whatever the issue may be that the system or person is experiencing today.

And so, kind of building on that theme, if you imagine a triangle, these are the two points of the triangle. OLTL on the third part of the triangle is really focused on getting back to the basics. We have to recognize through the PHE (public health emergency), through the Office of Long-Term Living, our staff and everyone involved, our partners and stakeholders and providers have been doing what I call sprinting a marathon. And though COVID is not past, 2023 saw the official ending of the public health emergency. So, in 2024, we want to get back to the basics of really evaluating the things that we couldn't do during the PHE or things that had to be on the shelves or going back and really shoring up the foundation of CHC post implementation. Because once you implement a big system's transformation, such as community health choices and moving things to MLTSS (Managed Long-Term Services and Supports) system, typically you have a time of stabilization where you are building blocks and where you are, you know, shoring up the foundation and immediately after the implementation of CHC we had the pandemic. So, these are the reasons why we have getting back to basics as the third point of our triangle of direction and priorities for 2024.

So, what I have listed on the slide are examples of what it means to get back to the basics, to strengthening person-centered values, and approaches throughout our system. Not saying it is there and present, but really kind of strengthening it and making it more prominent. Increasing the participant voices at all levels, now that there is more access virtually, more in-person meetings, making sure that is solidified. We see that in the merging of LTSS and MLTSS so that participant voices are the majority of that subcommittee, for example. Ensuring a trauma-informed approach. OLTL trained all of our staff members in Trauma 101 and completed that in December. Increasing participant education, and independence and their knowledge of the waiver programs. All of the 32 services.

Addressing health equities and disparities. Improving quality outcomes in health and experience and in access. Really looking at our CAP surveys. CAP Surveys being the member surveys and really looking at the places where we have ample room for improvement. And looking at places where we are doing well and ensuring that we maintain that excellence. Really looking at increasing evidence-based and evidence-emerging practices within our systems. And ensuring a whole-person approach. Bringing in behavioral health. You know, to services in person-centered planning more seamlessly. And strengthening emergency back-up planning. This is a basic tenet of the waiver program and through the PHE we learned a lot about what is needed, what went well and where the gaps were and so really kind of making sure we are prepared, and all of our participants are prepared, for any potential events in the future. Then just ongoing, really

improving the service delivery, the integration and experience and provider experience and much more. So, I just wanted to talk a little about that and share that with the MAAC, so you knew where OLTL's focus is for this upcoming year.

To the next slide. I wanted to highlight, because you heard us talk about it before, that OLTL has a huge interest in and participates and collaborates with the Department of Aging, on their Aging Our Way Pennsylvania or their Master Plan on Aging. One of the ways that we do this is highlighting opportunities to engage with the Aging Our Way PA Master Plan. And so, this is, as you know, the plan that is designed to establish priorities that will transform the aging services system. To promote the health, well-being, and independence over the next 10 years and beyond and this is particularly important for the Office of Long-Term Living because a good percentage of our population, and all of our population, is aging.

So, sharing the eight domains of focus, respect of social inclusion, housing - which is a huge area of interest for OLTL - transportation, again another critical area for access to services for our population, outdoor spaces and building, communication and information, social participation, civic participation and employment, and health and community support. So those are the eight domains of focus that you have heard before. What is most important to share today is that the draft plan was released last week in the Pennsylvania Bulletin on February 17<sup>th</sup>. It has a 30-day comment period that will end on March 20<sup>th</sup>, the first day of spring. And it is so critical to share this opportunity widely with all of the providers, participants, advocates, general public, any Pennsylvanian and every Pennsylvanian, so they can have their robust comments and feedback on this critical master plan. To the next slide.

So, it was requested that we share data on our annual waiver redeterminations. We did have an in-depth conversation yesterday. We are sharing the specific data as requested. So, if we go to the next slide. So, from April 2023 to January 2024, the nursing facility ineligible terminations process or NFI identification process, as part of that process, we send out requests for physician certifications, so the physician certifies a level of care. We sent out 9,314 physician certifications as part of the redetermination process. We have received back 4,409.

And of those 4,409 -- 4,495. My apologies. Out of the 4,495 physician certifications received, some come back NFI (Nursing Facility Ineligible), some of them come back NFCE (Nursing Facility Clinically Eligible), some come back incorrect. As part of the process, we have sent out 3,122 NFI notices to participants. There are still some that are pending with the County Assistance Office in that review process. And we have received 1,849 appeals. Just so folks know, this is data that is being reported to us from Aging Well. This is not sort of data that is routinely tracked in our system. This is a point in time count. So, what you all see is that numbers would not add up to the 9,314. That's because there are different people at different points of the assessment process, so they might be in stages in between. So, for folks that are really good at math, it is not intended for these numbers to add up to 9,314. We go to the next slide.

What you will see here is that we looked at the NFI terminations from October to

December and then January, we looked at the NFI identified individuals determined by MCO (managed care organization). As you can see here, the numbers are going down from October, which was the high, through January. So, we recognize that when going through this process, going back to the in-person, and kind of reviewing this process, the numbers of individuals being reassessed or redetermined, that were coming back as NFI, were a lot higher than we expected.

And so, you know, there has been a lot of retraining of service coordinators, looking at our processes, engaging with the MCOs, getting considerable feedback from advocates. So, we are seeing the trending of individuals being assessed as NFI coming down. We will be continuing to look at this very, very closely. In addition, what you have here is a snapshot of the medical director review (MDR) as part of the process when an individual gets assessed as NFI based on our functional eligibility tool. And if a physician certification comes back say NFCE, it may go to a medical director's review. We made changes and improvements in our medical director review process in that prior, they had a very limited review or desk review of information with very limited information by which they made their determinations. They now have much broader access to information as part of their review process. So, they would have access to the full NARI tool as well as functional determination portion. They will have access to all of the service coordinator's notes for participants so they can review the notes and take a look at service coordinator's justifications in their assessment.

In addition to medical director reviews, there is a medical director review clinical team for the next 30 days. All of the clinical MDR clinical reviews will be reviewed by Dr. Appel, our medical director, so that he can very closely look at and reassess the process and take a look at how the process is going now that there is an expanded view and access to the clinical documents to evaluate. And in January, the medical director's review received 260 cases and they found 74 or 28% of those cases to be NFCE. What that means is they overturned original functional eligibility tool based on their assessment and based on evaluation of all of the information that they had. They are also going back and asking follow-up questions to the managed care organizations to broaden their understanding. Next slide.

Oh, I think I already talked about this. For additional details for medical director's review, the MCOs have been asked to upload the full InterRAI, the SC (service coordinator) and UM (utilization management) notes for the MDR review as of February 12<sup>th</sup>. So, from February 12<sup>th</sup> for the next 30 days, Dr. Appel will be doing all of the Medical Director reviews. We are looking for Physician certifications not returned within 60 days which is required. Of those not returned in 60 days that are being assessed by Aging Well, we have asked Aging Well to go back and reassess those individuals and do an in-person functional eligibility determination. So, the total individuals we've asked Aging Well to go back and assess that didn't receive a physician certification was 5,067. They have assessed at this point in time, when we did this report update, they assessed 1,301 individuals.

Of those, finding 78% to be NFCE and 22% to be NFI. There are 411 individuals that they have not been able to reach or who have refused the assessment. That list is being sent to

MCOs for additional follow-ups, support and education and trying to locate these individuals and/or trying to provide additional education and understanding so individuals may be more amenable to having the assessment done.

These 5,067 individuals continue to receive services. There have been no determinations on these individuals. They will remain having services while they go through this functional eligibility reassessment process unless they lose Medicaid eligibility for some other reason. So, these are the numbers with regards to the annual waiver determinations so far. If we look at terminations, there were 4,070 individuals that were identified where 1,768 were sent to county assistance offices. And of that number, 3,122 notifications for ineligibility letters were sent out. This is data that we received again from Aging Well. So additional outcome data is being assessed for collection and we are certainly happy to come back and give additional information. Any questions?

>> DEB SHOEMAKER: Yes, I have a question. This is Deb. Thank you, Deputy Secretary Marsala for always providing great information. It is something I wanted to ask previously, and it was brought to my attention, and I forget to ask it. I know with the merging of subcommittees and the work that you do, that you have a goal to include consumers, a high amount of consumers, in the OLTL discussion process of things. Where do families fall into that?

>> JULIET MARSALA: Family falls into that make-up of, you know, participant voices. So, families, participants, or their kin, family fall into that category of the majority.

>> DEB SHOEMAKER: So, you don't have a separate section. Families of choice, that's something I always remember, because it is near and dear to my heart because I'm a family member and represent families. I want to see how that fell into the discussion because families' voices are extremely important, especially since we are mostly the caregivers a lot of times in some fashion. \*\*\*\*BREAK IN THE RECORDING\*\*\*\*

>> JULIET MARSALA: Absolutely. Yes. So that falls in when I talk about participant representation, participants and their families of choice and their family.

>> DEB SHOEMAKER: Thank you.

>> JULIET MARSALA: Absolutely. Thanks for asking.

>> DEB SHOEMAKER: Mm-hm. Any questions for MAAC members?

>> KATHY CUBIT: Hi, this is Kathy. Thanks for your presentation. I just wanted to quickly mention to the group, I appreciate you lifting up the Aging Our Way PA Master Plan. It is prominently posted if you go directly to the Department of Aging's home page. The plan, as well as how to comment. I just wanted to share that information as well. And our next LTSS will also be talking about the annual redeterminations and NFI information. Folks I know are running short on time here, but we will pick up that conversation in the next meeting. Thank you.

>> JULIET MARSALA: Thanks, Kathy. That's all I have.

>> DEB SHOEMAKER: Okay. Elise, any questions in the chat? I want to make sure we don't miss anybody.

>> ELISE GREGORY: Yes, we do have two questions in the chat. From Elizabeth Rattigan, just for clarification, as a home care provider, is this state accepting RFPs from new MCOs

for the CHC program and does this mean that the three current MCOs may not be renewed? Thank you for explaining this.

>> JULIET MARSALA: So that would be a question that you would need to send to the Procurement e-mail address. I cannot comment on that.

>> ELISE GREGORY: And from Ann Torregrossa - What do you know about the 284 found ineligible by Aging Well?

>> JULIET MARSALA: So, the 284 that would have been found ineligible by Aging Well, they would have been -- those individuals would have been sent over to the County Assistance Office for the notice for the NFI ineligible determination notifications to be sent out. Those individuals would be notified that they're ineligible and they would have the right to submit an appeal within their, you know, the timeframe spelled out in the notification. In terms of do I know how many appealed or what process or what the potential ruling of those appeals are to break that data down any further, I do not at this time. I wouldn't be able to tell you what the outcomes or decisions were.

>> ELISE GREGORY: There are no more questions at this time.

>> JULIET MARSALA: Thank you for the questions.

>> DEB SHOEMAKER: Thank you. Next, Jeremy, you're up, correct?

>> JEREMY YALE: Good morning, Deb. Looks like that from the agenda. Good morning and good morning, MAAC members and interested stakeholders. I'm here representing Deputy Secretary Ahrens who had a conflict but certainly sends her regrets today. I have three updates to take us through today. A quick update on Performance-Based Contracting, proposed waiver amendment and how that ties into ODP's multi-year program growth strategy.

This is something that Deputy Secretary Ahrens reported out to the MAAC, I believe, several times. There is not a tremendous amount to update related to performance-based contracting. Again, just as a refresh, the residential strategic thinking group had completed their draft performance measures back in November of 2023. The office is continuing to draft a 1915(b)(4) and amendments to our three 1915(c) waivers and waiting for public comment around April and then looking at a January 1 of 2025 implementation. We know there is a lot of excitement and interest in this work. One of the areas that we're putting time and energy in is developing a residential provider preparedness toolkit. So, we hope to be able to use that toolkit to really unpackage the changes, the performance standards, and then the associated metrics that the office is interested in. We are continuing to move forward with the Supports Coordination Organization Strategic Thinking Group that is taking a parallel development or process as the Residential Strategic Thinking Group did. So, we are continuing to draft those performance measures. In case you missed it, the RFP for performance analysis services was posted on the PA Marketplace website. We can go to the next slide.

So, back at the beginning of February, the office published a proposed waiver of amendment to the Consolidated Family Directed Supports waiver, and the Community Living waiver, as well as the Adult Autism waiver and that was open for a 30-day public comment. The waiver amendment is specific to a one-time supplemental payment for

recruitment and retention. We recognize that the field continues to really struggle to fill staffing vacancies and really trying to get as much of a booster shot to the field as possible. So, we're anxious to get that to CMS and get that approved. Okay. Let's go to the next slide.

This is a really exciting development. So just this month, Governor Shapiro announced the ODP multi-year program growth strategy. This is aimed at eliminating the emergency waiting list for adults. The approach is two-pronged. The program expansion will be accomplished through adding waiver capacity to the Community Living and Consolidated waivers. And certainly, MAAC members are familiar with this. The Office of Developmental Programs reported out at previous budget announcements that capacity was being added to the waivers to essentially bring new individuals into services and meet their needs. This is also being coupled with changing the management of waiver capacity to serve more people. And that approach is really taking a look at changing how counties manage waiver capacity and really shifting from just managing slots to managing both slots and budget. I will talk about that a little bit more. So, in addition to this, so this is coupled with the supplemental payment, which we just talked about as part of the waiver amendment. And then, the Governor's proposed budget includes a \$215 million rate increase for providers. And that really is to continue to drive that high quality home and community-based services (HCBS). So, there is a lot going on here. It is really exciting developments as we look to support individuals with intellectual or developmental disabilities and their families, as well as continuing to ensure that we have a sustainable and robust service delivery system. So, let's go to the next slide.

As I mentioned, looking to target adults on the emergency waiting list and our current waiting list is just a little over 13,000 individuals and you can see our three categories of need: emergency, critical, and planning. So, we have right now roughly 4,500 individuals over age 21 that are on the emergency waiting list. To the next slide.

And this breaks down how long individuals are waiting; how long Pennsylvanians are waiting to get on to a waiver and you can see that average is just shy of five years.

We can see that the median in Pennsylvania is roughly 2.6 years and if you track that from fiscal year 15-16 to 21-22, we can see how that has come down some. We really hope that these additional changes proposed will accelerate these timelines and really cut them down. Let's go to the next slide.

So more exciting news. So, with the Governor's budget announcement, he ordered in February to release an additional 1,250 community living waiver slots and 400 consolidated waiver slots. So, the office has been, we have developed methodology and we are working to distribute that capacity ASAP. In the Governor's proposed budget for 24-25, there is an additional \$34.2 million in community living waiver and \$1.9 million for community-based programs. We are also looking at 1,250 Community Living and 250 Consolidated waiver slots. That's in addition to the 1,250 and 400 that are being released now. One of the other strategies to address individuals' needs is through overall waiver capacity management. And we know that as it grows, we really, at some point, we hope to be able to hit kind of a critical mass and be able to serve people's needs with turnover. We know



that there is about 4% turnover annually. So, the example that I will provide here, if ODP serves 40,000 people in the waivers, approximately 1,600 new people could be served in the waiver annually, just due to turnover - people moving, people passing away, people no longer interested in those services.

So, again what we have historically done since about 2007-2008, capacity was limited at state and county level to the number of slots approved. And again, MAAC members we have talked about the ODP slots quite a bit. We are hoping to have not only the slots but to have county partners manage budget. The practical application there is that through strong management practices, we really can begin to utilize financial resources that may be unincumbered and underutilized and redirect those to people who are waiting for services. So really, really exciting developments. Let me stop there and we will see if there are any questions. I know that was a lot to unpack.

>> DEB SHOEMAKER: But it was great. As always, very concise. Good information. Any questions for MAAC members?

>> RICHARD EDLEY: Deb, this is Richard Edley, if I can jump in.

>> DEB SHOEMAKER: Sure.

>> RICHARD EDLEY: Good morning. First, I won't repeat all you said about the budget, but to make the comment that the Governor's proposal for the ODP was incredibly positive and for the providers that serve them. As always when you step back, we have questions about detail, timing, the distribution process and how it impacts rates. That's not my question. I'm sure it will come up in the budget hearings soon. My question for you is a clarification on performance-based contracting. We feel like there has been a little bit of a shift in messaging. I wonder if you can comment on this.

Several months ago, it was sort of felt that January 1, 2025, start date for residential services, was just the beginning. You start tracking data, everyone's in and see where it falls out. People will figure out how they are performing, what tier they are in. It really begins January 1<sup>st</sup>. And really before that, maybe as early as this summer you will find out where you stand and maybe perhaps even what tier you'll be in. Can you clarify that? Is it sort of beginning a little before? So, it really starts on January 1<sup>st</sup>? Or is January 1<sup>st</sup> just level setting and just data collecting for several months?

>> JEREMY YALE: Yeah. As we stand right now, Richard, we are looking to use prior years data to inform a January 1, 2025, start.

>> RICHARD EDLEY: Okay. And by the way, I say this every meeting, we aren't against performance-based contracting, we are just invested under what is happening and continue to understand it. The concern would be it feels like people are being graded right now and will get their sort of final grade this summer and they don't even know necessarily what they are being graded on. So again, it puts particularly small to medium-sized providers who maybe are doing great work with just no way they can keep up. The example I will use, and I know we are running short on time, so I will stop, is that resident group came up with 16 different reporting standards, each which has four or five sub-standards. So, you are telling providers, here is 75 to a hundred things you have to track, measure, report on and you're not even sure, so you can't start now, because you're not

sure what it looks like, and small providers are saying I'm done. I can't do it. I think there has to be a lot more discussion about that and the potential impact for January 1<sup>st</sup>.

>> JEREMY YALE: I know there is a lot of anxiety amongst our provider network and probably equally so, excitement. There will be a lot of information that will come out. As I mentioned, we are working towards a release of a readiness tool for providers so they can get acclimated to what is included in that preparation leading up to. And you know, I think that this is going to be a continued partnership. The office values our provider network to carry out high quality services to people with intellectual and developmental disabilities. So, you know, we are going to hit some bumps along the front end of this. But feeling pretty confident that we are moving in the right direction.

>> RICHARD EDLEY: Again, we will have plenty more time to talk. And thank you.

>> JEREMY YALE: Of course.

>> DEB SHOEMAKER: Any other questions from MAAC members? Okay. Any questions from the chat, Elise?

>> ELISE GREGORY: There are no questions at this time.

>> DEB SHOEMAKER: Wonderful. Thank you, Jeremy.

>> JEREMY YALE: Thanks, Deb. Enjoy the rest of your day.

>> DEB SHOEMAKER: You too, thank you. Okay. Elise? Oh, Scott. Scott Cawthern, sorry. Scott, if you could please provide us with the OIM update.

>> SCOTT CAWThERN: Thank you. From the notes I have here from our team, you know, we will provide a little bit of an update on individuals that should have been directed to MAWD since the April 1<sup>st</sup> beginning of unwinding and we are in the process of sending letters to those individuals who may have met the criteria for MAWD, meaning disabled and earned income. And the letter explains what the MAWD category is, who is eligible in the category, it outlines the monthly premium requirement for MAWD and then the process to request to be reviewed for MAWD. And individuals that receive a letter will be able to contact the CAO for more information and then of course we have our customer service center lines as well. And then we are working to finalize the dates for when those letters will be mailed.

And then also, our ex parte notices. Prospective notices were mailed as the prospective action was taken in the final quarter of last year. The retro-notices have an estimated mail date of this coming Friday. The reason it is taking longer to get those notices out is there was a fair amount of complexity in identifying the specific dates and making those notices kind of fit the needs and circumstances of the household. But we are in communication with DGS, and we have a -- we met with them yesterday and we have a follow-up meeting on Monday. And we have topics to discuss with them regarding this mailing. Notices do include instructions on how to submit past claims as required by CMS.

Then moving into the Carr v. Becerra notices and processes. For individuals that needed a prospective and retroactive eligibility, this phase is complete, and notices have gone out. For individuals that needed retro, this phase is complete with the exception of the notices. And again, kind of the same process we are going through with the ex parte. In making them individualized to the household as I understand the process to be. And you know, as

we go through that Carr case cleanup, we identified about 4,800 cases that had been closed but and the reason they were closed, they moved to a new county or case record number. When we captured that and captured them as closed, but in actuality they moved to another county and a new or another case record. This phase is in development, and we are working with the Deloitte team to determine the need, any needed system activities to ensure that this particular population has the correct coverage as well, per both retro and prospective and appropriate noticing will be sent to them as well.

Okay. And then, for information about individuals being disenrolled with the unwinding and being directed to Pennie. So, MA ineligible account transfers go to Pennie and Pennie sends a notice to those accounts that have been transferred from Medicaid. The notice will include an account access code to claim their new Pennie account and if possible, eligibility determination including any financial savings they might qualify for based on information provided by DHS on the account transfer file. Following their notice Pennie will be sending reminder e-mails with the messaging to log into their Pennie accounts and enroll in coverage. Following the e-mails, Pennie will attempt to contact customers by phone and for procedurally terminated population, Pennie will send a co-branded DHS/CHIP/Pennie mailer with details on who Pennie is and how to enroll.

Pennie will be sending follow-up e-mails reminding customers of their options for coverage through Pennie and Pennie may also attempt to reach individuals by phone. And there is a website that Pennie has, for -- I'm looking at the website here. I can drop that into the chat if that will be helpful rather than trying to give the whole website.

>> DEB SHOEMAKER: That would be helpful, Scott.

>> SCOTT CAWTHERN: Okay. Are there any questions? I'm trying to be mindful of time.

Any questions for OIM?

>> DEB SHOEMAKER: This is Deb. I think the one thing, and I appreciate you trying to catch us up. I missed Consumer Sub yesterday. I think there was a little bit about the transition since April is the end of the enrollment period, 12 months we were free to do enrollments. And if there is any information about the Department's plan to work through the transition. If you want to give us more updates or if there are more updates next month, that's fine. I don't want to catch you off guard.

>> SCOTT CAWTHERN: No, no, no. I think I can speak at a high level. We are, and thank you for your question, Deb, we are in the process in February we are sending March renewals. So, renewals have been generated and sent to families for those renewals that are due in March. So, then March is the final month of the 12 months of unwinding which started, hard to believe it's been a year, honestly. But those March renewals are going out and we are tracking very well there are several unwinding data sites available on the DHS unwinding page that can provide information including our unwinding data tracker, the federal reports, and the final unwinding month renewal outcomes. Our newest data is now available on the website as well. And we continue to monitor our progress and our tracking of those renewals making sure we continue to see progress towards the final month of the unwinding here. And those that have coverage, currently have an opportunity to renew, have their eligibility determined, and have them either continue to

be eligible for medical assistance if they meet the criteria or transition to our partners with CHIP and Pennie.

>> DEB SHOEMAKER: Go ahead, Kyle.

>> KYLE FISHER: Quick question regarding your first updates, individuals who were receiving outreach around MAWD. We had heard about outreach to folks who had been enrolled in a waiver who lost that based on earnings. Is that what you were referring to or is this a broader cohort?

>> SCOTT CAWTHERN: I think a combination. I know that the -- and we are talking about the HCBS, is that correct? Waiver?

>> KYLE FISHER: That's what I was wondering. Is that the population you are referring to?

>> SCOTT CAWTHERN: That is part of the population that we're reaching out to, as I understand it. And we did have some data. I'm looking at notes from the Consumer Subcommittee yesterday. It looks like that was addressed yesterday by I think Lexi on our team. But just for this group, just taking a look at her notes, looks like there was approximately 75 individuals who received outreach based on the HCBS closure due to earned income. And of those, 26 individuals receiving outreach, not -- sorry. I'm taking a look at notes here. They are just bullet points. I want to make sure I'm -- Okay. Our policy team did review the 75 cases and determined that 26 individuals needed to be evaluated by our operations team to review for eligibility for MAWD and engage in interest for participating in MAWD. And out of that outreach, eight have been reopened and are in the process of reopening in either MAWD or a HCBS budget. Six of the individuals indicated they were not interested or were ineligible for MAWD or other categories. We are waiting on responses from 12 individuals from the letter we sent to them. And of that, approximately 50 individuals reviewed that did not meet eligibility criteria for MAWD or were not interested in MAWD or were reconsidered or opened in MAWD prior to us reaching out to them. Does that help answer the question?

>> KYLE FISHER: It does, thank you.

>> SCOTT CAWTHERN: Sure. Any other questions for OIM or anything in the chat?

>> DEB SHOEMAKER: Took the words right out of my mouth, Scott. I was going to ask Elise.

>> ELISE GREGORY: Yes, there are two questions in the chat from Rashida Perry-Jones. Do you anticipate all renewals by April and no extension to the unwinding? I'm referring to renewals for Medical Assistance associated with the end of the federal continuous MA coverage.

>> SCOTT CAWTHERN: Good question. And so, renewals, we took the full 12 months to complete renewals. So, meaning that we looked at our entire Medicaid population enrollment that had renewals due in each of the months, including those that had been completing the process throughout and those that are what we have called our maintained population. So, by the time we send all of March renewals and those should all be sent here by the end of the month, February, everyone who is in the population will have been offered an opportunity to complete a renewal and have eligibility redetermined. You know, so I think, does that answer the question?

>> ELISE GREGORY: There are no more questions in the chat at this time.

>> DEB SHOEMAKER: I'm thinking you answered the question, Scott.

>> SCOTT CAWThERN: Okay. Thank you again so very much for the opportunity. And I will put the link that I mentioned earlier into the chat here.

>> DEB SHOEMAKER: Thank you, Scott. Nice to hear your voice every once in a while. Don't be a stranger.

>> SCOTT CAWThERN: I know. My calendar, I'm grateful to our OIM team, Carl and Lexi, who are able to step in when necessary. But happy to come back and have a conversation. Thanks again for the opportunity.

>> DEB SHOEMAKER: Sure. And they did a wonderful job in your stead.

>> SCOTT CAWThERN: Thank you.

>> DEB SHOEMAKER: Kudos. Elise, would you like to introduce our OMHSAS update?

>> JOLENE CALLA: Can you hear me?

>> DEB SHOEMAKER: Yes.

>> JOLENE CALLA: Just wanted to make sure you knew I was here.

>> DEB SHOEMAKER: Wonderful. Thanks, Jolene. Finally.

>> ELISE GREGORY: From OMHSAS, Kendra Snuffer.

>> KENDRA SNUFFER: Good morning, everybody. Thanks for having me. I'm here on behalf of Deputy Secretary Jen Smith who did have a conflict this morning, so she sends her apologies. We can go ahead to the next slide.

So, of our standing updates here, our 988 in-state answer rates continue to be 89%. Many things are pretty standard there. Our behavioral health council update, they continue to meet. During the most recent meeting, the council discussed funding streams so members have a better understanding of how the system is funded, current challenges and opportunities in the space, so that the information can ultimately be woven into the council's recommendations that they give at the end of their time. As an FYI, the advisory committee also had its first meeting as well. I will just note that Deputy Secretary Smith does not serve on that committee. I know a few of the stakeholders here on this call do. So, I'm sure if they have some relevant take aways from that, they can share with the group. Next slide please.

So, I wanted to quickly review some of our highlights, some of our OMHSAS budget take aways if you will. The first is, and I should say, this is from the Governor's proposed budget, so nothing is set in stone. Just as a reminder for everybody that we are certainly happy to see all of these proposed. The first is \$15 million to support crisis intervention services. Specifically, interventions of somewhere to call via the 988 call centers and somewhere to go via emergency behavioral walk-in centers. Those two interventions would be supported with these dollars.

It was also proposed to include \$5.8 million to support community projects that would ultimately support the discharge of appropriate individuals from our forensic state hospitals, Norristown and Torrance State Hospitals. Governor Shapiro proposed \$20 million additional to support community-based funding. These are the dollars that support the mental health services that are provided to individuals who are uninsured or

underinsured and receive the services through the county mental health offices. So not through a BH-MCO, a behavioral health managed care organization. And finally, the Governor did propose to sustain \$100 million for school-based mental health in the current fiscal year budget as well. You may have seen recently that PCCD (Pennsylvania Commission on Crime and Delinquency) released the funding opportunity for the current dollars, so this hundred million is continuing to sustain that support in the upcoming fiscal year.

As far as our policy and legislative updates go, crisis and our PRTF (Psychiatric Residential Treatment Facility) regulations are in the same position as they were three weeks ago when we last spoke to you all. I will note that we plan to hold a webinar on the PRTF regs to get feedback before they go to the IRRC (Independent Regulatory Review Commission). So, after they have gone through all of our internal reviews with the DHS and the Governor's Office but before they go to IRRC and are open for public formal comment and the goal of that is we want to answer as many questions as possible before we would need to provide a formal response to every question that is submitted to the IRRC. That process adds a lot of time to the overall timeline for seeing the regs over the finish line. We want to hopefully answer as many questions as possible outside of that process to get folks comfortable and get feedback for us so we can clarify things before going to the IRRC. We will likely replicate that process as well with the crisis regs when they get to that point.

Finally, I wanted to thank everyone who attended our modernizing telehealth webinars that we hosted earlier this month to gather feedback on what the ideal telebehavioral experience would look like or could look like for individuals receiving services and for the individuals providing those services. We are working hard internally to parse through the information gathered from the webinars, information from the federal government, information from what other states are doing in this space. A lot of internal conversations and research gathering. We are going through all of that. We did get information and we received feedback from recipients of services, providers of services and counties, BH-MCOs and primary contractors who are the payors of those services. We are working on potential legislative and policy changes that would support an ideal telebehavioral system. Changes will not be an overnight thing, but we are working on potential solutions and writing that up. We do plan to have a follow-up series of webinars on March 13<sup>th</sup> if people want to mark calendars to discuss these potential next steps and what we can do in this space. If you want to mark your calendars for March 13<sup>th</sup>, that would be a good idea because we would love to hear from everybody.

That is all I have on our agenda today, Deb. Are there any questions?

>> DEB SHOEMAKER: Yes, you said March 14<sup>th</sup>. I'm writing it down. Okay I have one question you may not be able to answer but I will ask anyway. I know on the budget there is \$100 million to support mental health in schools which was in the last budget. Is there any additional discussion about the \$100 million that we lost a year or so ago that was technically put in the budget. I think in you know, two years ago with Representative Schlossberg and attempted to get back last year at the final budget process.

>> KENDRA SNUFFER: Sure. So, Deb, I am not aware of any conversations around that

piece. I can't answer to anything that Representative Schlossberg may be working on internally as part of the greater budget process, but I'm not aware of any conversations about that.

>> RICHARD EDLEY: This is Richard. I don't want to speak for the Representative, but I will say that we have had discussions even as of recent and he is going down various paths in terms of legislation and different discussions, so I do not believe he has given up on that at all, but you know, it is what it is in terms of the proposed budget at this moment.

>> DEB SHOEMAKER: We are doing things, you know, like we keep open, and he keeps it open. I didn't know if there was something we were missing, whether a hundred million is hidden to be given back to us at some point. Wishful thinking.

And I think my -- I said I have two questions. The other question and it is now going to get out of my mind just because of the fact that I brought that up now. So, if I remember what it is -- oh, I know. The telehealth, I know you said you were working on potential legislation. Is that where stakeholders will have input? I know there is telehealth legislation that's been out for a while that many of us have supported and over many, many years. And it has always been stopped. I didn't know if it was part of that process or if you are planning on, you know, introducing separate legislation.

>> KENDRA SNUFFER: So, this would be separate legislation and certainly we will be gathering stakeholder feedback. I will say honestly, and I'm sure Richard would agree, I would be surprised if folks were not supportive of the legislation because we've been working closely with RCPA (Rehabilitation & Community Providers Association) as well closely with the legislation. So yes, there will be opportunity for public input for sure.

>> DEB SHOEMAKER: Wonderful. I think most, and not to take up any more time because we have five questions in the chat, but I know mostly providers, I believe including RCPA and in the past we have always been supportive of legislation, there's just been little pieces of the legislation that have been parsed out or many have put the kibosh on it so I am looking forward to hearing; and when I say "I" I'm talking myself along with PPLC. If there is any way to weigh in or assist with that, we would love to do that.

>> KENDRA SNUFFER: Yeah, and I will say it is specific to this; kind of the issues that we are facing now around the psychiatric outpatient clinics, specifically, but yeah, feedback is always welcome. I hope we put that message out there. If it is not, then I will say it clearly now. Always welcome feedback.

>> DEB SHOEMAKER: And at the PPLC we are community psychiatric representing not just psychiatrists. That's what we do. We would be welcome stakeholders, I would think. Not to belabor this, but Elise you say have you have tons of questions. Oh, before that, any MAAC questions? I forgot to ask MAAC members first.

>> RICHARD EDLEY: Deb, this is Richard. I have a quick comment because I know you have a lot out there. The mental health in schools, obviously from the highest level we would support that. That's important. But I want to make the comment that it is unfortunate that proposals always come out of giving the money to the schools who are then in the position of what are we supposed to do with it. I guess we will hire a social worker or counselor and basically you set up a dual system to the community providers who are already embedded

in the schools. So, schools end up hiring those providers, then when funding runs out, I guess they go back to mental health centers. And then what happens in the summer? There are a lot of issues. We continue to push in the Legislature and others to maybe make it more flexible such that if you have existing relationships with providers, use the money there. Build the system rather than create a separate system. Just a comment.

>> KENDRA SNUFFER: Thanks, Richard. We as DHS and OMHSAS specifically, we continue to relay the message that schools, and school districts should work very closely with their county mental health administrators. If they don't have those relationships, they should be prioritizing that. The county is really an excellent resource for how those dollars can be maximized. I just want to say here again, that partnership is critical for those dollars.

>> DEB SHOEMAKER: Thank you. One more question for MAAC. If not, I'm throwing it over to Elise. Okay. I'm throwing it over to Elise.

>> ELISE GREGORY: From Kate Fox. Is OMHSAS considering applying for the new CMS capacity building grants for school-based mental health services?

>> KENDRA SNUFFER: So, I will ask, I don't know if Eve or others are on the line from OMAP. I know there is internal conversation about that. That's not strictly an OMHSAS decision. I don't know if there is an update.

>> SALLY KOZAK: Yeah. This is Sally. Thanks, Kendra. We are going to apply for the school-based access grant. My team is working with our Office of Policy Development as well as the Department of Education on that application. Applications are due, I think the end of March, if I'm not mistaken. And just to clarify, that's a technical assistance grant to help states in planning to expand school-based access programs. It doesn't actually fund those programs per se. And there is a misconception out there that it is a \$50 million grant. The total of the grant is \$50 million and that is split between 20 states that are awarded the grants. It is a competitive grant, so Pennsylvania is not guaranteed to receive one.

>> ELISE GREGORY: From Lloyd Wertz. What steps are being taken to ensure that school-based access mental health providers will not poach the limited numbers of available clinicians from community behavioral health settings?

>> KENDRA SNUFFER: I think that is a concern that we all share. I mean, I think the workforce shortage is everywhere. I will say, I don't know what we can do to stop folks from bringing and hiring staff from one area to another. That is certainly not something we can definitively stop. But like I said, we continue to encourage districts and schools to work with their counties and subsequently their BH-MCOs or primary contractors to figure out what kind of long-term impactful interventions they can bring up with those dollars.

>> DEB SHOEMAKER: From Rashida Perry-Jones. Do you know when behavioral health advisory minutes will be posted? I'm not seeing anything aside from the agenda from December.

>> KENDRA SNUFFER: I do not. I would just continue to encourage folks to check the website. We do not post those minutes. Those minutes are posted by Dr. Finello in the Governor's office.

>> ELISE GREGORY: Two questions from Ann Torregrossa. We were told last MAAC that



the crisis regs were coming out any day. Is there an estimated time on that? Is there any data showing the status of the crisis continuum by county and how many counties have crisis mobile teams and stabilization centers?

>> KENDRA SNUFFER: We do have information by county on where like mobile crisis is accessible or where the services are, where the teams are, and stabilization centers, yes, we do have that information. We can share that. What was the other parts of the question, Elise?

>> ELISE GREGORY: On when the crisis regs were coming.

>> KENDRA SNUFFER: Timing of the crisis regs. I apologize if that was unclear. We do anticipate them to be out of OMHSAS and our initial reviews with legal and policy in the near future, but they will not be out of DHS likely for a few months yet. Was there a third part to the that question? I apologize.

>> ELISE GREGORY: They were just looking for an estimated time. There is no more questions in the chat.

>> DEB SHOEMAKER: Thank you, Kendra.

>> KENDRA SNUFFER: Of course.

>> DEB SHOEMAKER: Have a good rest of your month. See you next month. Or Jen.

>> KENDRA SNUFFER: Sounds good. Thanks, Deb.

>> DEB SHOEMAKER: Thank you. Next is up Deputy Secretary Kozak.

>> SALLY KOZAK: So good morning, everybody. We have Dr. Shahram Shamloo, our Chief Dental Officer, who will provide an update on where we are at with our dental initiatives. And we also have Martin Ciccocioppo, Executive Director of e-Health Authority who is going to do a presentation on PA Navigate which launched live on January 23<sup>rd</sup>. And then if we have time, I have a few updates. But I'm going to go ahead and let Dr. Shamloo go first. You're up.

>> DR. SHAMLOO: Thank you, Sally. Good morning, everyone. I hope you are all doing well today. I apologize, I have a head cold, so thank you for bearing with me. Thank you for the opportunity. I wanted to take time to talk about everyone's favorite topic, dental, and allow you to become familiar with some of the things I am doing and that we are doing to ensure that we are progressing towards improvement.

There are several strategies and initiatives that we have identified as the pillars of the work we do at OMAP surrounding dental. Among these are efforts to get information about the Medical Assistance Dental Program to providers to increase the number of preventive services that are rendered to recipients under 21 and we want to ensure that topical fluoride varnish, a preventive measure, is applied in primary care practice settings to improve the number of providers we have in network, especially in shortage areas and to encourage whole person care through value-based care and alternative payment models. Lastly, we want to continue to support the reinstatement of the adult dental benefits. There are concurrent efforts to support these priorities but one I'm particularly excited about is a project with the American Dental Association (ADA).

We were selected by the ADA as one of six states to participate in the two-year pilot program. Participants include state dental directors, Medicaid directors, oral health

programs, oral health coalitions, primary care associations and other oral health champions to help advance the effort. Meetings are held once a month to identify various strategies that would hopefully be implemented. The goals are to promote continued partnership and a shared vision to improve oral health outcomes amongst Medicaid beneficiaries and also, to determine initiatives and activities to improve provider participation in Medicaid to increase utilization of dental services for children and adults. And really the goals are to increase the number of Medicaid providers for Medicaid beneficiaries by 5-10% at the end of that two-year period and increase utilization of dental services by Medicaid beneficiaries.

Another project we are engaged in is through MSDA, for those not familiar, that's Medicaid-CHIP State Dental Association. We are a member of this organization. MSDA has been awarded a sub grant from the Special Olympics called Systems Change for Inclusive Health. It is funded by the CDC and basically, it's to support a learning collaborative over the next seven months, administered by MSDA. This project is a continuous quality improvement initiative which will system change and improve the way Medicaid dental programs address oral health disparities through the identification of medical, dental, and social risk factors across unique Medicaid member sub population groups. The goal is to improve oral health equity among unique Medicaid members and sub population groups by increasing the number of Medicaid members who receive at least one preventive dental service, decreasing oral health disparities among Medicaid member subgroups and increasing oral health care equity among all Medicaid enrollees.

So, the project is proposed to last three years. We are in Phase 1 right now, which as I said before, lasts about seven months. In this phase we will develop a unique Medicaid member oral health equity self-assessment tool for potential use in our program and if funding continues to be available in Phase 2, we will focus on process. So, during this phase, the Medicaid member oral health equity self-assessment tool will be piloted by the states or managed care dental programs and data will be collected during this time, and continuous quality improvement protocols will be implemented. And finally, if further funding allows, there will be a Phase 3 where states or vendors will continue to pilot the tool.

Now recently we introduced language in the HealthChoices Agreement which requires the MCO dental directors to visit dental practices for purposes of recruitment and retention. We are asking that they visit participating network dental practices in each county at least annually to discuss topics such as relevant incentive payment programs, clinical concerns with respect to treating special populations such as infants, children, or adults with developmental disabilities, and coordination of comprehensive care for members receiving services such as fluoride varnish from medical providers. They are also to visit any nonparticipating dental practices in each county to discuss reasons for the practice's nonparticipation and to come up with any strategies to address these reasons. And these could include things such as alternative payment arrangements or possibly seeing a limited number of the MCOs members.

Also, the dental directors are to visit FQHCs and PCPs in coordination with the MCO's

medical director. This is a joint venture where we want the dental directors to work in collaboration with medical directors to ensure all children are given a dentist for comprehensive visits particularly when receiving dental services such as fluoride varnish from a medical provider. In the contract, we are also asking MCOs to reach out to dental schools in the state and begin conversations around value-based purchasing and to come up with pilot programs that can be implemented.

Recently we have added certain programs to the MA Program to help address access issues and provide more equitable dental care. These include teledentistry and street medicine. We are unique in our program in that we allow for actual dental services through teledentistry, and dentists are part of the provider list of those who can render services through street medicine.

Finally, I'm always looking for new ways of engagement and activities that I believe will bring awareness to providers, both with dental and medical about the importance of oral health, and things that will help me learn about our dental program through collaboration and networking. I have facilitated sessions through PITT PERU (University of Pittsburgh Program Evaluation and Research Unit) and the Jewish Healthcare Foundation for the Patient-Centered Medical Home Learning Network, for the Centers of Excellence Learning Network and for the Long-Term Care Learning Network. Some of those have been complete, some are coming up in the coming months. Many of these sessions are tailored towards health care providers so they can learn how to provide basic dental preventative care to their patients.

I hold regular meetings with stakeholders such as Pennsylvania Coalition for Oral Health, Department of Health, MCO dental directors, and dental school deans. I am continually reviewing our dental fee schedule, benefits, and our policies in essence to ensure we are aligned with current standards of dentistry and our benefits are as robust as can be. I am part of the CMS Oral Technical Advisory Group where we meet regularly on a monthly basis to discuss current issues in Medicaid & Medicare as it relates to dental. I also continually attend meetings of the Pennsylvania Oral Health Program Advisory Group where we discuss the progress of the state oral health plan as implemented through the Department of Health. Thank you all for your time. I will take any questions that any of you may have.

>> DEB SHOEMAKER: Do we have any questions for Dr. Shamloo? Okay. Thank you for coming. I appreciate it. We look forward to more updates from you.

>> DR. SHAMLOO: Thank you very much for having me.

>> DEB SHOEMAKER: Wonderful. Sally are you back on? Or do you have someone else next?

>> SALLY KOZAK: No, I'm back on. Thank you, Dr. Shamloo for that. We now have Martin Ciccocioppo to talk about PA Navigate. Martin, go ahead. Martin, you might be muted.

>> ELISE GREGORY: Martin's mic is open but we're not hearing him.

>> MARTIN CICCOCIOPPO: Can you hear me now?

>> SALLY KOZAK: Yes, Martin.

>> MARTIN CICCOCIOPPO: Thank you. Please go to the next slide. Last month, Sally did comment at a high level on the goals of PA Navigate. At the request of the MAAC I asked

for more information about what PA navigate is. And in the next five minutes I will give you a little bit better understanding of what PA Navigate is. If you've been around the state in this space for a couple of years, you might remember the RISE (Resource Information and Services Enterprise) PA project that was a concerted effort of the Department to figure out how to do closed-loop referrals for the health-related social needs or back then called them social determinants of health. We went through the process of doing a contract with Aunt Bertha and ultimately that contract was canceled for a number of reasons. But what we have done with PA Navigate is essentially follow the guidelines of the stakeholder group and that original procurement to have our Health Information Organizations (HIOs) do that procurement and integration and implementation on behalf of the states. What we have created with PA Navigate is a statewide community information network that is designed to address health and social care needs for Pennsylvanians by connecting them to community services.

What we've done is build a statewide platform that connects patients to social services, essentially making those health-related data as shareable as clinical information because of the integration of PA Navigate and with our Health Information Organizations. We will get a better understanding of where citizens' needs are and where capacity is needed to be able to meet those needs and with additional information that all of the players are going to have around the referrals and where there is capacity or isn't capacity and make appropriate investments to make social care more sustainable.

The journey we've been on started in 2021 whenever the original RISE PA procurement was canceled. Within DHS or OMAP prioritizing this kind of project in 2021 and set aside with CMS the authorizations and in support ARPA (American Rescue Plan Act) funds to do a grant program where we awarded in 2022, grants to four of our HIOs. Those four HIOs went through a procurement process where they selected findhelp in 2023. They began the integration process, and we did a public launch on January 23<sup>rd</sup> of 2024 of PA Navigate. And the grant moneys under ARPA continue into next year but we have actually been able to fund the five-year contract with findhelp through September of 2028. Even though the grant funds have to be spent, we're paying those grant funds to the HIOs. The HIOs have a five-year contract where they will pay findhelp through 2028. And beyond 2028, we're expecting that this is going to be so ubiquitous, so useful for the participants in HIOs that they will continue to support it through fees.

Two key places I want to point you to is at the bottom of the current slide. One is the URL, [pa-navigate.org](https://pa-navigate.org). That is how you can get the individual or as an organization, you can get into PA Navigate. The other one I want to point out is the e-mail address, [info@pa-navigate.org](mailto:info@pa-navigate.org). That is a clearing house for speakers or just questions about PA Navigate. The HIOs, the PA Navigate consortium is actively monitoring that e-mail address and following up and if there is a request for a presentation, they are finding resources and responding to a lot of inquiries and also speaking at a number of different events.

This new ecosystem where we have PA Navigate here depicted in the middle is actually interconnecting our four HIOs that got grant money. Central Pennsylvania Connect, Clinical Connect, The Healthcare Exchange, and Keystone Health Information Exchange which have

already been interconnected with the P3N, the statewide health information exchange and the Pennsylvania Patient & Provider Network and now they are interconnected with and interoperable with PA Navigate. And PA Navigate can be accessed by citizens directly through that PA-Navigate.org website. Community-based organizations can access it using that same website. They can also have a deep integration into PA Navigate. Providers and payers, if they are connected to an HIO, have ready access to PA Navigate. We have actually included a series of grants in our procurement. We are paying for over 90 unique integrations between provider or community-based organizations claims management systems so they can have deep integration with systems that their providers or case managers use and not have to go out to a separate portal.

All of this is allowing for that sharing of information. Not just a closed loop referral back to the closed loop of a referral back to the providers that ordered it. But also integrating that information about health-related social need and how it was met or not met, that information is integrated with the clinical information that has traditionally been shared among the HIOs. Next slide please.

In terms of what this is resulting in, it is improved communication in reducing the care silos. Not just the care silos in health care but care silos for these health-related social needs. We are making information about it. We have resources and much more available and much easier to find and eventually the tools for nonprofit community-based organization is no cost. And for an organization that is connected to an HIO, that is no cost or low-cost depending on the HIO and how they are choosing to be integrated with the PA Navigate platform. For providers and community-based organizations, they are going to be able to show using the tools - analytics tools and recording tools out of the findhelp platform - the PA Navigate platform, they will be able to show the referrals they are getting, how they are responding to them and they will be able to help attract additional financial support because they are part of the implementation and there is a grant program or essentially incentives for community-based organizations to close the loop. findhelp is not new to Pennsylvania. findhelp was already being used by the physical health MCOs in Pennsylvania and by a number of health systems. What PA Navigate is doing is bringing that together to create a consolidated statewide closed loop referral system and integrating it with the existing infrastructure of health information exchange. For community, for the community members, it creates a public facing and self-serve option with better coverage for SDOH (Social Determinants of Health) needs and provides better outcomes and population health monitoring is going to be able to give us a sense for where the needs are down to the zip code level, number of referrals, number of searches, closed loops that are done, and we'll be able to uncover areas of unmet need or where there is additional capacity that is needed.

Under this new PA Navigate scenario, you could have a patient referred by an MCO for a local food pantry for short term food support. The food pantry volunteer could enroll her in services and update the status in PA Navigate. PA Navigate would share a need and service that as a referring MCO and with the family's health care team. The food pantry would be able to show that they're getting these referrals from PA Navigate, they're closing

the loop, and they might be able to either get additional support from their traditional fundraising or be able to charge fees for the services that they're providing to entities that are making referrals to those.

A quick overview of what PA Navigate is. Again, pa-navigate.org is anybody and everybody's front door to this consolidated system for a statewide closed loop referral. You can make referrals. You can do searches. We are going to be working over the next year using those integration dollars to get additional providers to be deeply integrated with the solution. We are also working with community-based organizations to heighten their awareness of the tool and get them to be committed to and claim their listings and do closed-loop referrals through the network. Happy to respond to questions. I know we are short of time.

>> DEB SHOEMAKER: Hello, any questions from MAAC members? Okay. Any quick questions in the chat, Elise?

>> ELISE GREGORY: Yes, from Lloyd Wertz. Is there a list of domains in the PA Navigate and is behavior health one of those?

>> MARTIN CICCOCIOPPO: Is there a listing of the names? Behavioral health --

>> ELISE GREGORY: Domains.

>> MARTIN CICCOCIOPPO: So, if you go to the pa-navigate.org website, the domains are there. You can click on one of the domains that are across the top. You can search for a specific type of need. You can search for a specific provider. And yes, behavioral health providers are part of the findhelp platform, part of PA Navigate.

>> ELISE GREGORY: Thank you.

>> MARTIN CICCOCIOPPO: One other thing that might be important for this group is, that every referral that is made using PA Navigate, is done with the explicit patient's consent.

>> ELISE GREGORY: Thank you, no more questions at this time.

>> DEB SHOEMAKER: Do have you more additional information, Sally? Yes, you do.

>> SALLY KOZAK: I have two things really quick to update. I know we are running short on time. That will give you time for your committee updates.

The first is only because a lot of folks have inquired about this. The Centers for Medicare & Medicaid Innovation announced opportunities for a new model and that there will be grant opportunities and folks have been asking whether or not the Department plans to apply for that. CMS has not released details of that yet. They will be holding some additional conversations with states. The application for grants will not come out until sometime in spring, later this spring, and applications aren't due until July. We are looking at that, but at this point in time, it is still too early to make a determination.

And then Buprenorphine. We had removed prior auth of oral Buprenorphine, other than for doses that exceeded a specific limit and I think that limit was 24 milligrams, but don't quote me on that. We have lifted the limit on oral Buprenorphine so that prior authorization is no longer needed. We did that because as people are using Fentanyl more and more, they are requiring higher and higher doses of Buprenorphine. So rather than create a barrier where someone who needs a higher dose of Buprenorphine has to wait for that physician or prescriber to get prior authorization, they will now be able to just go

ahead and order it. So, we think that is an important step in the treatment of opioid use. Just wanted to share that in case people had not seen that bulletin that went out I think at the beginning of February if I'm not mistaken. And that's everything that I have, Deb. The rest of the stuff we can just hold. It was nothing that folks haven't heard before.

>> DEB SHOEMAKER: Wonderful. And your last announcement was really good news. Because I think we, you know, need to create -- and reduce every barrier we can. And kudos to the providers working in the trenches every day. It is a hard job, and every life is worth saving. I appreciate that.

>> SALLY KOZAK: Absolutely. We couldn't agree with you more on that.

>> DEB SHOEMAKER: I know it. Okay. Thank you. I hope everyone is okay with me not taking questions. If you have additional questions, put them in the chat. So, we are going to go to subcommittee reports. Kyle?

>> KYLE FISHER: Thanks, Deb. I will move quickly here. Consumer Subcommittee met yesterday. You heard from a number of program offices. I will give three quick updates. First, we heard from Terry Gilligan from the HIPP (Health Insurance Premium Payment) Program. Consumers made recommendations regarding system changes. First, that HIPP not send applications to populations that are excluded from HIPP. It is inefficient, confusing, and concerning for those members who are getting a request to submit information, and in particular dual eligibles and individuals who are enrolled in the CHC waiver. The second recommendation, when families are disenrolled from HIPP and removed from Fee-for-Service into HealthChoices, that they be sent the normal HealthChoices enrollment packet, so that they have the information they need to make an informed selection, and they be given that opportunity as early as possible.

Also, we heard from OIM. I won't repeat items that Scott spoke to earlier. We heard that there are some delays with the Bureau of Hearings and Appeals during the unwinding for MA appeals, particularly Medicaid appeals past 90 days. The count is 653 appeals past the normal 90-day timeframe for resolution. Pleased to hear that DHS is evaluating the U14 waiver with CMS and encouraged them to take advantage of that flexibility.

The last piece I will update MAAC members and stakeholders on is with respect to the waiver terminations conversation that Deputy Secretary was giving data on earlier today. The consumers heard that yesterday. Consumers also shared personal examples of poor assessments done by or poor quality assessments done by service coordinators including examples where service coordinators were in the home for 20 minutes or less and we expressed concern that some of these or many of these waiver terminations are being driven by inaccurate assessments.

Certainly, encouraged by the bright points that the Deputy shared here that numbers for waiver terminations are falling and NFI findings are declining by month. We also appreciated that OLTL is increasing the amount of information available to its medical director review team internally which is the safeguard where a person's doctor indicates if they do still in fact need the waiver services that medical director review process is now able to get more information.

That said, there is a real concern with other data provided here. Especially the figure for

the roughly half, 5,000 or so recipients, who have been referred to Aging Well for a new in-person assessment. Of those assessments that have been done, the Department's data shows that over three quarters have overturned NFI finding. That 78% figure is highly concerning. It suggests an error rate of over three quarters here. So while we are pleased that the Department is addressing the upstream cause of this problem, and they are continuing to make the medical director review process more robust, we are highly concerned that people are losing waiver services they still need and still qualify for so the consumer and council reiterate that request that the Department extend the Aging Well reassessments of having that functional eligibility determination done for everyone that has gone through that medical director review process and not already had that NFI finding overturned. Sonia may want to supplement this. I don't have other updates but I'm happy to take questions.

>> DEB SHOEMAKER: Ms. Sonia, do you have any additional updates?

>> SONIA BROOKINS: No, just for the record, that is really concerning. The numbers.

>> DEB SHOEMAKER: Agreed. Agreed. Thank you for your hard work on a monthly basis. I try to be there every month. For people that don't get to make it, make it in your schedule every once in a while, if you can. It is a very vibrant subcommittee. That subcommittee is really what drives the MAAC. Consumers and families.

So, I will provide a quick update for Fee-for-Service. We meet quarterly. Our last meeting was the 7th. I unfortunately was not able to attend. But I have the minutes and I talked to the pre-meeting and had a conflict. So, we talked a little bit about enrollment and revalidations. Talked about the doula and the enrolling doulas which started February 1<sup>st</sup>. Talked a little bit about ePEAP and some of the changes there and had Carl talk about OIM and some of the transitions we talked about here. And we also talked about and received information from Alexis on a number of MA bulletins. There were eight that currently were in the queue. There were four that were upcoming. Our next meeting is the 8th of May. And that is my report. However, Jolene, if you want to supplement that as a member, let me know if I missed anything.

>> JOLENE CALLA: I think you got it, Deb.

>> DEB SHOEMAKER: Thank you. Okay, next, Long-Term Services and Supports (LTSS) subcommittee. Kathy.

>> KATHY CUBIT: Hi, thanks, Deb. The committee met in person and remotely on February 1<sup>st</sup>. This was the first meeting of the newly configured committee that includes a majority of participant membership and represents the entire OLTL service system. I want to thank OLTL staff for their work during the transition, some of which was reflected in its logistical presentation about LTSS meeting communications. Information was shared about the newly created DHS LTSS committee ListServ, a new LTSS subcommittee web page, a new resource account as an OLTL point of contact for LTSS subcommittee related questions, and new captioning link that will be the same link used in every meeting. The MLTSS and former LTSS webpages are still available and include archived information.

Deputy Secretary Marsala provided OLTL updates, many of which you heard today. OLTL shared detailed independent enrollment data along with application closure reasons that



appeals data, reasons for MCO plan changes and life enrollment. The committee also received updates on the status of CHC unwinding and the redetermination process with detailed data from July and August 2023 by MCO and CHC population group. The committee raised concerns such as the high number of CHC participants who live in nursing homes, losing their MA coverage for procedural reasons.

There were two open forum times during the meeting. These public comment opportunities will be part of every meeting. Among the concerns raised were challenges consumers encounter with the complex CHC application and renewal process, the hardship caused when services and benefits are lost even for short periods of time, and problems with the inadequate amount of the SSI personal care boarding home supplement. The next LTSS MAAC meeting will be remote streaming and in person at 333 Market Street on Thursday, March 7<sup>th</sup>, from 10:00 a.m. to 1:00 p.m. All are welcome to join us. I'm happy to take any questions.

>> DEB SHOEMAKER: Wonderful. Thank you, Kathy. If I didn't specifically ask the questions, if people have questions for subcommittee chairs, put it in the chat. Thank you, Mike Grier, for staying on. I appreciate it. MCDSS, I'm not sure if Joe Glinka made it on to the call yet. We may not have an update. I know they are busy, and I think you can get some of their information on the minutes on the website. Their next meeting is April 11<sup>th</sup>. Okay. Eve?

>> EVE LICKERS: Good morning. We do have a few bulletins that were issued since our last meeting. We have MA Bulletin 10-24-02 that was issued on February 1<sup>st</sup> and is effective on March 1<sup>st</sup>. That is about pharmacist enrollment in the MA Program, and we provided updates previously related to that topic.

The second bulletin that is related to the pharmacists is MA Bulletin 01-24-01 and it was issued on February 13<sup>th</sup> and also effective March 1<sup>st</sup>. This bulletin talks about the particular services with the procedure codes that pharmacists may utilize to bill for the services that they provide.

We have another bulletin, 01-24-03 and it is prior authorization of opioid use disorder treatments for pharmacy services. It was issued on February 6<sup>th</sup> and is effective the same date. This is the bulletin that Sally referenced with her update regarding removing the limits for or removing the prior authorization requirements for Buprenorphine except that it exceeds the quality limits. Those are the bulletins that we have had issued since the last meeting.

They are available on the Department's website under the bulletin search page. Also, I think it is very easy for people to find them on What's New at OMAP. Thanks.

>> DEB SHOEMAKER: Thank you. I was talking and I thought I unmuted myself. Okay. Do we have any old or new business? Elise, anything that is old business?

>> ELISE GREGORY: Not that I have in my notes.

>> DEB SHOEMAKER: Okay. Wonderful. Is there any new business for MAAC members? Okay our next meeting is the 28<sup>th</sup>. It will be via webinar. As traditional, we try to make March our budget meeting where we have all of the offices do budget addresses. I will touch base with them. If something changes, you will see that in the list. That's generally

what we try to do. It will be a good meeting. And without any ado, if we can make -- if I can take a motion to adjourn. And knock on wood, three minutes early. So we can reflect that in the minutes.

>> SALLY KOZAK: Thank you, everybody.

>> DEB SHOEMAKER: Thank you. Have a good month.

>> EVE LICKERS: You also. Thank you.