>>ELISE GREGORY: Good morning and welcome to the July edition of the Medical Assistance Advisory Committee (MAAC) meeting. Today is Thursday, July 25, 2024. My name is Elise Gregory. Before we begin the meeting, I would like to go over a housekeeping 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 meeting at any time. Cart Captioning is available for the meeting. The captioner is documenting the discussion remotely, so it is very important for people to speak directly in the microphones provided, state their name, and to speak slowly and clearly, otherwise the captioner may not be able to capture the conversation. Also, please speak clearly in the microphone so the people in the room can hear you. Emergency Evacuation Procedures – In the event of an emergency the evacuation procedures are posted on the wall by the door of each exit. To help avoid any disruptions, please remember all devices must have the sound turned the whole way down and microphones muted.

Representing the Department of Human Services today from The Office of Medical Assistance Programs (OMAP), Bureau Director for the Bureau of Policy, Analysis and Planning (BPAP), Eve Lickers, from the Office of Long-Term Living (OLTL), Deputy Secretary Juliet Marsala, from the Office of Developmental Programs (ODP), Deputy Secretary Kristin Ahrens, from the Office of Mental Health and Substance Abuse and Services (OMHSAS), Deputy Secretary Jen Smith, from the Office of Income Maintenance (OIM), Director of the Bureau of Policy, Carl Feldman, and for a special presentation on from the Community Action Association of Pennsylvania (CAAP), Beck Moore. If you have any questions related to this meeting or need any information, please visit the MAAC Subcommittee webpage. I will now hand things over to the MAAC Chair, Deborah Shoemaker.

[No Audio. Technical issues]
>>DR. MARK GOLDSTEIN: Dental Associations.
>>TED MOWATT: Ted Mowatt, Warner Associates with the Pennsylvania Association of Home and Community Based Services (PA HCBS).
>>MIA HANEY: Mia Haney with the Pennsylvania Homecare Association.
>>JULIE KORICK: Julie Korick with the Pennsylvania Association of Community Health Centers.
>>SONIA BROOKINS: Sonia Brookins, vice-chair, chair of the Consumer Subcommittee (ConSub).
>>DANNA CASSERLY: Danna Casserly, Pennsylvania Health Law Project (PHLP).
>>CARL FELDMAN: Carl Feldman, Department of Human Services, Office of Income Maintenance, Bureau of Policy Director.
>>ANDREW KUNKA: Andrew Kunka, Director of Government External Affairs Community Behavioral Health Philadelphia's Medicaid Behavioral Health Organization.
>>LLOYD WERTZ: Llyod Wertz, Behavioral Health Advocate, Family Training and Advocacy Center.
>>MARIA PEREZ: Maria Perez, House Appropriations Committee.
>>[INDISCERNIBLE]
>>ANN MARIE ROBEY: Anne Maria Robey, House Human Services Committee and Aging Committee.
>>ALEX NESMITH: Alex Nesmith, Director of Medicaid Product Strategies for UPMC.
>>JANELLE GLEESON: Janelle Gleeson with the Brenner and Associates.
>>KYLE PURCHASE: Kyle Purchase, Pennsylvania Legislative Services.
>>MINDY DUNLAP: Mindy Dunlap with Aetna Better Health Kids.
>>MARTIN CICCOCIOPPO: Martin Ciccocioppo the Pennsylvania eHealth Partnership Program, OMAP.
>>NORRIS BEND: Norris Bend, Health Partners
>>TJ RAMBLER: TJ Rambler with Angels on Call and the President of the board of the Pennsylvania Homecare Association.
>>UNKNOWN: [INDISCERBABLE] with UPMC.
>>MO GREENWOOD: Mo Greenwood, AmeriHealth Caritas and Keystone First.
>>ANDREW CENTRONE: Andrew Centrone, Geisinger Health Plan.

>>UNKNOWN: Becca [INDISCERNIBLE] Community Partners.
>>EMILY KATZ: Good morning, Emily Katz, Pennsylvania Medicaid Managed Care Organizations (PAMCO).
>>KATHY MCHERRA: Kathy McHerra, Budget Office.
>>UNKNOWN: Good morning, Sam [INDISCERNIBLE] O'Connor.
>>NADIA GLENN: Good morning, Nadia Glenn, Health Partners.
>>STEVE KOZO: Steve Kozo, AmeriHealth Caritas Keystone First.
>>CALEB SESACK: Morning, Caleb Sesack, with Bravo group.
>>JAMIE BUCHENAUER: Jamie Buchenauer, Chief of staff, OMAP.
>>KENDRA SNUFFER: Kendra Snuffer, Chief of staff, OMHSAS.
>>MONTRELL FLETCHER: Good Morning, Montrell Fetcher, Executive Assistance to the Deputy Secretary of the Office of Long-Term Living.
>>JULIET MARSALA: Juliet Marsala, Deputy Secretary of the Office of Long-Term Living.
>>LINDSAY TOWNSEND: Lindsay Townsend, Human Services Analyst of BPAP.
>>BRETT HAYES: Brett Hayes, Human Services Analyst for BPAP.
>>PAMELA MACHAMER-PEECHATKA: Pam Machamer-Peechatka, Policy Section Chief, BPAP.
>>MICHAEL NAVARRO: Michael Navarro, Human Services Analyst for BPAP.
>>MICHELE ROBISON: Good morning, Michele Robison, Director of Fee-for-Service Programs, OMAP.
>>KRISTIN AHRENS: Good morning, Kristin Ahrens, Deputy Secretary for Office of Developmental Programs.
>>DEB SHOEMAKER: Okay and Eve, you did not announce yourself.
>>ELISE GREGORY: Hi my name is Elise Gregory, I'm the Human Services Analyst Supervisor for the Department of Human Services under Eve Lickers.
>>EVE LICKERS: Hi, I am Eve Lickers, and I'm the Director for the Bureau of Policy in the Office of Medical Assistance Programs.
>>BECK MOORE: Hi everyone, Beck Moore, CEO of Community Action Association of Pennsylvania (CAAP).
>>DEB SHOEMAKER: Okay, and I wanted to - the people that are on the phone that are MAAC members that we missed I want to make sure who was supposed to be on. Jolene was not to be here but I don't know if Jolene has someone that is replacing her. Julia Miller, I guess your mic is open, but we cannot hear you. Kathy Cubit,
>>KATHY CUBIT: Hi Deb and everyone, this is Kathy and I am from the Center for Advocacy of the Rights and Interests of Elders and co-chair of the LTSS (Long-Term Services and Supports) subcommittee.
>>DEB SHOEMAKER: Okay perfect, I know that Joe is on vacation and let's see who else is supposed to be - Minta. Okay, I wasn't sure if Minta was on and is there anybody else that is on the phone Elise.
>>ELISE GREGORY: Not that I can see.
>>DEB SHOEMAKER: Okay, perfect. So, based on that, thank you for being patient with us and next on the agenda would be the approval of the minutes that we just had from the last meeting. And they should have – Sonia. Okay, a first from Sonia or motion from Sonia. Second? Okay, second is Mia. All in favor?
>>MULTIPLE SPEAKERS: Aye.
>>DEB SHOEMAKER: Okay, any nays? Okay, we're good to go. So then, should I bring it over to you then Eve, are you going to do the next -
>>EVE LICKERS: Good morning, this is Eve Lickers again, I want to make sure for the transcription. So, Sally Kozak, Deputy Secretary Kozak, is not able to be here today so I will be providing the update for OMAP and the first thing that was asked for from the committee was an update about the budget. So, Governor Josh Shapiro signed into law a bipartisan budget for fiscal year 2024-2025 and it delivers on his

top priorities and creates more freedom and opportunity for all Pennsylvanians. After proposing an ambitious budget that invests in Pennsylvanians in February, the final product is a result of hard work and compromise on all sides and it follows through on the Governor's promises to Pennsylvanians. Governor Shapiro has proven once again that he can work with both parties to get stuff done and deliver real results for Pennsylvanians. With historic investments in education, economic development, law enforcement and violence prevention, workforce development, affordable housing, healthcare, intellectual disability and autism (ID/A) services, public transit and infrastructure and much, much more, this budget does invest in the people of Pennsylvania and solves some of the most pressing issues our commonwealth faces and that we talk about at these very meetings.

So the Department of Human Services (DHS) does have a lot to celebrate in this budget and that includes supporting Pennsylvanians, and this is not for me to necessarily speak for all the other offices, but this is just the general overview and update for the budget. So supporting Pennsylvania's intellectual disability and autism community in direct support professionals. So from that perspective, Governor Shapiro and Secretary met with Pennsylvanians with intellectual disabilities and autism, caregivers, and advocates all across the commonwealth. And they've heard their plea that something has to be done to support home and community based services and address the shortage of direct support professionals in our commonwealth. That is definitely not new and we've been talking about it for a long time. So for years we know that the community has demanded real help and the Shapiro administration has heard them loud and clear, and this budget finally stands up Pennsylvanians with intellectual disabilities and the direct support professionals who care for them with major investments. So, we have seen in this budget that there's $354.8 million in federal and state funding to provide more resources for home and community-based service providers and on average rates will increase 7%. This includes $280 million to help raise wages for the direct supports workers. And again, that is definitely something to celebrate so this is the $280 million to help raise wages for the direct support professionals who care for Pennsylvanians. And $74.8 million to begin the multi-year process of clearing the emergency waitlist entirely by expanding services to 1500 adults for 2024-2025, and this is going to ensure more Pennsylvanians are receiving the care they need when they need it. And that is awesome.

In the 2023-2024 budget, Governor Shapiro secured $100 million for student mental health services and an additional $20 million annually for county mental health support. The final 2024-2025 budget matches those investments and takes it a step further by providing $5 million for crisis stabilization, walk-in centers with a focus on geographic areas that may not have a center. Walk-in centers play a pivotal role in providing specialized immediate care for individuals undergoing health crises. This funding will support a robust and responsive network of local crisis response teams that are responsible to be deployed if a person calls 988 or a local crisis hotline and needs urgent lifesaving, in-person support. Continuing in annual $100 million in mental health funding for K through 12 schools, building upon the one-time federal funds to ensure schools have the continued resources to provide mental health services to students and staff and increasing another $20 million for county mental health programs. So that is definitely something needed and something to celebrate.

For childcare, we are also investing in the childcare for our working families. And Governor Shapiro knows our parents and families in our workforce cannot succeed if we have a lack of affordable childcare. His budget includes additional state and federal funds to help raise base rates for the Childcare Works program, Pennsylvania's subsidized childcare program that helps make childcare much more accessible and affordable for lower income working families. And the budget provides more than $62 million in funding to increase Pennsylvania's investment in childcare works reimbursement rates,

the investment will raise reimbursement rates for providers participating in Childcare Works to the 75th percentile of private pay rates. That is definitely an excellent thing to hear.

So when we talk about protecting healthcare and delivering for our older individuals, and again, not to speak for our Office of Long Term Living partners, the Shapiro administration is committed to supporting the Commonwealth life sustaining long term health system while providing more opportunities and supports to allowing our aging Pennsylvanians to live in their community, allowing them to age in a place of their choosing and providing greater independence. For older Pennsylvanians who do need a nursing facility level care, the budget provides for us 7.04% increase to nursing facilities, that is effective January 2025. The Commonwealth's Living Independence for the Elderly (LIFE) program is a managed care program that allows individuals 55 and older who are nursing home eligible to live and receive care in their community, and Governor Shapiro's budget invests $7.5 million in the LIFE Program, and that's also effective January of 2025. Additionally, the personal needs allowance (PNA) will increase from $45 to $60 effective January 2025.

We're also looking at access to healthcare in our rural areas and we know that many, too many Pennsylvanians are worried about the high cost of healthcare. And the commonwealth is currently facing a healthcare crisis as hospitals close in rural communities. This budget will help to ensure Pennsylvania's access to quality and affordable healthcare with $34.5 million in support to our rural hospitals, and that's $10 million in capitation for rural hospitals payments, $7 million increase in OB NICU payments and $17.5 million to the Department of Community Economic Development (DCED) for rural hospital.

Investing in our affordable housing. So in addition to what we've already identified, so we've had significant investments in education, workforce development, and public safety debt. This budget makes critical investments in housing to help Pennsylvania families who are struggling with the high cost of renting or owning a home. And to fight back against these high costs, this budget will raise the cap for fair funding. So, $100 million per year by 2026, and that's nearly doubling the commonwealth's commitment to building more affordable housing. And to keep more Pennsylvanians in their homes and ensure their constitutional rights are protected, this budget includes $5 million increase for the homeless assistance program, and that's where rental assistance and bridge housing, emergency shelter, eviction prevention, and other innovative supporting housing services can be provided. The first ever state investment of $2.5 million in access to counsel for those facing eviction proceedings is also included in the budget. $2.5 million to create a local government emergency housing support program for our cities and counties managed DCED. So we can see there's significant money putting into these various programs, which definitely again is something to celebrate.

Also, one of our topics that is near and dear to our hearts, that's combatting maternal mortality. In the 2023-2024 budget, Governor Shapiro secured the first ever state investment of $2.3 million in addressing maternal mortality and signed a bill into law that ensures improved access to timely data on maternal health and maternal mortality in Pennsylvania. This budget more than doubles last year's investment with a $2.6 million increase for maternal mortality prevention, managed through the Department of Health. To continue our Community Safe Program, the 2024-2025 budget increases funding for domestic violence as well and the services, those services are increased by an additional $2.5 million also through DHS.

So that is the information. It was a lot of information. That's why I read it. And I didn't want to mess it

up. A lot of numbers. And you can see that there definitely is significant investment in our communities and housing, domestic violence, and maternal health is really something near and dear to my heart. We talk about it; we spend a lot of time talking about it.
[AUDIO LOST]
>>BECK MOORE: --So, I just want to make sure to point that out. So, ultimately our organizations are addressing social determinants of health (SDOH) through a wide range of programs and services. Every three years because of federal legislation that our organizations are mandated by, they have to conduct community needs assessments. And so that means that they are very specifically identifying the needs of local individuals. And then even within one county, those services may look very different from the zip code to zip code because they are very specifically looking at those needs. And so it makes us a little different with our community-based organization counterparts. We do have a short video and I don't know if my slide deck controller will be able to show it, if not, that is okay. I can limp through. Maybe? I don't know if you can go out to another website, but it's also on our home page, about a quarter of the way down on the site.

Well, I'm going to keep talking then, so that hopefully we can get to that video. Ultimately, our association is a membership-based organization. We serve 42 of the 43 community action agencies. We are contracted through DCED to do the work that we do with respect to our membership and services that we provide for our members. We do training and technical assistance. What that means is that every association might be a little bit different. We really look at our GPA and through the lens of anything that can reduce the administrative burden of our agency, so we are really specifically trying to look at trends and challenges that they may have with financial, HR, case management and trying to find the right mix of educational opportunities so that they don't have to go out to another consultant to find some of that support. So, most of - 99% of what we do, we do not charge back to our members and at the same time we are also trying to think about how to tell the story of Community Action because so few people are really familiar with our organization. We have been around for about 60 years, and we were created through the War on Poverty and Economic Opportunity Act and there is quite a few legislative things that we have to follow as a group of agencies and we have a great relationship with DCDE and the work that we do. Do not worry about the video, let's just go ahead and go to – oh were good? Okay, go for it.
[VIDEO PLAYING – NO AUDIO]
>>BECK MOORE: I was going to say, there should be some sound by now.
>>MICHEAL NAVARRO: I cannot play the sound, I apologize.
>>BECK MOORE: Yeah, I mean I would be saying the same thing really right now. It's okay, if we can't get it. Nobody wants to listen to this guy anyway. The most important thing really is to hear some from our agency executive directors, one of which was supposed to be here today, but had a family emergency and wasn't able to accompany me. No worries let's move on to slide eight.

So, this is sort of the full rollup of all of the different programs that are agencies touch in one way shape form or another. If you were to break this out then in terms of the hundred and so programs that our agencies administer, they all sort of fit within one of these buckets. Again, every agency is a little bit different. We hear often within our work is that if you've seen one Community Action agency, you've seen one Community Action agency. I think the other thing to note is that we have really robust relationships with other community-based organizations (CBOs) and so through those community needs assessments, our agencies are very thoughtful about not just creating a duplicative program, but instead partnering with another CBO to strengthen that human related social needs network that exists in some of the ecosystems of care within CBOs. You can go to the next slide.

We also do a lot of aggregation of data that the agencies tracks and so because of the federal legislation that we have to follow, the outcomes tracking that Community Action has to do is pretty robust in nature. And so, we have many, many, many different client tracking systems that our agencies utilize in order to track this type of information. So, this was a part of our full rollup of that information. It is just a very small snippet of some of the services and outcomes that are agencies had. But you can see if you think about the number of people who live in Pennsylvania, about 12.1 million roughly right, and a little over 1 million of those folks living in poverty, either are at or below the federal poverty guidelines. We serve collectively 475,000 people within the state of Pennsylvania through the work that our agencies do. That is a pretty remarkable number when you think about the percentage relevant to the folks that are living in poverty.

We also have a lot of relationships with healthcare outside of our work with PA Navigate and so I know meeting with Emily's folks at the associate for managed-care organizations, we have a lot of contract work that our agencies do and we spent a lot of time over the course of the last year really trying to understand and make sure that we can the value proposition that Community Action brings to healthcare. We know qualitatively that when we are working very closely with behavioral health and physical health that we can reduce the cost of healthcare through some of the work that we were doing and if you go to the next slide.

On our website you will also see this value statement for Community Action to align with healthcare and provide some of the aggregate data, a deeper dive then what our impact report does, so you can see some of the very specific solutions that are happening with respect to food, maternal health, housing, etc. I will give you a couple examples of the programs that are agencies do. In south central, Community Action Program, serving the Adams and Franklin County area, we have an amazing program there where our agency saw a big gap in the amount of food that was being harvested and the actual food that was left in fields and so they had a huge need in food like so many of our counties do, particularly in rural Pennsylvania and they could not find enough dollars to purchase fresh food or enough fresh food and so they basically mobilized a volunteer force to now collect 1.2 million pounds of food to then supplement their food pantry program so that people had access to fresh food. Similarly, through a partnership with Geisinger in Columbia and Montour counties, our agency there, Central Susquehanna Opportunities Council, they worked with Geisinger to receive some funding and GIANT foods to launch a mobile food pantry. So, they have a large tractor-trailer now that drives across their region to deliver fresh food to folks that are eligible for that food program. So, some really innovative, great solutions that are happening and we also have things like respite care where we have open beds from shelter programs that exist. We know that people are being released that need access to electricity and they need to have access to showers in order to make sure that their health continues, their healing from whatever they are being released from the hospital for and so we have respite beds where there are agencies contract with local health systems to make sure that folks can recover in a way that helps them to live a longer, healthier, happier life. So some really amazing partnerships. That's just a couple of the ones that exist right now. You want to go ahead and head to the next slide.

And so the other thing I want to make sure to just talk about a little bit is the relationship that we have with DHS, the HIOs (Health Insurance Organizations), and FindHelp, and so I think everybody in the room should be familiar with PA Navigate. We were happy to say that we were selected as the community engagement partner in that project. So our role right now as an association alongside helping our own agencies is also trying to help educate the greater community of CBOs across the state

about this project and to better understand the added value of this work. We have over 50,000 nonprofits and CBOs that exist within the state of Pennsylvania and over 4000 of those are a representative on PA Navigate right now and so what I'm really here today to make sure to also say is that we need help from trusted messengers who have relationships with CBOs to help us make sure that folks understand why this system is necessary and can help and continue to invest in and to make sure folks are aware that it can really help deepen the ecosystem of care that we need in order to be successful in helping our most vulnerable citizens in the state of Pennsylvania.
So, if you go to the next slide, please.

These are some of the things that we are sort of tasked with doing through the PA Navigate project. I'm not going to read everything on the screen that's in the materials that you in front of you, but again I think we are looking at these passive and sort of direct campaigns to try to connect with CBOs across the state is the simple-ist thing that I can say about our work. We also have seats on the steering committee, I'm sorry, not the steering committee, the community engagement committee and assisting through some of those other committees in trying to continue to drive this work and really be the advocate voice of CBOs. The one thing I would make sure to share is that we will be conducting quarterly CBO convenings outside of our one-on-one meetings and sort of small group gatherings and so that first meeting will be at the end of August. We just launched a website panavigatehelp.org that is subset of our website to help drive the CBOs to some of that engagement. It will live in the PA Navigate page within the fly out that pops up when you go to PA Navigate, there is a little box and it will start to change to say are you a CBO, nonprofit, looking to be connected to this platform, please visit this website. So again, that site is panavigatehelp.org. That is our page to help educate the CBO network. You can go to the next slide.

And actually, I'm going to have you just go ahead and flip to slide 17. This is our rough timeline and so we've started to begin the active engagement. I think the other ask that I will share with this group is that while we know that there are a lot of events that happen throughout the state where CBOs are present, we don't necessarily think that tabling is the best way to drive this, through conference, participation etc. and so we are taking a more direct relationship look and sort of approach looking at trusted messengers again to try and help us engage with folks. But, if there is something that is a large convening of CBOs, like the Homes Within Reach conference that happens in Hershey every year, it's one of the largest housing conferences in the state with over 1000 participants, we recognize that we need to be there. If there are other events that you would suggest, please let us know. The last thing I want to make sure to say from what we are seeing with some of the early engagement that we have had with CBOs in this work is that we want to really remind those of you who are working in healthcare to remember that your CBO counterparts really need to be seen as specialists. No different than when you go to the orthopedic or a heart doctor, whoever is providing care, we are sitting in the early referrals from the PA Navigate system and often time those referrals do not have a lot of detail. And so they may refer, lets say Sally Smith to housing assistance, food program, a childcare program, and four other things and there's no context for that and so there is a phenomenal amount of time being spent in the follow-up then that happens for that referral. And so I liken and that too if I was referred, so I tore my ACL for instance and I was referred to a ortho. My ortho had a certain amount of detail in there from my first visit to my doctor. And so that allowed my ortho to better understand what I was therefore and have a deeper conversation. It is no different than a CBO. They are the experts in finding those localized, innovative solutions and so I'm asking our healthcare counterparts to please remember when doing the education about those referrals, to please think about the context of what that referral includes.

We are doing a couple things like time studies to understand what the referral process is looking like - and not all of the dirty details of a time study but really just understanding how long does it takes for a CBO to follow-up. There are no shortages of referrals, that is not a problem that we have and so we need to make sure that the referrals that we are getting from the system, that CBOs understand that this is their opportunity to really help our people , why that relationship with healthcare is so important because it's going to drive future outcomes for our state in terms of the relationships with CBOs, new programs potentially, and so we really need to make sure the system is being utilized in the best way possible. And so, I just wanted to make sure to advocate for that while I am here. And with that I'm going to be quiet. I think I've taken all my time and ask if there are any questions that I can take about either Community Action on the whole or the work that we are doing through PA Navigate.
>>DEB SHOEMAKER: You could have taken a little bit more time. We were going to adjust around you because this is important. First, I have a question that is kinda related to some of what we were talking about with behavioral health and some of the interface that I was curious how, because most of the people you see have some sort of behavioral health needs, substance use needs, mental health needs and housing, things like that. How you make those connections whether it is temporary housing or other things because as you know if your behavioral health is in line, whether you are in recovery or in a good state, everything else falls into line. So, I was just curious how that connection is and if you have connections with, you know, social workers and other people you kind of make those seamless transitions.
>>BECK MOORE: No absolutely, that is a great question, thank you. So, our agencies do a really remarkable job of thinking about from a centralized intake perspective, from a whole family approach perspective, thinking about the whole health of the individual or the family that is coming in through our doors. And so, if you, that guy that was on that video, if you would have heard him speak, he would have said about the sort of approach that we take, because a lot of times somebody is coming in and they may be therefore utility assistance, but we recognize in Community Action that utility assistance, it didn't just occur, that need didn't just occur through one instance, right? It's been a number of things that started to bubbled up in a person's life that ultimate lead to your water being shut off. Water shut off takes a long time often times, it's not just about that water assistance, it is about somebody potentially losing transportation or childcare that then is prohibiting them from getting to work every day and then that's leading to choices that somebody has to make between am I going to pay my utilities or pay my food bill. And I think with respect to the behavioral health, more than, I would say a majority of our organizations have some form of behavioral health services that they provide and if they do not, they have a relationship with another CBO that is doing that work. Many of the relationships and contracts that we have with managed care organizations within Community Action are with respect to behavioral health, and particularly housing. Our agencies often have street outreach teams that they know at any given point where every single person in that county who is homeless is living and the reasons why and trying to create long-term solutions to helping folks.

So we have what we call self-sufficiency programs and so that sort of is the full scope of what it's going to take to allow somebody to no longer be reliant on the welfare system. And so, we have one organization called the Bucks County Opportunity Council. They will literally walk with an individual and their family for up to seven years to helping somebody really rise up out of that situation. When we talk about those living at the federal poverty line or below 200%, that is not really the only look at poverty that we have. Many of us, myself included are sort of one emergency away from being back in a situation that we came out of. I was somebody that was homeless for a point in my life. I did not go to a program to assist myself, I wish I had, it would have been probably a lot easier. But, one small situation starts the impact of so many different things. And when we have those challenges of behavioral health,

mental health issues, it feels like an unrealistic thing to overcome. And that's part of what I love about the work that our agencies do and feel really blessed to be able to support them is that they are very very thoughtful about not just one service, this individual needs 10.
>>RICHARD EDLEY: Not a question, just a quick comment. Beck and I just met before the meeting and it is a little bit of a disconnect, not a bad thing, it's just that we are all very busy that there is no doubt that the agencies represented and probably the largest division is behavioral health and the health and safety of our providers, that we haven't in our committees or even our board meeting yesterday, talked about any this and why is that. So we exchanged cards and agreed to talk about this and maybe get some of this information out to members statewide. There are even opportunities to do webinars and we have hash that out, so today is the beginning of some more structure.
>>BECK MOORE: I appreciate that. And want to make sure to say thank you to Eve and Sally, we got connected through a relationship and when we started to first meet with the Office of Medical Assistance, and you know Sally asked us why we have never heard of you. And I honestly think that for our agencies, we represent organizations that are under $1 million upwards to our largest that service multiple counties and even two states. We have an agency over on the western side of the state that also serves West Virginia, and they are a $90 million organization and so a wide swath. We have executive directors still seeing clients that walk through the doors and our association for a long time just wasn't in the right spaces of advocacy. And you know I look advocacy not so much as getting legislation passed as much as it is relationship building and so that's what our focus has really turned to and I'm thankful for Sally and her team and Martin to make some of those connections for us with many of you in the room and so I just want to make sure to acknowledge that.
>>DEB SHOEMAKER: Before I get Andrew, do we have any other MAAC member questions? On the phone too, I keep forgetting to ask if there is any MAAC member questions on the phone. Okay. Go ahead, Andrew.
>>ANDREW KUNKA: Thank you, I had a couple questions, you said that a number of your members contract with managed care organizations. So, firstly I wanted to understand if that is primarily for case management services just in terms of claims. And the other question I had is whether forecast you or any of the other organizations will be involved in this new role with the section 1115 waiver with a third-party administrators that would serve as the interface between the MCOs and the CBOs in delivering social determinants of health services, because you also talked about the majority of your members focus on delivering SDOH related services.
>>BECK MOORE: Yes, thank you for the question. So first and foremost let me answer the second part of that question, first, so we are going to be responding to the RFI and just we had a meeting yesterday to talk a little bit through that and we will be meeting early next week to better formalize some comments. And make sure that our members voices are really represented within that RFI that we will be submitting comments for. And then the first part of your question, say that one more time for me I just want to make sure that I fully acknowledge the question.
>>ANDREW KUNKA: You said that several of your organization's contract with the managed care organization and so I was just interested in learning more about the services. Are those case management services?
>>BECK MOORE: Yep, thank you. So, yes, in some instances we have, I think at this point we have I think collected 14 different iterations of different contracts, some are case management, some are with respect to programs like parents as teachers, so it's really a mix of different types of contracts across the state. Some are with respect to maternal health, some are close loop referral contracts. It's really a mix depending on the nature of the relationship. Our hope frankly is that we can work towards a world where the Association, because we cover every single county in the state with respect to our membership, that we can look at how can we look to a statewide contract with our largest managed

care organizations and help to administer that because our agencies are really very willing and oftentimes are working across county lines. So, if one agency can't potentially serve their local community, doesn't means that another agency couldn't step in and do that and we have seen that through a lot of contracts that already exist. And so if there is an opportunity for us to step in and be that administrator so that either we don't have to be 43 different contracts through the state and there could be one specifically with CAAP, we work directly with our agencies, that's what we are really trying to advocate for and would like to walk towards.
>>LLOYD WERTZ: Llyod Wertz, behavioral health advocate. Two questions, one is a general one, are we going to end up getting copies of these power points that we can access and download?
[MULTIPLE SPEAKERS]: Yes.
>>LLYOD WERTZ: Okay, thank you very much, thanks. And the second is having worked in behavioral health at a community level, and I know there is a number of your agencies, at least the one in my home county, Schuylkill, have been able to provide on occasion financial assistance for emergency overnights for individuals who are homeless and have some signs and symptoms of mental illness. Is there a specific portion of the budgeting that goes to those programs for that purpose or is that just bound and collected and then distributed as available.
>>BECK MOORE: Yeah, so it varies from agency to agency. Community services block grant funding that our agencies receive, you have to be a designated agency to receive that funds, those funds specifically, and that is based on the federal designation of being a community action agency. That is the most flexible money that are agencies have access to and so oftentimes it is a case-by-case decision, they are looking to see what funding they have to potentially allocate back to. There's times where there are no funding streams for a particular need that's occurring. So, let's say that someone has transportation, but they cannot pay their car insurance bill to continue to make sure that they can drive safely to work, or they have a small repair on their car that is going to prevent them from getting to work. We have agencies that are deciding you know we are going to take this out of operations budget and just pay for it, because the choice to not is going to lead to a huge problem for this particular person, it's going to be a snowball effect. And so every agency sort of evaluating every scenario and trying to decide where they can pull funds from. I think the other thing I would say from an advocacy perspective is that we try to help folks understand that whenever possible the more flexibility in funding is really really important because of those sort of nuances to everyone's situation. There is not enough flexible dollars to really help people and then the reporting of those funds also to try to reduce administrator burdens whenever possible. If you look at all of the federal, state, county programs agencies administer, like the community action agency who is a really large entity or like a Volunteers of America for instance, like our folks are working across as many as 25 different systems to do outcomes reporting on any given client. And so that's a lot of reporting for one client. And so any time that we can really lift up and say let's try to look at the recording requirements and try to minimize those as much as possible, they will still get the meat and potatoes that we need in order to make sure that we can show proof of what has happened and how those monies have been spent, but want to make sure that I mention that, as well.
>>LLOYD WERTZ: Thanks.
>>DEB SHOEMAKER: Well, thank you again. I think the one thing and I don't know if it is in the slides, I didn't see it, was a contact information for you. I do not know if you want to give it or if we are going to put it on the LISTSERV. I just had the PA Navigate, I don't know if you want to quick give that contact or if you want people to contact you through your website, or what is best to do that.
>>BECK MOORE: Sure absolutely, so you can email me directly as beck@theCAAP.org you can also email our info email which is just info@theCAAP.org. Either of those ways, happy to communicate with folks and again if you have large relationships with CBOs, just as a reminder, please reach out to us. We want to make sure that we are working together to get out the word out about PA Navigate and the

educational opportunities that we are providing. So, thank you for having me and I really appreciate the opportunity to talk today.
>>DEB SHOEMAKER: Thank you and I think we will probably hear from you again at some point with updates, so I think, yeah I'm hoping anyway so that's my little request. So, thank you. So, next, just so people know that either here or if you're listening for MAAC members, is that we did talk about knowing that this probably was going to be a longer presentation so some of the things that we are going to, not telling people to truncate their reports, don't truncate your reports, but with subcommittee and other things, we can make some time up. So next on the agenda would be, right next to me, Carl Feldman from the OIM, he is going to give us a normal update.
>>CARL FELDMAN: Hello, good morning. I am Carl Feldman Director of the Bureau of Policy for the Office of Income Maintenance reprising my role from yesterday. Thanks for inviting me Deb. We will start first talking about unwinding updates. And I would say at this time that all unwinding activities have concluded and all renewals associated with the unwinding renewal cohort have been completed. And we are in the process of issuing final policy guidance associated with the end of the unwinding period, much of which has already been issued. And I will refer to a couple OPS memos we can convey this to the committee afterwards as well. The first two of which have been issued, there will be two additional ones, there may be others, but this is what is in the pipeline.

OPS memo 24-07-02, ex parte reviews for processing of renewals for medical assistance and Children's Health Insurance Program (CHIP). This is probably the most substantive policy that we have released related to the end of the unwinding that has a lot of key details about how we expect our workers to handle ex parte reviews. The ex parte review process obviously has gotten a lot of attention nationally throughout the unwinding period. The federal government has added new and more specified guidance about how to conduct ex parte reviews and this is all of a part to try and make sure that we are in compliance with their expectations and ultimately, we need to achieve full compliance in the manner that they specify by April of 2026. OPS memo 2407-01 End of the Unwinding Period for the COVID-19 Public Health Emergency (PHE) and Return to Normal Processing. This is a more straightforward piece of policy that simply is reverting renewal processing back to status quo. I think it would be pretty straightforward for anybody reviewing it.

The two that are in the pipeline that should be coming out soon are a return mail OPS memo. During the unwinding period, the federal government released a lot of specific direction on how to handle return mail the state receives during the renewal process. Much of that has been affirmed in a final rule that was issued by CMS and so this OPS memo dictates that that is a permanent policy and kind of lays it out for anybody that would want to read it. And finally in the pipeline we have one on managed care organization contact updates. One of the waivers that we received approval for, a 1902(e)(14) waiver, was to use managed care reported information as verified. This OPS memo dictates that the waiver flexibility will become just a permanent part of our process. And the waiver itself is no longer necessary to do that, but that was something that was also affirmed in the final rule that was issued by CMS. From a process perspective, I know there is a lot of managed care organization representatives in the room, there is not really a change in the process, it simply allows us to continue to do this indefinitely. I am sure that there will be additional policies that are released related to the end of the unwinding and primarily around full compliance with those ex parte requirements, but that is the extent of our update as it relates to the unwinding.
>>DEB SHOEMAKER: Does anybody have any questions for Carl?
>>RICHARD EDLEY: Can you remind us overall, even if its a rough estimate, at the end of the day how many people were disenrolled or lost basic MA benefits, understanding they can be getting benefits

now elsewhere. But the bottom line number and then that number versus what was originally thought would be projected and so X number loss, we thought it was going to be or whatever.
>>CARL FELDMAN: Are you talking about the overall Medicaid population decline?
>>RICHARD EDLEY: Yes.
>>CARL FELDMAN: I do not have that in front of me and I do not remember the exact figure, but to be honest what I remember in looking at some of the talking points we were pulling together is that it was around 600,000 which actually matches fairly closely the rise that occurred over the period of continuous coverage. And so, it does not certainly mean that the same people who came on during continuous coverage are the same people who left after it, but it means that numerically for whatever reason an interesting coincidence that the figures are pretty close.
>>EMILY KATZ: Hello, Carl, this is Emily Katz with PAMCO. At our last board meeting, Secretary Arkoosh talked to PAMCO about the importance of notifying our members about changing their address at the post office. I do not want to put you on the spot, but I could really use another lesson about how we are supposed to communicate that and why that is important, but I also thought it would be important for folks in the room to hear, because I think that was kind of new information for us about the importance of the post office change when you are changing your address as a member so that the Department can reach you and use that PO address as a source of truth. Can you speak to that at all?
>>CARL FELDMAN: I can talk about process and I would say generally yes they definitely should do a change of address with the Postal Service. The way that our system works for mail is that say you are coming up for renewal in the next month that is bundled out, sent through the Department of General Services and then the Department of General Services at the bulk mail distributor has to use what is called the national change of address database. And in doing so will - if you have ever seen in the mail these like yellow stickers that get put overtop of someone's address overwrite actually the address that we have in our system and I think that for the most part that process works okay, it is fine. But, if you do not change your address with the post office, your - eventually will get overridden. And so I'm having trouble putting this together, but I have explained to you at least a process that it goes to in the mail and maybe that helps make the connection.
>>EMILY KATZ: Yes, I was just thinking, you know like I said, it was kind of new information to me and so I just felt like it was important for others in the room, because a lot of us have direct member outreach and that you know whole like the yellow sticker overriding what potentially is a correct address to send it to the incorrect address because a member has not changed their information at a post office, it just really just had not occurred to me and so I appreciate you walking us through that.
>>CARL FELDMAN: And that is not an us requirement, that is a U.S. Postal Service requirement.
>>EMILY KATZ: Right, no, understood. But I think it just is important for our messaging you know when we are talking to members to remind them about that other step because that honestly it had not occurred to me and so I appreciate that, thank you, Carl.
>>CARL FELDMAN: I have responses for the Medical Assistance for Workers with Disabilities (MAWD) questions as well. If that's what you – okay, well the ConSub and the MAAC were interested also is processes related to medical assistance for workers with disabilities and also, I should say for disabled adult children (DAC) cases.

For MAWD cases, when we last spoke, we had a mailing put out to households that were not enrolled in a waiver program because we already handled the waiver outreach. They were on Medicaid, they had a certified disability, they were close for being over income, and there was some question whether they were in fact they were reviewed for the MAWD program. We found 2000 individuals in this cohort as we said before and sent mail them essentially saying if you were to come back in the door and give us everything we need, we could find you eligible for MAWD and that could take place beyond the

reconsideration period during this unwinding process. And of the 2000 people that we mailed, we did not have anything to share with you when we last met, but today we can say about 8% of people returned to coverage with Medicaid. 62 of which, well I should give you exact numbers, 220 returned to Medicaid and 62 of which return to Medicaid on MAWD. So we can't - we are not sure if we can determine – well we know we can't determine systematically how many of them came back because of the mailing that was done. Kyle with PHLP, had a pretty novel suggestion yesterday where we are going to look into around where we check the dates that the person returned because the reconsideration period has a defined timeline, we'll see what we can there, but that should just give you some insight into what the fruits of our communication may be. Again, we cannot know exactly if they came back just because they went to the normal reconsideration process or because of the mailing. I would add to that what we said yesterday and what we are working on now because we can hear what you have to say about this and the challenges around MAWD and unfortunately the distant prospects it seems of system change to be an automated portion of our cascade, is that we are going to initiate a mailing monthly to people in that category of likely MAWD eligible and that that would give them information that they could use to potentially come back to coverage on the MAWD program should they choose to do so. We think that that is not an ideal fix and we would like a system change of course, but that's something we think we could do that might be helpful.

If there are no questions on the MAWD, I could talk about the DAC item which is fairly straightforward which is just that we are doing a look, a review of clothed cases for DAC in multisystemic therapy (MST) programs and waiver, just to see if we can identify any trends in the closing that are showing anything erroneous and at this time I cannot really say more because we have not been able to look into it.
>>DEB SHOEMAKER: Any questions? Any questions from our MAAC members who are virtual? I want to make sure I do not forget you guys. Okay, no other questions? Perfect. Thank you, Carl. As was said we continue to get good updates so I'm sure we have more. There is nothing else that came from, I guess when the report comes out, that came from ConSub or if there is anything else to talk about? Okay, thank you, Carl. Okay, next on the agenda would be the ODP update with Deputy Secretary Ahrens.
>>KRISTIN AHRENS: Morning, everyone. I have some slides here, you can go to the next one. I have a little more detail on the budget update for the enacted budget for ODP services and then I'll provide an update on performance-based contracting. So, as Eve laid out very well in terms for the budget for ID/A services, we have extraordinary investment that was in the enacted budget for ID/A services and you know, I want to add to what Eve said in that one of the other things that we should take note of here with the passage of this budget is that the Shapiro administration really has taken a philosophical shift in terms of the approach of ID/A services. I think everybody probably saw how active the governor was and the secretary talking about the need for these services and making visible the need for people to be able to access the right services at the right time. And so in terms of the investment in the waiting list, there are sort of two pieces here.

In February, Governor Shapiro announced a new approach to how the Department will be handling the waiting list for adults with intellectual disabilities and autism and announced the beginning of a multi-year strategy to end the emergency waiting list for adults. Back in February, the governor released 1600 additional waivers which have been distributed at this point, people are enrolled in those waivers. And then put forward in the proposed budget another 1500 waivers and those were funded in the enacted budget. The other key piece here is that part of this multi-year growth strategy is allowing the Department, in partnership with our county administrative entities, to manage our waiting list a little differently. Historically, we have been bound to a number of sort of spots if you will, we can only enroll X number of people regardless of budget. And so, what we are doing in terms of approaching this,

managing our resources differently is we are going to be managing essentially both numbers and budget. So, we are rolling out a strategy with our county partners. They have long been asking for flexibility in this area where they will come to us and say can we trade, because for those of you who are not familiar with our structure, ODP has four waivers, two of the waivers do not have annual financial caps, two of them do have annual financial caps. So, we would have counties coming to us asking us to trade two of this for one of these, or four of these for one of these. And in this case, we will be able to allow counties flexibility to really manage to what the needs they have on the ground are and they know. And so again, beginning that rollout now that this has been approved, which counties are very eager for, as are we, and we think well be able to have a more effective and efficient management of our resources.

So, big picture here, $354 million investment in the ID/A community which is largely going to rates and as I noted the waiting list. So, in terms of the multi-year program breadth strategy, and I will also note that there has not been an investment this large in the waiting list. Under the Rendell administration there was a proposed investment of a little bit larger than this, but it was not funded as proposed and so this is really sort of the landmark, I think in terms of our working to make sure the adults with intellectual disabilities and autism are not made to wait for services. So we will be enrolling 1250 individuals in the community living waiver and 250 individuals in the consolidated waiver. Also we will be amending our, we have to submit this to CMS, but we will be amending our waivers to add sign language services as a discrete service. Right now, that is sort of lumped in to administration and we have an enhanced rate that we can pay but we think it would be much cleaner and really improving access to American Sign Language (ASL) services for people in our waivers. Alright, next slide.

From that $354 million, $280 million of that, again this is federal and state combined, was earmarked for rate increases, which is an average of a 7% rate increase across all of the different services. The way we will be implementing that is that we will be applying an 8% rate increase from the rates published in 2022 for all nonresidential services with an increase for all residential services. The other piece that was included in the enacted budget was ODP has been, as you have heard us talk for the last year, been planning to implement performance-based contracting as of January 1st. So, there is funding in the budget to implement performance-based contracting for residential services. In terms of why I'm talking about this with rates, there are rate add-ons for two of the different performance years that are a part of our design. Those rate increases will be 7% and 5% respectively with the two of those tiers. We also have pay-for-performance built into it and so those are accounted for in the $280 million that were appropriated for this purpose. We will be publishing the fee schedule rate on August 31st. In final we will accept public comment for those and they will be retroactively applied to July 1st, and we will be able to make adjustments for providers. We are encouraging providers to bill us on their routine schedule and we will make the corrections through - after the rates are implemented.

Okay, the next slide. Let me give you a little update on where we are with performance-based contracting. The enacted budget was different than the proposed budget which did mean that we had to go back. We had been planning to submit all of the necessary documents, waiver amendments, to the federal government on the 19th, last week, with an enacted budget being different than the proposed. We did have to make some adjustments in the fiscal sections of the waivers. So we are prepared to be publishing all of the waiver amendments, our 1915(b)(4) application, those are being submitted as we speak. We will publish those tomorrow and we have a whole series of documents that will be published for the implementation of performance-based contracting. And so, I think most importantly for providers will be an implementation guide that will really walk through all of the operational guidance,

policies, procedures for providers that will include everything. From the new agreement, to the performance measures themselves, to the scoring tool that will be used, to the collection tool that will be used. So really it will be everything. Detailed information about timelines, all of the different types of support that will be available for providers. The other thing that we are releasing, the other sort of set of documents that we are releasing tomorrow is a self-assessment kit. It's a tool kit that essentially helps providers really think about each of the new quality standards and where am I in relation to meeting it. And then a work plan that providers - again these are all voluntary, providers can use or not use - the self-assessment and the toolkit. But to use the toolkit would really help providers think about readiness and where they are in terms of being able to meet the new standards. So, those are my updates, and I'm, ready to take questions or comments.

>>RICHARD EDLEY: Hi. I have a lot on my mind. I have a question on performance-based contracting. For people who are not as close to it, it is 3 and 5% for the two tiers. That's actually a decrease from 5 and 8%, but you added pay-for-performance. Now I'm sure there's going to be CFOs (chief financial officers) and analysts figuring what that means for each agency. But, in general we know we want to still incentivize providers to go for it because it's a good thing for quality if you are in one of those tiers. But I'm worried that people will look at it and go oh well it's less money, whatever, because not that providers are just looking for more money, it's going to be for many, a significant outlay of money to build the infrastructure necessary to be in those tiers. So, from your internal analysis, even though it's a decrease by adding pay-for-performance, are you seeing that it could still be very advantageous? Like what is our messaging to the community like, don't act too fast? It's a little less, but by adding this it can still be really pretty good?

>>KRISTIN AHRENS: So, the message to the community is absolutely, I think people should still be striving to meet the higher tiers of quality standards. Those standards were set with all of the help of the residential strategic thinking group really looking at where we need to be. Applying pressure, and moving our system to address the workforce needs. To address the clinical needs. To address the fact that we do not have – that we are not really implementing technology the way we need to be implementing technology. And we have quality concerns in our system. So, I think we have always talked about the implementation of performance-based contracting as this is foundational. The primary providers coming in, they have some new standards, many of the standards are the same, but over time we will continue to change the measures to have - so we are really in a system to have continuous quality improvement. And so I think for providers looking at what are the standards for select, what are the standards for clinically enhanced. We know people coming to us for services right now present with higher acuity needs, behavioral support, medical support. And for our system we all need to be shifting in that direction. So I think that on the fiscal side between the rate add-ons and the pay-for-performance, I think we have got the financial mechanisms in place to really support providers to get there. But I think the mindset that we all need to be thinking about performance-based contracting with is we really just - this is the beginning of continuous quality improvement cooked into the framework of how we do business. So, that would be my message.

>>RICHARD EDLEY: Thank you.

>>DEB SHOEMAKER: Any other questions? Thank you, Kristin. And yes introduce yourself. Russ McDaid is here. Introduce yourself quick, please. Quickly. Sorry, that was incorrect grammar.

>>RUSS MCDAID: I apologize for being late, I was double-booked on board meetings in this building though, so it worked out. Russ McDaid, immediate past chair of the MAAC and principal with my own consulting firm working with long-term care and Health and Human Services.

>>DEB SHOEMAKER: Okay, Deputy Secretary Marsala, are you going from there instead? Okay

>>JULIET MARSALA: Because I like you Deb, I don't want to get your sick.

>>DEB SHOEMAKER: Oh, thank you very much. I appreciate that. So, somebody is doing your slides?

>>JULIET MARSALA: Yep, they are up.
>>DEB SHOEMAKER: Perfect.
>>JULIET MARSALA: Juliet Marsala, Deputy Secretary for the Office of Long-Term Living. We just have a few quick updates to go over today if we go to the next slide. You are probably used to this slide by now. The Community Health Choices (CHC) Request for Application (RFA) is still in blackout. If you have any questions, please submit them to the RA mailbox and check the e-Marketplace for any additional updates. In addition, that is the same with regards to the Agency with Choice RFP (Request for Proposal) that has been out.

Okay, we go to the next slide, just going over some key communication updates. The Office of Long-Term Living has published and put out in terms of our recent communications. Just a reminder that the 2023-2024 nursing home assessment due date, for the third and fourth quarters, those are the third and fourth quarterly assessment payments, the due date to send those automated clearing house or wire transfers for the third and fourth assessment quarters for the state fiscal year 2023-2024 was June 14th, 2024. And it also outlines here the quarters that it impacts. The third assessment quarter, also known as number 83 that ended on March 31st, 2024, those apply to the resident days that occurred between October 1st 2023 and December 31st 2023. And also the fourth assessment quarter that ended on 6/30/24, also numerated as number 84. Those resident days are January 1st, 2024 to March 31st, 2024.

In addition, OLTL published recent communications regarding the updates to the American Rescue Plan Act (ARPA) reporting portal for the nursing facilities who are required to submit reporting in the portal. The Office of Long-Term Living held a webinar for nursing facility providers on July 17th, 2024 from 10 AM until 11 AM. This webinar was for nursing facility finance and business offices and/or the consultants who submit on their behalf. The financial data that is required and expected to report out the ARPA funding that went to the nursing facilities. If you need additional details about the distribution of the 2022 ARPA funding, this is not new funding, you can certainly visit our website. And that information is there with regards to the long-term care providers received back in 2022 that they are now reporting on as required as a piece of that funding.

If we go to the next slide, we wanted to highlight the Office of Long-Term Living 2024-2025 enacted budget. As you can see, I also highlight on my slide the 354 - okay - $354.8 million that was provided for the Office of Developmental Programs. And the reason why I have it up here is because we anticipate getting questions from our home and community-based providers as to does this funding also apply to direct care workers in the Office of Long-Term Living. It does not, it applies as Deputy Secretary Ahrens laid out. However, in the Office of Long-Term Living budget, the budget does provide for a 7.04% increase to nursing facilities, effective January 2025. And $7.5 million dollars for the Living Independence For the Elderly (LIFE) program, nationally known as PACE. Both of these will address rates for the service delivery effective January 2025.

In addition, funding has been allocated so that we can increase the personal needs allowance for individuals in our programs. These are individuals in nursing facilities and personal care homes etc. We're very pleased to see that we had the ability to increase the personal needs allowance from $45 to $60, effective January 2025. Many of you know the personal needs allowance has not been increased for individuals in many, many years and they too like everybody else, feel the impact of inflation and increased prices. So, we are very pleased that they will also have some relief. Many times, these individuals in homes use these to buy some additional extra toiletries or snacks, or you know, other things that they need, and those prices have increased a bit. This is something that we welcome very

much.

Lastly, I also wanted to note here that the Office of Long-Term Living will be conducting our Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. The three MCOs will be conducting the CAHPS survey as we do every year. This is a survey that goes out to our participants. It also is being conducted for our participants in our Omnibus Budget Reconciliation Act (OBRA) waiver and our Act 150 program. And that targets the member experience, the Office of Long-Term Living members experiences with our programs. And so those kept surveys are going to be conducted from August 1st, 2024, through October 31st, 2024. It will be done through Press Ganey. So if participants call or consumers call and say, "You know I got a call from Press Ganey about a CAHPS survey, what's that?" Please encourage them to engage and complete that CAHPS survey. It provides a lot of valuable feedback to us, the Office of Long-Term Living with regards to how consumers are experiencing our program and the services delivery of those programs. So we want to encourage folks to let their members or consumers or participants know and encourage them to participate in that survey. And that is all I have today.
>>DEB SHOEMAKER: That's still a lot, that's good. Do we have any questions? First from MAAC, do you have one, and then I will make sure that we take it over.
>>SONIA BROOKINS: Hello, good morning. Sonia Brookins. I missed this yesterday. Who gave that price from $45 - $60, that's not cool.
>>JULIET MARSALA: Excuse me?
>>SONIA BROOKINS: Who designated that price from $45 - $60?
>>JULIET MARSALA: The General Assembly.
>>SONIA BROOKINS: Oh, still not enough.
>>JULIET MARSALA: I don't disagree.
>>SONIA BROOKINS: I'm just saying. It's not enough at all. I missed it yesterday, I didn't hear that.
>>JULIET MARSALA: So, Sonia, you didn't miss it yesterday because the DHS, we went over the big buckets, so the OLTL follow up, so you were right on point, you do not miss this yesterday.
>>DEB SHOEMAKER: Before we get the questions from here. Do we have any questions from the MAAC members virtually? (no answer) Okay, any other questions from MAAC?
>>KATHY CUBIT: Yeah, I want to quickly thank Juliet for that PNA increase. As stated it's long overdue and to Sonia's point, hopefully this is a first step to getting the amount that the residence have been requesting, but thank you very much.
>>DEB SHOEMAKER: Thanks, Kath! Mia has a question.
>>MIA HANEY: Hi, Juliet, thank you for your presentation. I was wondering, I believe today is the day that Mercer and the Office of Long-Term Living will be releasing the provider survey that will inform the rate study that you are working on. I was wondering if the link to that survey could be shared with MAAC members so that it can be shared with providers that way, we're worried that certain providers may not have updated email addresses in the enrollment system and may failed to get the link as a result.
>>JULIET MARSALA: We can absolutely do that. I think our intention is also to send it out via the LISTSERV, the information about the survey. I believe the survey is actually going out to emails. So even though if we shared a link, we can share the information about it, folks would then have to send us emails to actually send the live link to.
>>MIA HANEY: Okay, great, so if there is information about how to do that process that could be shared, that would be wonderful. Thank you.
>>JULIET MARSALA: I want to follow-up, Mia, with that for any providers who are listening. Please, as a routine course, check your official contact information that you have enrolled with the Department of Human Services, not just with the Office of Long-Term Living. That primary contact identification is

critically important to keep that updated and maintained ongoing.
>>ANNE MARIE ROBEY: Hi, Anne Marie Robey. I have members that would be very interested in the person needs allowance. Where was that in the budget, the increase? Is it the fiscal code or is it somewhere else?
>>JULIET MARSALA: It is in the – I think it's under the Community Health Choices, I believe that's where it is sitting right now.
>>ANNE MARIE ROBEY: Okay, thank you.
>>DEB SHOEMAKER: Just for sake of update in the minutes, can we look for where it is and let people know where it is in case they want to know? Or it that not allowed, what we normally don't do. Okay.
>>JULIET MARSALA: I can double check Deb and send that to you.
>>DEB SHOEMAKER: That would be perfect. Anything else, any other questions? Okay, last, but not least, come on up, Kendra for the OMHSAS update.
>>KENDRA SNUFFER: Good morning, everybody. I'm Kendra Snuffer Chief of Staff with OMHSAS and here on behalf of Deputy Jen Smith who did have a conflict today so she asked me to come in her stay. So, if you can go ahead to the next slide. Thank you. Deputy Smith did ask me to provide a quick update on the Behavioral Health Council where she served along with Secretary Arkoosh. Last month they discussed prevention , intervention, and screening and next month's plan is to discuss children services. The goal still remains that a report will be coming later this calendar year. I know was said in the past last time.

Another standing update that we usually have on our 988 suicide and crisis lifeline. The in-state answer rate for June was 89% and so we keep fluctuating between 89 and 90 which continues to be our goal. And in June we saw over 10,000 calls routed to Pennsylvania. That is an increase of 27% compared to January of 2024 and so it is a significant increase. Now, I will note that some of those calls could be duplicates, so they are not necessarily all individuals calling.

A federal update here on the Community Mental Health Services Block Grant if you are familiar with that. There is currently House Resolution 7808 which would allow for these block grant funds to be used on prevention activities. Currently, those dollars that come into the state can only be used for a list of finite activities focused on serious emotional disturbance and serious mental illness, so folks who are already diagnosed or actively in the system being treated for those. This would open that up to allow the funding to be spent on preventative initiatives, as well. So, it would be a significant change that we are welcome of and if you would like to see that happen as well I would suggest you vocalize your support. Next slide, please. Thank you.

The Psychiatric Residential Treatment Facilities (PRFT) regs are in the last stages of review. Our goal remains that for public comment will be in late August/early September. That second bullet there is actually not in the right section, so I apologize. We are - our Children's Bureau - is holding two stakeholder webinars to review the significant changes in sections of the regs. The first one has already occurred, it was specifically for our Behavioral Health Managed Care Organizations (BH-MCOs), our primary contractors, and counties. The second one is actually being held today at 1 o'clock. This announcement did go out over our LISTSERV but I wanted to put it here just in case folks didn't catch it. So that will be today, at 1 o'clock. Our Children's Bureau is also going to be holding a symposium in the fall on best practices to serve children in the crisis system. We are still flushing out an agenda and so if folks have thoughts or feedback on that, we would love to hear it. More information is going to be sent out in August. Thank you.

So, this is a very – if you know the four walls issue for our behavioral health providers - we just did send a message out to folks, as well, earlier this month I believe. But I wanted to make sure we talked about it here. CMS has actually issued a proposed rule that would create an exception for, among other things, behavioral health clinics. So basically, behavioral health clinics currently operating as an outpatient clinic and billing as an outpatient clinic would be exempt from the four walls rule, which currently puts some limitations on how telehealth services can be provided and billed for in those types of clinics. So this exception would be a huge win and we would really like to see this go through. As I said, currently this is a proposed rule, so it does have a lengthy process at the federal level to become a final rule. There is a public comment period that I included the date, September 9th. So folks can feel free to weigh in there and the official language that CMS is proposing can be found at the link also included.

I do want to say even though the federal effort is underway, we as the state continue to put the pedal to the metal as much as we can to try and solve it at our level. I just wanted to go over some of what we are doing. Right now, we are focusing on a shorter-term solution for managed care providers. We are still hopeful that we will have a legislative solution for the Fee-for-Service providers, but right now we are moving ahead with what we can do and that is to focus on the managed care space. Our goal is to have the mental health solution effective January 2025 and the substance use disorder (SUD) solution effective March 2025. I know one question we get from a lot of folks is, "Is there anything we should be doing now?" "What should we be doing to prepare?" "Are you all the sudden going to come out with a list of 100 things we're going to need to do to be effective in January or March?" And the answer is no. We are really trying to make this as simple as possible. Including, options for us to create templates where we can assist providers, creating new service descriptions as necessary and just making things as simple as possible for folks. So, there is nothing that anybody needs to do right now. We will be holding webinars in the fall with next steps that will be laid out very clearly and so I just wanted folks to know that we are not just waiting on the feds to move here. Like I said in the meantime we are drafting language, updating our HealthChoices agreements, and talking with CMS so that we can have the ball rolling come January and March. That is it for OMHSAS. Any questions?
>>DEB SHOEMAKER: I'm going – well I know a lot of people probably have questions on the four walls, there is legislation that's out there. I don't know if that's what Richard was going to – okay, probably something else. But there is legislation out there, Representative Pickett has the legislation. I don't know if it's moved yet and I know that if it has, it has to be on the fast track. So that is just to let people know that. And I guess my question, I mean I have a couple questions, but I can wait for some to talk to you whenever about it - is the 988. If I looked correctly, there was legislation that we have for 988 for the state, correct, for funding? Am I wrong in that?
>>KENDRA SNUFFER: Yes, there was.
>>DEB SHOEMAKER: Because, it was not part of the budget that I'm aware of, does that affect how the funding would be for that, I know we have federal funding already for it, but how does that effect especially when we're talking about the rates of 90%. And I know we talked about in a different meeting, I cannot remember what meeting it was. To say, really essentially, we think that should be posted everywhere like you said. Like everywhere. And so that is just a reminder to everyone 988 is the number to use. And one of the things that we talked about in our meeting is that it is not for just emergencies. We want people to call the number. I feel like I'm a PSA, but call the number when someone wants to talk to someone or needs something so it is not just hey I am calling 988 because it is a crisis but it is also helpful to use 988 because if you use 911, it's kind of a step back. So, I want to congratulate for you know the state on the work that they are doing on 988 and those numbers. Obviously, we are at the point now where we know if there are duplicates, but I think that that's something if there is a way to advocate for that, 988 legislation do so. But that is just my little PSA. I

know Richard has a question and then I don't know if anyone else besides Richard have a question from the MAAC, and then we'll go with any questions. I know Andrew has a question.
>>RICHARD EDLEY: Okay, this is really since we are not meeting in August to follow up from past meetings to keep it on the agenda for September and besides, if I don't ask, Andrew or Lloyd are going to have the ask. First, I brought up at the last meeting about, and since the last meeting, I continue to get calls, not just from providers, but BH-MCOs and primary contractors and counties about the concern in the losses that are being incurred now. And really for the first time, almost at a level in the history of Behavioral HealthChoices and as we talked last time it is due to, well for me it's anecdotal, but when you hear from 20 different people around the state it becomes less anecdotal. You know the calculation of the capitation rate match with the loss of lives. The health of those that were disenrolled versus those who has remained. And the numbers are in the millions what people are reporting. And I know that Deputy Secretary Smith said, well we are looking at, there could be a mid-year adjustment. But we are early on, any particular update in the last month with what you are hearing?
>>KENDRA SNUFFER: So, since it has only been a month since the last conversation, it's really been - it continues to be, I should say, information gathering, crunching those numbers. We've had lots of conversations with the different BH-MCOs and the managed care organizations in the other program offices as well. So this hasn't just been an OMHSAS conversation, this is DHS wide. So those conversations continue.
>>RICHARD EDLEY: And obviously for us, the concern is, I mean it's one thing to say counties and/or MCO's are losing millions, that's bad. But we are sort of on the same side of the issue with MCO's and counties on this one. That if they are losing that much money, well they have to do something in your program right, you know. And so does that mean that the rates are changed or the program is going to be shuffled around and decreased? Eventually it impacts the consumers who are receiving service. And so that is really the concern. It is not just that it is a bummer, we are losing money, it is the impact -
>>KENDRA SNUFFER: Sure, and yeah, I mean at this point we have not had anyone approach us saying, we are cutting these services, you know, that just has not happened. Obviously we would engage, continue to engage in that conversation, but that is not something that I have heard.
>>RICHARD EDLEY: Thanks and the second one is what I always ask, is there an update on the Certified Community Behavioral Health Clinic (CCBHC).
>>KENDRA SNUFFER: I thought Richard, that may have been your first question. So, it is continuing to be reviewed internally with the Secretary and the governor's office. So we are having those conversations and we do have to have an answer soon here. In the next couple of months, I think, we should have a definitive answer for you.
>>DEB SHOEMAKER: Any members on virtually that have any questions? (no answers) Okay. Andrew, go ahead.
>>ANDREW KUNKA: Always nice to see you, Kendra. So, a couple of things. First off, you are talking about the work that you are doing internally at the state level to address the four walls. And I know also that Deb, you had talked about a legislation. But I was not really clear, because you said that the expectation or the plan was to have something in place for mental health or behavioral health in January 2025 and then in March 2025 for SUD. So, can you elaborate a little bit more on what specific mechanism that is that you're speaking about. I'm not thinking it's the legislation.
>>KENDRA SNUFFER: It is not the legislation in either case. For the SUD side, we actually have to go as far as creating a new in-plan, in-plan meaning in the state Medicaid plan, service and get approval from CMS. On the mental health side, it is a little bit easier because we already have it in there. We have to make some changes to where the service is placed in a plan and so currently, it would change to a rehabilitation service. Which, I know for folks who were on the webinars this year, we went through our best guess option for mobile mental health treatment and changing that definition to be able to

encompass some of this service. So, I will not go into the weeds here with this group because it probably sounds like [INDISCERNABLE] but, I am happy to get into more details.
>>ANDREW KUNKA: Yes, that would be great. So, I guess it sounds similar because I know the legislative proposal was also going to look at aggregating the regulations around mobile mental health, rehab services to remove some language that limited its ability to encapsulate. So is the state plan amendments kind of taking a similar, sort of approach in terms of like language? Just trying to understand because, it sounds a bit similar in terms of amending the mobile mental health service.
>>KENDRA SNUFFER: So, what we are doing with the mobile mental health service is just the state plan. The legislation would amend state relations. So that is the difference.
>>ANDREW KUNKA: So, would it be okay if the regulations still existed as they do now if the state plan was amended? That is what I'm trying to understand.
>>KENDRA SNUFFER: For this one piece. Just for that managed care mental health.
>>ANDREW KUNKA: Okay, okay.
>>KENDRA SNUFFER: What we are looking for is the broader solution.
>>ANDREW KUNKA: So the regulations, if you went with this state plan amendment approach, the regulations would stay as they are, but there would be a specific delineation for these outpatient services?
>>KENDRA SNUFFER: Right, which is why we need the legislation too. But this, kind of, would just be the first steppingstone to get to the ultimate goal?
>>ANDREW KUNKA: Perfect. And then the other question, and I don't know if you'll know this is with the federal proposed rule. I know that it talked about behavioral health outpatient clinics providing an exception that states could have. would not also apply to substance use disorder services if the proposed regulation was passed, made final?
>>KENDRA SNUFFER: I would say yes, because the feds, when you look at their definition of behavioral health, it includes both.
>>ANDREW KUNKA: Wonderful. Thank you so much for the clarification. I really appreciate it and I know I kind of put you on the spot a little bit there. So I very much appreciate it. And we really like Jill too, she's doing a great job.
>>KENDRA SNUFFER: Thank you, I'll pass that along.
>>LLOYD WERTZ: How did he know that I'd have a question? Just an observation. You referred earlier that you didn't want to see services cut due to the loss of per capita funding for the MCOs. I'm here to tell you that Community Residential Rehabilitation (CRRs) are being cut in one of the larger counties in the Commonwealth. CRRs have been around, where I cut my teeth. So we're talking for 45, 47 years ago when CRRs were initially funded. And they were designed to be keeping people with serious mental illness in the community and out of the state mental hospitals. But if you have a large county now saying, "we are going to drop these services," what is the plan to serve those folks? Are there spaces within the state mental hospitals, probably not. I'm just wondering what the thinking is.
>>KENDRA SNUFFER: So are you saying that within Schuylkill County? Is that what I heard.
>>LLOYD WERTZ: I am not. It's in Allegheny County.
>>KENDRA SNUFFER: Okay, Allegheny County, okay.
>>LLOYD WERTZ: I'm sorry, Community Residential Rehabilitation programs, CRR. I am sorry.
>>KENDRA SNUFFER: Thanks, Lloyd. You know we would have to have the conversation with the primary contractors in the BH-MCO to get to that level of detail of what the plan is if they are cutting those services and how they plan to serve that population and provide services for those folks, because, we should be notified of the such cutting services.
>>LLYOD WERTZ: They are not BH-MCO funded services.
>>KENDRA SNUFFER: Sorry, because this conversation was related to BH-MCO so when you leaned over

there, that's why I thought we were talking about that.
>>LLOYD WERTZ: Do you think those funding streams are unrelated? Maybe not.
>>RICHARD EDLEY: I think it is hard for you not to make those connections. So we know that there are losses, we know the counties at risk, it's millions of dollars. And now the different side they are saying we are going to make this cut. No one is saying well because of this but, the conspiracy theory is it's all happening. It's hard not to say what is going on in the system because I'm aware of what you are saying as well Llyod.
>>KENDRA SNUFFER: And I mean, like I said, I cannot speak to the specifics of that right now and that is something that I can certainly take back and we can certainly have those conversations with all of the players in that mix out in Allegheny. Happy to take that back.
>>LLYOD WERTZ: Thank you.
>>KENDRA SNUFFER: Thank you.
>>DEB SHOEMAKER: Thank you, Kendra.
>>EVE LICKERS: May I just put in a plug before you move onto the next thing.
>>DEB SHOEMAKER: You can before we do subcommittee.
>>EVE LICKERS: Yeah, so, thank you, Kendra. In talking about this notice of proposed rulemaking, we really want to encourage you to comment, because I will just tell you that the state is going to take a little bit of credit too. Because we have gone to CMS, our CMS partners about a number of issues. And through our liaison with them we feel like our voice, particularly in Pennsylvania has been influential, because we have had specific calls with CMS to talk about four walls. And also, if you remember, parents as paid caregivers. We had directly spoke to Dan Tsai, who is the director for CMCS, and had you know said that if it's going on in PA, it's going on elsewhere and so you know, please. So, just to say – to show how effective our voices are, as much as you can, make sure that you comment, not just here at the meetings, but actually pen to paper, ink or typing so that they can see that Pennsylvania has other support besides us just talking at the table, please.
>>DEB SHOEMAKER: Okay, perfect, perfect. Before we are going to do, essentially there is only one subcommittee report today because, oh no Kathy. I don't know if Kathy is going to a quick give hers, but Fee-for-Service and the Managed Care Delivery System Subcommittee (MCDSS). MCDSS did meet but Joe isn't here and he said that he would want to give that update. So, but before we do that quickly, I want to remind people that, as it was alluded to, no meeting in August. And so if you try to call in or you show up somewhere, you will be by yourself. Well, somebody might show up and help you, but you will be by yourself, no DHS people. So, just that as a reminder and that will be a webinar even though we have done some in person, that will be a webinar one. And so ConSub, Dana.
>>DANA CASSERLY: Hi, everyone, Dana Casserly with the Pennsylvania Health Law Project. I, along with co-counsel Kyle Fisher counsel to the Consumer Subcommittee, with Sonia Brookins as the Chair. We met yesterday, so I will just give some quick updates, I know I'm low on time. As it relates to some of the program offices and the consumer issues that I think were of note that we did not go over yet today.

For OMAP, we heard from Eve and Gwen yesterday about an issue that's at top of mind, the Temple/Keystone contract negotiations that are ongoing. Consumers are rightfully concerned and nervous about what this could mean. We did hear some updated data yesterday. So, originally we had heard that 189,000 people were impacted or could be impacted by this contract break if they cannot come to an agreement by next week, the end of July. Yesterday, Gwen corrected that that actually included duplicates which is a good update to hear. And so it's 62,000 people, which is not only, but it just feels a little bit better than 189,000 and so that was a silver lining. Another kind of good take away yesterday was that Temple, or excuse me, Keystone has agreed to that blanket 60-day authorization period for folks for continuity of care. So folks who are going to stay with Keystone will be able to see

providers and basically those claims will be billed as in-network even after July 31st. So that can give some peace of mind to folks, as well. And we remain optimistic as we keep dealing with these hospital contract negotiations and that consumers won't be impacted in the end. Because, as you know, as we saw with the CHOP and Keystone piece, we are hoping for a similar outcome where we can get ready and prepare hopefully for it to be nothing, but we will see. And so we will stay in communication about that and we are supportive of clients in terms of getting the word out to the community about what to do when this transition happens. That's sort of the next role that we get into, you know if we think that this is going to come to fruition. So, we will know soon.

Another piece that OMAP brought yesterday was the continued conversation about the coverage of doula services in the Medicaid program. Also very interested in this piece. A great development from the state and we are really happy with the work the Department is doing to roll that program out. It's a slog. There is a lot to be done. It is slow-moving, but we are hearing that more and more doulas are getting certified and I think the consumers see their role as education. You know, I think that we really need to get the word out to partners and peers and providers about the value of doula services. You know, the value to a birthing person's life in terms of bringing that in the birthing process and the prenatal process.

OLTL, I think Juliet talked a bit about the CAPHS survey that's coming out. We have been messaging to consumers. And we all obviously hear all the time feedback about providers, about different things that go on. This is a great way that we see to be able to say that there is a formal survey that you can do. They will take your experience into consideration. So we are doing some educating at the Health Law Project to just try to say hey you can call in yourself if you want to participate. Just hopefully we'll get by in that and that the consumers value that piece in terms of, you know, just an annual sort of level set with where things are and gather that all together.

And then OLTL also presented some appeals data that was presented at our last meeting in June and then we had a continued conversation about it. And so we are appreciative of OLTL's willingness to not only gather that data, but then engage in conversations with us over what it could mean and how their practices can be best utilized to keep that monitoring. And make sure that when we are seeing one plan may be denying five times the rate of one service then another plan and if there is some action that can be taken there.

And OIM, Carl I'm sure is very happy to say unwinding done. Again, really happy with hearing sort of some of those outcomes there. I think Carl said it best about the communication being the best piece of what they done, the fruits of their communication. I think really with the folks were cut from MAWD and the folks who are disabled with adult children, who were not recognized as DACs when they got their benefits cut. You know they are really hearing from us in terms of that being like, these are really high acuity people, this is a dire situation and how can we capture those numbers? And the communication they are doing is working. You know getting folks back out, understand that they could come back to the MAWD or the Medicaid program. Because that's what we want, for people to be not falling through the cracks that way. Anything else, Sonia? Okay, okay, thank you. The next meeting is September, to reiterate, not August. September 25th.
>>DEB SHOEMAKER: Perfect, thank you. Kathy, are you giving an update on the LTSS?
>>KATHY CUBIT: Yes, thanks, Deb. We met in person and remotely on July 2nd. Deputy Secretary Marsala provided OLTL updates around procurements and CAHPS survey as shared today. In addition, she reported that OLTL is working closely with the Department of Aging to identify how the recent federal

adult protective services standards will impact its programs and information will be shared once the analysis is complete. Information about the Change Healthcare data breach was provided along with actions individuals may take in order to protect from any potential adverse consequences. Recently revised OLTL OPS memos were posted. CHC 2020-01 clarifies when a comprehensive needs assessment is required following a lapse in Medical Long-Term Care (MA LTC) eligibility. And CHC 2023-07 provides additional clarification to the MCOs as to what should be considered home accessibility, durable medical equipment. OLTL staff provided an overview of the CHC 1915(c) Home and Community-based Waiver renewal and OBRA Waiver amendment process and the proposed revisions. OLTL plans to submit the CHC waiver renewal and OBRA waiver amendment to CMS in September. Public notices were published and the 30-day public comment period ended July 14th. OLTL staff responded to questions and noted recommendations raised at the meeting for consideration as part of the public comment process. Staff from Mercer provided updates about the rate and wages study as highlight today so I will abbreviate that report. And just add that Mercer expects to present their rate study results at the September meeting. As always there are two open forum times during the meeting for public comments and we will meet again both remote and in person on August 7th. And I'm happy to take questions at any time. Thank you.

>>DEB SHOEMAKER: Thanks, Kath. Okay, any quick questions? Okay, I am determined to make this in two minutes. Okay, Eve, I don't know if Eve has any other bulletins or documents that she wants to talk about?

>>EVE LICKERS: Yes, so we have four bulletins that were for prior authorization, one of Lyfgenia, Zynteglo, some antidepressants, and Casgevy and they were all released on July 15th. And then also we had a MA Fee Schedule update related to ophthalmology codes, and that was released on – oh I take that back. I'm sorry, those prior auth were issued on July 2nd and effective July 15th. MA Bulletin 99-24-05, the Ophthalmology Fee Schedule update was issued on July 8th and is effective 8/1/24. And that is available on the Department's website on the What's New at OMAP and we also on the bulletin search. And so, we do have a new bulletin search. It is a little bit better than previously, so if you get savvy, you can kind of figure out some of the little things that will help you get little closer to your results and so that is a good thing. But nevertheless, we still have What's New at OMAP that you can also go to and see all of the communications from the Department, so thank you.

>>DEB SHOEMAKER: And that is wonderful news, that is the best news of the day! Trying to find bulletins is very hard to do so there, so thank you for that. So, any old or new business? I can let, I mean the new business is just or continued business is that we did say we want to continue to talk about the budget and things like that and so – and get updates from Carl and things like that. And so if we do not have any old or new business I will take a motion to adjourn. Richard adjourn, second, although I know we have – okay, second from Julie. All in favor?

>>MULTIPLE SPEAKERS: Aye

>>DEB SHOEMAKER: 12 o'clock! See everybody in September!