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Date: 02/02/2022

Event: Managed Long-Term Services and Supports Subcommittee Meeting

StreamBox

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>> Testing.

>> Testing. .

>> DAVID JOHNSON: Hello, this is David speaking. Happy to start taking committee member attendance. Is Allie currently present?

>> Good morning, this is Allie .

>> Good morning. Sidney Seeley .

>> This is Cindy, good morning .

>> Neil Brady.

>> SPEAKER: Yes, good morning .

>> DAVID JOHNSON: Gail Wiseman . Okay, German Parodi? Okay - - Heshie Zinman .

>> SPEAKER: Good morning David .

>> DAVID JOHNSON: - -? Juanita Gray ? Kyle closer Lloyd Wertz . Matthew Seeley ? Mark ? Michael Grier?

>> MICHAEL GRIER: I am here Dave .

>> DAVID JOHNSON: Monica Vaccaro?

>> SPEAKER: I am here .

>> DAVID JOHNSON: Richard balance?

>> SPEAKER: I am here .

>> DAVID JOHNSON: Sherry Wells .

>> SPEAKER: Here .

>> DAVID JOHNSON: Tanya Teglo . Are there any committee members I hate may have missed present . Sorry, I just heard someone on the line what was your name ? Hi, good morning.

>> SPEAKER: Hi good morning this is Jay .

>> DAVID JOHNSON: Good morning. Okay, that concludes our attendance roll call.

>> MICHAEL GRIER: Is there enough for a quorum?

>> SELLERS DORSEY: Yes, there is now .

>> MICHAEL GRIER: Very good then. I will go ahead with the housekeeping committee rules . I would just remind everyone to please mute if you are not presenting . Some of the

house committee rules are keep your language professional , this meeting is being conducted as a webinar with remote streaming . All webinar dispense except for the committee members and presenters will be a listen only mode during the webinar . While the committee members and presenters will be able to speak during the webinar, we ask that you use the mute button feature on your phone when you are not speaking. This will help minimize background noise and include improved the sound quality of the webinar. We asked the policeman to please submit your questions and comments into the chat box located on the go to webinar on the right-hand side of your computer screen. To enter a question or comment, type into the text under questions and press send. Please hold all questions and comments at the end of each presentation as your questions may be answered during the presentation. Please keep your questions and comments concise, clear and to the point. The transcripts and meeting documents are posted on the listserv at DPW state.PA .us under the MLTSS meeting minutes . These documents are normally posted within a few days of receiving the transcript. The caption asked an audio recording , documenting the discussion remotely. It is very important for people to state their name and include their name in the chat box and to speak slowly and clearly , otherwise the captionist may not be able to capture the conversation. This meeting is also being audiorecorded . The meeting is scheduled until 1:00 p.m. to comply with logistical agreements , we will end promptly at that time. If you have any questions or comments that were not heard, please send your questions or comments to the resource account that is listed on the agenda . For your reference like I said, it is listed on the agenda. Public comments will be taken at the end of each presentation instead of during the presentation. There will be an additional period at the end of the meeting for any additional public comments to be answered the chat box. The 2022 MLTSS meeting dates are available on the Department of human services website and am sure all of you know where that is that. We are having to make a little adjustment in our agenda today Jamie will not be able to be here right away so we will have

>> SELLERS DORSEY: It's Dr. Howard Degenholtz, he answers to Howard too .

>> MICHAEL GRIER: Okay Howard . From the University of Pittsburgh he will do a presentation today . I turn it over to you .

>> DR. HOWARD DEGENHOLTZ: Great, I have the microphone on. Next slide please. This morning I'm going to give an update on our external evaluation and choices and of limitation with some findings in the first couple of years of that experience. I'll take my study team - - as our polished coordinator , our survey research Center , health services research data center which manages our secure data center , quantitative analysts in our department and my colleagues at the Medicaid research Center . Next slide. As millions committee are aware, I present once a year for the past several years. We have been conducting a long-term mixed method evaluation of the community health choices program. We function independently but worked very closely with the office of long-term

living and also coordinate with Pennsylvania Medicaid .

>> SPEAKER: Can you please mute .

>> DR. HOWARD DEGENHOLTZ: To facilitate our work. We have been conducting , I will share the graphic that provides an overview of our methodology. We have been conducting an analysis of secondary data and Medicaid claims data and care claims data, interview with program precipitants and providers. In order to augment what we - - payments data. As we alluded to before, we stay in contact constant contact - - real-time regarding the findings. Today we are going to share findings from interviews with program participants from 2017 to 2020 focusing on rebalancing on HCBS and surveys and qualitative areas interviews with providers , particularly HCBS providers. Next slide. Just to remind everybody, we have been conducting focus groups with program participants, analysis of administered data , surveys of long-term care providers that includes HCBS and nursing facility operators. We have been conducting key informant interviews . Now we will focus on finding from but it's been abuse by phone from 2017 through 2020. Next slide. What we have done here in the data that I'm going to share , cover a range of topics. What we have done is incorporated some items from the consumer assessment with health providers in the HCBS survey to a much longer telephone interview with program dispense. Through our collaboration with OLTL, their share with us with the managed care organizations using the same instruments. But that has allowed us to do is establish a before and after assessment of program management experience. OLTL has presented findings on the performance of each plan and Brian MacDaid will share more recent data after my presentation . We are going to focus on the overall program to answer the question of as a statewide policy , what has been the impact of the implementation of community health choices . Not as much nitty-gritty details on that. If anybody has - - I'm happy to get to the detail and slides are already available for purchases. Next. One thing to note is that in order to make accurate comparisons , it is important to provide a survey link the data. That essentially gives us an estimate of the regional level . For example, we have an estimate for what was known as the phase 1 region that in Southwest Pennsylvania and estimate for the southeast region and estimates for the central or phase 3 region of the state. Then we combine all three of those regions to make a statewide estimate. We do the same and adjustments to the data of the care organizations. In addition we identified items justify age and gender ways to make an accurate comparison . Combining regions or across . Next. Next slide. Okay, so just to give an overview , sorry I have a helicopter passing overhead. The sample sizes for data sets that combine for data we collected that Medicaid research Center and data collected by the CHC MCO working with outside bankers. Before and after the limitation of choices, we have about 1200 interviews in the Southwest and about 1000 interviews after. You can see both before and after there's a fairly robust sample size in all three regions. The first set of measures I want to talk about is referred to as a composite quality measure. This captures the participant perception of their personal

attendant services. This covers two major domains. One is to workers listen and communicate well? I put on the slide the specific items that make up the composite measure and the second one is - - in addition there are two overall ratings and scores. One is how would you rate your worker and what would you recommend to your worker , next slide ? Here you can see in the blue bars , that is the estimate from before community health choices combining across all three regions and the orange bar is after community health choices. If you look at this is that communicates you see a very slight improvement from before to after implementation but when you look at helpful and reliable you see a slight decline in ratings. You also see a slight decline in the overall rating and also would recommend the worker. These findings are all statistically significant but I would also add relatively smaller, we are talking about the difference between 82 and 88% rating in the overall support. Next slide. The next topic has to do with medical transportation and overall safety and choice. You can see here a slight decline in choosing services that is statistically significant but no change when it comes to planning your care and actually a slight improvement with medical transportation. Next slide. We dug into medical transportation a little bit deeper looking at the item whether or not - - medical appointment. The major concern people had to the legacy program and also as the community health choices and because this was an emerging issue , we did not capture this in the Southwest prior to 2019. You can see if we did not have a preprogram measure for the Southwest but if you look at the southeast , you see declines in the rate of missed appointments . It is sniffly statistically significant in the southeast and marginally significant in the Northwest Northeast Lehigh capital regions. Those are improvements in medical transportation. Next slide. On the next topic was nonmedical transportation. Again, this was an issue that came under the radar in 2018. We do not capture data on this in our original baseline of the Southwest but it is something that came up quite strongly so we added questions to our surveys and the MCO's also added questions to the surveys they conduct their outside vendors. The two approaches were slightly different but I will show you the findings so you can see the overall trend across these measures. So there are several specific questions for nonmedical transportation. I will show you the findings on those. Next. These are also broken out between the southeast and the phase 3 or Northwest Northeast of the capital region . The first question general pattern is pretty similar. If you look at the very first question in southeast graph , we wanted to get out whether participants use different transportation services versus medical and nonmedical care. You can see there's a pretty high rate of individual participants using the same service for nonmedical as medical transportation. You would expect that if the nonmedical is the same as the medical, and the overall experience in terms of quality of care is pretty consistent. A lot of people rely on - - for example go shopping . We want to know if there was any major shifts in that aspect of service delivery . You can see there are some shifts but they are not statistically significant. The next question get at this outcome . Are they

always able to get to a nonmedical appointment? Or is nonmedical transportation improving? You can see in the Southeast it is going up and statistically significant. If you look over at the similar bars for the phase 3 region, there is also a similar improvement but not physically significant. The overall ratings are essentially unchanged. There is a box in the lower right corner that each graph shows the similar trend from the MCO survey. Are you able to get to nonmedical appointments? That goes up from 79% to 84% in the southeast. Then from 2019 which is close - - 2020 which is also post limitation. If you look at the Northwest Northeast capital region, 85% of individuals report being able to get to nonmedical appointments. There is a reassuring consistency on those two measures. Next? Now we will turn to analysis and claims data. The first topic I want to address is overall rebalancing. This is split up between the younger and older HCBS precipitants. We analyze this with - - basically tracks the legacy of programs. What you can see on the left is going back as far - - there has been the general trend of increasing HCBS use. Any backup and explain that this is the percentage of LT SS participants in HCBS and the denominator here includes both HCBS and nursing homes. This is basically a measure of rebalancing. It's percentage of - - users in HCBS. You can see for all three regions has been generally an increasing trend. The question is does the implementation of health choices, does that change the shape of the graph? It's a little hard to see here but what I did was I colored in the docs with green for the post of fermentation data points and then I also looked at the year-over-year change. From 2013 to 2014, 14 to 15 etc. For the preprogram years combining across all three regions, the average increase in HCBS use was about 1% per year. If you look at the 2018, 2019 and 2020 trends, we see the rate of rebalancing increasing to about 2% per year. If you look at the panel from the right people 60 years or older, that - - rate of change in rebalancing was a 2% increase per year. It appears to double to 4% per year. That's basically in the expected direction. Next slide.

>> SELLERS DORSEY: This is Pat, we are about halfway through.

>> DR. HOWARD DEGENHOLTZ: Okay, I'm not halfway through my slides that we will get going. I want to be two - - changes in service hours. We will focus on personal tendon service hours and these numbers go up to the first half of 2020. You can see on the left for people 21 to 59 on the blue line which is the Southwest that it give the group that starts community health choices first. You can see that hours were increasing but in 2018, it kinda flattens out. In 2019 it pumps up there flattens out again. In the southeast you see a similar - - 2020. In the Lehigh capital region, these are somewhat incomplete but there is a little bit of a change in that group as well. If you look at 60+ it is even more pronounced weather Southwest region flattens out. You will also see a kink on the southeast and in the phase 3. I want to dig into this a little bit more in the next slide. I want to ask the question of what is really going on in terms of hours per person per day. The question has long been whether the increase in hours per person per day pretty community health choices, what is it really been based on? Is it really appropriate? What we did here is we looked at

shaded in green , there is light and there is green. The light areas pretty community health choices and is averaging 7.9% per person per year . In the post community health choices , we see growth of about 1.6%. Next slide. What is happening is basically there was an we see the same thing with , I think I reported this back on the slide. You see a fairly large preprogram for growth rates with larger - - growth rates. On average we are seeing year-over-year growth but that is a much smaller rate than before community health choices. Next slide . Now we wanted to ask this question of whether or not people were experiencing an actual reduction in - - before community health choices to after . Here we are looking at the same people from the year before the year after. 2017 to the Southwest , 2018 , 22 2019 for the southeast . What you can see here is that in the shaded areas , you see a slightly larger percentage of people experiencing a decrease of at least one build hour per day compared to the year prior to community health choices. We definitely see somewhere around 6 to 11% of people experiencing year-over-year decrease of PAS hours. One thing we wanted to check was whether or not this was concentrated in people with very heavy service plans . We looked just that people with basically a 24 hour service plan and interestingly we see that under community health choices there are actually more people with 23 hours essentially 24 hour service plans prior to community health choices. Those trends of hours per person per day are not only coming at the very high end of the most intensive service but they are coming from lower down in the distribution. Next slide. Just to summarize , but to submit ratings in PA are relatively high. There are small declines in three out of four composites but increases in other domain areas. We see a slight increase in the growth of rebalancing . Prior to community health choices we are seeing fairly high rates of increases in hours per person per day and that appears to be attenuated from community health choices. We see some people experiencing drops the number of hours but we see more people with 24 hour service plans. More on the next steps in terms of our analysis of this data is to look at whether we can adjust for changes in physical functioning and cognitive functioning to determine whether the changes in the use of PAS are associated with change and disability levels. Next slide. This is part two of my talk. Originallybe giving one part then another part so I will shift gears now, next slide. I'm going to share qualitative interviews with service coordinators. Next slide. First off just at the stage , we conduct reiterating some data from the survey that we did before, these are placement ratings of the service coordinators and composite scores of what they recommend them. The overall ratings of service coordination are basically unchanged from before to after community health choices. Next? I touched on this earlier, you actually see no change with regard to planning but a very small decline in terms of choosing your services. Next slide. - - They felt workloads were getting larger making the work much more difficult and stressful and staff was burning out leading to turnover in service coordination. Next slide. There was some criticism of person centered service plans. A lot of service corridors we spoke to felt that the person centered service planning under the new model

tended to be very medically oriented and was knocking at the whole person perspective. Next slide. There was a sense that there was crosscutting in terms of the overall potentially at the expense of quality care. Service coordinators were essentially - - change service plans. Service coordinators were very concerned and this pertains mainly to the external or partner coordination entities . In particular, ones that had dropped out of program , they were responding to the fact that a lot of the communication was so optimal from their perspective . For example, they were finding out from their clients that they were no longer going to be there service coordinators because the MCO had not reviewed the contract . Next. Finally, code 19 created some new issues and exacerbated existing one called for service coordination entities and for consumers . They reported a lot of findings that I think we are all familiar with at this point , individual expense can be socially isolated and Covid 19 exacerbated that. Of course the world had imitations as far as making in-home visits which makes sense in terms of personal safety and infection control, but also limits and really constrains the way service coordination can do their job . If you cannot going to the home, you cannot see the condition of the home. It is very difficult to get a good sense of what is going on. Next. Pat, where am I in terms of time?

>> SELLERS DORSEY: You have a few minutes left, although I think Howard it seems like this is interesting information. What we may do is try to defer some of the questions to the additional public comments to let you get to your remaining slides . You have about 12 minutes until we need to move to Brian .

>> DR. HOWARD DEGENHOLTZ: Okay, great. For everybody in the audience, I am more than happy to take questions during the public comment period and there's always often is the case, I am more than happy to follow up with people after the meeting has ended. If you have a question or comment, you can put it in the chat or save it for later and we will make sure we get to everyone's comments. With that, I will ask for the next slide and share findings from our surveys of HCBS providers. So people in the audience are probably familiar as I mentioned earlier, that every year we have been conducting a web-based survey of HCBS providers. Right now, I'm going to be reporting on the most recent survey and also a comparison to the first three years of the survey. You can see on the slide , our sample size and response rates . The survey has a wide range of questions and I'm giving you a teaspoon of some of these findings . This is to highlight some of the most important issues here. HCBS providers were asked to tell us about the organizational response to community health choices. We ask specifically, do you believe you will be able to continue providing care to your current consumers ? Do you believe you will be able to serve more people? Do you believe you will be able to benefit financially ? These are each item rated on a 5-point scale where one is strongly disagree and five strongly agree. Three is basically a new neutral point what we did was display this for each wave of the survey. If you look at the very top set of bars, would you be able to continue serving your current consumers? The top set of bars or for the Southwest. You can see in 2017 2018, that before community

health choices, there was a fairly high level of optimism there. In the first two years of program it drops off to just below 3.5. However, in the most recent survey, that optimism basically, the providers were more positive about being able to serve consumers. We basically see that pattern across a wide range of questions. For example, if you look down the Southwest to the third group of items that will benefit financially, we can see before community health choices they were kind of neutral. It goes down to a 2.5 in the first year after implementation and in the subsequent years is improving. If you look at the southeast because they're not as far along in implementation, we see a similar pattern but we do not yet see a strong recovery of that optimism and in the Northwest Northeast capital region even earlier in implementation. We are still seeing relatively negative perceptions with regard to community health choices implementation. Next. We asked providers of community health choices will improve home and community-based services for Pennsylvania. Whether it will help get services to people in a timely manner and provide care coordination. Again if you look at the top set of bars, you see that it drops off in the first year implementation and then improves in the third and fourth years. If you look at the southeast in terms of improving HCBS overall, the first two years - - the next two are the first year or two of implementation. We are not yet seeing that improvement in the southeast and in the phase 3 region you can see where that optimism is sort of somewhat less optimistic but we anticipate some positive recovery if they follow the same pattern in the Southwest. You see the same pattern repeated for receiving timely services and you see that starting to turn around in the southeast and you also see the same pattern of recovery with regard to Karen coordinations. You see it drops off in the southeast in 2019 and 2020 and improves in the southeast in 2021. We also asked about whether - - consumer directed services and access to HCBS. You can see providers here, the current state of opinion follows that same pattern and is sort of drops off and recovers. It's all hovering around the midpoint of the scale. It starts off at 3.5 but in 2018 it drops off to below is three to the Southwest and is slightly above three by 2021. Next slide. Finally, just some findings on Covid 19. We asked providers about the impact of Covid 19 on their organization and participants. We did this slightly differently between the 2020 survey and the 2021 survey. So the blue bars are the 2020 survey and the orange bars are the 2021 survey. You can see just reading from the top down in terms of participants or clients having Covid 19, you see that that went from 27% to over 40%. You can see the rate of agencies reporting that the workers were refused entry to a home, that actually improves. The rate of agencies reporting inadequate PPE improves, the rate of agencies reporting that a staff member refused to go into a home, that also improves. You will see a lot more agencies reporting that staff had Covid 19. In the first survey reported that 55% of agencies indicated that they have lost revenue. We asked the questions that we different in 2021 about whether their financial status was greatly impacted. That gets to about one third of agencies. Very few reported the ability to provide quality of care or quality of life had been

greatly impacted and about 40% indicated they were providing care in person. We should note that the survey goes out to the full range of HCBS providers . That includes service coordination which we know is being conducted by telephone and adult day which for the most part was not running in person services during this time period . Very few, about 10% indicated they were unable to provide care , they basically adult age. I just want to wrap up , our survey suggests that the implementation refused improve over time. 85% providers - - full of the location of the increased in parts of the state. The overall outlook of providers suggests room for improvement but we also do see some actual trends , positive trends in overtime especially in the South. Next slide. Just to close out, we are right now finishing a range of surveys in the Southwest, Southeast and phase 3 region of the state. Then, in the second half of this year, we are going to conduct a statewide cross-section to get a fresh view of what is going on as of 2022. We are continuing to complete our interviews with caregivers you will be able to share findings next year with the impact of community health choices on caregivers. We discarded another round of our nursing home study where we are conducting qualitative interviews for administrators - - back in 2019 . Our planning depends on the status of the pandemic. We have a couple of new things going on, what is a lot of research around behavioral health and outcomes of people with severe illness so stay tuned for that , we are looking at the people living in the community and living in nursing facilities . We are about to launch round five of the HCBS providers survey. Next like him I think that's it. Great, I will leave it there. Do you have a minute for any important questions?

>> SELLERS DORSEY: We should probably move on to Jamie to stay on time Howard , but thank you for agreeing to stay on and take comments and questions during the public portion of the meeting .

>> DR. HOWARD DEGENHOLTZ: Absolutely, thank you everybody .

>> SELLERS DORSEY: Thank you. If you can bring up Jamie's slide and Jamie, I think you are on. I see you are on muted .

>> JAMIE BUCHENAUER: I am hoping you can hear me Pat .

>> SELLERS DORSEY: Yes .

>> JAMIE BUCHENAUER: Perfect. I'm in the office again and I hope we do not have the audio issues we had at the last meeting. Send me some sort of message if I suddenly cut out . Good morning everybody, happy groundhog's day. I hear Punxsutawney Phil if you pay attention at all to the groundhogs predictions of winter, I believe he said he will have six more weeks of winter . For those of you who like winter that is good news, for those of us looking for a little son that is not so good news . I am always entertained by if the groundhog sees the shadow or not but it's good to know you have maybe six more weeks of winter left . With that I will get into our OLTL updates initially discussion around the 2022 OLTL priorities for the remainder of this governor's administration . If you go to the next slide, you may remember Meg was acting secretary , acting secretary Meg Sneed was on

the agenda for this meeting to give an update to the committee on her priorities for the remainder of the governor's administration. Unfortunately, she had a funeral to attend today unfortunately. She has asked to present at the March MLTSS meeting on her priorities for the department for the remainder of the governor's administration. Just an FYI to everyone, she will be presenting at the March subcommittee meeting. However, I also know that we had asked the subcommittee as well as the other subcommittees for their priorities for the remainder of the governor's administration . In a short conversation with the chairs, it's easier to have a conversation if you know what the office of long-term living priorities are and the secretary the administration. We are happy to do that and I'm happy to be here today to talk about OLTL priorities. Some of these are more detailed than others. If you go to the next slide, some of these are more detailed than others and put a list together of things we have been working on in the office of long-term living. By no means it is this an exhaustive list but obviously you are looking for our priorities and these would be our priority projects that we are working on. Like I said, there are lots of other things going on in the office of long-term living and lots of other issues we are working on. These are our priorities in the coming year. The first is value-based purchasing. For the 2022 community health choices agreement , all NCOs are required to engage in value-based payment engagements. This is to promote quality services in our community health services program and to really start to change the way we look at services and pay for services. Obviously prior to implementation we were on a fee-for-service model payment for our long-term services and supports. Now we will start to look at - - home and community-based services . We will focus our work on value-based purchasing initiatives . Our work is setting some requirements for our CHC MCO's , setting forth how we will collect information from the CHC MCO and how we will measure their progress. We are engaged in working in the office of long-term living to do that with our community health choices MCO. Subsequently, they are engaged with providers in working on value-based payment arrangements with those providers to report back to the office of long-term living. Lots of work going on there. The next priority should come as no surprise to members of the committee. Since we have talked about it many times since the legislation was passed in March 2021 . We were allocated obviously the 10% enhanced map for our home and community-based services, we are working hard in order to distribute those funds. Obviously, most of them went to a rate increase for personal assistance services but we are also strengthening the workforce payments, the adult daily living payments and we are working on our home and community-based service improvement grant program which we hope to have information out in the next couple of months for providers about as well. So we continue to work on sending any American rescue plan ask out. We are also working and we have not as much - - subcommittee but nursing facilities, personal care homes and assisted living residents also received American rescue plan act funds. 80% of the payments - - and rolled nursing facilities back in September. Those nonmedical assistant

rolled facilities includes personal care homes and assisted living providers have to return information so we are working hard to generate the payment. Like you said, 80% of those providers have received the funding to date but we still have some work to do on getting those payments out. Also in sending out all of these payments, we have to work on reporting mechanisms for all of these funds. Obviously the office of - - cares act funding so we are using that as a basis for reporting for providers to receive payments. Lots of work going on in our fund distribution. The other priority and many of you are aware of it is our financial management services transition. Just to give everyone a background on this and you may be familiar , currently financial management services are provided as an administrative function of the office of long-term living, Department of human services. We hold a statewide contract with the financial management services vendor to provide those financial management services for participants that are directing their own services. As of April 1, 2022, that will transition for participants in the community health choices program to a vendor that all three - - we work hard on that transition . Just an FYI, the next financial management services stakeholder meeting is this Friday . You should've seen a notice go out on our listserv if you want to join that meeting. We have push them to our CHC MCO in Tempest . Please join if you have any concerns , please join the transition stakeholder meeting . It's Friday, February 4 at 1:00 p.m.. If you need the invitation let us know and we will get the invitation out to you. The next issue is focusing on issues that nursing home funding. We have priorities there , lots of Covid 19 public health emergency and pandemic was really problematic for nursing facilities . Consequently obviously staffing issues are problematic with their nursing facilities and many of you may have heard that the Department of Health is working on new regulations for our nursing facilities. That is going to create some funding issues as well. We are working on some paving issues with our working facility adjustment . We are prioritizing that work to work those issues out in the remaining year we have with this governor's administration . RBC working to do to offer this in our community health choices and overall waiver programs. Definitely much more to come on that but we have been doing a lot of work and options with agencies with choice. I don't want to say a lot about it as we hope to release a procurement in the very near future but we are looking at an agency with choice option for personal assistance services. Obviously with the Covid 19 public health emergency and subsequently the difficulty that has caused to recruit and retain direct care workers, we are looking at proposals of what we can do to support our direct care workforce , obviously a lot has come up , a lot of this has come up and we are addressing some of the issues of the American rescue act funding. We think there is more that we can do is to not like to share other than a lot of the rate increase and the strengthening the workforce payments , but more to come on supporting our direct care workforce . Finally obviously the Bureau opinion services licensing which licenses personal care homes and assisted living residents is under the office of long-term living. If not always something that we talk about during

this subcommittee meeting but it is a priority for the office of long-term living . There is work we need to do to support the Bureau of human services licensing so they can meet timeliness requirements for issuing licensing information, plans of correction so we are doing some work to support improving their timeliness and their work to keep obviously those individuals living in the facilities safe and making sure that we are timely inspecting those facilities and getting back to them with plans of correction and taking the proper action that we need to in the Bureau of human services licensing. So those are our list of priorities for 2022. I think Pat, I don't know where I am on time in terms of any questions I can take her members of the committee or the public or if they have other questions , happy to take them at this time.

>> SELLERS DORSEY: Yes, we are in good shape. Do any committee members have a question for Jamie?

>> MICHAEL GRIER: Jamie, hi this is Michael Grier. Thank you for putting out your priorities. I am also getting responses from the committee members and I'm just in the process of collating all the responses and I will be giving them to you as well. Thank you.

>> JAMIE BUCHENAUER: Perfect, thank you Mike.

>> SELLERS DORSEY: Any other committee members?

>> SPEAKER: Yeah Jamie, in the presentations by Dr. Howard Degenholtz, we know upcoming we anticipate , the anticipation is defined behavioral health outcomes and how they are being obtained. I wonder if OLTL had input into what those behavioral health outcomes would be that would be assessed and if so, could you share any of them or is that still a work in progress?

>> JAMIE BUCHENAUER: Lloyd, I think I will have to get back to you on that. I'm not sure if there is anybody in the office of long-term living that wants to comment on that or we will have to get back to you on that. I do not know offhand.

>> SPEAKER: Okay.

>> SELLERS DORSEY: Any other committee member questions for Jamie? No? I do have one from the audience from Kyle Hafner . Do the MCO or the state have any plans in place to address staffing shortages? For example, using requirements for RCA's. What are providers doing in situations where they are having trouble finding staff for 1:1 support ?

>> JAMIE BUCHENAUER: I will talk about a couple of things we have been doing from the state perspective and I don't know if this CHC MCO want to chime in here as well. We know obviously Covid and the staffing shortage has impacted our home and community-based services. That was really the emphasis for enacting the 8% personal assistance services rate increase. We know some of those workers were making nine, 10, \$11 per hour MNU obviously the competition for that workforce will be really tough and we need to support that workforce into everything we can to get them to a more livable wage. The other thing that we had done with our funding is sending out payments to strengthen the workforce and the requirement of these payments is really that providers use them on their

workforce. They had to attest that they were going to use them for retention payments, bonuses , to recruit new employees . Any kind of worker benefit meaning healthcare, paid time off, Covid related time off , incentives to get vaccination. The funding had to be used to support the workforce and reinforce the workforce. Those are some of the efforts we are working on within the office of long-term living . The other piece I will mention is that we did invest some funding in training for our participant directed workforce. That's in the midst of being set up. The funding flowed through our community health choices MCO and they were required in 2022 agreement to engage a vendor to offer training to our placement directed workforce. They are working to do that. I don't think that training has been put in place to date but they are working hard on us. That is to encourage those participants obviously to engage in training in order to improve the quality of services that they are providing but also to support the workforce and support their efforts and hopefully move to a more professionalized workforce.

>> SELLERS DORSEY: I think as Jamie suggested, we will check with the MCO's . I don't see who else might be on, if you can speak to that Jen and Jay, I'm going to mute you because we are getting some background noise. Thank you.

>> SPEAKER: I have a quick question .

>> SELLERS DORSEY: Can we finish the follow-up on the question that Jamie was asking and I will circle back to you?

>> SPEAKER: Sure, thank you.

>> SELLERS DORSEY: Sure.

>> SPEAKER: I apologize, there was background noise and I cannot hear your question.

>> SELLERS DORSEY: Jamie had asked if the MCO could speak to what you are doing to address any of the staffing shortages .

>> SPEAKER: Specific to the agencies, is that the question?

>> SELLERS DORSEY: Yes, to your provider network .

>> SPEAKER: Sure, I apologize for having to regroup there Pat. So from our point of view , we are working on the provider network to meet with agencies across the Commonwealth , are they impacting the ability for agencies to accept new cases? If that is the fact that is important information so they are able to go to others in network they can assess new cases or are not experiencing staffing shortages that prohibit them from taking on new cases and accepting increases in service levels. That line of communication is important between our network team and service coordination team to make sure they have up-to-date information about agencies across the state. Regarding shortages we are looking for ways where we can help where we can to have a positive impact . We worked perfectly with - - opportunities for us to help with the issues regarding direct care workers. We are not unaware of the issue but trying to mitigate will be can and help where we can. It's important that we make sure our service coordinators are aware of agency by agency so they cannot plan and coordinate with the dispense to move across agencies and our

service level changes are also in new produce the best looking to initiate services .

>> SELLERS DORSEY: We will go to Anna Keith from pH W, Anna ?

>> SPEAKER: I will tack on to what Jen said. We are focusing on - - individuals that require service , we've been pretty successful in ensuring the individuals get the care they need . We do have a backup strategy with our contracting team that in the event we cannot get a provider to accept the participants request for services , we can go out of network and do a single case agreement with the provider to get that care being brought in. We have yet needed to do that. We have a very robust network of personal attendant agencies across the state . At this point we send out our blast so agencies would watch for that and we will do direct outreach to agencies when we are not getting pinned quickly enough on those blasts , we will start calling our center of excellence agencies that are working in our quality programs and then we are able to ensure the person gets care but it is not escalated to an issue where we have to go out of network as of yet.

>> SELLERS DORSEY: Okay, thank you. Mike Smith?

>> SPEAKER: I appreciate the opportunity to speak. We are doing a number of things, one of which I will not go into a lot of detail on because we will talk in a presentation around learning collaboratives with the agency to strengthen some of our collaborative efforts with them . It's not necessarily directly related to workforce shortage but it is raising the bar and working together. In addition to some of the items that our counterparts mentioned , we have made a retroactive payment back to providers for rate increases going back to the previous year to 2021 so we have additional resources to make sure they can recruit and retain providers and their staff . For any providers on the call, you should've seen something for us or will see something very shortly . In terms of credentialing, I think that's what the original question was. That's really not within the scope of our abilities when it comes to anything that has to do with the Department of Health, licensure for that program. I'm not exactly sure that we have an opportunity there and not sure if that is something that has been considered. I know early on in the pandemic there was some loosening of criteria for training requirements . I'm not sure where that stands at this point unfortunately. I work with service coordination but I have a little bit of insight into this . That's what I would add to the conversation Pat .

>> SELLERS DORSEY: Thank you Mike. Jay, we will circle back to you for your question.

>> SPEAKER: Sorry about that, can you hear me? We are getting some reports, PPL has not dropped any PAS rates have they? We have consumers confuse asking questions about quarter our rates with their units and the possibility of saying that OLTL lower the rate in some circumstances .

>> JAMIE BUCHENAUER: Interestingly we heard this yesterday. We had conversations with workers in the precipitate model service. Mike Hale was looking into it with PPL, they should be getting a rate increase. We are unsure as to why some of the rates in certain areas may have dropped. We are looking into it. I don't know whether it was a tax

implication winning employer tax adjustments but as soon as we have an answer we can get it out to you.

>> SPEAKER: Thank you.

>> SELLERS DORSEY: Any other committee member questions? If not, I have a question Jamie from Jeff Eisman. One area under priorities I did not see listed was addressing the need for accessible housing. Can you comment on where the administration is in that issue? Thank you .

>> JAMIE BUCHENAUER: Jeff, definitely attend in March. You may have attended acting Secretary Sneed talk to the consumer about her priority and housing is definitely one of those priorities that is near and dear to her heart. I want to say while not on the OLTL specific priority list , it is on the secretaries DHS list . She has a person specifically in her office that we work on housing initiatives , definitely something that is apparently for the secretary . I do not want to cash in a long-term .

>> JAMIE BUCHENAUER: Thank you everybody. I will stay on the line in case there are any questions in public comment .

>> SELLERS DORSEY: Thank you Jamie. We did get a request for Howard's earlier presentation on the evaluation program. I will add that to the handouts section . You will see that there is anyone wants to download that and with that we will turn to Brian MacDaid . Brian?

>> BRIAN MACDAID: Good morning. Hi Pat, hopefully everyone can hear me okay, good morning. Thank you once again for letting us present in regards to the recent HCBS Survey for 2021. Interestingly enough, I was just thinking this morning we have four years of the survey we will be giving an overview of the past three years. During the course today's presentation we will be giving each of the MCO's have a really good presentation here this morning for you and Stephanie let us know if you have any questions and we will move to the next slide . Our 1st ly is a brief overview in regards to the survey. Once again, the survey was administered independently by - - analytics. Once again, it includes the entire Commonwealth, all regents. Also this year we did once again the survey which focuses on the core survey questions as well as the supplemental employment questions as directed by CMS. Also in addition to that, we did have additional Pennsylvania specific question that regard - - transportation, housing and also the snap program as well. One of the things we did see that I want to make sure you brought everyone's attention was in regards to our response rate. In the survey you see the 26.3% to 7.1%. Unfortunately that was a drop to what we saw last year when we were at 12% to 20% across the plans . We definitely want to make sure that we continue to encourage with their community as far the prosocial dispensary all serve to make sure we continuously encourage individuals when they are contacted in regards to the survey to please - - there's definitely a lot of value and the information is collected and want to make sure everyone feels like their voice will be heard through the survey itself. We did set a goal of around - - completed surveys per plan.

Unfortunately we did fall short of that goal but we did have a breakdown for each of the plans here . We still would exceed the 95% confidence level with a 5% margin of error . Technically, the sample size requirement it's only been around 383. Once again, we do set a higher bar just to make sure that we have enough surveys to make sure that we have a validated sample. Some of the challenges that we did find with the responses will probably be the plans going through this morning as well . Some of the challenges we found were with the prospectus far as the information was potentially the wrong phone number , dropped calls , also in addition to that we just want to make sure overall that we continue to work with our providers and the information is current and up-to-date in regards to - - tied to a fax number, stuff like that. We want to make sure that we try to get stress the importance of participants - - service coordinators and plans. This is a great opportunity for us to get the inside scoop participants and account services next slide please. The here is a brief overview in regard to the respondent characteristics of the survey this last year. Once again, as you can see we have the 2018, 2020, 2021 . - - In regards the number of participants identified as being African-American . We did see that decline in 2020 - - 2021. Also for non-Hispanic we did see that number actually decline - metric to increase dissipation of the survey from our Hispanic community . That was a good thing we saw that actually increase slightly for the Hispanic community as well. Once again, we continue to see the female gender does remain to be our highest responder in regards to the precipitate survey and also will again for 65 and older 47% of our population has participated in the survey as well. Next slide please. The next slide is in regards to the continuation of responded characteristics where we - - individual expense identify themselves in regard to their health . We found individuals once again were still around the 50% range as 54% identify as good health. Also mental health whether identified as - - at 63% . Not much difference between this year and the previous two years. We did see individuals identify themselves as living alone . The increase from 47% up to 50% and also individuals identifying themselves as far as living in an urban setting. We saw that increase up to 73% for this past year. Next slide please. With regard to individuals assisting with responding to the survey , we saw that decline at the state level from 90% down to 17%. Once again, as we saw her past years the systems are for the most part very minimal whereas the individual may receive a little assistance in providing some of your information. Someone was helping the individual hold the phone during the course of the survey administration. Occasionally a couple whispering helping individual respond . We found this was very minimal in regards to direct care worker . A majority did come from a family group of participants. Next slide please. Once again we did inquire as far as individual preference to having a survey administered by a phone or in person. We slightly decrease from last year , 60% of individuals - - decreased down from 57%. Once again we will keep an eye on this because - - regards to the demonstration of the survey . Once again we want to make sure that we continue to work with advertisements to make sure the

surface administered are the preferred methodology. Next slide please. Then we are getting into her actual measures which we are reporting on this morning. We are focusing on what we refer to as composite measures. The composite measures, it really is a way for us to get a real strong feeling in regards an understanding to the participants overall satisfaction. We actually want to make sure this is the truest presentation in regards to other participants overall experiences with the CAC program. With that said, the composite measures themselves are a combination of several different individual questions and administer the survey. And make sure we did give the appropriate response in regards to each of these - - composed of a composite measure. Our first composite measure this morning is in regard to personal safety and respect. We did see as far as individuals feeling that they are safe and being respected by the staff member to come up to their home, we found that did slightly decrease from 95% down to 92%. Once again, this initially - - with the individual plans and they will be addressing some of the steps and measures to take during the course of the following year to increase that back up to 95%. Next slide please. Our next slide here is in regard to staff many remaining reliable and helpful. We saw this decrease - -. They will be addressing this issue later this morning. Once again, we did see the slightly decrease from 86.84% in regard to individuals - - services are reliable. Next slide please. In regards to staff, listen and communicate well. We saw the slightly decrease from 87 to 86% from the state as a whole. The plan to show a similar decrease on the individual level as well. Next slide please. Service coordinators, helpful. We saw this increase from 90% last year up to 91% across the state. We did see this increase for each of the plans with the exception to - - without a slight decrease from 93 to 92% with regard to individuals finding the service coordinate is helpful. Next slide. Choosing services that matter to you. This continues to be an area that will continue to work on with our service providers in regard to making sure the individuals do have the opportunity to select the services in regard to the service that they receive as a part of their service plan. We did see the slightly increased from 80% up to 81% however we do see this go much higher. Next slide please. Transportation, they did see the slightly decrease. What was previously discussed by - - Howard as well and their presentations, there is a challenge with her providers with the community as a whole. We did see the slightly decrease in regards to transportation. Not just for home community-based but we see this impacting in regards to our transportation providers as well. Next slide please. The time and activities, this continues to be a slight challenge in making sure that our participants, we have a say as far as the ability to plan out their time and activity throughout the time of their day. They continue to work with the plans and or service coordinators and leakage of the individual dispense are being given opportunities possible to have a say and also their ability to participate in their various activities of their choice. We did see that continue to have a downward trend on the state level for 2019 is around 61% but has declined down to 58% with.01. Some of the suspicion is that the results are probably a challenge by the - - Covid 19 is put in a community

especially as far as individuals ability to persuade fully in the community due to area restrictions on Covid 19. Continuing to work with plans to address these issues and hopefully will be seeing those numbers improve over the course of matches next year but the years after. Next slide please. This is the overall placement experience . As a combination of the various composite measures . It's weighted by the respin responses. We did see this decline unfortunately from 2019 from 83% down to 82 in 2020 and then for 2021 we saw this decline down to 79%. Unfortunately, a big suspicion of this with the overall participant we see the various challenges of Covid 19 in regard to adequate staffing and also due to the fact that some of our composite measures that you saw did evolve as far as individuals - - because of these challenges, we are hoping that with Covid 19 as we continuously as a community as far as our plans and the providers and service court Nader's continue to adapt and focus on how they can face the challenges of Covid 19. We hope to see those numbers improve in 2022 as well as for years to come. Next slide please. This is our Pennsylvania specific ones regarding dental . We did see in 2019 we were allowed 37% of dispense indicating they receive care from a dentist office or dental setting in the past six months. They did decrease that the 26% in 2020 . Primarily the big factor for this was the impact that Covid 19 had on the dental provider community and the various offices with the restrictions at least at the beginning of the Covid 19 pandemic. We did see the slightly did increase up to 32% . We are hoping the following year and years after that this definitely improves with the plans . I'm sure everyone in our audience this morning is more than aware of the simple fact that oral hygiene such a big factor in the overall health of much of dispense with each and every one of us in regards to assuring that our participants stay healthy . We definitely want to make sure that the plans are focusing and making the effort in regards to these areas to continuously improve upon the availability of dental services for our participants . Next slide please.

>> SELLERS DORSEY: Brian, it is Pat. You have about four minutes until Q&A .

>> BRIAN MACDAID: Thank you Pat. Just really quickly here , individuals did indicate they receive care as far as rate - - we saw the improve up to 64% but unfortunately we thought that declined to 61%. We did see that across the board for each of the individual plans as well. Once again, overall for the dental program and services we wanted to definitely make sure that the plans are taking steps to address these issues and continuously improve upon the overall dental care that are dispense receive. Next slide please. This of course is a new question which is asked for 2020. We started in 2020 here, is the reason why we don't have any numbers here for 2019. Once again we did as a Pennsylvania specific question address as far as treatment involving the snap program , we are happy to see that these numbers sniffing of the increased across the board from the state. We went from 70% to 74% - - we also the number increase from 52 to 52% in which individuals though they may not receive snap , they didn't know their potential to be eligible for the staff program. Next slide please. This is the new question we added . We also want to address as far as

individuals that they did not receive the snap program , try to get indication as far as they are not aware - - we did see that 47% across the state , is the first year we asked this question so it did give us good insight into individuals who do not receive snap benefits but they indicate they were not even aware as far as how to apply for the snap benefits. Once again just like with dental care , property - - OLTL is looking towards the plans and what steps are taken to continuously improve this area with our participants knowledge of the snap program. Next slide please. Once again, we have an overview for the employment assistance. We had 216 individual participants indicated out of those we had about 20 indicating their work for pain the past three months. We had - - paying to help them work in the past three months and also out of that number as well, 18 individuals had asked for help and from that 216, four individuals indicated they received all the help they needed and we also find that unfortunately from the 216 , though we did see this improves, it was not 123 last year as far as individuals indicating they needed help in getting a job. We want to make sure that there is continuous work in this area to make sure that our participants are aware of the various assistance available through the various work programs there to help . Next slide please. Really quickly because you want to make sure we leave enough time for each of the plans this morning is a summary of OLTL survey results. We continue to have success with service coordinators . We did also receive a relative increase in receiving care right dental office or dental clinic. We did see the increase as far as individuals receiving snap benefits . We did identify some of the areas potentially individuals still struggle in the areas as far as individuals having a choice of services as well as making sure placements are being assisted and active in the community as well as transportation. We also want to make sure the plans I continued to hopefully improve in the areas . - - Is definitely an important area we want to make sure that participants continue to be aware of and also we have some new areas that appear in 2021. Some of those areas, we want to make sure that dispense are going to be assisted with the time to plan activities as well as continuing to improve upon the actual dental care and services that apartment receives and once again , make sure that we increase awareness of assistance, housing services and snap. With that, next slide I think we have a little bit of time for some questions however, I will be on the entire call this morning so if individuals want to wait until that time , if anybody has any immediate questions I am all yours.

>> SELLERS DORSEY: Thanks Brian. Do any committee members have questions for Brian Mack know? I have a question from a general audience , glad to see dental care mention. The relationship between oral health and nutrition is often an overlooked point . Then from Lane Cooper , given the importance of mental health and subsequent use disorder services and overall health, is it possible to add questions to your survey regarding the behavioral health assessment and access to services.

>> BRIAN MACDAID: With the Survey there is a blend between the behavioral health services as far as who comes to your home. That is something we can potentially explore , I

can discuss with our OLTL team in regards to how we can potentially consider that for a potentially new Pennsylvania specific question and explore more into that. Thank you.

>> SELLERS DORSEY: Circling back, any committee question before we move back to the MCO? No? Hearing on Orsino additional questions , we will turn to the MCO and Malika is up first for Pennsylvania well and help - -

>> MALIK HAYNES: Good morning everyone. Over the next few slides I will talk a little bit about our scores for the 2021 home and community based Surveys. His interventions we put in place to achieve those scores. We start with the next slide can be heard by mention it very large production to put together the community-based Surveyed , one of the challenges we have identified during the demonstration was the lower response rate than expected. It did come around to 95% confidence level meeting the results - - be willing to see improvement next year . I'm definitely curious going to cumin daytime, if any the predicament that a potential lease seeing the survey if they have any feedback on why they do not complete that survey. Next slide please. As presented in the previous slide , they mentioned it was present in a composite method meaning there were multiple questions with one final composite rate. As the overall rating and recommendation of our service coordinator. We saw a 5% increase in the satisfaction on both of those scores. We want to make sure we presented that here to show that there is an improvement in year-over-year. Some of the successes we have seen as service coordinator are helpful , choosing services that matter and a small increase on planning time and activity . There is an improvement with personal safety and respect. Our staff we saw a 1.2 decrease from 2020 . Staff listens and communicates well and both of those are related to our past workers as opposed to the service Courtney this is a note there. Lastly, we did see a decrease in transportation to medical appointments at a 1.9 decrease from 2020. Next slide please. How do we get to those results? We took the data from our 2019 and 2020 surveys and put actions in place. We have implement to the use of what we call the service available book to make sure all the precedents are getting the surveys available, it's a more official way to present it to the participant. We have identified available activities in the community and placed them on our website for awareness as well as our PSW community connect which the system can go in and identify opportunities within your specific community . Lastly from this net benefit perspective we also have referrals on our PSW connect and are working with counselors in the region related to the facilities. Next slide. This particular slide is again put in place but we do not see a positive increase as he mentioned a few slides back. Nonetheless we will put in place and hope to keep them moving so that way we will see an increase this year. We have heard - - to keep our eye on the missed appointments and follow any home care agencies to mitigate trends if we identify any. We also get feedback from the participant and our provider in home such as this. We make sure we train our service coordinator team corporate is the interactive methods. As we are having the conversations with them, we will make sure that everyone can understand and make sure that the needs of the

members are met. We have the temptation concierge in place, a subset of the customer service line . So one can really help you manage an intransigent ounces you are having. From awareness of housing rates, we updated our websites to make sure that information on rental and like to program are listed there so you can become educated on that . Also our service coordination team is well equipped to answer any questions . Lastly from the employment assistance services , we have information postcards out to all the participants. We also invested with - - on the road to employment which provides training to employment subject matter experts to our team. The service coronation team will be well-equipped to answer any questions related to employment assistance. Lastly we have updated our website with an employment resource so you can check that out. Next slide. This is my last slide here. I talked a little bit about it a couple of slides back as far as the rating of the service coordinator come out to show specifically with that look like so you can see again where he had a significant increase in that last year. So we did have a low response rate with 670, the lowest in our Southeast region . The biggest area of opportunity is planning your time and activities which is something we are working to this year to improve that. I will stop there. The next slide is related to any question that the community has .

>> SELLERS DORSEY: Thank you , any questions from community members ? No? I do not have any from the audience but I think maleic, you are interested in knowing if anybody was on the webinar had received the survey?

>> MALIK HAYNES: Yes. I'm just curious if anyone has received this and if they completed it and if they do not what would be a potential barrier for completing that ?

>> SELLERS DORSEY: If you did then can you put something in the chat box?

>> MALIK HAYNES: I want to thank the committee for allowing me to present .

>> SPEAKER: Sorry, I was unable to unmute. You mentioned that you have some counselors for folks to deal with their behavioral health or mental health issues . I just wondered what the background or what kind of credentials occur for those counselors before you would send them into the homes?

>> MALIK HAYNES: I don't think I mentioned anything specific to behavioral health peace . What were you referring to?

>> SPEAKER: Maybe I was just hoping. I thought you would reference that earlier, I must've missed her, I am sorry .

>> MALIK HAYNES: No problem at all. What I did mention was we put together a service available guide which is a visual way to present the services offered. As far as going to the houses from a mental health perspective , we don't have anything related to that .

>> SPEAKER: Okay thank you .

>> SELLERS DORSEY: I did get a few questions and we have a few minutes. The first one is a more general question that made you can answer. In an effort to increase dissipation of the survey, can you have the vendor who administers the survey provide a gift card taking

the time to complete the survey?

>> MALIK HAYNES: That would definitely be a challenge because we want to make sure it does not look like we are incentivizing the participants to score us a certain way. That would be a challenge for us to implement something like that . To handout any type of gift cards could be perceived as an incentive and potentially skew the results .

>> SELLERS DORSEY: Thank you. " Question from Latoya Maddox , Howard dispense chosen for the survey?

>> MALIK HAYNES: The survey in general, you had to be an LCS member , received one service and be over the age of 21. From there, anyone fits the criteria is a random sample of individuals selected based off an algorithm our vendor puts in place. Thank you for your question .

>> SELLERS DORSEY: Okay.

>> SPEAKER: Thank you for answering at the end that it is randomized. Once it is selected, is there anyway you can send the survey in the dispense first language? It was in English and she has reported many times that she does not speak English. I am wondering if it was also sent out in multiple languages and if they have the availability to receive a service in available sign language .

>> SPEAKER: We would be able to have that survey translated. We have the option to do that if you get the feedback on the dispense . As far as Simon would it's a great question and something I will have to take back and research on our end .

>> SPEAKER: I hope that going forward providing , if you're going to ask that people request the performance than that statement needs to be in the first language they speak as well .

>> MALIK HAYNES: We do call as well so there is help with that as far as making sure we get as much as possible. But the great thing to consider and I will focus more .

>> SELLERS DORSEY: Thank you maleic . Now we will turn to Jamie and Mike from UPMC .

>> SPEAKER: This is Jamie Kennedy from quality, next slide. I will briefly cover - - angle what maleic covered and we will get into the meat of the responses and what are action plans are. We had 711 completed surveys across the state, 14 respondents use the alternative response option . I will briefly touch on for those of you who have not heard of the survey, it's a great option for people might have some communication challenges or need to have a similar response option so they can answer mostly yes or mostly no in response to the questions and the survey is a nice change from the other Surveys out there that allow for the alternative responses. We have 27 respondents we use the Spanish version . 198 of her responses did have a guardian and 147 respondents used a proxy . That is not mean the dispute was not present for the survey but a proxy was providing the responses to the survey. We want to talk briefly about that low response rate you see on the screen of 6.8%. So much of the idea was already shared , we want to see a higher response rate to the survey . We have to use a randomized approach for the vendor to collect responses from people but we would like to see that response rate go up. The vendor did not meet the

targeted number of completions in the Northeast zone for the past two years possibly due to the low population that we serve there . We kind of recommend in our discussions with OLTL if we could change having a personal number of carbon responses based in the population that we serve in that zone which will continue to discuss with them . We are continuing to search for other strategies that could produce - - talk to our members and people , they get really excited about being responded for the survey . It's unfortunate those are the ones not called to participate. Next slide ? Let's of the notable trends we have in 2021 to 2022 . We were very excited to see that our service coronation measures improved in almost each area. Service correlator is helpful increase by 1.2%. A question regarding service plan includes most or all things important to you increase the half a point. The total positive rating of service coordinator , we combined the ratings of seven, eight, nine and 10 with 91.8%. The answer definitely yes are probably yes but they would recommend the service coordinator to friends and family was 91.9. We did see a decrease in scores to PAS services . The composite staff are reliable and helpful decrease by 4.1% , the individual question , staff come to work on time decreased by 7.2%. Staff working as long as they are supposed to declined , there was a rating of staff that the client and we also are concerned about the social isolation aspect and people not being able to go out in the community. Sort of like all of us but we did see that decline in the respondents of the survey. Other notable results include respondents that receive help for housing issues increased by 26.3% which tells us a lot more participants needed assistance last year with housing concerns. Participants reporting that they receive snap benefits increased and we have a question, did you know that you could get help to find a job for pay ? The respondent rate decreased by only .8% and we saw an increase in the rate for those who reported that they did ask for help getting the job at 11.6% . The responses of - - restrictions decreased by 2.3% which we will be addressing. Next slide. The action items from previous focus areas have included are enhancements to the person centered planning approach . To do this we have implemented our weekly service coordinator training to make topics on the an improved all communications to better address things quickly with hopefully resolving matters in the first phone call. Enhancing assessments our assessment questions related to discharge income housing and safety which went live recently. We've been working to improve the quality of services which - - will touch on in the future slide . Each of us are working with participants for providers in our community so we can better understand the issues on how to overcome some of her own bias with colleagues and neighbors. Keep and personal assistance - - individuals who receive those types of services focusing on the central zone first because this is part of intervention as well . It so we can help participants really be more empowered to problem solve and manage expectations and set them up more for success. We have informed providers on our survey results and give them tips with onboarding for the staff and participants . We have enhanced our housing strategy

team to address more housing issues statewide and increase the support provided to service coordinators for housing issues. We increase per dissipating knowledge by adding more questions about snap benefits and housing to the person centered planning meetings. He provided them to her education in newsletters and on our site disturbing wellness kits . We increase the use of our community resource guide and the number of community related goals on the person centered service plans . We will be continuing to do those things as well and I will talk more about employment on the future slide. Next slide please.

>> SELLERS DORSEY: Jamie, this is Pat, you have about two minutes , sorry .

>> SPEAKER: I will let people look on the slide for training that you increase the amount of training and touch points for service coordinators including entities so they have a lot more opportunities for that two-way communication and a great feedback group. I will turn it over to Mike now to talk about - -. Next slide .

>> SPEAKER: I will go really fast year because I know we are tight on time. I wanted to talk about this collaborative effort that is come out of working with providers . I think it aligns with the improvement . The past services members are down a little bit but I attribute a lot of that to Covid and interruptions . Really the collaborative design is to brainstorm around ideas and concerns with some partner PAS organizations create a feedback loop with them and do as a learning collaborative and we learn from them. This year's project but we landed on was increasing the knowledge base around annual wellness visits to trying to get folks to see their doctors annually . Because of fears of things like Covid we saw the drop off. Fortunately, early signs are that our effort with past providers involved in this are having good reactions when using office staff and nurses to help communicate future steps for this group to develop a postcard for our staff to engage folks around the issue of going to their annual visits as well as motivational interviewing tips for direct care workers and having them be a part of the team with us as well as participants to engage in battle health outcomes. I will send it back to you Pat now .

>> SPEAKER: I will wrap up very quickly by showing that these are areas of focus for the 2022 Action plan to improve in these areas and provide more information on our efforts and future meetings. Next slide. To continue and wrap up what we are doing, we started a lot of these interventions that you see here in 2020 and 2021 , but with the results of this year we are going to continue to expand on these and reevaluate all of our interventions. We are really excited about what Mike mentioned , trying to use our dynamic community engagement team to help start a new pilot or we can offer more support to produce pins who might be experiencing social isolation and need some extra efforts to get more involved in their community and help out the service coordination team out there . And continue to address any of the gaps we are seeing across the state and transportation, dental or housing issues in using our subject matter experts to help us identify any other possible solutions that we have and continue the collaboration that we have to address

those matters . And engaging with therapist spent - - they give us such great feedback on these ideas and we are going to continue to socialize the results of the surveys with providers and our advocacy group so we can work together with all of our partners to try to address and improve our own education internally as well as any of the resources that we provide to participants on our websites through the person centered planning meetings etc. More to come on this. I will turn it back over to Pat and entertain any questions .

>> SELLERS DORSEY: Jamie and Mike, I hope you stick around for the rest to take any questions on the UPMC presentation during the public comment period. He will turn it over to Danielle. For AmeriHealth .

>> MALIK HAYNES:

>> SPEAKER: Hello everyone, this is Danielle - -4 AmeriHealth . Some of the areas that we are going to identify and discuss during this quick presentation are some of the barriers and areas of improvement that we have in store for 2022. If you go to the next slide, this is AmeriHealth actor get number of completed service by zone. The Southwest and Northwest of the areas we did not meet the required , however we are working basically looking at it if we can add the population size because for AmeriHealth Pennsylvania we had a small population in the Northwest and Southwest . More to come on that. The next slide provides some of the barriers to the survey and that I just discussed it is the response rate . In addition to the question that was asked as to who receive the survey , it is a random sample. Not all persons are eligible for this . It is a random sample , we will provide - - and some of the areas we look at from a week to week basis , you can see the trending and as we get closer and closer you see that we are not getting the completed rates . We may send out more surveys to hopefully increase the rate. It did not prove to be helpful for us but we are definitely working towards that moving forward. A vendor has stated that this is a decline in the response rate , it's an industrywide challenge. The trends in various settings across the country , we will have to see what we find . And of course the Covid 19 pandemic had a huge impact on our efforts as well as response rates . At AmeriHealth we encourage our participants to complete the survey . We have presented this conflict during our visit advisory committee and I believe it was data we are encouraged , we will fill it out but unfortunately we do know we will receive it but it's out there. We are educating our service coordinator , if a person were to receive it and go to Brisbane services , we are very quick to help them to the questions and refer them over if needed. There are a couple of efforts out there that we have. We do have a limited ability to measure Brisbane experience because as Mike has stated , but has been able to see their doctors or something had stopped them from going to a wellness visit given state lockdown restrictions and so forth . This was a big impact on responses to the survey. Next slide. You see the areas we work which identifies these and more measures that we as an organization like to address . Just wanted to outline this four-year choosing services that matter and from 2020 to 21. We definitely know there has been because of the

interventions and efforts the communities have put forth , you are seeing some improvement so that is good to see. Next slide please. For areas for improvement in 2020 , we have developed internally with the stakeholders to help improve the Brisbane areas . We are really utilizing any of the feedback we received verbally on the Brisbane advisory committee and face-to-face interaction between the service coordinator and participants . This is all shared and we work with what we get . Also we are developing an initiative to support this such as - - card we will leave behind. There are other efforts out there but this is another high-level . We also work with the service coordination staff to provide them with the resources and tools . There are alternatives such as walk-in clinics, urgent care specialist with things of that nature. Again, this is an ongoing effort and will continue through 2022. We are finding beneficial or enhancing through 2022. A lot more work on participants and materials to help provide the tools for self-care . Self-care is key to this is an ongoing effort through 2022. We have nonmedical transportation questionnaire understanding the translation needs for our expense and we also have support for the dental initiatives. Again the measures that we have there is also one that we individually want to address . Again we have open communication and active listening when conducting an assessment . The motivational interviewing is a key piece of our ongoing process and educating the service coordinator to help encourage open discussion. Next slide. Here are some opportunities for improvement we see the global rating for overall satisfaction of the service coordinator - - 70% and overall is the aggregate from 2020 which went from 83% to 80% so we are taking a deeper dive into that. As I stated, we look to individual composite measures . Some of the areas we have improved on our in relation to the areas of improvement and the effort that we set forth in our work in 2021. Of the focus efforts - - transportation, planning activities and again we are continuing on with previous efforts as well as incorporating some of our new intervention like a benefit video that will be consistent with our website and be viewed with the service coordinators , we are working with the internal team to develop for those who may not be able to have the face-to-face ascending the link via text to the per spent so they can do it while the service coordinator , there are a lot of ideas going out there. We are also utilizing potentially a visual worksheet under doing person centered service planning making sure that we highlight the areas where what is important to you , what do you want to share with your service that's clearly identified on a one-off document. There is work to be done for that. As we discussed of awareness of employment, housing and snap right now for housing , we have additional activities supporting the housing efforts . We have included a continued partnership where they develop written informational materials that will be available to the service correlator related to eviction and tenant responsibilities . It developed specifically for our plan and service coordinators and we will also have additional documents for 2022 that will address the accommodations. There are more interventions being developed and as you saw in the previous slide there is one area where we did improve from 2020. The

point is we have employment on the agenda for our meetings , Ed Butler, the OLT specialist for each of the five zones regarding plumbing services and we also have information in a newsletter and informational flyers about the services with PA employment about 82,000 was sent out . Again, lots of effort there . That was another area we had improved on. To identify the service benefits and how it affects - - website under our community resources section . The service corridors have access to this video as to the precipitants and began like any of the other videos they have face-to-face visits and open it up while sitting there with the participant or send it over the participant via smart phone. Also we have outreach materials that we have incorporated . We are in discussion with outsourcing snap enrollment to target membership . We are not currently enrolled in but they are eligible. Lastly regarding - - exploitation, currently the information - - part of the person centered service planning and we are currently strategizing to incorporate for 2022 to improve the rate and overall dispense how to report abuse , neglect and expectation. Basically we are starting to increase rates overall in our continuously leveraging technology and multifaceted approaches to effectively reach our membership. That concludes my presentation . Any questions? I'm happy to help .

>> SELLERS DORSEY: We will circle back Danielle if you can also stick around .

>> SPEAKER: Absolutely . I think now Mike and David, he wanted to circle back to Howard for any questions related to his presentation . I know Monica, I saw you and made a comment with Howard's presentation , did you want to share that? It looks like we have may have lost Monica. I will share Monica's comments for Howard. Thank you for the thoroughness of the external CHC evaluation data. While it is encouraging to see trends rebounding after the initial drop , it is notable that they continue to be of concern particularly in the southeast .

>> DR. HOWARD DEGENHOLTZ: Thank you Pat. Yes, we are monitoring data. I think the pictures overall consistent with the data that Brian MacDaid shared so we are confident that is not a fluke but we are planning to launch the next round of the survey in the next couple of weeks. We are going to track those trends and look forward to sharing those findings with this group.

>> SELLERS DORSEY: Thank you. Do any other committee members have questions for Howard?

>> DAVID JOHNSON: Good afternoon Howard, this is David Johnson. Thank you very much for your presentation. I was wondering if you or your colleagues are also collecting data on utilization rate of MLTSS benefits as well. I know you were reporting tentatively on past hours - -

>> DR. HOWARD DEGENHOLTZ: The answer to that is yes and we have been utilizing the full range of services . I do not have updated analysis on other categories to share today . We have previously presented on adult - - early 2020. Our data center is just now getting access to the 2021 claims data so as you can imagine, there is a significant lag in terms of

our ability and when we can analyze and interpret those data . We are looking forward to that . We did report on trends and meals at our previous meeting .

>> SPEAKER: I appreciate it, thank you .

>> DR. HOWARD DEGENHOLTZ: Is there a specific service category you think should be highlighted?

>> DAVID JOHNSON: - - Has been before .

>> DR. HOWARD DEGENHOLTZ: We do track home modification and transportation . We have not presented those in this form but we do track those measures. Other categories are utilization rates are relatively low . We have been careful about analyzing them because it is difficult to detect trends if the volume of services is very low . For example, if some of the employment assistance categories - - future meeting for example some of the challenges are nonmedical transportation and home modifications . We are happy to work with OLTL and compared the findings for this meeting.

>> SELLERS DORSEY: Any other committee member questions?

>> SPEAKER: Yes, at the end of your earlier presentation you noted that you - - study the behaviors of specific outcomes. I wonder if there were any specific outcomes you were looking at .

>> Thank you for the question. Yes, we are looking at following up within seven days , and actually within 30 days have a psychiatric discharge. Readmissions for psychiatric discharge. We are also looking at a wide range of behavioral health services. For example your support outpatient therapy for people living in the community. We are also conducting some studies for physical health outcomes for people with severe mental illness with the nursing home population . And that we are looking at utilization of mental health services during the time in which people are living in a nursing home stay so psychology and psychiatry and other essentially outpatient services that are delivered while a person is in the nursing home. We have been tracking those things, it's extraordinarily complex and difficult because we are developing a methodology to combine Medicaid and Medicare claims and that has been exceedingly difficult .

>> SPEAKER: Thank you, I was looking at the uptake and services provided through the behavioral health managed care organization . In determining center for the future anyway , outcomes for study convening a group of behavioral health consumers and their families or advocates might be a good way to start to get at some more - - type of measures that will be helpful in the long run because I agree the biggest issue is if you can treat the mental illness , it will cost you a whole lot less to treat the physical illness. We all seem to know that they can get at exactly how to do that .

>> DR. HOWARD DEGENHOLTZ: I just want to add to comments. One is that our analysis does include - - behavioral managed care organizations. That's already in our data set and is not technically difficult because it's already included on the Medicaid side. The technical challenges have to do with the Medicare claims. In terms of a group of stakeholders, that

the fantastic idea if you have suggestions on how to facilitate that I am very interested in hearing your thoughts.

>> SPEAKER: I sure do but we can talk off-line thanks .

>> MICHAEL GRIER: I just wanted to ask to that data include remote visits that have done telehealth?

>> DR. HOWARD DEGENHOLTZ: Anything that is billable is included in our analysis we have not pulled that out explicitly. I can check my colleagues because I believe that other colleagues at our Medicaid research Center have done some work on telehealth but we have not pulled that out specifically in this analysis as of yet .

>> MICHAEL GRIER: Okay, thank you.

>> SELLERS DORSEY: Okay, any other committee member questions for Howard? I have a few here from the audience Howard and you may have covered some of these and see how timelines up. The first one is and I apologize that I miss announced her name, Alicia from the office of behavioral health Delaware County. You may have touched on this but the evaluation includes access to and use of behavioral health services such as ongoing mental health and substance use services. I think you said that it will .

>> We have been working that - - substance use services in the population. We share the findings of OLTL in the coming months.

>> SELLERS DORSEY: A comment from - -, the pattern with those same in the region .

>> SPEAKER: Was there a question with that?

>> SELLERS DORSEY: No, think of which is making a statement that is consistent. The last question is the right now for you was icy to handouts . I see the to handouts about the independent evaluations . Was there a full report published somewhere? These are some of the findings so I imagine there are more findings entirely compiled .

>> DR. HOWARD DEGENHOLTZ: I am happy to talk off-line about this if you want to shoot me an email . There is a - - to be found on the OLTL website that is a summary of a wide range of findings . We will have another comprehensive report available at this time although you can look and see prior presentations, that's probably the best way for our founding's findings .

>> SELLERS DORSEY: Okay .

>> MICHAEL GRIER: Hey Pat, I just wanted to say thank you very much for the report. It is excellent . It is a lot of data at one time . I am thinking that people have questions as the candidate set the details of the report. If we continue to get questions about your report , have it be able to provide questions to you .

>> DR. HOWARD DEGENHOLTZ: You want to comment on the question we followed after previous presentations? Usually those questions have been filtered through OLTL staff or sellers .

>> SELLERS DORSEY: If you get comments or questions from committee members , it probably would be best if those went through OLTL and you could probably funnel those

into as a part of your planning meeting .

>> DR. HOWARD DEGENHOLTZ: That allows OLTL and sellers to track the questions to make sure everything is responded to. In the past we have a questions after a meeting and some questions are appropriate to myself and my team . It's better to go centrally and get routed to the right question . In the past those of led to off-line conversations and we are more than happy to make ourselves available to address any questions people have.

>> MICHAEL GRIER: Very good thank you .

>> SELLERS DORSEY: Now we will flip to the additional public comment . I have a few things there and we can circle back on the caps presentation. The first is really a comment from Kathy . MCO should contract with more local agencies so we can keep our service coordinators consistently in order to keep my - - I have a change MCO to pH W from AmeriHealth causing us to lose our cardiologist because he is not credentialed with pH W but is the other ones. The next item I have is a question for Jamie from Carrie. Jamie, can you talk more about your statement regarding the agency choice moving to one gender ?

>> JAMIE BUCHENAUER: Sure and thanks for the question. We are working on a procurement that will provide an agency with choice an additional option for those who want to use a participant directed model of care to provide the services . I hesitate to say more about it but we are looking at procuring a statewide vendor that will work with all three CHC MCO to add another option for participant directed care. The agency with choice historically gives if you look at models in other states, gives workers some additional benefits . Healthcare and possibly paid time off and other employer employee benefits for the agency .

>> SELLERS DORSEY: I have two additional comments from Kathy, one is feedback on the slides . Slides are too small to read easily when using a phone to precipitate and I believe that was specific to some of the Slides. Kathy also made a comment to say the role CHC website document is not accurate for doctors . The remaining questions I have relate to - - and a few that came in for Howard. Too many committee members have any other comments unrelated to the HCBS caps CAHPS or related to Howard's presentation? If not, I think I did just get a question from Latoya Maddox for the MCO . General question for the MCO , MTM continues to be a nightmare. Are the MCO's tracking the issues that the Pistons are having? The data by now should show a new contract with a different transportation worker needs to happen. MTM either gives out the right, wrong, no transportation to participants . Those who are not getting it are paying out-of-pocket. Do one of the MCO want to respond to that?

>> SPEAKER: I can respond generally. We track - - service issues they have with MTM. Our service satisfaction is actually very high. MTM reported on that recently. We would really encourage that there is a specific participant issue , that we have that participant or representative reach out to us through our participant services line . We do have a transportation concierge and they will help facilitate whatever that issue is and get

reconciliation about it and resolve whatever the problem is. I would encourage Latoya to have whoever has spoken to her or if it is happened to her reach out. Asked to speak to someone who manages transportation and share the experience so we can get more to the root of the problem.

>> SELLERS DORSEY: Thank you enough. Any other responses? No? Okay . Then we will circle back to our friends for the home and community-based portion. I think Malik, someone had a question at the end of your presentation using a gift card and he responded back he did not want the perception that you are trying to influence the responses . And followed up to mention that it would not be the MCO that offer the gift card but would be the vendor who is administering the survey .

>> MALIK HAYNES: I understand. That's an excellent way to strategize it, but it's still presents the same problem. It's still represents the plan itself and again it would have that bias of potentially looking like . No matter who is giving out the survey and administering it , we would still be in that particular situation of making it look like we were trying to persuade the results to go one way or another. I understand the question but it is a tough thing to do when it comes to survey results .

>> BRIAN MACDAID: We don't want - - any gift cards because secondly - - CMS . There are a lot of concerns in regards to that, thank you.

>> SELLERS DORSEY: Thank you Brian. Cindy Seeley, I know you had posted a question and comment about the CAHPS results .

>> SPEAKER: Thank you, it's just a comment about nutritional and securities addressed through snap benefit increasing with participant. There is also delivered meals benefit available for participants . It addresses food security and nutritional insecurity . Sometimes snap benefit utilization can address the food insecurity part but there is also the nutritional piece of this making sure folks are managing their chronic care conditions appropriately so I appreciate that, thank you.

>> SELLERS DORSEY: Okay, thank you.

>> MICHAEL GRIER: Just wanted to interrupt, I was looking at the chat that Jen Rogers was trying to get into respond to the MTM question and said she was muted .

>> SELLERS DORSEY: Sorry about that .

>> SPEAKER: No worries thank you so much Pat and Mark Mike. I wanted to echo what Anna said but we do share a member we both have - - MTM as a transportation vendor. It's super important to note that our satisfaction rates are in alignment with what Anna reported but also in the southeast the transition from the MTM wallet card has been what we are focused on since October . It would be helpful Latoya if you could off-line differentiate if the issue is - - experience or MTM driver because those are two different things or if there are other issues going on with those on a key card versus the trail pass , we are still waiting to let the plans know where their systems, the paratransit buses and all other modes of transportation are fully transition to the key card process. Those are

important distinctions and we want to make sure that we are talking about when addressing transportation. That's all I wanted to add to the conversation Pat the sometimes we do have to differentiate so thank you .

>> SELLERS DORSEY: Latoya had a follow-up question for you and Anna. She wanted to know if the precipitate and the paying out-of-pocket for transportation , can they be reimbursed and is the money allotted to participants in the service should be reimbursed and not retained by MTM?

>> SPEAKER: Oh sure. If that is happened we will absolutely address that an individual basis that is not the practice. If a participant is paying out-of-pocket, that should not be the case. Their authorized translation benefits . If a situation where that has occurred we deal with that on an individual basis to make sure that is rectified so thank you.

>> SPEAKER: Same as what Jen said, it would be a case-by-case basis work with the transportation concierge and they will work on it with MTM and health plan .

>> SELLERS DORSEY: Thank you. The next item is a suggestion related to the CAHPS surveys from Paula Hunter. This is a comment. Consumers want another voice is heard. It would be helpful if the result is also sent to the consumer . It would build trust in consumers that the comet is reviewed . They want to know that things will improve by filling out the survey sending out the results and what actions taken are important . I do not that is something any of the plans are doing today or a suggestion that you would entertain going forward .

>> In this particular form , is something we can think about. I am not sure if specifically everyone all of the members would potentially get the results back the kind like how we share with our placement advisory committee meetings we get the feedback in the member as well based on the results right here .

>> SELLERS DORSEY: To answer your question, if you have 100 people completed the survey for those hundred would get some information on what was presented here . With that I will ask Jamie and Mike from UPMC .

>> SPEAKER: Unfortunately there are rules with CAHPS survey as the health plan has to be - to protect them from any retaliation or anything like that . It's a CMS rule with the CAHPS surveys . If we replied back or send something out, we would know who the respondents were to the survey. Internally, we definitely can discuss adding a summary of results to a newsletter so it goes out to a broad base for the CHC program and provide maybe some reassurance that here's what the responses were and here are some actions taken to improve things utilizing that route and keeping the respondents anonymous.

>> SELLERS DORSEY: Danielle, anything to add from AmeriHealth?

>> SPEAKER: Can add, this is Mike, it's a really great idea. It helps with response rates as well and people know what they are completing has had an impact on organizations and we are making change based on that. I love the idea and that's what we're looking at.

>> SELLERS DORSEY: Again, not to put you on the spot but we have lost Danielle. Not sure if anything you want to add on her behalf or commit her to anything .

>> SPEAKER: Danielle to not have anything to add, she's having connectivity issues .

>> SELLERS DORSEY: No problem. The next question is from Jeff and based on the timing of when he sent it , I think it's for Jamie and Mike but others have comments you can certainly add things . Great presentation, can you tell us what region we are seeing transportation gaps in?

>> SPEAKER: Mostly in our - - area we are transportation identified .

>> SELLERS DORSEY: Malik, I don't know if you have anything to add , not sure if you had the same finding .

>> MALIK HAYNES: I don't have anything to add at this time .

>> SELLERS DORSEY: Okay. The next question is from - -, I was struck by the finding of almost half of those eligible for snap do not know how to apply . What effective means have you found to address this concern? Based on the timing, this does look like , I remember Danielle talking about it . Not sure if you had any similar findings that you can speak to this, if not we can follow up with Danielle .

>> MALIK HAYNES: With hours we had on our website will be can do for that counselor and also make sure that the service coordination is trained on how to address that with the precipitant. We did see a bit of a similar finding but those are the things put in place . Now that we have the results from this year, is something we will strategize for this year coming forward .

>> SPEAKER: This is Mike. We provide training to our service coordinators and we also have enrollment staff who help with folks going to the enrollment process. That's a perfect opportunity for us to reengage around snap and the other benefits.

>> SPEAKER: We are grateful for the how-to video for enrolling in snap benefits , we have posted it to a community resource site and have used it during service clinician training. It's a shared goal to see snap enrollment increase. In 2022 we are hopeful to be engaged with a contracted entity that are subject matter experts to see if we can boost our enrollment numbers for snap and other public benefits. That's an initiative for our work plan for this year .

>> SELLERS DORSEY: Okay, thank you Jen. The next question would be for OLTL , it's from Mark Edwards. How do personal care attendants clients get their raise they did not receive it?

>> JAMIE BUCHENAUER: Can you repeat that? I was trying to ferret out what they were in the basement directed population or working for an agency .

>> SELLERS DORSEY: Marks, if you can respond back to that and we can send that information. I sent information over to Mike for someone else so I can do the same thing if you will respond back and let us know .

>> JAMIE BUCHENAUER: That sounds good .

>> SELLERS DORSEY: It's agency model . Mark, if you can provide the agency name, I can send that to provide operation and asked them to follow-up. The next question circling

back to Howard , from Ford Allison, is the past our slides based on hours authorized or hours delivered and paid, thank you .

>> DR. HOWARD DEGENHOLTZ: Excellent question, we are looking at hours paid. We do have access to hours authorized so we are limited to hours paid . We are not able to do an analysis of the gap between what is authorized and what is actually used we also have to assume that an hour paid is in our service that was delivered. That includes both consumer directed and agency.

>> SELLERS DORSEY: I believe this is also a question for you Howard , would it be possible to receive the data on her modifications?

>> DR. HOWARD DEGENHOLTZ: I made a note on preparing that for public dissemination .

>> SELLERS DORSEY: Okay, thank you. We have about two minutes left , so do any committee members have any final questions or comments ?

>> MICHAEL GRIER: This is Mike. I wanted to encourage the committee members that if you have not done so , please give it some thought and provide me with priorities that you would like to see the committee take a look at this year , I would greatly appreciate it. Thank you.

>> SELLERS DORSEY: Any other questions or comments? If not, Mike I will turn it back over to you to adjourn the meeting .

>> MICHAEL GRIER: That sounds like a great idea. Everyone, thank you for your participation today . I look forward to our meeting next month . I think follow all of you and the meeting is adjourned.