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Date: 08/07/2024

Event: Long-Term Services and Supports Subcommittee Meeting

>> SPEAKER: Hi, this is Kathy. The remote audience can't hear anything. Can anyone let us know if you're able to hear me?
>> SPEAKER: I'm able to hear you, Kathy.
>> SPEAKER: I can hear you as well, Kathy.
>> SPEAKER: Okay. I'm hoping the room can hear us.
>> SPEAKER: Yeah, I think we'd hear background noise like we normally do. I've noticed it takes a couple minutes for them to switch us on. Yeah, it's been 5 minutes though. Let me see if I can email somebody. Thanks, everybody.
>> SPEAKER: Just heard somebody.
>> SPEAKER: Okay. I think we're in business. Thank you.
>> RANDY NOLEN: This is Randy. Can you hear me?
>> KATHY CUBIT: Hi, Randy. It's Kathy. Yes, we can hear you.
>> RANDY NOLEN: All right. We're in business.
>> CARRIE BACH: All right. This is Carrie. Let's get down to business. We're going to do quick roll call. Just to make sure that we have that on record. We heard Kathy. Ali Kronley.
>> ALI KRONLEY: Good morning.
>> SPEAKER: Hi, Ali. Anna Warheit.
>> ANNA WARHEIT: Good morning. This is Anna.
>> SPEAKER: Hi, Anna. Cathy Bollinger.
>> CATHY BOLLINGER: Good morning. This is Cathy.
>> SPEAKER: Hi, Cathy. Would you like to give a quick introduction as one of our new committee members?
>> CATHY BOLLINGER: Sure, I'm Cathy Bollinger, Executive Director of Embracing Aging for the York County Community Foundation. Our work here is we work to create a community where all ages can thrive. I am happy to join this committee as the appointee for AARP as I volunteer with them on their executive council, and I'm taking the position of Mr. Carl Bailey's resignation. So thank you.
>> SPEAKER: Thank you, Cathy. We're glad to have you. Cindy Celi.
>> CINDY CELI: Hi, good morning. This is Cindy Celi.
>> SPEAKER: Hi, Cindy. Neil Brady. Gail Weidman.
>> GAIL WEIDMAN: Good morning, this is Gail.
>> SPEAKER: Hi, Gail. Jason Gerard. Jason is another one of our new members so he may be having some technical difficulties while he adjusts to the process of the meeting. We'll go back to him. Jay Harner. Juanita Gray. I know I heard Juanita come on earlier. Are you back?
>> JUANITA GRAY: Yes, hi, everybody.
>> SPEAKER: Hi, Juanita. Latoya Maddox. Laura Willmer-Rodack.
>> LAURA WILLMER-RODACK: Good morning, this is Laura.
>> SPEAKER: Hi, Laura. Leslie Gilman.
>> LESLIE GILMAN: Good morning, this is Leslie.
>> SPEAKER: Hi, Leslie. Linda Litton.

>> LINDA LITTON: Hi, Linda here.
>> SPEAKER: Thanks for being here, Linda. Lloyd Wertz.
>> LLOYD WERTZ: Present and I'm so appreciative you waited this long to start till I got here. Thank you.
>> SPEAKER: Absolutely. We did it just for you. All right. Matt Seeley. And we did it for Matt too. Michael Grier.
>> MICHAEL GRIER: I'm here.
>> SPEAKER: Minta Livengood. Monica Vaccaro, we have an alternate for Monica today, Jack Poplar, are you with us, Jack?
>> SPEAKER: Yes, good morning. Jack Poplar.
>> SPEAKER: Thanks. Pam Walz.
>> PAMELA WALZ: I'm here.
>> SPEAKER: Patricia Canela-Duckett.
>> SPEAKER: Good morning, everyone. Pattie here.
>> SPEAKER: Hi, Pattie. And Rebecca May-Cole.
>> SPEAKER: Good morning, Rebecca is here.
>> SPEAKER: Hi, Rebecca. And I'm going to jump back real quick. Do we have Jason yet?
>> KATHY CUBIT: This is Kathy. Jason is traveling right now. I think he's going to try to connect later if possible. But we'll introduce him at the next meeting. Thank you.
>> SPEAKER: Sounds good. Kathy, we did go over evacuation procedures. I don't know if you want to push all of the housekeeping information and jump right in. What do you want to do?
>> KATHY CUBIT: That's up to OLTL.
>> SPEAKER: Doesn't matter to me. We can jump right in.
>> KATHY CUBIT: Yeah, I was going to say I think everyone's familiar that we have to end on time and to just try to be as concise as possible with your questions. So Randy, why don't you go ahead with the OLTL updates. Thank you.
>> RANDY NOLEN: Good morning, folks. This is Randy Nolen from the Office of Long-Term Living. Welcome to the meeting this morning. Julia's on vacation so I'll be overseeing the meeting for her. So if I do bad, just let her know.
We're going to talk about some updates from OLTL. We'll get some updates on procurement, managed care quality, hospital closures and mergers, the Community HealthChoices Transportation Summit, recent OLTL communications, and some discussion about the HCBS rate and wage study. We'll go over the listserv so everybody understands what's out there.
So procurement updates. As you know, the CHC request for application was posted on January 30 of 2024. All questions regarding the RFA and its contents should be directed to the procurement office via the resource account that's listed, RA account that they have. We're still in the black-out period so there's no firth discussion on that. There's also no updates on Agency With Choice that we can share. So that's kind of the procurement that we have in the process and unfortunately we have no comment.
The next section, we're going to give updates on managed care quality. I'll rely on Jen in the audience to help me out with this. Jen, you want to come up and do these slides?
>> SPEAKER: So we had a request come from one of the committee members to talk through, and I hope we got the request right, we asked for clarification, to talk through some of the requirements that were outlined in the managed care final rule around the quality strategy, around some appointment wait times. So the managed care final rule was issued in April of this year, so what you have on this slide is just really outlines the requirement that I think was being referenced, which is the requirement for states and managed care plans to monitor against

appointment wait times and in particular 10 business days for adult and pediatric outpatient mental health and substance abuse disorder services. And the question really was around how is the department going to approach compliance with this new requirement? So what we've outlined on the next couple slides is really that OLTL internally is still evaluating all of the components of the managed care final rule. We're doing what we call a self-assessment of where we are compliant, where we have gaps, and the action steps that will need to be taken. Then we're meeting quarterly with individuals from the Office of Mental Health and Substance Abuse and the Office of Medical Assistance Program to make sure where there are requirements that cross managed care programs, that we're aligned and that we're talking to each other on strategies to move forward. This particular requirement isn't slated to be in effect or states don't need to be compliant until reading period on or after July 1, 2027. So that is the timeframe that we're working under. Certainly we're trying to make sure that we exceed that timeframe. But anything that would be put into place would potentially, and I say potentially, be put into requirements in our managed care contract, either in 2027 or if we're following the compliance due date, 2028. So what CMS outlined as steps that states could take is using an independent entity to conduct annual secret shopper surveys to measure compliance with this particular requirement. So the state across the DHS offices is looking at this. There are no decisions. We're still in the evaluation phase, evaluating where we're compliant, where we need to take action steps, so CMS did outline in the rule that the secret shopper results have to demonstrate that plans meet this criteria at least 90% of the time. So that again just gives you a little bit of insight into how CMS is viewing compliance, but we still have a lot of work to do to determine what the coordinated approach is going to be. So a little off topic in terms of OLTL updates but did have a request from one of the committee members who just wanted to lay that information out for everyone that we are looking at these requirements. It does take a lot of effort to kind of do an environmental scan to see where we may be compliant and again where we need to take action. So that work is still in the infancy stage if you will. For the committee member that may have asked about that, does that help? Are there any questions on that particular piece?
>> SPEAKER: Can't imagine who that would've been but yeah, it's mine. We can't close our eyes to the fact that we're allowed to wait until 2027-28 to kind of get into place to ensure 10-day waiting periods are being met. People are dying. People who cannot get the service in the community are not going to see '27 and '28, and the meeting of a 10-day waiting period. I used to manage an assisted living facility, used to do mystery (indistinct) all the time. You had to go out there and do that stuff. It's not hard. It does require some writing down and kind of recordkeeping to know where you're at. If there's any way to move up that timeline, what a good thing that would be for our consumer and their family's population, and I really, don't get me wrong. I appreciate you trying to meet this issue. This is the first office I've heard responding to the quality up the in a way that is realistic and can be moved forward. But I would strongly encourage if there's any way to speed that up, it would be appreciated. So thank you.
>> SPEAKER: Definitely. I think that's what I was trying to kind of communicate. While compliance is this date, we are looking at it to see where we need to move forward, what can we do. And that just needs to be a coordinated effort across program offices. So absolutely we'll take that comment back for sure.
>> CARRIE BACH: This is Carrie Bach. Can we make sure the record reflects that that was Jen Hale and Lloyd Wertz speaking.
>> SPEAKER: Sorry, Carrie.
>> CARRIE BACH: It's okay. Just a reminder to everybody to please state your name when you

are speaking. Thank you.
>> SPEAKER: Thanks, I thought because Randy introduced me I was all good.
>> CARRIE BACH: You were all good until the last one when you responded to Lloyd and didn't say this is Jen. You're good. All right. Thank you, everyone.
>> SPEAKER: Carrie, I want to interject. I want to just offer --
>> CARRIE BACH: You forgot to state your name.
>> MICHAEL GRIER: Sorry, I'm Mike Grier. Just to interject that I 100% support Lloyd's conversation about the faster we can put this in, the better it will be for everyone.
>> CARRIE BACH: Thank you, Michael.
>> SPEAKER: All right, folks. Thanks. We'll move on here. Some updates on hospital closures and mergers. OLTL has not received any direct issues from participants but understands there's always a concern when hospital closes. We will continue to monitor network adequacy with the managed care organizations. We know that there was a large issue that was just resolved a week or so again in the Philadelphia area with Temple. So hopefully that alleviates some of the potential concerns we had down there. But we do continue to monitor hospital closures. We monitor nursing facility closures. The MCOs are required to do plans when a provider terminates, if it affects more than 10 individuals. So they're doing care planning out there, making sure that people are getting appropriate services, they're being notified if there is a closure. Any nursing facility closures, managed care organizations are working with DHL to make sure people are being transferred appropriately according to their choice. We do continue to monitor that. If we have doctor's office closings, pharmacy closeings, we monitor that so OLTL does continue to look at that on a continuous basis as far as looking at it. We have a number of reports, network adequacy is one of the biggest things we're working on right now to make sure everybody has a choice of providers out there.
All right. The update on the infamous CHC Transportation Summit. We did get approval and did purchase a Zoom license effective 7/1. We've actually used it once for a meeting and it worked fairly well. So we went ahead and scheduled the Transportation Summit, the listserv went out this morning for that so people can register for it. It is scheduled for September 17, 2024 from 9:00 a.m. to 12:00 p.m. The structure of this one is similar to what I wanted the structure for the one to be that we have schedule February 7, is that it will be an open opportunity for people to talk about their transportation issues, concerns that they have out there. We're going to allow people to either submit questions in advance or through chat or if they raise their hand, we'll unmute them so they can speak. We'll have staff there from OLTL, MATP program, PennDOT, septa, and other -- the brokers will be on the call. The MCOs will be on the call. So this is an opportunity for participants to really talk about what they're seeing with transportation. So again, September 17 from 9:00 to 12:00. So the listserv went out this morning. Please get on, register. All right. So there's a problem with the registration link. We'll send a new one out hopefully today so people can register for it. But we have about a month to get everybody registered and set up. If you have any questions for that, I think the listserv tells you to send an email in. I think to Courtney. And she'll put everything together and continue to update as we go along. So looking forward to that. Hopefully, it's been six months in the making, hopefully we have a good opportunity to have conversation.
For recent OLTL communications, the 1115 program administrator request for information or RFI, DHS released a new request for information to assist in determining possible implementation needs for the commonwealth's proposed 1115 demonstration waiver titled, Bridges to Success: Key stones of Health for Pennsylvania. This RFI will help inform a potential scope of work for private, public, and nonprofit organizations that could serve in the future as

program administrator for the program itself. Responses to the new RFI are due August 19, by 12:00 p.m. So if anybody's looking at it or interested, you've got less than two weeks to get your response back in.
Another communication is we sent out the 2024 pre-administration of the home and community-based services consumer assessment of healthcare providers and systems survey, otherwise known as CAHPS. OLTL is calling on the service coordinators to start having conversations with the HCBS participants to provide an introduction and encourage participation in the upcoming administration of the CAHPS survey. The HCBS CAHPS survey will be administered from August 1 of 2024 through October 31 of 2024. Someone from Press Gainy may call participants to set up a time to talk. Participants can also reach out to Press Ganey if they want to fill out the survey at their toll-free number which is 1-800-588-1659 and they can call out and do the survey. The other news with the CAHPS survey is we are also doing the CAHPS survey with our Life Program. And we've worked again with the University of Pitt to do that. We are reaching out to Life consumers for that. The first time we did it last year, we got a fairly low response. So we kind of redesigned how we're doing it for the Life Program and we are actually -- we did a trial run of this about a week ago. We're actually going to be going out to the Life centers, staff from the University of Pitt will be going out to the centers and actually interviewing people while they're at the day center. I think that in the trial run they did last week, they were able to in an afternoon interview and complete 25 CAHPS surveys because as we know in the Life Program, the day center, a lot of people go to that during the day. So we kind of have an audience there that we can try to discuss that. So we're going to see how that works out in the Life Program. For the Life Program, this is brand new. Nobody else in the country is doing this survey with their consumers. So we're really looking forward to see how this plays out by going to the centers themselves and getting more surveys done.
>> PAMELA WALZ: Randy, this is Pam Walz. Can I ask a quick question about that?
>> RANDY NOLEN: Sure.
>> PAMELA WALZ: So does this mean that participants can sort of call that number and ask to take the survey, they don't have to wait to be selected in some way?
>> RANDY NOLEN: Yeah, the MCOs are talking to their SCs and setting up lists of people to be called, but if somebody wants to call in and take the survey, they can certainly do that. That's why we have the 1-800 number, any participant can call in and do the survey. We would encourage participants to call in and do the survey.
>> PAMELA WALZ: Great. Thank you so much.
>> RANDY NOLEN: Sure.
All right. The HCBS rate and wage study survey listserv was sent out a few days ago. Due date is still August 23. We have very specific timelines on getting things done with this survey. So please, if you're out there looking at the survey, please get it completed by the 23rd so we can include your information as we calculate things moving forward. OLTL is working with Mercer, government consulting known as Mercer, they're part of the team conducting the rate study for us. They're our actuary so they're following this through. The study is going out, we're looking at adult days, structured day habilitation, employment and training, past agencies, personal assistance, participant directed services, residential habilitation services. We're looking at a lot of information across the boards. We did a webinar I think about two weeks ago that went over the survey. And detail on how to complete it, what we were looking for information-wise. Again, if you have any questions, there is an RA account on the survey itself that you can respond to. Again, we're looking for you to complete the survey for calendar year 2023, January 1 through December 31, 2023, for the information on the survey. Again, emphasis, please do this survey.

This is going to help drive where we go in the program with rates in the future, and submit it by August 23.
Make sure when you're looking at the survey that you review the attached questions before starting the survey. The survey tool does not allow individuals to go back and answer questions, so make sure you understand what you're doing once you put in an answer in, it will lock that answer. Please have all your agency information such as wages and employee information and financial statements readily available when you're doing the survey. That will help you give us accurate information and organize yourself as you're doing the survey. HCBS providers can access the survey at questionpro.com/t/AMWLYZ3XzC. I love how we title these things. Hopefully the information is there. We also have, if you have any questions, we have a box you can send the questions in to. That's the OLTLHCBSratestudy@mercer.com. Hopefully when the slides come out you'll have access to the rate study on the slides still. So I can't emphasize enough the importance of getting this in by the 23rd. So we appreciate all the thing you're doing. We know we're moving this forward fairly quickly but we do have a goal to try and impact next year's budget with this. So we're really looking forward to getting the information so we can do that.
So that is the updates from OLTL. Does anybody have any questions before we turn it over to our next presenters?
>> ALI KRONLEY: Hi, Randy. This is Ali Kronley. I have a quick question. Can you hear me?
>> RANDY NOLEN: Yeah.
>> ALI KRONLEY: Great. Thanks. On the rate and wage study, obviously really excited to see that it's going out and hopeful and optimistic that it will have a positive impact on the rates next year. Can you tell us how the rate study was sent to participant directed employers or how they can, if there's any information going out to them or how they'll know about it?
>> RANDY NOLEN: Ali, I'll make sure I'll follow up with you on how it went out. It went out on listservs, it went out through I think certain email chains. So I can follow up for sure and let you know. Or you can always send that comment in to the RA account and they'll be able to answer that back for you exactly how it went out to individuals.
>> ALI KRONLEY: Okay. I haven't seen anything up on the Tempus website or in the Tempus portals which tends to be where most of the communication to participant directed employers goes out.
>> RANDY NOLEN: Objection. Jen told me Michael Hale who works from our office with Tempus very closely is working with Tempus to get that out on the site so I'll follow up with him on that.
>> ALI KRONLEY: That's great. Thanks, Randy.
>> CARRIE BACH: Do we have Amy High on the line to start our next presentation? Oh, I'm sorry, Lloyd has a question before we move forward. Sorry about that, Lloyd, go ahead.
>> LLOYD WERTZ: Randy, I'm wondering, and you were exactly right, this data needs to be in your hand now. It needs to go through the govern's office or we ain't going to see it in next year's budget proposal. Got it. Will there be a way to work any increases like this to assure that a certain percentage, a good percentage, will go toward the direct service workers? Is there a way being contemplated to make that happen, or not?
>> RANDY NOLEN: Yeah, that's always our concern. That was our concern when we had to pass rates a year ago. As you know, it's hard to control that. Certainly when we pass it through the MCOs, the MCOs do understand this is fully passed through to the provider. The problem is once it gets to the provider level, are they passing all of it through to their workers, or are they keeping a percentage of it as administrative overhead? They're certainly encouraged to pass to

the workers and the hope is if you've got one agency here that's passing off 60% of the raise and another agency that's passing off 90% of the raise, obviously that becomes a business issue. People from this agency is going to go to that agency to get the increase. So some of that will be controlled by that also. Unfortunately I don't think there's a way we can directly say we're raising it by 10% and that 10% has to go all the way down. And I think the next presentation is actually Maximus and not Amy. Want to do questions in chat?
>> SPEAKER: Let's wait for them if that's okay with you. Or do you want to get them all up now? I think we need to move.
>> SPEAKER: Okay. We're going to move on to the next presentation. We know there's some questions in chat. We'll get to them during the public comment period. What I'm going to do now is introduce Chris Bortz and Nathan Hassel from Maximus. They're going to do a presentation on the beneficiary support system we've been talking about, so I'm going to turn it over to Chris and Nate.
>> SPEAKER: Thank you, Randy. My name is Chris Bortz, project director for Pennsylvania Independent Enrollment Broker and I'm joined by Nathan Hassel, senior manager and program manager for Pennsylvania Community HealthChoices. As part of our new agreement with the office of long-term living, the Pennsylvania Independent Enrollment Broker has rolled out expanded beneficiary support services and new applicant participating technology enhancements. Today we'll be presenting and sharing information about those new beneficiary supports and technology enhancements. Pennsylvania Independent Enrollment Broker beneficiary supports delivering more supportive services to the Pennsylvania Community HealthChoices population by identifying individual needs and reducing barriers while providing assistance and guidance through the application process and throughout enrollment. How does the Pennsylvania Independent Enrollment Broker provide beneficiary support services? We provide support to enrolled Pennsylvania Community HealthChoices program participants as well as identify, track, and resolve any issues that may prevent the timely processing of Pennsylvania Community HealthChoices applications. Our beneficiary support staff are trained to identify special needs and issues that an applicant or enrolled participant may have. Beneficiary needs are identified during our in-person and telephone interactions with applicants and enrolled program participants. Using our proprietary beneficiary support issue tracking system, we assign staff to form follow-ups and outreach on behalf of an applicant or enrolled program participant on any identified issues until they are resolved. With our person-centered approach, we can remove barriers that could cause delays in application processing while assisting applicants and program participants in resolving real-world issues that may have impacted other aspects of their lives.
I'll go over a couple of examples. An example of beneficiary support for someone applying for Pennsylvania Community HealthChoices program. The issue, required documentation or the physician certification is delayed due to the applicant's lack of transportation. Reason: The applicant has no means of getting to the doctor's office, therefore, they're unable to obtain the required doctor signature needed on the physician certification form. What are we going to do? Support provided: We provide information and guidance on local transportation services and agencies that will be able to assist the applicant in overcoming their transportation difficulties. We'll provide aid and conduct follow-ups until the applicant is able to obtain the doctor's signatures and submit the physician certification form to finalize their application. Another example I would like to go over with you. The issue: A program participant is having difficulties reading and understanding information related to health plan choice and the Pennsylvania Community HealthChoices plan transfer process. The reason: Limit reading proficiency. What

are we going to do? What's the support provided? We'll read the Pennsylvania Community HealthChoices plan comparison charts to the applicant over the phone or even schedule an in-person support visit to assist the program participant in making an informed transfer decision. Now I'm going to transfer it over to Nathan Hassel so he can talk to you all a little bit more about the digital technologies.

>> NATHAN HASSEL: Good morning, everyone. My name is Nathan Hassel. I'm senior PMO and PAC project manager at the PA Independent Enrollment Broker. At the PID we leverage technology to drive better outcomes Facebook applicants and program participants. With that in mind, we've released new online self-service features and enhancements to support beneficiaries in the overall application process. So in the coming slides we'll talk a little bit about those new enhancements. We'll cover the online referral form, email and text message notifications, required information document upload, and secure authentication using Keystone ID. Up first, the online referral form. So the referral form in general is the first step of the PAC application process and it's important the information we receive on the referral is how we'll initiate it for the prospective participant. It's accessible at paieb.com. By clicking apply on the homepage. So our new real-time online referral form is a solution that allows the referral to be submitted in real-time, correctly and first time without any delays considering any incomplete information or or comparing it to submission methods such as mail which takes days to get. This ensures all required information is collected and again, processing delays are avoided,and it allowed the PAIEB to start the application faster which results in applicants receiving the benefits they need sooner.

Next we'll talk a little bit about email and text message notifications. Our new text message and notification system is designed to keep the applicant and/or their authorized representatives informed and engaged throughout the journey for their applicant experience. This new method actually notifies the applicant of when new information is needed or when their application status changes. This is a significant enhancement over the past where applicants and ARs would have to contact us either by phone or go online to check to see if there's new information that's needed or if status has changed. With this new technology, we're now actively sending text messages to the personal device without any activity being performed on behalf of the applicant. You can also opt in or opt out of these notifications at any time.

Required information document upload. This is a new feature available on paib.com. It's designed to be mobile-friendly and easy to use which will lower barrier for applicants and authorized representatives when additional information must be submitted. What's really significant about this is the fact that now we can receive information in real time, so literally you can take out your phone, take a picture, and submit a document in real time to us, again, avoiding delays associated with things like fax or traditional mail. And this contributes to a reduction in overall time to process an application significantly.

Secure website log-in using Keystone ID. So we recently integrated with Keystone log-in using Keystone ID as the primary log-in mechanism for paieb.com. This provides a seamless user experience when a user transitions between any commonwealth of PA website to our website, paieb.com. You don't have to have separate credentials for our website. If you have an ID you can log right into your account and conduct online transactions securely. Speaking to the security, this offers the highest level of security and protects applicant and participant data at the highest level using our single sign-on solution with Keystone.

So today we kind of touched on the types of beneficiary supports that the PA IEB provides, giving examples of assisting a program participant with limited reading proficiency, completing a transfer, helping a program participant also resolve transportation needs. If you or someone you

know is applying for or already enrolled in the program and requires the type of beneficiary supports discussed here today, contact us. Applicants and prospective applicants can call us at 1-877-550-4227. TTY, 711. Enrolled PA CHC participants can contact us at 1-844-824-3655, TTY 711. You can visit us at paieb.com. On paieb.com there's a wealth of information for participants and prospective applicants to review. You can also conduct online self-service transactions such as planned transfers or start a new implication with our new online referral form. And I think that concludes our portion of the presentation. I believe we have a couple minutes for questions.
>> KATHY CUBIT: Hi, this is Kathy. I have two questions from committee members. First one is can you lift out or highlight in addition to the online referral form and the mobile and web new additions to your services, can you highlight any other changes to your contract that started this year from previous years? And second, could you please explain how the 1768 is processed and who is responsible to do that when a participant moves from one county to another to avoid their eligibility from being interrupted? Thank you.
>> SPEAKER: So to quickly speak on new changes, (indistinct) so to quickly speak on some of the new changes with our new agreement with OLTL, another new thing we're going to be doing is quarterly outreach meetings. These community and stakeholder outreach meetings will be held in a similar fashion to this LTSS format where we'll invite community members, participants, anyone is invited and welcomed to join. Additionally, we have some new enhanced beneficiary support service technology that we've implemented. It's an internal tracking system which potentially provides very granular detail on identifying the issues and resolving issues for program participants and applicants as well as some carry-over into the program. Participants such as ac150 or Life. To answer the second part of your question --
>> SPEAKER: I can answer the second part. 1768 for intercounty transfers, the responsibility of the service coordinator. I've got Amy High on the line so she texted me the answer for that one.
>> SPEAKER: I'll provide some additional information regarding some of the new (indistinct) we highlighted the beneficiary support, we highlighted the new technologies. The other piece is we're going to be -- some of the nuance during the appeals and grievances process, we're going to be providing beneficiary support as well during that process, supporting applicants in a different level for complaints and grievances, making sure that throughout that process, we're available to provide the types of beneficiary supports as well.
>> CARRIE BACH: Kathy, are there any other questions in the chat from members?
>> KATHY CUBIT: There's one from Rebecca May-Cole. Did you want to unmute yourself?
>> REBECCA MAY-COLE: Sure. I'm curious whether or not the texting capability, where you can get updates on information that's missing or what have you, is that going to be available in multiple languages? Or do you anticipate that coming if it's not going to be right away?
>> NATHAN HASSEL: Yeah, that's a good question. This is Nathan Hassel. Project manager. It's actually available now in English and Spanish. We have the ability in the future to roll out additional languages as well.
>> SPEAKER: Thank you.
>> SPEAKER: Hi, this is [name?]. There's a question from Pam Walz also. Can you speak more to your role in assisting participants with grievances and appeals with issues with their MCOs such as an inability to reach their service coordinators?
>> SPEAKER: Sure, so our complaints process is really two processes. Number one, we're going to do a quality review to see what the issue is. And number two, there's going to be an operational review. We partner with the MCOs on a day-to-day basis with a whole host of things. So those are natural extensions of our processes already.

>> PAMELA WALZ: Hi, this is Pam. Can I just ask a follow-up to that? If someone -- if a participant calls and says, you know, I just got a notice, they're reducing my hours, can you talk through what would the beneficiary support system do to help that individual concretely?
>> SPEAKER: So simplistically, we'll document the complaint and then we'll follow up accordingly, both to make sure we understand the level of concerns and the issues that are going on with the person on the call. So it's going to involve the more detailed conversation because we need to understand the layers, and then what we'll do is leverage our communication channels that we already have in place with the managed care organizations to make sure that we follow up accordingly, and then all of our complaint reporting as well now is submitted weekly, so it's followed up and we'll partner with OLTL regarding any follow-ups that need to happen.
>> JUANITA GRAY: This is Juanita. How are you?
>> CARRIE BACH: Good, Juanita. This is Carrie. Go ahead.
>> JUANITA GRAY: Hi, Carrie. Of course you know I'm going to follow up on that complaint process. Complaint process is not fair to the participants. And it does not work for us. It works actually against us. So I've been a person that had to go through the complaint process. It did not work well. It did not offer the support as we need it. And as I stated before, the services is for us. It's not for the MCOs. And they're wrongfully using the process. And it's hurting us. I wanted to also double back on Lloyd's comments. The hours and services, really harming us. This is for our health. This is not for everyone else to just benefit off of us. We're the ones supposed to be getting what we need. And we're not. Thirdly, my last, I wanted to go back on the self-directed care services and the pay. It's very low. I listened on all the meetings where you guys said you wanted to retain services workers. You can't retain them by taking their hours. People are being left without care and that will lead to death, very bad accidents, incidents, and everything. And that's not fair to the participant. So we have to do something there. And I would like to have been on the stakeholders meeting. I was invited but wasn't able to attend because they said that they were going to talk. I needed to be there. I wanted to hear. Okay. So I'm going to leave it at that. And I have more comments at the end. Thank you.
>> CARRIE BACH: Thank you, Juanita. This is Carrie. And if Amy High is on the line, let's go ahead and move to her presentation, please.
>> SPEAKER: I'm actually going to do it, Amy is going to back me, she's having some construction in her apartment.
>> CARRIE BACH: Perfect. Thanks, Randy.
>> RANDY NOLEN: This is the enrollment data that we present every so often. And obviously I'm not going to read through every detail on the slides. But for the enrollment data, age and status, we update that every month. Last update was 6/28/24. And our days of ready assessment is down to 8. Our numbers are staying pretty consistent with that as you can see across the board, they've actually improved a little bit in June in the ready assessment status and the PA 600 status so we're seeing some improvement with that. Same way with physician certification, as far as getting the process started to get to PC and get the FED request done. We've seen some improvement in that date or timeline. As far as PC pending, all of that, all the numbers are pretty status quo in regards to that situation. Same thing if we go on to the next slide where it talks about application reviews. This is the medical director review when it comes into them. Again, staying at the one day. Little increase in the program eligibility under review by OLTL. So we'll certainly work on starting to get that number back down from where it's at. And I think the rest of the numbers on this chart are pretty consistent. I don't know. If we have any questions, certainly with Chris and Nate here, we can answer some of the data that they have. If

you look through, as you go on to the next sheet, the 1768 denial, numbers are the same at one day, same way with financial approval. So we're seeing consistency across the board. Again, that's one of the reasons why we put in the beneficiary support services into the contract to improve this process, to move people quicker through the process, and then to assist people once they're in the program. Part of that BSS services will to be to assist people as they're going through re-determinations and other factors that need to be done to maintain their eligibility, whether it's getting a PA 600 done or assisting them in getting bank statements. With all that type of work that's going to be done, the hope is over the next year we'll see these numbers decrease as far as the amount of time it takes to get applications and processes through the system for participants. So we take a look at the numbers across the quarters for quarter 1, 2024. As you can see, there's been a grand total of a little over 35,000 applications come in. About 23 and a half thousand that were completed. And out of the ones that were completed, 22,893 within a 90-day time period. So as you can tell, the grand total is the number of all unduplicated applications in process for the quarter. The complete is the total of unduplicated applications completed in the quarter. Then the total unduplicated applications completed during the quarter in 90 days. So they're the unduplicated counts we have. You go to the next slide, completion greater than 90 days with an excuse or reason, there was 683 in quarter 1. Compliance percentage, we're at 99% compliance in getting stuff done in a timely manner. The average days to complete is 34.34. Again, my goal is with increasing some of this services that we see that number drop down to 30, if not under 25. So that's certainly the goal. I'll sit here and challenge the gentlemen from Maximus to make that goal for me.

So moving over to the next slide, the over and under 60 applications, over 60, we've had 23,000 in quarter 1. Out of those, 15,500 or so were completed in a timely manner. And 15,101 were completed within 90 days. So again, another high percentage rate. Continuing with the over 60s, if they were completed greater than 90 days, there was 411. Our compliance percentage having completed within 90 days is 99% with about 34-day average completion rate. For the under 60s, we've had 11,920 applications in quarter 1. Out of those, 8,065 were completed and 7792 were completed within 90 days, which again, is a 99% rate. We have 272 that there was some reason that it took longer than 90 days to be completed. And our average completion date is 35 days, so it's pretty consistent data across the over ending under 60 population.

If we move on to the closure reasons for quarter 1 of 2024, you can see that number of closed apps, 7710 were closed because they were enrolled into the program. 6,891 were closed, failure to provide information to the CAO. And the CAO in turn denied the applicant for not providing the information in a timely manner. We had a little over 1700 that we were unable to reach the client afterwards. So the initial referral came into the IEB and then they were unable after multiple attempts to reach the individual. We have 1668 that were closed because of missing information. The biggest thing is the PC or the MA 570 not being returned. Again, hopefully we'll see some improvement in that as we move forward with BSS services. We found 1800 individuals clinically ineligible. We did have 889 that upon follow-up were no longer interested in services. We had a little more than a thousand people that voluntarily withdrew their applications. There was 594 what we call re-apps, so the system corrected application. So the original application had to be re started for the reasons, they probably didn't provide appropriate information so it was closed out so they restarted it. Then there was a small number, 386, that were not financially eligible for the program.

The next slide, it's some of the smaller reasons. They're already receiving services, the individual did not get discharged from the nursing facility through NHT so they're still in a facility. We have a number that passed away during the process. Some that were duplicate

applications. And some that didn't meet some of the eligibility-related issues whether it was functionally eligible or didn't meet the five-year bar where they didn't provide the appropriate documentation. So in total for quarter 1, we had 23,594 applications that were closed for all the reasons that are listed here.
All right. Moving on to the FED appeal data. As you can see, we provide you the data for January, February, March, April, May, June. Number of hearing appeals that were scheduled, we had 47 that were reviewed and NFI by the medical director in April, same thing in May. We had a number of appeals that were initiated, 202 overall. And then we had 169 appeals that were withdrawn. We have a handful, six, that were waiting for decisions on. We have 46 that the appeal was settled. And then we have 15 that have an appeal stipulated agreement. And as you can see, there's a lot of asterisk s in here and that's because the numbers were less than 10 in those months. We explain below what the categories are. Appeal hearings scheduled, the hearing date has been scheduled. Appeal initiated means we got it but the date hasn't been set yet. Withdrawn, following a pre-hearing discussion that the appellate or participant withdrew their request. Waiting for the judge's decision, appeal settled, that means there was a stipulated settlement from an agreement, usually meant the person got a new FED done. So that's kind of the data we're looking at in regards to the appeals process. Next slide continues on that, talks about appeal denied, appeals dismissed and appeals approved. Appeals dismissed means the ALJ dismissed the appeal. Some of that is the reason the appellant could not be reached for the appeal hearing itself. The appeal approved, so the ALJ found in favor of the applicant or participant and moved forward with it. Appeal settlement denied, so the stipulation was denied based on going forward with the appeal. So you can see we have a grand total over the six months of 575 in those categories.
>> PAMELA WALZ: Randy, this is Pam Walz. Quick question. Are these just appeals by new applicants or do they include people appealing due to being found NFI on reassessment?
>> RANDY NOLEN: Amy, do you have (indistinct)
>> SPEAKER: I want to believe it's during the process but I'll probably have to take that back to confirm that for you all.
>> RANDY NOLEN: Let me double check on that, Pam. Amy, do you know?
>> AMY HIGH: These are hearing and appeals for individuals going through the new HCBS application process only.
>> PAMELA WALZ: Oh, thank you. Okay.
>> RANDY NOLEN: All right. The next slide is the MCO plan change reason counts. As you can see, we have a number of reasons that people change plans. The biggest, one of the biggest reasons is they were auto-assigned in a plan. So during the process they didn't pick a plan. Then when they got in, they realize, hey, my providers may not be in that plan. I need to switch plans. So that's the biggest reason. We have some issues with dissatisfied with the current medical services. Providers no longer with that MCO so they're switching to a new MCO. And number of other reasons. Some didn't give a reason. Some were dissatisfied with service coordination. Some based on family or somebody else they knew switched plans and they liked the services they were getting. So there's a number of reasons for the number of changes that occur with MCOs. Those reasons continue on to the next page. As you can see, we give you the reasons but it's all a count of less than 10 so we really don't have numbers to provide you for that. But we did a little while back expand the reasons in the system that the IEB is collecting for us. So we do have a lot of breakout here. So what we had for the quarter is 747 plan transfers. So that is the data. Is there any questions? Amy, is there anything else you'd like to add to it?

>> SPEAKER: Hi, this is shanrica [name?] There's a question. Can you explain what's done during the OLTL program eligibility review?
>> RANDY NOLEN: That's probably the medical director review part of it. Because otherwise OLTL does not review these unless they come back for us for medical director review when the PC comes in.
>> PAMELA WALZ: This is Pam Walz. They were two separate -- this is back from the different stages of like how long applications are sitting, and this was the category right under medical OLTL medical director review. So it looks like it's different. I'm just wondering is there like some other kind of -- this is the one, it was up to like 28 days.
>> AMY HIGH: This is Amy. I can jump in here. So those are specific to our fee-for-service programs, the AC150 program and the over waiver where there's additional program eligibility crisis that is reviewed for.
>> PAMELA WALZ: That makes sense.
>> SPEAKER: Shanrica Pine again. There's a question from Sarah. You're being unmuted.
>> SPEAKER: Hello, can anyone hear me? So I have a question for Nathan. I wanted to know, what is your plan to help with obtaining the financial documents? I know you have all of this online systems and different things like that, but some of the documents require or like they take kind of in-person advocacy, so some of the people don't have online banking where they have to go into the bank. So the bank statements, they had it maybe 10 years ago and now they're not using it, but the county assistant's office still has a record of that. What is your actual plan to help those people in real-time with obtaining those statements? Also, all of these things are online, so how do we help seniors? How do we help people who don't have this technology? How do we help them? Also when you guys call and do your things on the phone, you're using a 717 number, you use a blocked number, you use other numbers that's not in our ZIP code. So what's your plan to assist with that? How do you help with Medicaid renewals? And also if you do plan on going in person, what triggers in-person assessment? And one more thing. Will you be contracting with outside local agencies to help you do the work, the advocacy part of the waiver process?
>> NATHAN HASSEL: There's a lot there so I'll try to cover most of that. Regarding the online functionality, so we want to be clear that this is new functionality. It doesn't change our existing protocols where we had human to human interaction (indistinct) whether it's over the phone or in-person visit. Just wanted to highlight some new online technologies that can be leveraged if you have access to those. As far as the new beneficiary (indistinct) going to vary dramatically depending on the participant, but we will provide any necessary assistance in helping them get these financial documents. We can actually advocate on behalf of the person, in person by going with them to the office, providing support with in-home visit if they don't understand anything. We will do just about everything on behalf of the advocacy of (indistinct).
>> CHRISTOPHER BORTZ: This is Chris Bortz. You asked for a real-time scenario. I'll actually provide you with a real-time scenario because we're 30 days into this. Had a situation where, it's right along what you're talking about, an applicant was struggling with financial information. We supported the applicant in getting (indistinct) then after we took over we began the information for the financial information and followed up with the applicant and delivered the information to the county systems office. So we're going to do that. The nice thing about technology is we have it. If we need to submit it, we'll do that. If we have the ability, we partner with the county systems agencies now and the systems offices now so we have connections there. So we certainly understand and fully are aware of the issues as far as documentation. We're going to meet the applicant and stakeholder where they are and we're going to provide that necessary

support because we acknowledge the concerns there. (Indistinct)
>> SPEAKER: Shanrica Pine. This comment is from [name?] The number of people designed at CAO level for not providing documents will be increased (indistinct).
The next question comes from Amy Tompkins. How are service coordinators being notified when a participant in over or at 150 becomes eligible for community choices as we have not been receiving this information.
>> SPEAKER: The question was how are over and net 150 clients, are the SCs being notified? Yeah, the ac150 and over program should be notifying the them and should be working with individuals to help transition them to CH C. They should be notified so when you're having issues when somebody moves, you should probably contact OLTL and we'll assist with that. The SCs should be part of the transitional process.
>> SPEAKER: Thank you, Randy. We also have a question from Mitchell Case. Mitchell, you are being unmuted. Mitchell, you can unmute yourself. Mitchell, if you want to push your --
>> SPEAKER: Can you hear me now?
>> SPEAKER: Can you speak a little louder?
>> SPEAKER: Sorry, are we having audio issues? Shoot.
>> SPEAKER: We can hear you. Just a little faint.
>> SPEAKER: Is right now the best time to comment on the (indistinct) study? Hello?
>> SPEAKER: If we can hold that question for our second comment period, I would appreciate that. This is Carrie speaking.
>> SPEAKER: Certainly.
>> CARRIE BACH: Thank you so much.
>> SPEAKER: Of course.
>> CARRIE BACH: Let's take a couple questions here in the room. Please state your name and go ahead.
>> SPEAKER: My name is [name?] And I'm the director of (indistinct) staffing. I have a case, two cases where I informed our ED about them and they sent representatives out to do the assessment. Everything was done. They asked for their physician certification. It was sent and the information was sent from the bank. Finally the case was decided and they sent it to the county assistant office for the hours to be determined. I sent there, we couldn't get any information from there. After now I can't get two cases. I've not registered with any MCO yet. I'm trying to work out that. I'm confused between here, what's the chemistry from the IEB to the county assistant, (indistinct) what am I supposed to do next? And what is going on? I'm just stuck. I just wanted to know what else they think any information they suggest I can get from here. Thank you.
>> SPEAKER: So you're saying the holdup is with the county assistant office?
>> SPEAKER: Yeah, that's where the document's at.
>> SPEAKER: Okay. That's something you can follow up with CAO.
>> SPEAKER: Follow up with them?
>> SPEAKER: Yeah, follow up with the IEB. Yes.
>> SPEAKER: You can contact us and we will help advocate on your behalf.
>> SPEAKER: Okay. So get that information through the office.
>> SPEAKER: After the meeting I'll give you my direct contact information. We can follow up. There may be some nuance that we may need to look into. But we'll let you know exactly where things are.
>> SPEAKER: Thank you.
>> CARRIE BACH: Amy, go ahead.

>> SPEAKER: Hi, this is Amy Lowenstein. I have a quick question, the data you presented, is that just applicants for CHC or does it include Life, and for OBRA applicants? Just trying to understand the scope of the data.
>> SPEAKER: Just CHA.
>> SPEAKER: Okay. Thank you.
>> CARRIE BACH: Kathy, do you see any questions in the chat from members?
>> KATHY CUBIT: No, I don't. I'd like to propose to see if the group, and if it's all right with Randy, if we skip the MAAC agenda item so we can spend a little more time on the public comments and start up with the role of CHC and service coordinators and nursing facilities at 11:40.
>> SPEAKER: Yeah, that's fine, Kathy.
>> KATHY CUBIT: Thank you.
>> CARRIE BACH: Any other questions in the chat?
>> SPEAKER: Yes, this question comes from Sarah McFadden. Sarah, this question is for Nathan, what is the plan to work with local organizations? Are you sitting with participants in their assessments?
>> CHRISTOPHER BORTZ: Hi, this is Chris Bortz. I can answer the question. We do not sit with participants in the assessments. That's not part of our role. However, I think Randy spoke to this a little bit, we will be working with OLTL and various stakeholders and providers in rolling out information regarding our beneficiary support, what it is, what it's not, so that we can partner with stakeholders, agencies, organizations in making sure that the community is aware of additional things that we're taking on as part of our responsibilities.
>> SPEAKER: Thank you, Chris. Shanrica Pine again. This question is from [name?] Are the transfers due to provider no longer with the managed care organization concentrated in any particular area or MCO?
>> SPEAKER: No, there's no -- we don't have right now by MCO, but it's not in any provider area.
>> SPEAKER: Thank you, Randy. This next question comes from Ashley Vargas. Aside from the emails and text messages sent to individuals with updates regarding enrollment status, is there an online option via the IEB portal for individuals to check application status as well?
>> NATHAN HASSEL: Nathan Hassel. Yes, absolutely, you can go online and check your status, even if you do not have a Keystone ID or any other authentication method for the website, you don't have to have an account to check the application status. You can also call us at our 1-800 number and access your status via the automated system as well.
>> SPEAKER: Thanks, Nathan. I also wanted to give Mitchell Case an opportunity to ask his question. Mitchell, you're being unmuted.
>> SPEAKER: Hello, can you hear me?
>> SPEAKER: We can hear you.
>> SPEAKER: In trying to access the actual questions of the survey, there appears to be a PDF embedded in the presentation. And I am not able to access it when you click on where the PDF attachment is supposed to be in the presentation itself.
>> SPEAKER: They're telling me if you double click on it, it should work.
>> SPEAKER: I will try that. I have just one further question and I'll try to keep it as brief as possible. My question is, I understand that the study is taking place, that it is moving quickly and that gathering this data is quite important. So I'm glad that it's taking place. But as somebody who is going to turn 21 and therefore be considered an adult case under CHC, my compensation is going to drop. So right now my caregivers are making about $15 an hour and

they're going to be making $12 as of my birthday. And I'm concerned because I understand our hands are tied in terms of budget and compensation. Things like this are so devastating to so many. And I am unsure what people are expected to do in these circumstances or what kind of support may be available. So what are we expected to do, I suppose is my question.
>> SPEAKER: That's a good question, and I understand the situation. This is Randy. One of the things you can do is as you enroll in your CHC MCO is have a discussion with them about participant direction or budget model authority where you're controlling what you're spending on your caregivers. So that's a discussion you should be having with the MCO. They should be able to help you set that up. Because then it gives you some ability to direct what you're paying your caregivers and to direct how your care is being costed out and your budget is being used. So I strongly encourage you to have that discussion with the FC once you meet with your MCO.
>> SPEAKER: Thank you very much.
>> SPEAKER: I have an update in regards to the question about the survey going out through Tempus. Mike Hale is working on that. He's resolving issues with Mercer to make sure the survey is appearing properly for the CLEs. The questions are being processed and he's working with Tempus to get the survey up this week on their website. So it should be out there.
>> ALI KRONLEY: Thanks for that, Randy and Michael.
>> RANDY NOLEN: Sure.
>> SPEAKER: Shanrica Pine again. Next question comes from Sarah McFadden. Sarah, you are unmuted. Sarah, you can unmute yourself.
>> SPEAKER: I'm sorry, my question was I guess toward Nathan. So how are you addressing your coordinators that come inside the participant's home? How are you going to help with the social determinants of life? What is your plan to assist with that? Are you going to continue to do follow-up work, case management on the specific people? And also the question didn't get answered about local outside agencies. I know you said you guys will work with OLTL and different providers in a sense of putting the information out there that the IEB is now doing I guess benefit counseling. Is that -- I'm not sure what you guys are categorizing it as, but what's the plan to work with different agencies that are currently doing this work?
>> SPEAKER: So I'll address the beneficiary support. So our beneficiary support model is a part of our, for the home and community-based services application process, it is a part of the in-home visit. So we're asking those questions to get to what the additional concerns are and then providing referrals and resources accordingly. So the beneficiary support services then is then also a part of our other additional contacts that happened throughout the home and community-based services process, throughout the application process. So because what we understand is that any type of new issue or concern can happen at any time real time. So we have an obligation to ask a series of questions to get to if there's additional concerns, issues, complaints throughout our connection point, whether it be in person or over the phone. We're going to do that. Regarding partnering with local agencies, we are contracted with a number of small and diverse business agencies that we work with to increase our staffing needs. So that happens on a day-to-day basis and is continual.
>> SPEAKER: Okay, and can you explain some of that contract? Like what does that mean? You work with staffing agencies? Or -- like I'm not understanding what you mean by that.
>> SPEAKER: So yes, staffing agencies. So our staffing agencies are the agencies that we work when we have a staffing need that comes in. All the agencies that we work with are certified in Pennsylvania for small, diverse business. So any staffing need that comes in, we work with those agencies so they can meet the needs of any staffing needs that happen on a day-to-day basis.

>> SPEAKER: Okay, and what are the requirements for the staff to come into the home to help people with these services?
>> SPEAKER: We have -- there's very specific requirements for those staff. Those are outlined in our contract from experience working with people to bachelor's degrees, there's a whole host of requirements that are required for our enrollment case managers.
>> SPEAKER: And can I get your contact information?
>> CHRISTOPHER BORTZ: This is Chris Bortz, I can certainly share the information with OLTL.
>> SPEAKER: Thank you.
>> RANDY NOLEN: This is Randy, just a comment. The work that the support services people are going to be doing through the IEB are not replacing what the service coordinator is doing for the MCL. They'll be working in coordination with the service coordinators of the MCOs. They'll be working in coordination with the CAOs and other entities to insure that, one, we get people through the system and get them enrolled into the MA program, that we can answer any questions moving forward. There are also a secondary lifeline if there's an issue with the MCO. They can go to the IEB to work on that. Anywhere from grievances and complaints issues to service issues, they can work on that. The support services that are provided are not going to be an ongoing case management system. There are support services for that identified issue that's going on at that time. So the participants aren't assigned an IEB beneficiary support service. They will have somebody helping them through that point in time and if six months down the road something was up, they can call them again and get some assistance. It's not a service that's continuous. It's a component of the system to try to improve the overall system for our participants.
>> KATHY CUBIT: This is Kathy, I just wanted to get clarification about the use of staffing agencies. I understand the worker shortage. I just would hope that the staff you're using go through some sort of training and competency testing. Enrollment is very confusing and complicated, and I would hate to think there's someone just popping into somebody's home without the skills necessary to help people. So I don't know if you can just clarify that point.
>> CHRISTOPHER BORTZ: Great question, thank you for the question. What I can assure you is we have an extensive training period. Training period is up to 30 days, actually it's 30 days. Within that period as well we have a process called nesting whereas the staff persons, whether it be the enrollment case managers, everybody on the phones as well are doing side by sides. So that people understand what the process is. The other part of that is there's a whole lot of information from a competency hit the nail on the head as far as the competency perspective. We do competencies regarding trauma-informed care. We do competencies regarding person centered approach. We do competencies regarding how are you supporting people, the older population. All of those different things. So contractually there's a whole host of things that we're required regarding onboarding, there's also we've rolled out an enrollment case manager's certification so that we can insure that not just the baseline but on an annual basis that information is current and updated.
>> KATHY CUBIT: Thank you very much. I think at this point we should move on to our next panel and we'll pick up after the next panel presentation with additional comments. But thank you.
>> SPEAKER: I'm going to ask a question first, Kathy.
>> KATHY CUBIT: I'm sorry, go ahead.
>> MATT SEELEY: In my day job, I'm the director of the Statewide Independent Living Council, and I have to say how wildly disappointed I am in the governor, the department, the legislature

in taking no action on the crisis of attendant care and their wages. This study, I mean I hope it does something, but putting it to next year, people have said, people are dying. This government just keeps kicking it down the road. They're not taking it seriously. I saw an article in the paper, not the paper, online, a week or two ago where the governor was with a number of people with disabilities celebrating all of the money that went to the other side of the office. When is the government, when is this office, when is the department going to take this seriously?
>> SPEAKER: Thanks, Matt, I can tell you from a department perspective, we take this very seriously and we know this is a crisis for our program. Thanks for your comments.
>> JUANITA GRAY: This is Juanita. Can I please have Matt, what is your full name, Matt?
>> MATT SEELEY: Seeley.
>> JUANITA GRAY: Okay, thank you, Matt. I just wanted to say thank you for your follow-up with that because this is a very detrimental to our health and and I just feel like this program, I really think the individuals that came up with the program and helping disabled and individuals with the Office of Long-Term Living and LTSS. But I do not think we're being serviced and our direct care workers are being paid accordingly as well. And I thank you for that, and our lives depend on these services. It does help, but it's not being handled correctly, you know, to favor the participants. It's favoring everyone else but us. Absolutely. And I wanted to say that. We're being harmed getting the less of everything. But the service is supposed to be for us. So thank you.
>> MATT SEELEY: Thank you, Juanita.
>> CARRIE BACH: This is Carrie. Let's go ahead and move on to the next presentation. AmeriHealth, you're first this time.
>> JOCELYN SAGGESE: Good morning, this is Jocelyn Saggese. Are you able to hear me?
>> SPEAKER: Yes.
>> JOCELYN SAGGESE: My name is Jocelyn Saggese, I'm one of the directors of service coordination for AmeriHealth Caritas and Keystone First. So I'm talking about the role of the service coordinator. We have it broken down into four major parts. The first one is the development of person centered service plans. The plans are based on the participants' individual needs and desires in directing their own care while a long-term resident in a nursing facility. Service coordinators also advocate for participants and their authorized representatives. They make sure participants receive quality care and develop a partnership with the nursing facility's multi-disciplinary team to work toward the participant's identified goals. Service coordinators also identify participants who have a personal goal to transition back to the community. And service coordinators are also responsible for making referrals as necessary for behavioral health support, specialty physicians, specialty medical equipment, specialized services such as community integration, facility transfers, and working with state partners. So how does the service coordinator fulfill their role? They fulfill their role through consistent contact with the participant, planning team members, and the facility. Contact is required at least every quarter with the participant, with at least two of those contacts being face-to-face. Contact is also established at the request of the participant or power of attorney, the nursing facility, or when a triggering event occurs. Service coordinators will also reach out to and work with the nursing facility staff, including director of nursing, business office, and social workers, for service planning purposes, eligibility concerns, and for updates as needed.
So looking at the development of person centered service plans. These plans capture the participant's current diagnostic history, health status, preferences, services, barriers, and goals. As mentioned before, they're completed face-to-face with the participant at one of those

contractually required visits. Service plans are developed with input from the participant, the participant's authorized representative, power of attorney or legal guardian, nursing facility staff, and any other individuals that the participant chooses. When completing person centered service plans and the full assessment, access to electronic health records is not required but it does allow for a more comprehensive plan to be built by the service coordinator with minimal preparation by the nursing facility staff. Electronic health records also serves as a data source for accurate up to date information regarding diagnoses and health status. Managed care organizations are required to complete the initial orientation within 30 days of the new participant's start date with the managed care organization.
When looking at advocating for participants, service coordinators can assist with advocacy with participants and authorized representatives. Advocacy can occur for some of the following reasons. Transitioning to a community setting, referrals and follow-up assessments for additional services, adult protective services involvement, making sure that all members of the planning team are working together towards the participant's agreed upon goals, and eligibility concerns and questions including eligibility renewals.
When looking at transitioning to the community, service coordinators assist with facilitating that transition with internal and external teams. Service coordinators complete a comprehensive needs assessment to identify participant needs and preferences, including the identifying and referral to home and community-based services or HCBS. HCBS benefits include but are not limited to: Personal assistance services, home delivered meals, personal emergence response system, adult day program, and specialized medical equipment. Additional services that are often utilized with nursing home transition include community transition services, home modifications, and complex case management.
When looking at referrals and outreach, service coordinators often serve as the go-to for additional services. The need for additional services is typically captured during the initial, annual, or trigger comprehensive needs assessment. The service coordinators are available to assist with referrals at any time. As necessary, additional services to participants residing in a nursing facility long-term may include behavioral health support, specialty medical equipment, and specialized services such as community integration. Service coordinators are available to assist with referrals to other facilities, for example, when more specialized care is needed or in the event of a facility closure. Service coordinators can also reach out to the ombudsman or other state partners as needed. Any questions?
>> PAMELA WALZ: Hi, this is Pam Walz. I've got some questions. Could you talk a little bit about the person centered service plan? What is that? Does it have any relation to the MGS that's developed in the nursing facility? And is it the NRI? And how is it effectuated? We know how it works with HCBS. There are various home and community-based services that are put into a plan. But how is it effectuated on the nursing home side since the nursing home is the one basically deciding what services are provided?
>> JOCELYN SAGGESE: That's a great question. The plan of care is developed in collaboration with review of the NBS at a contact that they have. In the case of nursing facility participants, we do not complete an NRI. That's for community or those transitioning to the community. But the service plan is looked to establish that connection with the participant to make sure that their needs and preferences are documented and that any needs or preferences that are not currently being addressed in the nursing facility or something extra that the participant is interested in, those are some of the goals we'd write into the service plan to insure the participant has their needs and preferences met.
>> PAMELA WALZ: I guess really what I have is a comment. I've got a lot of clients in nursing

facilities, and none of them even seem to know who the service coordinators are. I've never seen any evidence that residents are aware that they have such service plans or that they are aware of their service coordinators playing a role in identifying needs or helping to meet needs. I guess I really have a lot of questions about specifically how this occurs. Like what this looks like and what the actual steps are that a service coordinator takes to identify what the person's needs and preferences are and what specific steps they take, like how they talk to the nursing home, just what this looks like.
>> JOCELYN SAGGESE: And I'm speaking specifically for AmeriHealth Caritas and Keystone First.
>> PAMELA WALZ: We have members here in Philly actually with Keystone.
>> JOCELYN SAGGESE: So we have -- if you're in Philly, I'll speak specifically to that. Some of the larger facilities, we have more than one service coordinator assigned. Some of the smaller facilities we have just one service coordinator assigned. So we have internal service coordinators assigned to each facility and they're TARFCKD with reaching out to the business office, social workers, directors of nursing. They do leave their information with them. And that's in addition to completing the assessments with the participants. In regards to looking at the go planning and the service plan, that is done one-on-one with a participant with representatives, anybody that they choose as well as in collaboration with the nursing facility. Service coordinators use motivational interviewing to determine what appropriate goals there are, what the participant is expressing as a need or preference. With that comes the collaboration with the nursing facility staff to get those goals completed.
>> PAMELA WALZ: I promise this is my last question. Can you describe specifically what that collaboration with the nursing home looks like?
>> JOCELYN SAGGESE: Yeah, so it is -- when service coordinators are going into the nursing facility, they do check in -- each facility is a little bit different with who their front person is for that communication. So the director of nursing, the social worker, the business office. So they do check in with them. And get any changes or updates from their end. They are also involved in the service planning with a participant. So we have these team meetings with the participant, the representatives, and the nursing facility staff, and then we leave behind all of our contact information so if there are any changes or questions after, everybody knows how to get ahold of the service coordinator.
>> PAMELA WALZ: Thanks.
>> SPEAKER: Any other questions? Lloyd?
>> LLOYD WERTZ: I want to make sure I understood what you said. The service coordinator is an advocate at times for the behalf of the enrollee. Did I hear you say that?
>> JOCELYN SAGGESE: Yes, they are an advocate in helping the participants identify their needs and preferences and establishing those goals.
>> LLOYD WERTZ: So wouldn't an advocate on occasion have to advocate for additional services to be delivered to their consumer? And wouldn't those additional services result in additional costs to their employers who are the MCOs? And if so, how is it maintained that there's not a conflicted interest on the part of the service coordinator? Just asking the question.
>> JOCELYN SAGGESE: It's very much a participant-driven conversation to determine what additional services are needed or preferred, so with the interviewing of the participant and reviewing of the PCSP or plane of care, that's where we're determining if any additional services are needed.
>> SPEAKER: Are you going to get to the part about how it's not a conflicted interest on the part of the service coordinator? Maybe next time?

>> JOCELYN SAGGESE: I can get back to you on that but I do want to reiterate it is completed based on the participant's self-report or the authorized representative POA. It's based on their input on what they feel is needed or preferred.
>> SPEAKER: (Indistinct) get back to me. Thank you very much.
>> SPEAKER: Can I ask a follow-up on that? Maybe I'm confused. This is Matt Seeley, sorry. You said that the service coordinator can be an advocate? I feel like a few months ago we went round and round and round and round.
>> SPEAKER: Yes, we did, Matt. They're not an advocate in the fact that they're going to go to a grievance and hearing and advocate for them in the grievance and hearing process. They are an advocate in the sense of working with them in the nursing facility to work with them in the nursing facility to get the appropriate services for them. If that person wants to go out the day program or they want behavioral health services, they should be working to get those services. Whether advocate is the right term or not, we can debate that. It's their role to get appropriate services for that individual. If they want to transition out, if they want to go to a different facility, that service coordinator should be working on behalf of the participant to get those services in place.
>> SPEAKER: But not in the grievance process.
>> SPEAKER: They cannot attend the grievance, that's the argument we put to rest a few months ago. We had a few months ago. We put it to rest.
>> SPEAKER: I'm sorry. (Laughter) Man. Tough crowd.
>> SPEAKER: My name is [name?] (Indistinct) Lancaster. I have a question for Justin about the language barriers. We spoke about barriers as well as goal development for the participants. How is AmeriHealth currently -- what's the process currently for AmeriHealth for individuals with a language barrier, especially minority groups (indistinct).
>> JOCELYN SAGGESE: I was having trouble toward the end, but it sounds like you're asking about language barriers and how we address those.
>> SPEAKER: Can I have you repeat your name again for me?
>> SPEAKER: My name is (indistinct). I'm with (indistinct) foundation, nonprofit.
>> JOCELYN SAGGESE: Speaking again from AmeriHealth Caritas and Keystone First, we do have language services that we are contracted with that we utilize for any of the translation services that we need, and that includes verbally and in writing.
>> SPEAKER: (Away from mic)
>> SPEAKER: Make sure the red light is on.
>> SPEAKER: Oh, sorry. As a follow-up, if the language services are not able to provide the language that the minority groups have, (indistinct) those individuals currently be working to resolve. With the minority group (indistinct)
>> JOCELYN SAGGESE: If it's not able to be translated through the services that we have available, I'd like to get some specific examples from you so we can look into that and get that resolved.
>> SPEAKER: We can definitely provide examples and (indistinct) with the coordinators with contact with AmeriHealth to try to resolve this.
>> JOCELYN SAGGESE: Okay. Once we get that information, we'll work with our vendor and look at other translation services available.
>> SPEAKER: Josh, I'm going to introduce him to Jess here. Jess is in the room and Jess can get his contact information so you guys can coordinate. Jess is in the very back of the room.
>> JOCELYN SAGGESE: Thank you.
>> SPEAKER: All right. PHW.

>> SARAH HALL: Hi, everyone. My name is Sarah Hall. I'm a manager of nursing facility and service coordination at PA Health and Wellness. I'm actually really happy to be here presenting on the nurse facility in this role because prior to CHC my whole history with LTSS has been home and community-based services but I've since learned how beneficial it is to have SCs in nursing facilities. So for some background here, PA health and wellness, we have service coordinators assigned in 607 nursing facilities state-wide serving over 13,600 participants. The maximum caseload ratio is up to 225 participants per SC. And then that caseload population consists of Medicaid, long-term care participants, as well as those dually eligible for Medicare and Medicaid. So in addition to our internal PHW SCs, we also partner with three service coordination entities for nursing facility caseloads. All right. For the lifecycle of nursing facility coordination, it really starts with the assignment, so once PHW is notified that there's the new participant in one of our nursing facilities, we have an intake team who assigns the participant to the SC, assigned at the facility where the participant is residing. Then the SC is tasked with meeting the participant face-to-face and really their role at that point is to orient them to PHW and start building the person centered service plan, so the PCSP. Then that PCSP, it's not only to obtain medical history but we also really want to get to know the important people in the participants' lives, we discuss their goals and really how we can best support the participant. So we do this in collaboration with the nursing facility. They use the system to store the documents and I want to say about 90% of the facilities they've granted our SCs direct access to their AMR system. So we find this beneficial. It really allows for us to have consistent information with the nursing facility. So outside of that initial planning, the ongoing work with the participant contractually is the same for all three MCOs. So although we're required to make at least two face-to-face visits per year, we're really encouraging our SCs at PHW to make their quarterly outreaches in person too. We pretty much figure if they're already going to be onsite doing maybe an annual re-assessment for one participant, they might as well pop by to see some of their other participants too to continue to make themselves available to the participants as well as the nursing facility staff. We can move to the next slide. So to dive a bit deeper into the role of the nursing facility SC, each SC really has autonomy to plan out their schedule with their participants. So we try to keep our caseloads around 220 participants to leave room for some attrition and the amount of nursing facilities that one SC is responsible for, it really varies. We have some SCs where they might have 200 participants at one facility, whereas we have other SCs, their caseload is comprised of maybe eight PHW participants here, 20 at another, and so forth. But ultimately it's the SC's responsibility to make themselves known within the nursing facility so participants and staff can put a face to them. They're here representing PHW and supposed to be a resource to the person and the nursing facility staff. For the person centered planning, I know I touched on it a little bit, but one thing I do want to point out is the collaboration and the coordinating that the SC is really responsible for. So prior to CHC the nursing coordinator was doing this on their own. Now if a participant is admitted to the hospital, we want to be far of the discharge planning process. If the participant's goals are not progressing or they want to make changes to those goals, we want to be a part of that. If the participant has a person centered team, we also want to ensure everyone is on the same page, everyone is being kept in the loop on the participant's needs and their services. So along those lines, our SCs, they've become another advocate to the participant and as we just discussed, I don't know if necessarily that is the word we should be using, but use it in a sense that if we can help make referrals on behalf of the participant were they to do that, one example is let's say the discussion of the PCSP process keeps leading to the participant would benefit from behavioral health services, but they're not really receiving that or not receiving it adequately. We can really

follow up with the nursing facility staff to get things going or we can use resources in the community or we have our own behavioral health team to consult with. So that's what we mean when we refer to advocacy. Next slide, please. And I know AmeriHealth reviewed a similar slide referring referrals and outreach so we don't have to repeat a lot of the information. I definitely want to echo we consider our SC the go-to person, not only for the participant, but again for the nursing facility staff as well. So they can utilize the SC and PHW as a resource. This way we know the participant is receiving well-rounded care and their needs are fully being met. I do want to highlight, this doesn't have to be just during the routine outreaches. We really try to ensure our SCs are making themselves available and that they're onsite as much as possible too. I want to draw your attention to the last bullet here because PHW does have two internal teams, the complex care team and the transitional care team. So if we have a participant, let's say with a complex medical or care need, the SC is still the primary point of contact. But this becomes a collaborative effort. So it's a team approach. We tried to identify the best resolution for the participant and we tried to involve as many crucial parties as possible. So sometimes the nursing facility staff are attending these meetings. Sometimes maybe it's the hospital social worker who's attending. Really anyone who we can collaborate with to help the rest of the participants' health and safety. Next slide. Thank you. Again, not to repeat the transition process here, but I'm really proud of the work PHW does with NHT. We take a team approach to this too to set the participant up for success in the community. We do involve our medical directors, the nursing facility staff so that it is a safe discharge. We also have a housing specialist so that we can find appropriate community settings, and not only do we just develop the home and community-based service plan, we also consider additional services. So does this home need home modifications? Or should the complex care team be involved in this discharge planning? So if there is a participant interested in transitioning, we really do put our best effort to ensure that it happens as long as it's the safe and appropriate option for that participant. Next slide. Thank you. Just to tie this all together, I do want to have one success story. This is John, he's a 51-year-old male diagnosed with cognitive impairment and cerebral palsy so he's a good story to really tie together the role of this SC and the facility. Because initially John was living with his mom up to the age of 38. She was pretty much his sole caretaker until she unfortunately passed away back in 2011. He did have some support from his siblings but really all of his care needs wouldn't be met through them so he ended up going into a nursing facility which I'm sure sounds like a common story. The particular nursing facility that he moved into happened to be a para 13 facility. Basically it's a facility that's equipped to offer specialized specialized services outside of what a typical facility would. So when John became a PHW participant, the SC, they did approach the NHT subject which we do with all participants. He was I guess hesitant but interested at first. He's never lived life in the community on his own. So the SC linked him with Roads to Freedom, specifically a peer advocate, and that was such a game changer for John. He was really able to see that there's someone in his shoes that's now thriving in the community and he was able to go to this person for encouragement and advice and really through these conversations, John became more interested in the Center for Independent Living. This becomes a success because now he's volunteering at the CIL. He got a job at a radio station answering phones. Now he's starting to explore other activities. He keeps mentioning he wants to join a bowling league. These are all new aspirations to him that at least he wasn't acting on previously. The SC also implemented community integration supports, so now he's learning these skills to feel comfortable. Basically becoming a decision-making adult and being able to complete tasks on his own in the community. So although he's still waiting for housing, we're still having these ongoing internal meetings regarding his appropriate transition and we've already

lined up an HCBS SC for him so this way we're not basically throwing him to the wolves in the community. He can start building that rapport with his new go-to person once he leaves the facility. Then he still has that support from his current nursing facility SC. The success so far, next slide, please, because I do want to point out that this was also an eye-opening experience for PHW because working with John has really made us realize we could be targeting these Peer 13 facilities sort of as a priority for NHT. We continue to expose these participants to the option of living in the community. Maybe these nursing facility placements aren't necessarily the most appropriate for these participants to thrive in, really some of these participants. So particularly if we could involve the CILs as much as we did with John, I think that would be a huge turning point for some other participants as well. So I believe that puts me to the end here for our presentation for PHW. Yep, we're open to questions.
>> KATHY CUBIT: This is Kathy. Maybe we can hold the questions until after UPMC then we'll round out the questions as we go into our final public comment period. Thank you.
>> SARAH HALL: Sure. Thank you.
>> SPEAKER: All right. UPMC.
>> MARISSA ABLES DAWSON: Good afternoon. Is everyone able to hear me?
>> SPEAKER: Yes.
>> MARISSA ABLES DAWSON: Thanks. I was struggling to unmute. This is Marissa Ables Dawson, senior director of strategic initiatives and clinical programs at UPMC CHCC and I have the pleasure of overseeing our service coordinator teams. We'll talk about it a little bit today. Some of it is going to be redundant because us and our peers do some things similarly and I know we're running short on time. So next slide, please. All right. So at UPMC we do things a little bit differently with how we assign. We make sure that each facility has a dedicated service coordinator to help build rapport. We also recognize that some of our larger facilities do better when we have a couple service coordinators assigned to them, especially if a staff is out, if there is something where there's high need for multiple participants. We make sure we have a couple SCs supporting larger facilities to help support those needs. Next slide, please. One of the first things our staff do when they get assigned to a facility or a new participant is work with the facility staff to introduce themselves to the social worker, the director of nursing, the administrative staff, explain their role, how we can support, how we can be contacted. Then we also definitely meet with our participants. We meet with them in person. We explain our role and how we can support, how they can contact us, how we work with the nursing facility to help support their care. We make sure that we're seeing our participants at least once every three months. At least two of those have to be in person. Often we see our participants a little more frequently because if we're out there for one thing, our staff tend to pop in on their other participants. We do complete a comprehensive need assessment in person each year and part of that is done with review of the MDS and nursing facility care plan. Some of our additional best practices here at UPMC is we make sure that we're sharing invitations to the weekly Learning Network webinars, especially for items that nursing facilities have shared that they would like some additional education or support in. Our service coordinators make sure to work with the leadership of the facility as well as our leadership to get responses for additional details when we have items that we need to assist with advocating for the participant for. That can include something like making sure that they have the radio station they like, so it can be simple advocacy items. Additionally we have a quality of care roundtable at UPMC. We'll talk about that a little bit more in detail later.
One of the main roles of our nursing facility service coordinators is to work with the nursing facility staff and help monitor them and ensure things are being completed such as the pre-

admission screening and resident review, which you may hear reviewed to as PASRR, specialized service delivery, making sure patients and participants are aware of their rights, the responsibilities of themselves as well as the facility and us, making sure they understand patient pay liability, and that they're aware of their access to personal accounts and other processes that the facility will help with. We make sure that we're working with facilities to identify and insure the provision of those PASRR services when applicable for patients residing in nursing facilities and also work to provide community integration, peer counseling, support groups, and training as needed. One of our biggest pieces of work with our nursing facility participants is helping to identify when people would like to transition back to the community and helping try to make that happen. It's definitely based on helping people be in the least restrictive and most appropriate setting based on their condition and their desires. And we work very closely with nursing home transition providers who are community providers along with our nursing facility staff, our care managers, our home and community-based staff to help support those transitions and get people back in the community when they would like to. Next slide, please. Can I get the next slide, please? Thank you. All right. So we work to help support participant needs just like our peers do. We make sure that functional, physical, and behavioral health needs are being evaluated and being met. We're making sure that wellness and preventive care visits including routine medical exams, treatments and therapies are happening as needed. And also identifying any alternative methods of communication for those unable to speak for themselves but can communicate through another method for languages other than English. Next slide, please. We can also help participants get in touch with older adult protective services and adult protective services, the ombudsman's Department of Health, any time they have any concerns or questions that those departments would assist with. We work with our nursing facilities and our participants to find ways to avoid hospital admissions and readmissions and make sure we're utilizing emergency services when needed and not in place of primary care. We help monitor access to care. We help with transportation needs, getting to and from specialists, and in assisting with behavioral health services. We always want to make sure we're complying with confidentiality and compliance. So HIPAA, DHS guidelines, and like our peers have said, we also have access to many of our nursing facility's electronic health records which helps us all be able to share information easier. Next slide, please. This is a visual of what our quality of care roundtable is. It's an internal ICT, meeting in review where any time there are complaints from participants, we identify concerns with care, if anything would come up in media or shared with us from DHS being aware. We have a group that reviews those items, discusses corrective action, and then we also are able to do a lot of new and innovative things to improve care after those roundtables. If you could move to the next slide, please.

Our ICT includes a number of people within the health plan, from network representatives to the SC to our associate Vice Presidents and medical directors. There are clinical and non-clinical staff that are part of the review and our quality team champions met with us. Then one more slide and I believe it's our final slide. So our QOC, we have used to drive improvement in how we support our nursing facility SCs. One of the main items we focused on in the last two years is increasing training for nursing facilities and service coordinators with regard to chemical restraints, how they're being monitored, how they're being reported. We have red flag calls to identify and address issues quickly. We've been increasing education opportunities for our staff as well as nursing facilities. And collaborating with nursing facility associations to increase participation of the nursing facilities in those trainings. I know that was a little bit quickly. So I will hand it over for any questions.

>> KATHY CUBIT: This is Kathy. Thank you all for your presentation. I had a comment and a

question and then we'll move into other questions into our public comment period as well. To Pam's earlier point, I appreciate hearing all this information but there seems to be a disconnect in what actually happens in nursing homes and I suspect a lot has to do with the high caseload. It's an awful lot of responsibilities, particularly given the conditions in many of the homes right now. So that's my comment. My question is, do you provide any enhanced support to residents who live in special focus facilities or very poor performing facilities and do you track the facilities that have a high record of involuntary discharges to make sure those folks get the help they need? Thank you.
>> MARISSA ABLES DAWSON: This is Marissa from UPMC. I'm not positive if we track that or not so I'm going to need to follow up on that, if that could be submitted to us, we'll make sure to follow up in response.
>> JOCELYN SAGGESE: This is Jocelyn from AmeriHealth and Keystone First. I don't believe we have the data. It's not on hand of the involuntary discharge. As far as any enhanced services, I think that would go to more face-to-face visits, if we have any concerns, that's where we step up those face-to-face visits and contact with the participant and representatives.
>> SARAH HALL: For PHW, I'm not sure exactly if we track those either. I know we definitely follow up with quality of care investigations when that does happen and really try to follow the participant to ensure they go somewhere else safely. We also try to increase SC presence if there is more of a concerning facility and then if there's more of a specialized facility, so for instance, if it's like a specialized facility we try to balance out the caseload numbers in a sense to be sensitive to the fact that the SC may need to spend some more time with specific participants instead of someone who has, let's say healthier participants at another facility.
>> KATHY CUBIT: Thanks again. Are there any questions in the room?
>> SPEAKER: Yes, Michael Grier.
>> MICHAEL GRIER: This is Mike. Can you go back a couple slides with that team, keep going back. Right there. There's a lot of people talking about I guess this person's case, and I don't see -- I don't see the person listed, number one. Number two, I was just kind of in shock at looking at this because if we're talking about person centered planning and that being the pillar of us going forward, this isn't it. This is a bunch of --
>> MARISSA ABLES DAWSON: This is Marissa from UPMC. I want to be clear that the quality of care roundtable is actually an internal investigation when there's a concern. So it is not person centered planning in the sense of creating a care plan or a service plan. It's us doing an investigation with the items that we have learned when a concern has been brought up. When those concerns are brought up and after the roundtable has looked through things, looked through data and come up with some recommendations, that's reviewed with the facility. It's reviewed with participants. And that's where the person centered planning comes in. So this is an internal review when quality of concern complaints or items come up to us so that we make sure we're looking at them very thoroughly.
>> SPEAKER: Thank you.
>> JUANITA GRAY: Excuse me. This is Juanita. Do you include the family? I'm sorry, please forgive me. Is the family included? I don't see anyone.
>> MARISSA ABLES DAWSON: The quality of care roundtable is an internal investigation. The results of that, the outcomes, what we have found, what we talk with to get those information to review in the investigation are done with the facility, with the family, the participant. But a quality of care roundtable is an internal investigation.
>> SPEAKER: Thank you for clarifying that. It's internal and you can choose who you want to be at the table, correct?

>> MARISSA ABLES DAWSON: So quality of cares are not unique to UPMC, we just focus quite a bit on them because we have had some good outcomes from these and we've learned a lot through these cases. So our quality of care model is modeled after about just every quality of care model I've seen that includes clinical, non-clinical, medical, social services or social workers, depending on the program you're in, to make sure that all aspects of care are being investigated and reviewed.
>> SPEAKER: I understand that, and there's no doubt there's going to be something positive come out of it. It's just my whole intention is it wouldn't hurt to involve the person that's making the complaint anyway. Thank you very much for following up.
>> JUANITA GRAY: My apologies, Mike, for cutting you off. Thank you so much. I appreciate you and Lloyd and Pam and Sarah and all the other members and public. I also appreciate, I believe that they're trying to do a good job, UPMC, I think they are, but as you pointed out, the person is always left out. They should be first person to be able to speak about what their needs are and what their care consists of. I think a lot of these services has taken away the person's -- their ability to have input on their own lives. I think that's what the problem is. I feel that, I see it, and I live it every day. It's just becoming overwhelming that these services and implementing all these different things is taking away the person's voice, their individuality and what they want for themselves because it's supposed to be person centered services.
>> CARRIE BACH: Thank you, Juanita. This is Carrie.
>> JUANITA GRAY: You're welcome, Carrie.
>> CARRIE BACH: We have another question in the room. Amy, go ahead when you're ready?
>> SPEAKER: I can wait for the members to finish (indistinct).
>> SPEAKER: Sorry about that.
>> SPEAKER: I have a question for all three of you or MCOs I guess. I saw on one of the slides, and I'm not sure if it was UPMC's or not, you had a ratio of 220 residents to one service coordinator. Is that on your presentation?
>> MARISSA ABLES DAWSON: I believe that was Pennsylvania Health and Wellness but that's the standard that's set by DHS with the agreement for all of us MCOs.
>> SPEAKER: Okay, so my question is, all three of you, can you tell me what the average number of residents in your nursing home is? I understand there's small ones and big ones or whatever, but do you have an average number of people in your nursing homes? And if so, overall, what is the ratio of service coordinators to residents?
>> MARISSA ABLES DAWSON: So for UPMC, our enrollment and facility placement is variable. It depends on how large a facility is, how many participants have chosen UPMC at that facility so an average is going to be pretty hard to be representative of our larger population. We are very --
>> SPEAKER: (Indistinct)
>> MARISSA ABLES DAWSON: I could but we have some with one and some with 200. It's incredibly variable. For our ratios, we make sure we're staying in line with the participant and staff ratios as mandated by DHS.
>> JOCELYN SAGGESE: This is Jocelyn Saggese from AmeriHealth and Keystone First. I echo what my peer said. We could have a wide array of populations. We look at balances weekly but if you are interested more in that steady average of number of participants, we could get that information to you.
>> SARAH HALL: Sarah from PHW. I think you pulled that question from one of my slides here, but just to echo what those two said, it really varies. We have some facilities where we have up to like 200 participants, sometimes over that, so we have to have more than one service

coordinator assigned to the facility whereas we have some facilities where there's only maybe two or three PHW participants there. So in any case, we certainly make sure that our caseload ratios are balanced across our service coordinators and we're happy to get you more specific if you want us to follow up.
>> SPEAKER: Actually I don't think that would be necessary. That comment you just made there that you only have two or three CHC participants in a nursing home kind of put things in perspective. Thank you.
>> JUANITA GRAY: Another comment. Please forgive me. I love the story, I had said UPMC but it's PHW person gave. I have a family member that's in a nursing facility. I made sure I didn't go to one because of all the miscare, mistreatment that they're receiving. I can't see them because I can't get there. Because I'm very ill myself. I have a stepbrother that just passed. He was doing person centered services but they cut his hours. And the person, the family took care of him, and he was in his facility prior to that independent living. And was mistreating him so he wanted to get his care at home. He just passed three days ago. They left him soiled. They left him with no water. And they cut his direct care worker hours. So no one wanted to take care of him. And that's why I didn't want to say in the beginning, because I wanted to go through the meeting. But I just had someone die. Because they took his hours.
>> CARRIE BACH: This is Carrie. I'm really sorry to hear that news, Juanita. I thank you for sharing that with all of us today.
>> JUANITA GRAY: Thank you. Thank you so much.
>> CARRIE BACH: Do we have any other committee members with comments or questions? All right. Amy, looks like you're up.
>> SPEAKER: Hi, Amy Lowenstein from PHLP. I appreciate the presentation on the role of the service coordinators in the nursing facilities. The one thing that I didn't hear was anything about what role the service coordinators are playing in assisting people with financial re-determinations every year. And this is a concerning area for us, the last time we collected data on this, 6% of people who went for renewal in June and July last year were terminated, nursing facilities, were terminated for not handing in paperwork. And that was 90 days after the stuff was due. There was actually probably more and some of them got it in late. So I was wondering if the MCOs can talk about what role the service coordinators are playing in renewals, how they're tracking them, and ensuring they happen and if there's any work being done to improve the rate of procedural determinations in nursing facilities.
>> CARRIE BACH: Thanks, Amy. Could we have (indistinct) answer the question?
>> JOCELYN SAGGESE: This is Jocelyn Saggese. I touched on it very briefly in my presentation. But we are looking at when participants do have those eligibility terms, that's when the SC is tasked with reaching out to the participant, the nurse facility, business office, any of their contacts to assist with getting that information and offering them assistance, communication with the county assistance office or whatever else is needed.
>> MARISSA ABLES DAWSON: Hi, this is Marissa from UPMC. We're doing the same thing. We're making sure to inform the participant as soon as we're aware of an upcoming renewal date, we're working with nursing facility business offices and their staff to work through those and get documentation turned in, participants' families, when they're available to assist during the public health emergency, we also were providing regular lists with upcoming eligibility termination dates to facilities so they knew where their population of all UPMC CHC participants were on the renewal continuum.
>> SARAH HALL: Hi, Sarah from PHW. Not too much of a different answer here. We also try to get ahead here with the renewal. So we have a list of participants who are upcoming within 90

days, 60 days, 30 days. So it's constantly on our radar to ensure that the participant's eligibility is submitted timely and we do that working with not only the participants, the representatives, but we work with the business office on a monthly census so that's another good opportunity to address the renewals.
>> SPEAKER: Thank you for that. Has there been any evaluation of whether the (indistinct). The June and July data came out in November. So would've been November. And also for UPMC, is there any reason why you stopped providing a list of people for renewals to the nursing facilities?
>> MARISSA ABLES DAWSON: We're continuing to provide them as people are nearing those eligibility dates, during the PHE we gave them a whole census. So someone may have a renewal date in 12 months, and someone could've had one in a month on those lists. We're making sure now we're giving them upcoming dates to not overwhelm so paperwork can be completed.
>> SPEAKER: Got it. Is there any tracking of the rates of procedural terminations going on? By the MCOs?
>> SARAH HALL: Yes, from PHW we actually do receive a list to the service department, regularly actually I think at this point it's weekly we're receiving that and we're having the service coordinators follow up with the participants to see if their disenrollment was intentional, and if not, is there a way we can help them through the appeal process or get them reinstated. So this is something we're tracking internally.
>> JOCELYN SAGGESE: I'd say the same for AmeriHealth and Keystone. It's something we're tracking internally and addressing at least on a monthly basis as we're getting lists in.
>> MARISSA ABLES DAWSON: It's the same for UPMC as we get those lists as well.
>> SPEAKER: Thank you.
Do we have any questions from the chat?
>> SPEAKER: Hi, Shanrica Pine. This question comes from Mitchell Case. Mitchell, you're being unmuted.
>> SPEAKER: (Indistinct)
>> SPEAKER: We're having a hard time hearing you. Mitchell, can you repeat that? We're having a hard time hearing you. Mitchell, I believe there's an audio issue. If you can put your question in chat.
The next question comes from Brenda Dare [name?]. When might we get an update on agency with choice?
>> SPEAKER: I gave an update at the beginning of the meeting. It's not something we can talk about. It's in a black-out period. So there's no update and there's no timeline.
>> SPEAKER: Thanks, Randy. The next question comes from Melinda Everhart. Good morning. This is Mindy Elbenhar [name?]. Are there any plans to extend the studies to medical at home services?
>> SPEAKER: Not in this iteration of the rate study. Might be something we take into consideration if we do future rate studies.
>> SPEAKER: Thank you, Randy. This question comes from Mia haney. In previous communications OLTL suggested we could send questions to an OLTL email account that would be answered in a FAQ document. This was about the rate study. Those are not been answered or released. Can you please let us know when those will be addressed? Since the survey was released almost one week late, would OLTL consider moving the due date of the survey back by the amount of time that the survey release was delayed?
>> SPEAKER: I'll answer the second question first. No. We are not changing the due date. The

reason for that is we're not trying to be difficult, but we do have timelines that we need to meet as we move forward and as we want to get this information in and reviewed and get a report done for the legislators so that's why we're not changing the timeline. As far as the Q&As, I know they were worked on. I can go back and double check when they're going to be released and out there for everybody to see.
>> SPEAKER: Thank you, Randy. Shanrica Pine Again. There are several hands raised. First we'll go to Mary West. Mary, you're being unmuted.
>> SPEAKER: (Indistinct)
>> SPEAKER: Mary, can you repeat that?
>> SPEAKER: I was saying (indistinct)
>> SPEAKER: I believe you said that was done by accident. So we're going to move to the next person with their hands raised. Brenda Dare. You're being unmuted. Brenda, you can unmute yourself.
>> SPEAKER: Hello, I'm sorry, I didn't realize my mute was still active. My question is in relation to the nursing facility presentations about service coordination, each of the MCOs indicated that a participant request could trigger contact with a service coordinator. Are staff who take care nursing home residents being trained on how to facilitate that contact? A lot of folks who are in nursing homes have a very difficult time getting ahold of their social worker, may not go down to the business office or see the director of nursing very often. But the people who take care of them on a day-to-day basis, the nurses who are on the floor, did they know how to reach a service coordinator if a participant says, hey, I'd like to talk to my service coordinator or the person who could help me get new services or different services here.
>> MARISSA ABLES DAWSON: Hi, this is Marissa from UPMC. We make sure we're also talking with the staff on the floor, the techs, everybody who is out on the front lines working with our participants. We leave business cards, we make sure individuals know how to get ahold of us. I know we've also had individuals reach out who may have a different MCO and other MCOs have done this as well and we're able to direct them to how to get in touch with their MCO if it's not us.
>> JOCELYN SAGGESE: This is Jocelyn. First we follow the same suit. We speak with as many representatives as serving participant to make sure that our name is out there and contact information is given.
>> SARAH HALL: Yeah, and at PHW, what I was trying to convey in the presentation, we really, really encourage our staff to be onsite as much as possible just so they can start putting a face to our SC, not only the participant, but also the nursing facility staff. Usually each nursing facility, they have a different preference for the best contact. Sometimes it's maybe the director of nursing, sometimes a social worker, et cetera. So while our SCs are onsite, we also have them do a sign-in sheet so this way we have sort of a paper trail of someone signing off from the facility saying that they spoke with our service coordinator. So hopefully the participant does feel supported in being able to reach out to the SC.
>> SPEAKER: Thank you. This next question, I'm sorry, the next comment comes from Mitchell Case, he says, or she, I simply want to voice my strong agreement with what Matt and Juanita were saying earlier about the pay issue. The simple fact is that we are in a crisis and we don't always seem to be acting like this. House bill (indistinct) will go a long way to solve the issue and it must be passed. At the federal level, the same applies for the home and community-based services access act and the long-term care workforce support act. And we must also support the fight for 15 movement of the united home care workers of Pennsylvania. And at this time we do not have any more questions in chat.

>> CARRIE BACH: Thank you. Kathy, do you see any questions in chat? Oh, wait. Any questions left that you can see, Kathy?
>> KATHY CUBIT: This is Kathy, no, but I did want to quickly mention, I'm not sure if it was mentioned before we got audio with the remote audience, but the follow-up questions from July's meeting are still being worked on and will be made available at the time of our -- when we meet in September. I just want to let folks know that's still being worked on.
>> SPEAKER: Would it help if we sent out an email, because I'd assume in September we're going to have double questions, right? Follow-up on this.
>> KATHY CUBIT: I couldn't really hear that, I apologize. But hopefully someone in the room --
>> SPEAKER: Sent out by the listserv. Is that correct? Okay. Oh, I understand what you're asking. When those answers are available, will they be sent out in the listserv as soon as possible or will we be waiting for the September meeting?
>> SPEAKER: Once they're finalized, we'll send them out on listserv. We won't wait till September meeting notes.
>> SPEAKER: Motion to adjourn?
>> SPEAKER: I have a motion from Matt Seeley to adjourn the meeting. May I have a second?
>> SPEAKER: I second that motion, Pattie.
>> SPEAKER: Thank you, Pattie. And with that, thank you everybody for attending the meeting today. And we will see you next month.
>> JUANITA GRAY: Thank you, Pattie.