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Date: 04/03/2024

Event: Long-Term Services and Supports Meeting

>> KATHY CUBIT: This is Kathy again. Can the meeting room here the remote folks?
>> SPEAKER: Yes, we can.
>> KATHY CUBIT: Thank you.
>> SPEAKER: We have you on mute right now until the meeting starts.
>> KATHY CUBIT: Sounds good. Thank you. Sorry. This is Kathy again. Carrie Bach wasn't able to connect to the webinar. She called in. I don't know if you can look for her to unmute her phone. She said her phone is muted. Thank you.
>> SPEAKER: When it's dialed in, it's star six on your phone to unmute and mute yourself.
>> KATHY CUBIT: Okay. I'll write her back . Thank you. Alright, folks. It's about a minute after 10 so we're going to get started.
>> SPEAKER: I'll hand it over to our chairs.
>> KATHY CUBIT: This is Kathy Cubit. Is Carrie able to unmute and speak to do the rollcall? Okay, I'm going to get started and Carrie if you are able to do that, you can jump in at any time. I know unfortunately Carrie is having some connectivity problems this morning so we'll start off with Ali Kronley. Anna Warheit.
>> ANNA WARHEIT: This is Anna.
>> KATHY CUBIT: Carl Bailey. Cindy Celi I know will be a little late. I don't know if her alternative is here >> SPEAKER: This is Amanda. I'm here for Cindy.
>> KATHY CUBIT: Hi Amanda. Welcome. Neil Brady. Gail Weidman. Jay Harner.
>> JAY HARNER: Present.
>> KATHY CUBIT: Jennifer Ebersole. Juanita Gray.
>> JUANITA GRAY: Here.
>> KATHY CUBIT: Latoya Maddox. Laura Willmer-Rodack.
>> LAURA WILLMER-RODACK: Good morning.
>> KATHY CUBIT: Good morning. Leslie Gilman. Linda Litton.
>> LINDA LITTON: Linda is here.
>> KATHY CUBIT: Lloyd Wertz. Matt Seeley. Matt Seeley is here?
>> MATT SEELEY: Yeah, present.
>> KATHY CUBIT: Thank you. Mike Greer .
>> MICHAEL GRIER: Good morning.
>> KATHY CUBIT: Minta Livengood.
>> MINTA LIVENGOOD: Good morning, Kathy.
>> KATHY CUBIT: Monica Vaccaro.
>> MONICA VACCARO: I'm here.
>> KATHY CUBIT: Pam Walz.
>> PAM WALZ: I'm here.
>> KATHY CUBIT: Patricia Canela-Duckett. Rebecca May-Cole.
>> REBECCA MAY-COLE: Good morning. I'm here.
>> KATHY CUBIT: Is there anyone of any of the members that didn't get a chance to

acknowledge their presence during rollcall?

>> JENNIFER EBERSOLE: This is Jen Ebersole. I entered two minutes late.

>> KATHY CUBIT: You're forgiven. Anyone else?

>> ALI KRONLEY: It's Ali Kronley.

>> KATHY CUBIT: Anyone else we missed? Morning.

>> PATRICIA CANELA-DUCKETT: This is Patricia Canela-Duckett.

>> KATHY CUBIT: Thank you. Anyone else? We're going to move on to the housekeeping points . This meeting is being recorded . Participation in this meeting is your consent to being recorded. This meeting is being conducted in person and as a webinar to comply with logistical agreements . We will end promptly at one. To avoid background noise, please keep your devices muted and the microphones off unless you are speaking. Remote captioning is available at every meeting. The CART captioning link is on the agenda and in the chat. It is very important for only one person to speak at a time. Please state your name before commenting and speak slowly and clearly so the captionist may capture conversations and identify speakers. Please keep your questions and comments concise to allow time for everyone to be heard. Webinar attendees may submit questions and comments into the questions box located in the GotoWebinar pop up window on the right side of your computer screen or use the raise hand feature to be put in queue to speak live. Those attending in person should use one of the microphones and wait to be called upon to speak. Before using a microphone, please press the button on the base to turn it on. You will see a red light indicating that the microphone is on and ready to use. When you are done speaking, press the button again to turn it off. The red light will turn off indicating that the microphone is off. If you have questions or comments that weren't heard during the two public comment periods,, please send them to the resource account email found at the bottom of the meeting agenda and the LTSS SubMAAC webpage. In the event of an emergency, go to the Assembly area to the left of the Zion Church on the corner of Fourth and Market. If you require assistance to evacuate you must go to the safe area located right outside the main doors of the Honor's Suite. OLTL staff will be there and will stay with you until you are told you may go back into the Honor's Suite or you are evacuated. Everyone must exit the building. Take belongings with you. Do not operate cell phones. Do not try to use the elevators . They will be locked. Use Stair 1 and Stair 2 to exit the building. For Stair 1 - Exit Honor's Suite through the main doors on the left side near the elevators; turn right and go down the hallway by the water fountain; Stair 1 is on the left. For Stair 2 - Exit Honor's Suite through the side doors on the right side of the room, or the back doors. If exiting from the side doors, turn left and Stair 2 is directly in front of you. If exiting from the back doors, turn left and then left again and Stair 2 is directly ahead. Stay to the inside of the stairwell and head outside. Turn left and walk down Dewberry Alley to Chestnut Street. Turn left to the corner of 4th Street. Turn left to Blackberry Street and cross 4th street to the church. with that, I think we can move on to Juliet for OLTL updates and if I can ask folks to make sure you're muted, that would help avoid background noise. Thank you Juliet.

>> JULIET MARSALA: Thank you, Kathy. Just for the record Lloyd is also present in the room. This is Juliet secretary for the Office of Long Term Living . Just a couple updates today. We have on our list again the procurement update so what is currently in blackout we can discuss send updates will be posted on the e-marketplace. Before we get into the budget presentation by Dan, I just wanted to spend a few minutes to share with you that participants self-direction workgroup has concluded reviewed by myself and the secretary. And I want to thank all of the individuals who participated in that workgroup. They spent and dedicated a great deal of time looking at participants self-direction and its processes and recommendations to help the

participants self-direction program grow and really identify pain points and potential barriers that we can work on to resolve over this next coming year or so.

There were many members from participants themselves who were Commonwealth employers and recipients of those services in addition to direct care worker representation, vSMS vendors, managed-care organizations and service coordinators, including state staff, being led by Michael Hale and Jen Hale so we are really, really happy with the work that they've done .

Would like to look at that as a model for other topics that would like to dive into in this upcoming year. The participants self-direction report will be posted publicly to the OLTL website and the website is undergoing a revamp and that has caused some delays in being able to post new content. However, we also expect that it will go out by the listserv. If anyone hasn't signed up for the Community HealthChoices listserv or any of our other OLTL listservs, we continually encourage you to do so. With that, I'm going to hand over to Dan Sharar who is going to go over the proposed budget 24/25.

>> DAN SHARAR: Thank you, Juliet. Good morning, Thank you, Juliet. Good morning, everyone. Nice to see everyone here this morning. My name is Dan Sharar finance director for OLTL, and I have just a few slides here this morning to talk about the 24/25 fiscal year budget requests for OLTL. A couple highlights . The budget requests for 24/25 continues to reflect actuarially sound rate development for the CHC program. Continued operation of the CHC program . Also includes continued expansion in the LIFE program which is Pennsylvania's version of the PACEprogram. I'm sure many of you know it. The budget request also assumes or includes, provides for continued expansion in the LIFE program including an additional or funding for an additional 180 participants in the LIFE program. Also includes modest increases in both utilization and cost of care for all three of the OLTL's main appropriations, which are CHC appropriations, the LIFE appropriation and long-term living. Long-term living appropriation covers or funds MA claims that are still billed through fee-for-service as well as the OBRA and act 150 waivers. We still have funding and long-term living appropriation for those programs and the fee for service claims that still come through the promise system.

The budget also -- the last bullet here on the first summary slides, we also include modest increases in the OBRA and act 150 programs so you'll see that reflected in the numbers for the long-term living appropriation. I show this pie chart every year when we do the budget presentation . What you see on the pie chart here is actually where are final enacted budget for the current fiscal year which reflects in total about 15.3 billion in state and federal funding for OLTL's three main appropriations. Community HealthChoices of course is the largest piece of that pie . About \$14.5 billion of the total 15.3. As I like to remind everyone during this presentation or the proposed budget, at this point of course it is still just a proposed budget . The final enacted budget will be passed and signed by the governor in June -- by July 1 and is required or at least that's the hope every year. Our total -- just for reference, the \$15.3 billion makes up the current year, 23/24 appropriation, if you compare that to what's in the proposed budget it's about \$15.5 billion so roughly a 1 1/2% increase in the requested budget . A little over \$200 million across the three appropriations.

The largest which is our I'll start with the larger -- MA, capitation to CEOs as well as OLTL grants and operating contracts. In the current year we as I said have a total state, federal and other funding -- other funding includes funds that we receive that are transferred from the lottery and tobacco settlement funds . For the current years, we have as I said 14.5 or just over \$14.5 billion in the CHC appropriations and our requested appropriation for the 24/25 budget is about 14.87 which is an increase of about 290 million in state and federal funds. The long-term living appropriation as I mentioned includes MA fee for service claims as well as the OBRA and act

150 programs . The current year's funding is about 325 million . The 24/25 budget request is approximately 252 and half million . I will point out that that I realize looks like a decrease, but is perhaps a little misleading because the current 23/24 number includes payments that are appropriated through the fiscal code each year. Things like the nonpublic MA day one incentive for nursing facilities as well as in the current fiscal year there was a supplemental payment, additional supplemental payment. Because those are not essentially guaranteed payments each fiscal year, when we do the budget request, we take those out of the figures that go into the budget request.

Largely What you see in that \$72 million decrease just reflects the removal of the fiscal code payments that are part of the 23/24 appropriation figures. Last but certainly not least, the long-term care managed-care appropriations which is the LIFE program. The current year funding or appropriation is 391 million. 391 1/2 million to be more precise and the 24/25 budget request is 395.1 million in state and federal funding. That's essentially the budget request for 24/25. It is largely a cost to carry budget request . As I said, there is the fiscal code payments removed from the long-term living appropriation . We assumed our normal, modest increases for utilization and cost in CHC, long-term living and the LIFE appropriation. That I think sums up our budget request for 24/25. I'm happy to answer any questions that folks may have in the room or online.

>> KATHY CUBIT: Thank you Dan. Thanks Juliet. Before we open the floor to questions, I want to mention that fortunately Carrie Bach our cochair has been able to join and I also want to acknowledge member Gail Weidman is also present. With that, we can open up questions to Dan and Juliet . Is there any in the room?

>> SPEAKER: Lloyd has a question.

>> CINDY CELI: Good morning. Thank you for your presentation. I think I asked this question once before and I'm not sure I got the answer. Is there an estimate on how much the Commonwealth (Indiscernible) for an individual who signs up for the LIFE program as well as going into traditional M&A (Indiscernible) CHC program?

>> DAN SHARAR: Thanks Lloyd. I appreciate that question and I apologize if I didn't get the answer to you in response to the previous question. But as I'm sure you're aware, the LIFE program is dual funded by both Medicaid and Medicare . So it is difficult to do an apples to apples comparison between the life program and MCHC participants. Of course every year as part of our capitation ratesetting process for both CHC and the life program, we look at expenditures, expenditure history and particularly when we're doing LIFE ratesetting, it is a slightly different process than what's required for CHC because CHC requires actuarially sound capitation rate whereas the LIFE program requires rate as a percentage of the amount that would've otherwise been paid for the LIFE participants. So the ratesetting methodologies are slightly different, but we do work with the actuaries in both programs to develop appropriate capitation rates for both programs.

>> KATHY CUBIT: All this to say Lloyd is we will go back to take a look at the numbers and it may not be a percent but we'll try to get the answer you're looking for.

>> LLOYD WERTZ: I would appreciate that.

>> KATHY CUBIT: Thank you. Leslie Gilman has a question. Would you want to unmute yourself?

>> LESLIE GILMAN: Yes. Thank you. Can you hear me?

>> KATHY CUBIT: Yes.

>> LESLIE GILMAN: I was wondering thank you for that presentation. Very helpful. I was just wondering about the budget for adult day centers and centers providing adult day services have

not had an increase since 2010 and costs have gone up considerably in the past 14 years. So has any of this money been earmarked specifically for use for adult day services?

>> JULIET MARSALA: Thank you for the question Leslie and I agree that rates have not gone up for the adult day centers for quite some time. As you may be aware, we are embarking on the HCBS ratesetting this year that will help inform the next budget. That work is going to get started underway very, very soon. We will still be looking in depth at adult day services as well as the HCBS services under evaluation to look at that data and provide that critical information to the governor and our general assembly to help inform future appropriations. As you know under Community HealthChoices and its capitation payments for managed-care organizations . Given that they give capitation payment, there aren't earmarks necessarily generally for specific provider rates. Given that the CHC has to negotiate their contracts with their provider networks. I can say in the fee-for-service program under OBRA there is not an earmark for any rate increases for the fee-for-service schedule at this time.

>> SPEAKER: This is Monica from the brain injury Association of usPennsylvania. I wanted to point out is similar situation exists in the brain injury community. Brain injury seems to be left out sometimes when there's new funding identified and I'm just asking that Becker be considered when you're doing this review as well.

>> JULIET MARSALA: Thank you Monica. I can confirm we will be looking at brain injury providers, particularly red is it an habilitation as part of the HCS.

>> SPEAKER: Juliet, what is the timeframe that analysis is going to be done or what are you anticipating it to be?

>> JULIET MARSALA: Is that Leslie? I'm not sure.

>> LESLIE GILMAN: It's Leslee.

>> JULIET MARSALA: This is Juliet, for us it does recall back to the 2012 ratesetting process or the rate review process I should say . I was part of that provider team that embarked on that in partnership with the state and Mercer . At that time, so I think over year, that is not our intention. We really want to have a very fast-paced timeline so that we can get the information and the data to a point where it can be confidently shared prior to next year's budget process so it is our intention to try to wrap up the work by the end of the summer. As that's what we need to level set here is in the last rate development process there was significant stakeholder engagement all the way through meeting after meeting. A lot of us dedicated a lot of time on that process. Unfortunately for us to be able to meet what I think is most critical which is getting data and information as quickly as possible and in the hands of those that are making our decisions for the future year, while we will have stakeholder engagement, their intention is to have that's tickled her engagement very much so on the front end, and then periodically throughout we do have to make some concessions that we are not going to be able to have that vigorous stakeholder engagement in order to meet the timeline that we have. We share this with provider associations and I feel like there was agreement that the timeline was most critical because of the pressure the providers and others are under. I hope that helps.

>> LESLIE GILMAN: Yes. This is Leslie . Very much so. I really appreciate hearing that and it is critical . The timeframe is really important to the survival of adult day services quite honestly. We appreciate working quickly on that, and we certainly also offer to assist in any way possible if there's any information that's needed. I happen to have been involved in the development of the increase all the way back in 2010, so I know what went into that . If there's anything.[word?] Could do, we would certainly the more than welcome.

>> JULIET MARSALA: Thank you. We're going to count on that support.

>> KATHY CUBIT: Are there any other questions in the room? Any other member questions

before we move to see if there's anything in the chat?

>> SPEAKER:

>> LLOYD WERTZ: I don't know that it applies but is there any anticipation for either group services or decreased cost to the OLTL would be (Indiscernible) wellness waiver certificates . I believe the MCS (Indiscernible).

>> REBECCA MAY-COLE: I believe you are referring to the 1115 waiver demonstration. That is with (Indiscernible) right now. They I think went through their public comment process MOC that information back. There's certainly a lot of excitement in the potential for the 1115 program to really help us get upstream across DHS . With regards to the impact for OLTL, it's certainly going to be very welcoming to be able to have additional services in addition to our robust array of services that we have today. I think that the impact is going to be felt very broadly across DHS though I couldn't say specifically what the impact or anticipated impact at OLTL might be but we're certainly very excited.

>> KATHY CUBIT: Thank you. Are there any written questions in the chat for Juliet or Dan?

>> SPEAKER: This is Paula. I have no questions in the chat.

>> KATHY CUBIT: Thank you, Paula. Before we move on to public comments, just a last to be sure there's no one else in the room that had a question or comment? Okay. Thank you. Now we can move on to the open forum of public comments, and we can start with anyone in the room.

>> SPEAKER: We do have someone in the room.

>> KATHY CUBIT: Go ahead. The floor is yours. Thank you.

>> SPEAKER: This is Rick from (Indiscernible) . I have a question related back to the (Indiscernible) benefit. We're still seeing a problem and I think I have the fix for the problem but the piece is under (Indiscernible) platform (Indiscernible). That requires somebody to go home, do an evaluation and to determine if something is even going to work. With MA currently I believe there's only three providers (Indiscernible) that is not like a shower chair or a normal DME where you can (Indiscernible). We have to go there. We have to evaluate and determine what the best way is going to be. Currently, there's no place, there is no modifier for that provider to go ahead and even put that in there. Because the (Indiscernible) go out and do what we will call design work to put that in there . I've submitted projects under MA, and they've gotten (Indiscernible) the job gets approved but it goes to negotiation and (Indiscernible). Versus creating another modifier, my thought would be to just change the verbiage to the E1399 U2 that would allow for a design that we're able to incorporate that in there. Again, this is not ordering a shower chair from online. We have to physically go to each job in 67 counties to get that information to be able to submit. And there's no -- currently nothing there that allows a provider to get any reimbursement for that part of it.

>> N/A: Appreciate the comment and feedback and taking.

>> JULIET MARSALA: Appreciate the comment and feedback and taking notes.

>> SPEAKER: (Indiscernible) Overall waiver and (Indiscernible) services. With those become the lower rate that would (Indiscernible) capitation (Indiscernible) moving forward. How will that be reflected (Indiscernible) .

>> JULIET MARSALA: That's a great question. There isn't any intention at this point to add additional floor rates for CHC. With regards to how the capitation process works, it's not a direct apples to apples. However, all the information and changes that would be in the marketplace of services is considered when the actuaries put the rate together. If they are looking at the Medicaid fee schedule, which often times they do. It's sort of the benchmarking tool. Then any changes to that fee schedule would be part of that consideration for that benchmarking. So it

would be incorporated into the actuarial process for capitation rates .

>> SPEAKER: Is there any way (Indiscernible).

>> JULIET MARSALA: That's a good question. I would advocate no for that personally, but we can certainly take that back and discuss and look at it further. The reason for that is under the capitation rate, what we want that provide is flexibility for the managed care organizations to best contract and manage the program with provider networks. If OLTL was to put forward (Indiscernible) for every service it goes back to fee-for-service and that's not the intention for CHC. The managed care organizations have the responsibility to manage the programs and have the network adequacy with the resources provided to them.

>> SPEAKER: (Indiscernible)Indicated how pieces of the capitation are (Indiscernible) those capitation rates are sometimes six to nine months after (Indiscernible) As providers, we don't have the opportunity to negotiate (Indiscernible) when we're approaching that (Indiscernible) help us get (Indiscernible).

>> JULIET MARSALA: That's an interesting point you bring up. I'll take that back (Indiscernible) it's going to be on my list (Indiscernible) there he is. Hi!

>> KATHY CUBIT: This is Kathy. I'm sorry to interrupt. I'm getting feedback that it's hard to hear some people in the room and is the microphone being used? I'm also want to remind folks online to mute yourself so we can avoid the background noise and typing. Thank you.

>> JULIET MARSALA: I don't see any additional questions in the room.

>> KATHY CUBIT: Thank you, Juliet. Is there anything in the chat or does anyone have hands raised?

>> SPEAKER: This is (Indiscernible). This question comes from chat from Kelly Barrett . Have there been any (Indiscernible) on the scheduling of the next (Indiscernible).

>> JULIET MARSALA: Thank you for that question. At the last MCO summit, it was indicated that Zoom is the preferred technology platform for holding the next transportation summit. The delay to scheduling the transportation summit is our team's effort to get Zoom approved as a technology platform for us to use . One would think it's simple . When I was in the private sector, I could just swipe a credit card and use Zoom. We have very rigorous is processes here at the Commonwealth with evaluating particularly technology for good reasons. We know recently that vigorous review is important so it's still working through that process of approval. As soon as we can get that plan approved, the team will be looking to schedule that additional transportation summit as soon as possible. However, they are in the final stages of also responding to and putting out a frequently asked questions that came out as a result of the first summit so we'll be looking to push that out over the listserv and posted to the website in the very, very near future . That's the update I can provide.

>> SPEAKER: Thank you . We also have a hand raised (Indiscernible).

>> SPEAKER: Thank you. This question is for Juliet about the rate study and I said this in February and I'm going to say it long and loud. Folks are really, really struggling. We need some sort of guarantee that, as rates are studied and new rates are implemented, there is some direct correlation to the actual pay rate given to direct care workers. I understand the providers are struggling to meet their cost as well. But we've got to get -- if we want to avoid a catastrophic level crisis. We've got to get more money into the hands of direct care workers for retention. The first thing we need with that is sick pay. It costs the Commonwealth much more money to deal with an illness for somebody who goes into the hospital because their direct care worker came to work sick but we don't have the flex ability to give them sick days. I'm here to ask again as rates are studied and new rates or implement it, please, please give us the assurance that we'll be given some flexibility to be able to implement things that save us money and save our health.

>> JULIET MARSALA: I couldn't agree more. Absolutely. Wages for direct care workers absolutely need to be considered in ensuring that they are paid livable wages is our goal . You may have heard the secretary talk a lot about that in budget hearings and her confirmation hearings about the importance of the direct care workforce. I just have to take this moment to say well we can do the rate study, it's going to be incumbent on everyone to ensure that our representatives are educated about that study, about the value of HCBS services and the critical value of direct care workers. While we will have the study and sending it out to everyone to provide that data and information, there's going to be additional work in partnership needed so everyone in our system (Indiscernible) so thank you.

>> CARRIE BACH: Good morning. This is Carrie. Can you hear me?

>> SPEAKER: Yes.

>> CARRIE BACH: Alright! Back in business. Thank you. I have a question that has come to me in between meetings, and with the focus on employment and of course the continued shortage of direct care workers that we just spoke about, the question is why is it that participants in the CHC program are not able to work as a direct care worker for another individual? Even though they may qualify for the program and have their needs, but they are able to meet the needs of another individual enrolled in the program. Why are they're permitted to be direct care workers in those cases?

>> JULIET MARSALA: Carrie, that's an excellent question. I'm going to have to get back to you on that. I have (Indiscernible) that question so well need to go back with my policy folks and clarify what is and isn't allowable with regards to that type of employment. I can't hazard a guess at this point, but we will certainly get clarification as a follow-up.

>> CARRIE BACH: Thanks, Juliet. Do we have any other questions? This is Carrie again.

>> SPEAKER: I don't see any in the room.

>> CARRIE BACH: I do see that Cindy Celi has joined us so just to make that announcement. She's here with us.

>> SPEAKER: Hello. Can you all hear me? This is Latoya Maddox. I'm on as well. I was at the wrong link by accident.

>> CARRIE BACH: What question do you have today?

>> LATOYA MADDOX: I don't have a question. I'm just letting you all know I'm a subcommittee member and letting you know I'm on the meeting.

>> CARRIE BACH: Thank you so much for announcing that you made it.

>> LATOYA MADDOX: You're welcome.

>> CARRIE BACH: Can we make sure the record reflects that Latoya has joined us?

>> SPEAKER: This is.[name?] Pines. There's a question in the chat from Karen Starr. How has OLTL communicated to OTS that PCIL CIL will be providing transition (Indiscernible) facilities . Add access we are seeing incredible resistance from LTC S to schedule outreach. We have provided the families with the letter from OLTL and the Department of secretary and this basic impact. Thank you for helping me understand how (Indiscernible) .

>> JULIET MARSALA: Hi Karen. Thank you for bringing up that topic today. It's a very important one. In terms of sharing that information again we have issued a lot or from the office of long-term living to signal to the vendors to provide training services within nursing facilities. Michael Grier has presented at a prior MLTSS meeting on this and I do believe information when out on the listserv. Yes, I went out on the listserv. It was also announced and shared at our nursing facility quality training sessions that are held and sponsored by our Bureau team. We just met with Nicholas with regards to extending her contract this week and discussed different strategies that nickel can also embarked on to further build partnerships through the

ombudsman office, reaching out to the nursing facility trade Association and hopefully partnering with them as well to increase awareness, access and encourage nursing facilities to hold and have nickel come in and do these training sessions. I know two nursing facilities trade associations are committee members and I'm sure that they will take this back and hopefully reach out to Michael Grier another committee member and have further on that process. I'll hand it over to him to see if we have anything else to share.

>> MICHAEL GRIER: We covered this yesterday at the board meeting (Indiscernible).

>> JULIET MARSALA: This is a great reason why the MLTSS and LTSS are one happy family so they can discuss. Thank you.

>> KATHY CUBIT: This is Kathy. Is there anything else in the chat or any hands raised?

>> SPEAKER: This response is from Juliet -- for Juliet from Kerry Starr. We have (Indiscernible) I'm still getting many doors slammed in my face.

>> JULIET MARSALA: Thank you for bringing up that feedback. I hope that will change in the near future with additional efforts and outreach and partnership across the board as I previously mentioned but thank you for bringing that up. It's really important that we all work together to ensure that participants and residents truly have informed choice, understand the processes, and we are all working together to ensure that people who want to be served in their community and home are able to do so.

>> PAM WALZ: Can I just ask a question about that? I'm wondering whether the CHC-MCO's could play a role in getting their contracted long-term care facilities to open their doors to the sessions.

>> JULIET MARSALA: I'm sure They could. (Indiscernible) Has a list after our call to outreach and engage with. I don't see any additional questions in the room. Any in the chat?

>> SPEAKER: We do not have any additional questions on hold.

>> CARRIE BACH: I just want to remind everybody that as you answer questions in the chat if by chance they don't get answered today, everything will be posted now instead of reading the questions during the meeting. We did this to post them all online to save time during the meeting to allow for more interactions and time for people to ask questions and make comments. Just wanted to remind everybody of that. If we have no more questions, then I think we can move on to our next agenda item OLTL participant resources if Randy is available.

>> JAY HARNER: I have one question. We were talking about the funding issue with direct care workers (Indiscernible) in the face and then Juliet chimed in saying that we can do these reports and these studies, but basically at the end of the day, it's going to come down to legislation and passing the funding and the budget. Has there been any work or any looking into getting statements or comments from the leaders in the House and the Senate on where they stand with expanding funding? Because I think that should be something that all of us on this committee should be aware of, especially with it being election season. Because I know we all have our things that we vote on and why we choose who to vote for. But I would be interested to know if there's any public comments made from the leadership, specifically the leaders of the committees, where they stand on increasing funding for direct care workers.

>> JULIET MARSALA: I can say for the Office of Long Term Living, this isn't the sort of thing we go out and collect. In our role of operations . But certainly can defer to Kathy and Carrie.

>> KATHY CUBIT: This is Kathy . I think it's a good suggestion, but it's something I think organizations and individuals need to respond to. I think in many ways, many of us are already in the process of advocating on these issues . I'm not sure in terms of this body, unless someone wants to help organize and collect the information and discuss a process . We could certainly be open to that.

>> SPEAKER: Lloyd?

>> LLOYD WERTZ: (Indiscernible) Issue that might be best addressed by encouraging some members of the legislator either House or Senate to hold a hearing on the topic and sometimes you get more input in a hearing (Indiscernible) opportunity to review that. My question though goes back a little bit to the decision to change the rate without sharing responses to questions that were not answered during our meeting in different ways than we had. We had -- I thought it was a great idea (Indiscernible) to be able to hear responses to questions proposed at the previous meeting . That's not going to happen anymore? Or how did that get decided? I don't recall having a vote on that or any input into that.

>> JULIET MARSALA: I defer to Kathy and Carrie.

>> KATHY CUBIT: This is Kathy. Thanks for that input, Lloyd . We have as you know we've been trying to get input from members about improving the meeting, and the most response we got was that we need more time in the meeting to hear from participants and the open forum section. It seemed like people could read those responses . I was hoping to actually see them in the handout section and post it with meeting materials. I'm sure they will be sent out and people can read that information and we can follow up accordingly. If that's not what the group wants to do, we can certainly add that back into the agenda. But it seemed like people could read that information and see the follow-up and it'll allow more time for participant participation. But we're open to feedback.

>> CARRIE BACH: This is Carrie. Sorry Lloyd. This is Carrie, and I also wanted to add that we recognize that not all questions from the previous work being answered in the following meeting . Which is why we decided it's maybe better technique to put all the questions posted. But yes, as Kathy said, if we want to go back and take the time to make sure that all questions are answered and are not just taken to switch one will be answered during the next meeting, then we are definitely open to that. Thank you. Go ahead, Lloyd.

>> LLOYD WERTZ: That's fine. (Indiscernible) Never happened (Indiscernible) response. It can only happen during meetings (Indiscernible) but thank you.

>> SPEAKER: This comment is in chat from Mia Haley. (Indiscernible) Having to discuss collaboration and attendance in the interested parties. She provided her email which is MHANEY@pahomecare.org. The next comment from Catherine Lindon ski. (Indiscernible) Hearing the responses is helpful and I would advocate that cochairs (Indiscernible) on how they made it work. Thank you.

>> SPEAKER: I also wanted to add to your comment Lloyd for folks awareness on April 8 Monday this solar eclipse day, there is a committee hearing on home care led by Representative Kinsey and others. April 8 at 10 o'clock, there will be a committee hearing.

>> KATHY CUBIT: I think we can move on now to Randy and then pick up additional public comments at 11:50. Thank you.

>> RANDY NOLEN: This is Randy Nolan from Office of Long Term Living (Indiscernible) talking a little bit about participant resources. We had some questions that came in so a brief the questions and then provide some answers. Question was what area of OLTL overseas helpline? Within the Department of Human Services the Office of Long Term Living Bureau of coordinated and integrated services one of my divisions of participant supports overseas the participant helpline for the Office of Long Term Living. What are the days of operation? the line is open Monday through Friday nine to 12 and then one to four. Voicemail is available and we follow-up on all voicemails that come in. How do we contact the helpline? The number is one 800 7575042. We also response to correspondence that comes in from the governor's office, secretary's office or legislative affairs. They handle all the correspondence that comes in with

regards to participant related issues.

Who Can contact the helpline? Anyone can. Including providers or others calling on behalf of a participant, the participant themselves or service coordinators or the agencies working with them, friends, family, anybody can contact the helpline when there's an issue or question. Just know that OLTL will not give out any information about a participant unless the participant is on the line and allows someone to speak for them. Under what circumstances should we contact the helpline? The helpline will assist as best as they can with any type of inquiry. Participant to contact their provider or service coordinator should contact their provider or service coordinator first . We work back-and-forth when the participant calls we will work with the managed care organization to help resolve the issue. The way my participant support team is set up, I have team members that are responsible for each of the MCO's . They work directly with the MCO's when a call comes in.

Question was what should a color expect when they call the helpline? We got asked some identifying information about the individual, name, last four digits of Social Security number, date of birth and current address so we can look them up in the system. So we can verify the individual through our ECIS system. That's part of the information we ask and then the follow-up is to listen to the issue, complaint or concern the participant has, which is all documented. After the call, what happens is it's the MCO's responsibility to follow-up with each participant related issue. Once the call is completed, we determine whether it's urgent or not urgent situation for the individual. Urgent issues may include health and safety related issues, abuse, neglect, exploitation or some other type of service interruption so we consider those as urgent and we handle those right away. Urgent issues are sent over to the MCO's immediately nine the next morning. For nonurgent calls, we have the MCO's respond to those within three days . Three business days.

Every call is assigned to a team member that works directly with the MCO so they have the relationships built with the MCO's . Again the MCO is the one that will follow up with the participant . If you call and you have an issue with your services or some other situation, we will refer back out to the MCO. It's the responsibility of the MCO and their service coordinator's to reach back out to the individual participant. Other things that would be important or helpful for the public to know? One is participants have multiple ways that they can reach out if they have a question, concern or issue that needs addressed. Obviously, their first Avenue is through the service coordinators. Each MCO has a participant hotline they can reach out to. If they don't get satisfaction with that, we have a participant hotline they can reach out to that we talked about. Obviously individuals talk to their legislators or representatives and the information comes in that way so there's multiple ways . The OLTL helpline is just one of them. They can call the independent enrollment broker if they have an issue or question about services and that's part of what we're moving forward with the new contract with Maximus to provide beneficiary support services so that the IEB can assist particular participants if they have an issue with their MCO. For Participants in a nursing facility and they have a complaint they camped call the Department of Health complaint line. The numbers 1-800-254-5164. And then the Department of Health will follow up on the complaint. They can also reach out to their local area agency and will work closely back-and-forth when a complaint comes through about the CHC program with the Department of aging. As I said there's multiple ways we can help participants out and they can reach out to us. Just some data so you can see the first slide is the number of calls that came in in 2023. We had 6567 calls for the year. There is a breakout by month so we're averaging about 500 calls a year. That come in on that line. Next slide shows you the 24 data. obviously we're January February right there over 500 for this year so far. The other data I'd like to present to

you is the list of call sources where we get calls from. We get calls from our sister bureaus like the Bureau of program integrity. We get calls and items that come through the secretary's office or through the governor's office or executive staff. Direct calls from the participants obviously as our main call source. 4200+ our direct calls . We've gotten calls from the IEB . We get legislative inquiries that come through the legislative office over to us to follow up on.

The Medicaid research center, the University of Pittsburgh. They do surveys with individuals and when they talk to them and the participant says that they have a problem or concern or issue, they refer that to us and we follow-up on it. There's about 1700 calls that come into voicemail . We're attempting to try to answer as many calls as possible live . This number has greatly reduced over the years. It used to be that we were handling probably about 60% of calls went to voicemail . We've added some staff to this unit that has changed the dynamics, so we're having the ability to talk to people live more than we have so we'll continue to improve that piece of the puzzle. The next couple slides talk a little bit about the reasons for the calls . As you can see, the first one there is appeal, complaint and grievance related questions. We had 500 calls on that. Our biggest call driver is enrollment and eligibility related issues, over 1500 calls for for that. Calls on benefits coverage . Calls on choice being able to make a choice for new MCO . We had some calls over 200 calls in regards to questions with the end of the public health emergency especially on the financial eligibility related side. We get calls from state recovery questions, fraud and financial abuse, health and safety, abuse, neglect, exploitation or abandonment related issues. A few calls on that.

The Numbers you'll see here like with the asterisk, that means we've got less than 10 calls from those individuals so we don't list those numbers based on the kind of data review that we do. Anything that's an asterisk is because we had a small number in that area. Over 560 calls in regards to past services. We have a catchall category which is a general category of people calling in and we have over 650 calls in that category. Over 550 calls related to program services in general and then we have a number of calls about home adaptation and DME and then we've even had calls about provider inquiries when people are try to find different providers. You can see we had over 460 calls that we were not sure what the call was. Even though we're the state, we still get spam calls. So we get a number of them that come in on this hotline. Calls about renewal questions in regards to the MC, 45 questions and the other call center there is voicemail so we had over 500 where we attempted to call back and left messages so we continue to try to call participants back when they have questions. The next set of data is the number of days it takes for us to resolve the issue and address the issue with the MCO's and close the issue out meaning the MCO's respond, reach out to the participant and resolve the issues.

We have over 4940 of those that we are resolving in the first one through five days. And then you'll see as it breaks out as it goes through. Six to 10 days, 11 to 15 days. We do have some cases -- we get into the higher numbers where the asterisk are at, these are hard to resolve issue cases. That's why some of the cases we have that are over 60 days . Some of them on the next page we have a few sprinkled in each category. Like I said less than 10 that are really stretched out and they are really hard and difficult cases that we work with the MCO's on resolving. That's the data. This picture is an old picture with my beard on the questions slide. Just before I take some questions just as a wrap up, this unit -- this is one of the divisions that I have division of participant support. This unit is one of the units that handle everything with the participant hotline. It's the unit to handle the hard to place cases and resolve issue cases within that unit. So they provide a lot of work on the phone, five or six staff on the phone every day answering these questions doing follow-up calls to people . So this unit does a lot of work and

has a lot of input in how we drive the system to try to resolve participant related issues. Any questions?

>> SPEAKER: I do have a question in the chat. The question comes from Janice Miner. Randy, how does OLTL respond when a participant calls and the issue is where (Indiscernible) OLTL to take action. What is the plan and response from OLTL?

>> RANDY NOLEN: It's really hard to answer that without a specific situation. If the issue is with the plan that the plan is not providing them services we still reach out to the plan to resolve the issues. If they want to file a formal complaint against the plan, then we would address that. That would come to me and I would review it. But if it's an issue that they don't feel that they're getting enough services or they didn't like the results of their last assessment and resulting reduction in services, that's still issues they have to work out with the MCO. They have an appeal process with the MCO. They have a fair hearing process with the exec. So a lot of the issues still have to go back and we have to address them with the MCO's because it's the MCO's responsibility to make sure if it's the issue where they said they called the MCO five times and didn't get a call back then we address that with the MCO and figure out that ...What the issue is between the SC and the person. It varies and depends upon the issue itself.

>> SPEAKER: Thanks Randy. We also have a hand raised . Brenda Dare (Indiscernible) .

>> SPEAKER: Thank you. Randy, I just need a little clarification. Again this is Brenda Dare from PA SILC . Very good presentation. Very thorough. But I just have one question and that are is act 150 and OBRA participating snob able to use the hotline to resolve issues they may have? All of your presentation details related back to CHC, and I just wanted to clarify that.

>> RANDY NOLEN: Any participant that is involved in a note OLTL part two program can e ...We have participants from the OBRA program who call. We...overseas act 150 and OBRA and they follow up on those calls so we just tracked that we forwarded those at over and act 150. Individuals in the life program (Indiscernible) if they have issues with the life program and then we work with my other divisions that oversee the life program .

>> SPEAKER: Thank you. I just wanted that clarify for the record.

>> RANDY NOLEN: Sure.

>> SPEAKER: Not to be forgotten HSL participants can also call the hotline as well. Any OLTL participants (Indiscernible) or assisted living residence, they also can contact the helpline or any of our field offices.

>> RANDY NOLEN: We've had people call into the hotline who were not in this CHC program or any other program and we assist them. They might be looking to enroll in the program so we assist them and refer them over to the IEB so it's available for anybody's use.

>> SPEAKER: Thank you Randy for your presentation. This is Kathy. That was very helpful information. We need to move on now to the MCO's presentation and unfortunately we are a little behind schedule so I'll ask you to be as concise as possible so we will stop at 11,: for additional public comments. AmeriHealth, the floor is yours. Thank you.

>> NICOLE RAGAB:

>> SPEAKER: They are coming to the table.

>> NICOLE RAGAB: I'm with AmericanAmeriHealth carrot to program. Can you hear me okay? With AmeriHealth (Indiscernible) programs going to talk today about our participant advisory committee meeting . On the call today with us is also one of our participant representatives and (Indiscernible) Northeast participant advisory committee Jay Harner is on the call. Available as part of the conversation as well. Our participant advisory committee meetings are forms for PAC members to advise the plan on experiences and the needs of our participants. PAC Meetings provide an opportunity for our PAC members to consult with each other and coordinate efforts

and resources for the benefit of the CHC population. As a plan, we're responsible for presenting PAC agendas that include useful information to PAC members such as updates, proposed changes, quality improvement strategies and implementations. During the meetings members have opportunities to raise questions and concerns about topics affecting their quality-of-life and expense with the plan.

PAC Attendance and membership includes participants, family members, direct care workers . Provider representation on PAC as well as engagement from our Centers for Independent Living and community-based organizations. All participants who are interested in becoming involved in the PAC are invited to attend and join for the PAC zone in which they reside. Family caregivers can join with participants as their authorized representative and a direct care workers offer valuable insight and unique voice to the meetings as well. Provider representation includes physical health, behavioral health, dental and LTSS. A unique part of our PAC meetings outside of the required membership is really our participation from CILs and CBOs. They attend and offer feedback at our meetings. They offer opportunities for participants were looking to be involved in their communities through events or other initiatives that are happening in the zones where they are. And they provide meeting spaces for our PAC meetings as well.

Participants that are interested in getting involved can do that in quite a few ways. They obviously can call our participant services line for each plan. They'll be routed to our community outreach team, engage in the PAC. They can email our community outreach team directly. We have a dedicated inbox for each of our plans for our PAC meetings and they can email that contact to get enrolled in the meetings. They can join the meeting through the Zoom link that we provide on both of our plan websites. They can connect with us in the community. They can connect with our service coordinators . We tried to make sure that there are as few barriers as possible to joining a PAC meeting. Anything that we can do . Then we educate about our PAC in a few different ways as well. Direct participant welcome kits . Both of our plan websites we have a dedicated space for our PAC meetings that includes dates, times, the Zoom link to the meeting as well as a history of all of our meeting minutes . We educate about our PACs through our participant newsletters and also through service coronation engagement and outreach. We are meeting regularly. Our community outreach team is meeting with the service coordinator team educating them on the PAC and getting participant recommendations of participants that are interested in becoming involved . We get recommendations that way.

We hold our meetings quarterly . March, June, September and December but also hold ad hoc meetings throughout the year if there are topics that would be benefit to have a single issue PAC meeting. We can do that throughout the year as well. Our meetings are held in person in our zones at either our wellness centers or in other accessible community spaces. But we continue to offer virtual login options for Zoom to accommodate those who cannot travel, who might have other events or appointments on that day and it would be easier to join virtually. You can expect during our PAC meetings introductions, updates from providers, from participants, from our community partners, health education updates from our community outreach team, important information and reminders from the plan . In 2024, we are spotlighting all 32 home and community-based services, so we have a portion of our meeting dedicated to defining those services, talking about access to those services . And then of course a really important part of our meeting is our open forum for questions, concerns and feedback. Opportunities to bring questions to the plan outside of the agenda items.

From that you might ask how are questions resolved? How is feedback addressed for PAC? All plan and participant related questions that come through the PAC are escalated internally and addressed with participants or their authorized representatives outside of the meeting to protect

PHI. Resolutions are communicated back to Office of Long Term Living through our regulatory affairs department. Oftentimes if the question is specifically related to CHC contract language, OLTL will offer clarification and be involved in the communication with that PAC member as well. Then all questions, feedback and resolutions are documented in our meeting minutes and posted to our plan websites . In terms of providing accountability and transparency from the PAC, many of our participant health education materials are reviewed by our PAC members to offer feedback before they are implemented whether that's in the design of the resource, whether that's rollout of the resource . We use our PAC as a way to get that feedback before implementing an initiative. And then of course our PAC policy and meeting minutes are reported through our quality committees the quality service committee and the topic committee as well. And the policy is there available for access as well. Then before I open it up for Jay, we had one other participant testimonial that I'll offer today . This is a participant who resides in the southeast and she said the PAC meetings have really helped her become a part of her community. She's enjoyed learning about the various programs offered through AmeriHealth and Keystone First. Each meeting she's been able to take away important information that's been helpful to herself and others. She appreciates being able to give back by sharing ideas and participating in discussion . She says it's important to be advocates for the services because sometimes the services might not be implemented as intended or there's room for improvement and inclusion for the diversity of the community. She has really enjoyed meeting the leaders and making connections, and there have been opportunities for staff to go above and beyond to help her personally through the PAC meeting as well. I can open it up to questions but I also want to give Jay an opportunity to join us and offer his perspective on PAC as well.

>> JAY HARNER: Thanks, Nicole. I'll be quick . Nicole and the team do really good job in those meetings. One they're accessible. They're easy to communicate with. You can go there with just a general question looking for information or you can go there with a very detailed question about your services or lack of services or issues you're having and the team is always very receptive. If they don't have an answer at that time, they get back to you within sometimes the next day, the next morning. The team does a good job of providing the information, being very clear, being very open . But anybody that has any questions, if you go there, you'll get it answered right away. If you're not attending the meetings and you have complaints, I think it's the best place to go because as you see I know we have a lot of these meetings and people say they have questions not being answered but if you are with AmeriHealth and you go to these meetings, those questions will be answered much more quickly than you may be surprised to find out. Overall, they do a really good job, and as a consumer, I am one of their clients and I would advise anybody or give the recommendation to choose them as an MCO so thanks, Nicole.

>> NICOLE RAGAB: Thanks, Jay .

>> KATHY CUBIT: Thanks Nicole and Jay for sharing your story. I think if we don't mind if you could stay for questions until after the other two MCO's present to help us stay on track with time. Is Keystone health and wellness ready to proceed?

>> SPEAKER: This is Anna Keith representing PA Health and Wellness. With me I have (Indiscernible) member and part of the Board of Directors (Indiscernible) she's going to be presenting along with me. Joe Elliott is not available today. He is not feeling very well so we're going to pinch-hit for him. In the interest of time, we will forgo the technical pieces of our presentation . Nicole did a nice job of sharing those pieces . Again, anyone can attend . Let's go to the next slide. The meetings are held -- we would be remiss if we didn't say our CIL partners

ensure we have accessible facilities for individuals and they are a strong partner with PA Health and Wellness in our effort to do a job at providing PAC meetings and ensuring voices are heard. And we have our meetings up there if anyone is interested in attending. We also post our minutes on the PA Health and Wellness website at [www.PA Health and Wellness.com](http://www.PAHealthandWellness.com) . I think there's one more. Let's do something a little different. Let's talk about the new pieces. We are really investing energy in the 32 services being educated across our PAC. I understand that there's a number of PAC members that wanted to be presenters on that. Can you call some of those conversations that have been held at recent PAC meetings?

>> SPEAKER: Basically I being a participant myself appreciate the PAC meetings (Indiscernible) I know a lot of us who are disabled or we're overlooked and overseen to look at actually be in the corner in a place to be heard and to be understood. Through the PAC meetings, I really (Indiscernible) PA Health and Wellness (Indiscernible) there's other things too. It's not even about just the voice but getting that coverage (Indiscernible) meeting so I know on behalf of participants in our program and across others here today that we just want to thank you guys for giving us a voice . Before we didn't have no choice. We didn't have no say and it's nice to be partnered up with the people who make the big decisions and things like that and then you are also able to get our side so it has that (Indiscernible) .

>> SPEAKER: We'll leave that at questions and maybe catch up on the time. Kathy, I'll turn it back to you if there's any questions or we can delay them until after the presentation.

>> KATHY CUBIT: Thank you, Anna and Evelyn . I really appreciate both of you and especially the participants who are joining us today like Evelyn and Jay to share your stories and for your advocacy . It's definitely helping others. I think we'll again hold questions and let UPMC provide their presentation. Thank you.

>> SPEAKER: UPMC is making their way to the table, Kathy.

>> SPEAKER: (Indiscernible) Joining us virtually (Indiscernible).

>> SPEAKER: Good morning. Can everybody hear me? We can go to the next slide please. My name is Ben Hampton community engagement coordinator for the Southwest and Northwest part of this date in our Lehigh capital community coordinator is joining us in person today. We are excited to join you to discuss our participant advisory committee. We want to start by reviewing the PAC purpose and goals next slide please. As the two MCO's previously stated according to the CAC agreement the PAC exist to advise on the experiences and needs of participants next slide please. This is a slide we actually showed at the beginning of every PAC meeting and shows how we communicate the purpose and goals to the committee. We communicate that the PAC purpose is to create a committee of engaged individuals willing to provide constructive feedback about UPMC CHC. Our goals are to respect participants choices and improve quality of life by using the feedback provided to improve the quality of services. Develop relationships between participants, caregivers and providers to create open communication and share information and better understand participants needs and ensure they have input about the services they receive.

Going to talk a little bit about membership and recruitment. Next slide please. Our statewide 2024 PAC membership includes 60 participants across our five PACs . We also have -- yes.

>> SPEAKER: I have a request that you slow down.

>> SPEAKER: Sure. Absolutely. We also have 26 providers across our physical behavioral, dental and LTSS categories, nine caregivers and four stakeholders . The stakeholders are not a requirement but we love to hear and include stakeholders from organizations that serve or impact our participants to additional depth and feedback. Next slide please. This table shows a further breakdown of our participant membership. The agreement requires that a certain

percentage of membership is composed of home and community-based participants, nursing facility participants. It does not specify membership requirements for nursing facility ineligible participants but we also want to make sure that we hear their voices and include them in the discussion so we are working to include representation from those participants in each zone. We use several strategies to invite participants to get involved with the participant advisory committee. We work with our service coordination teams for participant referrals. Our community engagement team invites participants we meet at community events to join the PAC. We have a recruitment flyer that we use in the community to generate interest in the committee. It has information about the PAC on the top piece and there's a tear off that we can collect information for follow-up from the individual.

We Also conduct database outreach calls and receive referrals from other CHC departments . Some participants even self refer through the UPMC CHC website . We do ask all perspective PAC members to complete a short application. It is available on our website or also via a paper copy and of course we are able to assist without if necessary. Next slide please. Meeting logistics. Next slide please. Our meetings do occur quarterly as well within each zone so we generally hold our meetings in March, June, September and November. Members can attend in person or virtually via teams or Zoom . In the Southwest meetings take place at UPC Harbor Gardens on Pittsburgh's north side. In the southeast we hold meetings at Pan Asian Senior services in Philadelphia. In Lehigh County we...Northwest we use the Marquette savings bank innovation Learning Center in Erie and finally in the Northeast meetings take place at Rhodes for freedom Center for Independent Living . Our team really aims to make the PAC a great experience for all of our members so we do this by sending meetings...email . We arrange for or reimburse participants for transportation to and from the meeting. We assure all in-person meeting locations are accessible . We also really try to provide time for members to social up and follow up with staff and...This of course includes coffee snacks and lunch for those joining in person.

We Work to ensure each member joining online has as close to in-person experience as possible so we work very hard to help them feel like they are in the room with us. Throughout the meeting we provide opportunities for members to provide feedback and ask questions. In each zone PAC as a community engagement team member dedicated specifically to that committee and that individual is the point of contact before and after each meeting. They conduct follow-ups on feedback, answer any UPMC CHC meeting questions and ...we also conduct a feedback survey at the end of every PAC meeting to ask for suggestions to improve future meetings. I will now turn the mic over to.[name?] Who is joining us in the room who will review a sample agenda, how we handle feedback during meetings and then you'll get to hear from a few PAC members who are joining you in person today. Thank you.

>> SPEAKER:Thank you . This is a sample of our PAC meeting agenda. All PAC meetings are scheduled for two hours for example the meeting typically starts at 10:30 a.m. and ends at 12:30. We start every meeting off with the welcome and introduction of committee members and UPMC staff. Each member introduces themselves and speak their role on the PAC (Indiscernible) stakeholder etc. After introductions (Indiscernible) meeting items which includes the meeting goals, purpose of the PAC, the (Indiscernible) subcommittee one of which (Indiscernible).

>> SPEAKER: Excuse me. Could you slow down please?

>> SPEAKER: We review housekeeping items which include meeting goals and the purpose of the PAC. The ground rules of the committee, one of which is ELMO enough let's move on so committee members are encouraged to call out Elmo in meetings. We do (Indiscernible)

committee members joining the meeting in person and review participants (Indiscernible) such as how to raise and lower their hand and type in the chatbots. We share who the chat monitor is and the staff designated at each meeting that is serving as technical assistance. We also go over the mute and unmute function for those (Indiscernible). All of our PAC meetings are intentionally developed for discussion and each meeting highlights and LTSS service or quality (Indiscernible) health education focus, service coronation updates which includes eligibility (Indiscernible) and behavioral health (Indiscernible) updates. The parking lot is used it to help keep the meeting on track in the event that an important item is raised that may not be relevant to the question at the time but needs further exploration. At the close of the meeting, our committee members join us virtually (Indiscernible) and committee members joining us in person break for lunch.

I'm going to go over how we handle some of the issues that are raised during our PAC meetings. Almost all the issues or concerns raised at the PAC are addressed and resolved in UPMC CHC. We do have an example of when an issue is raised at one of our PAC that require us to reach out for partnership. A member of the PAC raises a concern or issue which UPMC CHC documents concerns or feedback for follow-up. We handle this in-house with departments. One of the departments that provides LTSS services issue or concern is directed to them. We then follow-up with the (Indiscernible) and most of the time the question they have with service coordination so that service coordinator also follows up with the participant so that's an example of (Indiscernible) that are brought up during our PAC meetings. Next slide please. This is an example of how we showcase our relationship with community partners in regards to concerns or issues. One of our PAC meetings, a participant raised a concern about COVID testing to be accessible (Indiscernible) . UPMC documented the COVID test accessibility concern for follow-up which we then reached out to OLTL for resources and OLTL shared resources available for accessible COVID tests. We were able to share those resources with the participant and those on the PAC that were interested in disabilities as well and we had an opportunity to share with (Indiscernible)

Now we're going to have an opportunity to hear testimonials. We are lucky today to have two PAC members in the room with us . We have a few quotes on the slide but I think I'm going to turn it over to both of our folks that are ready to go. We have Jen and Mark joining us and they are current members of the Lehigh capital PAC. While we're getting ready, both members are going to share with us how long they've served on the PAC, the most meaningful expense they've had on the PAC and (Indiscernible) .

>> SPEAKER: Hello everybody. (Indiscernible) I'm from (Indiscernible) and I've been serving on the PAC for over a year. I really enjoy it. (Indiscernible) I believe it's important to be in the know. I got involved because there was a (Indiscernible) from (Indiscernible) at disability rights. I went over and I met Lauren and Ben and we started talking and she was talking to me about the PAC and that's how I got involved. One of the things I like about the PAC meetings is you get to learn about information and about topics that you had no idea you wanted to learn about . Like for example, recently we learned about dementia and supports people with dementia and everything like that. During my time, I've also learned about the (Indiscernible) benefit (Indiscernible) cell phone and you can get the UPMC app on yourself on and get all this information from UPMC. Personally, I've learned about how to (Indiscernible) and that sort of thing and helped to prioritize things when you set et goals (Indiscernible) I find it very beneficial because I get to meet people and interact with them and learn about their experience too. That's very important because it helps me grow as a person . Aside from that, when I go to the PAC meetings, it gives my service our time away (Indiscernible) thank you very much.

>> SPEAKER: Hi. I'm Jen. I've been a PAC member for a little over a year as well. A lot of [name?]'s Comments are what I've experienced as we've been in for a similar timeline. (Indiscernible) And it's adorable. The most important part of being part of the PAC because before I was part of the PAC I would spend most of my time sitting in a wheelchair or sitting in my bed . It's a very lonely time and the most (Indiscernible) was for my home health aide . But being part of PAC, they helped me realize that there's other people out there . In fact one of my favorite meetings I met somebody who had (Indiscernible) go through similar issues, and it made me feel like I'm not alone. That changed a lot of my emotional troubles and gave me confidence that I can get out of my wheelchair and do more things. The PAC taught me a lot of stuff especially (Indiscernible) . She usually has some kind of presentation . Thank you. And I'm a crier. She usually brings the emotion out in me as well with her presentation. Then I'm able to take what I learned because since I've been a part of the PAC, I have expanded my communications out into the community and I'm more active talking to others and spreading the information that I've learned at PAC meetings. Thank you.

>> SPEAKER: Thank you, Jen >> SPEAKER: I have one more. (Indiscernible) Back in the fall, the PAC had a community meeting, engagement session, and they had different vendors like the Center for Independent Living and rapid transit and somebody from the Department of (Indiscernible) look up and see if you had any money . But one of the most important things I got out of that meeting is I got my first flu shot . Up until that time, I never got a flu shot, and the reason I got the flu shot is it was convenient . I didn't have to go out of my way to get it. Seeing as how transportation isn't the easiest thing to get when you need it, I got the flu shot at the UPMC event because it was convenient, and I think it's very important . I also got my blood pressure checked and I wanted you to know that and I wanted to share that with you how important that is. Thank you very much. (Applause) .

>> CARRIE BACH: I just wanted to add that I do serve on the PAC committees in our area for each of the MCOs . A number of you know me. I work for voices for independence, so I'm attending as not only a participant utilizing services, because I do have a disability . But I'm there is a provider and also you heard mentioning of CIL, voices for independence in CIL and I can tell you that these meetings are very eneficial and to be in a more intimate setting with the MCOs does provide that opportunity to ask some of those more detailed questions. I also wanted to take a quick moment to especially thank our participants who have joined this conversation today and those that made the trip to Harrisburg just to be a part of this presentation. Thank you . I applaud you for being a part of it. Thank you for that. And also for making the trip . It's not easy.

>> JULIET MARSALA: I want to echo Carrie's statements and sentiments. The work that every member of the PAC does is critically important for the almost 500,000 Pennsylvanians that use our services. When you participate, when you share and give your feedback, engage in that open conversation, candid conversation, your impact is felt throughout the service system. We at OLTL especially understand how important it is to ensure that your voices remain at the table always. And we thank you for the extra time, work and effort that you have given us to help make things better so thank you.

>> SPEAKER: We're open for questions Kathy and Carrie.

>> KATHY CUBIT: Thank you. I want to echo the sentiments as well and express my appreciation . We will open now for questions for each of the plans and the PAC participants. I had one question, and I'm wondering if part C participants could attend a PAC meeting without being an official member just to get a sense of what it's all about.

>> SPEAKER: I can take that question. Nicole from AmeriHealth. Participants are welcome to

join a PAC meeting prior to committing to the full membership and attending throughout the year. We encourage that even and members of our outreach staff are happy to engage that participant even before the call, make sure that accessibility, any questions, any hesitancy's to joining the call because it can feel like a big barrier, big hurdle to join the meeting. Happy to answer any of those questions ahead of time or have participants join without committing to full membership . That's absolutely an option.

>> SPEAKER: (Indiscernible) Vargo from CH health and wellness. We also allow participation when we decide to make any decisions (Indiscernible) if you can and you want to come in person you can always feel free to do so. But a lot of our meetings are held via Zoom and we just reach out to users for (Indiscernible) care team, they will be able to get that information. Further information (Indiscernible) also on this call and I know he does a lot to get that information sent out before (Indiscernible) participation (Indiscernible) .

>> SPEAKER: This is (Indiscernible) from UPMC. We open up the exciting opportunity for not just participants but providers. There's a schedule to join a PAC meeting as a guest. (Indiscernible) Some of our barriers (Indiscernible) participants technology spheres so we actually go further and set up some time to tutorial so people are comfortable with how to use the presentation features before they join any meeting. So they can try it out and further explore their interest in joining the PAC.

>> KATHY CUBIT: Thanks again for those responses and that work you do to encourage and support participants. Are there other questions from the room?

>> SPEAKER: Yes. Matt Seeley.

>> MATT SEELEY: First off(Indiscernible) Elmo (Indiscernible) I really like that Elmo thank you. (Indiscernible) But I didn't say that. The question is I guess for all three of you. Do you allow participants of other MCO's to come? I'm kind of wondering for myself (Indiscernible) I'm thinking what is (Indiscernible) rather than trial and error. (Indiscernible) A little more about the other plans and maybe sit in on those calls.

>> SPEAKER: I know far as PA Health and Wellness, we have what is called an open attendance . That's just a kind of get participants comfortable -- I guess you're asking with (Indiscernible) . The whole point of the PAC meeting is to get your bases covered and the things that you need. With PA Health and Wellness anyway, if you're more comfortable -- we want you to be comfortable so it's really about you and what we do not only for you as a participant but also (Indiscernible) those who can't be (Indiscernible) hear that voice (Indiscernible) so that's what makes it important.

>> SPEAKER: This is.[name?] From UPMC and I made deferred to Juliet on this, with the PAC, it's a closed committee because a lot of our participants when issues come up we have direct access to (Indiscernible) follow-up on something. If someone is not a UPMC participant there's a barrier there to following up on what the issue they might raise. However we do have all of our benefits listed on the website and our communication team are out and about quite a bit. We are open to talk and answer questions you may have (Indiscernible) talk to them about that if they have any questions in terms of joining the PAC itself. It's closed to just UPMC participants.

>> NICOLE RAGAB: I would agree with UPMC on that. Our minutes would be a great way to learn about what's involved in the meeting and also our community outreach team would be happy to have a conversation with anyone leading up to a meeting regarding how the PAC meetings proceed and what's involved. But those meetings would be limited to our MCO participants.

>> SPEAKER: (Indiscernible) Separate question. (Indiscernible) Members of your PAC include people from nursing homes? I'm just curious. If you have a meeting at a CIL, do you provide

transport from the nursing home there? How does that happen? Are they hearing what it's like living in the community?

>> SPEAKER: This is (Indiscernible) from PPM C. We provide transportation for participants coming to choose to attend the meetings in person and that includes two a nursing home . They can join the meeting (Indiscernible) transportation. They join us and they may not be able to join us in person. We go over the same tutorial as to how to manage Teams can't give that support and we always (Indiscernible) tech support the day of the meeting but absolutely transportation for those who might be interested (Indiscernible) nursing home.

>> SPEAKER: (Indiscernible).

>> SPEAKER: Same for AmeriHealth but I would also add that a participant representative also could be available to join the meeting if it were a barrier for the participant to transport and would be more comfortable with Zoom. A family member or representative interested in being involved, they could also join the PAC meeting virtually or in person.

>> LLOYD WERTZ: I heard that UPMC provides financial remuneration for people who attend the meetings in person. Any other MCO's do that as well?

>> SPEAKER: (Indiscernible) .

>> SPEAKER: We can't pay them to attend, but we do reimburse if there's mileage and we provide a meal. Send .

>> KATHY CUBIT: This is Kathy. We have a question from Latoya Maddox. Did you want to unmute?

>> LATOYA MADDOX: Yes. This is Latoya . I was able to go on PA Health and Wellness to find out who to connect with to learn more information about PAC but not UPMC. Who is the contact for UPMC to learn more about PAC?

>> SPEAKER: For the Lehigh County area it'll be (Indiscernible) and my email is in --

>> LATOYA MADDOX: I'm in the South East area.

>> SPEAKER: That's Erica Riley who's in the (Indiscernible) today. I'm going to have Erica come up and she's going to share her email so you can directly contact Erica. I just wanted to (Indiscernible) health and wellness we also provide in person for transportation and provide a meal but there's no reimbursement to join the PAC.

>> KATHY CUBIT: While that person is coming up I'd like to request in a follow-up question if the contact information for the PACs could be put in the Q&A for easy access for people to reach out. Thank you.

>> SPEAKER: This is Erica. I'm on the community engagement team for the southeast . If you're interested in the PAC you can reach out to me. My email address is REILLEY@UPMC.edu.

>> SPEAKER: Could you repeat that one more time for captioner slowly?

>> SPEAKER:REILLEY@upmc.edu.

>> SPEAKER: I don't see any additional questions in the room.

>> KATHY CUBIT: Thank you Juliet. Are there any questions in the chat?

>> SPEAKER: Hi. (Indiscernible) We do have a hand raised. Brenda Dare you are being unmuted.

>> SPEAKER: Thank you. This is a question for representatives from all three MCO's. At future PAC meetings perhaps in the next quarter or maybe the one after that, would the three of you be interested in potentially having someone present to your PAC members about the importance of legislative advocacy and how to go about that? Jay mentioned earlier and Juliet mentioned earlier about the importance of talking to our legislators about getting rates raised. That is part of the work that I'm doing with the statewide Independent living Council is getting

people engaged in that process. I'm just here to say I'd be more than happy to present at any future PAC meeting on that subject.

>> SPEAKER: This is Anna Keith from PA Health and Wellness. (Indiscernible) is on the line who facilitates PAC meetings and he can provide his email in the chat . We would welcome more education along those lines so our participants and other advocates have some additional education.

>> SPEAKER: Certainly. Thank you, Anna.

>> SPEAKER: Nicole with Marie -- AmeriHealth. Absolutely would love to connect to provide education to participants in future PAC meetings. My email will be provided in the Q&A.

>> SPEAKER: (Indiscernible) Community HealthChoices. (Indiscernible) Always looking for additional topics for education to our PAC committee. (Indiscernible) Reach out to our team and we will show the contact information so we can work to find additional resources for our PAC committee members.

>> SPEAKER: Thank you very much.

>> SPEAKER:

>> CARRIE BACH: I just wanted to let you know that I'm also taking notes and took your suggestion down as a potential topic to bring before the committee if it's decided that that something we may want to present on behalf of LTSS as far as legislative outreach and groups that you can join up with or how to go about doing that . That may be something that (Microphone Interference) may be bringing to this meeting so thank you.

>> SPEAKER: You're welcomeCarrie.

>> CARRIE BACH: That may not happen but we can certainly try.

>> SPEAKER: You're welcome.

>> CARRIE BACH: I see that we have a question in the chat from Pam Wolf --Walz. Pam, are you able to unmute?

>> PAM WALZ: I've been trying to raise my hand. I guess a question for all of the MCO's. How do you respond and follow-up with a member of the PAC raises an issue that affects not just them and perhaps not just all the people in the room, but also a broader range of participants or maybe even all participants? How do you respond to that and resolve the issue and I guess communicate it to the members? Nicole .

>> NICOLE RAGAB: The answer can't be directed just to one member but generally. We would answer the question providing in the feedback section of our minutes. We would also follow-up at the following meeting with a response to a question that was open-ended and needed some additional follow-up generally. But wasn't specific to one person services.

>> PAM WALZ: Not so much a question but if someone raises something that's not working well for them that is a problem in the way services are being provided that affects a broad range of members. How would you go about looking into that and responding to it or would you? In making changes as a result?

>> NICOLE RAGAB: I can follow up with additional information as well but what I can say now is that part of what I spoke to earlier is that all feedback is moved through our QC and topic committees. So any general broader questions would be brought to the rest of the AmeriHealth Keystone department that way. And then followed up from there.

>> SPEAKER: If I may just to add a clarifying question, Pam. Are you asking the MCO's to walk through the process of how a PAC recommendation might turn into a policy or procedure within the MCO?

>> PAM WALZ: Yeah. I think that's a good way of putting it. Thank you.

>> SPEAKER: This is Celia with UPMC. Whenever an issue comes up that's broader that's not

just specific to a particular participant part of the feedback method that we have in places that we feed information up the chain. We do follow-up (Indiscernible) in the event that (Indiscernible) pointing the finger more towards a somatic issue (Indiscernible) trainings, if it's pertaining to their department, there's trainings that happen and depending on what it might be it can result in an actual change of how things are processed or the method of how service is being delivered but our internal process is we feed that information up the chain to leadership and they handle that issue either internally or reach out to OLTL if it's a systemwide issue.

>> SPEAKER: (Indiscernible) PA Health and Wellness we operate (Indiscernible) individuals for different portions of services that are provided. I know an example for PA Health and Wellness is transportation. When we have a discussion or one of our participants comes to our meeting and there may be something as far as transportation is concerned, putting that out in the open and (Indiscernible) and then our leader can take that back to the actual company in itself to try to see if there's a solution that they can come up with . Based on what they decide to do, then that information is kicked back out depending on what policy decisions were made or what implementation may have been done. Then we are able to share and spread that information out because transportation is a situation for everybody.

>> PAM WALZ: Thank you.

>> SPEAKER: We have a hand raised (Indiscernible) you are being unmuted.

>> SPEAKER: Thank you. I wanted to highlight that we do use the feedback provided in our participant advisory committees to enhance our community outreach programs that our community engagement team needs. We've gathered feedback on health education topics and we take health education presentations to affordable housing and other community locations. And a lot of that feedback in some of those development skin from PAC feedback.

>> SPEAKER: Thank you, Ben. At the moment, we do not have any additional questions in chat.

>> KATHY CUBIT: Thank you. Are there any other questions from the room or from members? Online?

>> SPEAKER: There are no questions from the room.

>> KATHY CUBIT: Thank you, Juliet. I guess we can move on now to our second open forum for public comments. Again I don't know if there's anyone in the room that wants to start.

>> SPEAKER: I don't see anyone coming up to the microphone at this time.

>> KATHY CUBIT: Thanks again. Anything in the chat or any hands raised?

>> SPEAKER: This is.[name?] Pine. No, we do not have anything in the chat at the moment.

>> KATHY CUBIT: Thank you. We'll give it another minute or two. I do want to point out that our next meeting is May 8, which is listed on today's agenda . The date on the website is not correct. The OLTL needed to make a change so we could have -- the room was not available on May 1, so we appreciate OLTL's work to secure the room and so we can have a hybrid meeting in May. But I did want to point that out that the date currently on the website is not correct. We will be meeting on Wednesday, May 8. Before we adjourn, I just want to circle back to make sure there's no other -- anyone that wants to speak either in the room or online. Looking for raised hands.

>> SPEAKER: Hi this is Shannon pine. I actually do have a question that just came through that chat.

>> KATHY CUBIT: Go ahead. Thank you.

>> SPEAKER: This question is from Janice minor for PHW. We are getting an influx of calls regarding (Indiscernible) reduction. Notice this said based on the documentation provided from your PCMC and its array assessment it was determined that the level of assistance needed can be met with (Indiscernible) hours. Nothing in the decision explains the reason for the reduction.

Is PHW working on improvement of notices?

>> SPEAKER: Thanks for that question. This is Anna Keith from PA Health and Wellness. Yes, we are working on improving the way that letter is written and we agree it needs to have more specificity so that the individual receiving it understands what's being recommended or the reason why more specifically that those services were reduced.

>> SPEAKER: Just to add to public comment, I want to acknowledge we received some written comment from Miss Angela.[name?] With regards to the Attorney General's assistance . Those public comments will be posted with our other follow-up responses.

>> SPEAKER: Hi. Sorry. I also had a hand raised by Brenda Dare. Brenda you are being unmuted.

>> SPEAKER: Brenda, you can unmute yourself.

>> SPEAKER: Sorry about that. Juliann, this comment is for you. You mentioned that there is a homecare hearing coming up in the legislature on May 8. Are you able to provide us with any information on where to find out more about that hearing?

>> JULIET MARSALA: It should be listed on PA.gov website under the House of Representatives. The schedule . I will look up additional information really quickly. That's right. April 8.

>> SPEAKER: I'm sorry did I say made? I meant April.

>> JULIET MARSALA: April 8 is the solar eclipse. It's being held by Representative Kinsey come Representative Kim car Representative.[name?], representative missile are of the house aging and older adult services committee so it would be on their committee schedule. (Indiscernible) Also held in person . I will be testifying in addition to representatives from managed-care organizations and other guests as called by the committee chairs.

>> SPEAKER: Thank you very much.

>> JULIET MARSALA: The topic in particular is homecare with I believe a special focus on value-based payments and other funding.

>> KATHY CUBIT: Thank you. Are there any other -- anyone else that wants to speak, to comment or have a question?

>> SPEAKER: We have no additional comments in chat.

>> KATHY CUBIT: Thank you. I'm assuming none from the room? Or is someone going to a mic?

>> SPEAKER: There are no questions in the room though Matt keeps very close to the microphone so I'm never quite sure. Let the record showy has rolled back from the table so I can confirm there are no questions in the room.

>> KATHY CUBIT: Okay. We always like last words from Fadi . Alright then. I'm surprised we have this much time left in our meeting. But I do want to express appreciation for everyone today for your participation and feedback . Especially our special guests of the PAC participants . We can't thank you enough for sharing your stories and your advocacy . It's important work and I'm hoping you have encouraged others to join those important committees and that important work . Unless there's anything else that's come up, we can take a motion to adjourn.

>> SPEAKER: So moved. Speed through --

>> KATHY CUBIT: Thank you.

>> SPEAKER: Seconded.

>> KATHY CUBIT: Thank you. I hope everyone has a great day and we'll see everyone again on May 8, and if you have any feedback about these meetings, please don't hesitate to reach out to Carrie or me. Thanks again.

>> SPEAKER: You're welcome. Have a wonderful day.

>> KATHY CUBIT: You too.
>> CARRIE BACH: Thank you everybody. We appreciate all of your feedback.
>> SPEAKER: You're welcome.
>> SPEAKER: Thank you Kathy.
>> KATHY CUBIT: Thanks Linda. Stay well.
>> SPEAKER: I'll probably be on the website next month as well .
>> KATHY CUBIT: Okay. Let me know if you need anything or if there's anything special you want on the agenda.
>> SPEAKER: Yeah. I'll think about it and I know they're going to (Indiscernible).
>> KATHY CUBIT: L send a reminder out to members.
>> SPEAKER: Okay. Thank you.
>> KATHY CUBIT: Thank you.
>> SPEAKER: Thanks for doing that Kathy.
>> KATHY CUBIT: Oh sure. I'll get working on that later today.
>> SPEAKER: Excellent.
(End Of Session)