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Date: 04/05/2023

Event: Managed Long-Term Services and Supports Subcommittee Meeting

>>> Greetings, everyone. We will get started. We have fairly packed agenda today. I wanted to notify everyone that the MLTSS meeting is being recorded and also for the people that are in the honor suite, if you would please make sure you sign in at the front, I would greatly appreciate it. Thank you.
Yeah, your participation in this meeting is your consent to be recorded.
Thank you.
>> DAVID JOHNSON: Good morning, everybody, this is David Johnson. We will take subcommittee attendance. Mike Greer is here. Ali Kronley?
Anna Warheit?
>> ANNA WARHEIT: Good morning, I'm here.
>> DAVID JOHNSON: Good morning, Anna. Cindy Celi.
>> CINDY CELI: Yes, I'm here. Thank you.
>> DAVID JOHNSON: Good morning, Cindy. Neil Brady? Gail Weidman? German Parodi.
Heshie Zinman?
Jay Harner?
Juanita Gray?
Kyle Glozier?
Laura Lyons is excused today. Lloyd Wertz?
>> LLOYD WERTZ: Present.
>> DAVID JOHNSON: Good morning, Lloyd. Matthew Sele? Monica Vaccaro?
>> MONICA VACCARO: Good morning, I'm here.
>> DAVID JOHNSON: Good morning, Monica. Patricia Canela-Duckett?
Sherry Welsh is excused.
Many and serving as proxy for Tanya Teglo, Kerrie Falk.
Present but muted. Good morning, Kerrie.
Are there any other subcommittee members I missed that would like to announce themselves?
I see Ali Kronley is here present. Kron kron good morning.
>> GAIL WEIDMAN: Good morning, this is Gail Weidman.
>> DAVID JOHNSON: Good morning, Gail.
>> GAIL WEIDMAN: Good morning.
>> DAVID JOHNSON: Any other subcommittee members present?
>> Thank you, David. We are going to go out of order a little bit in our agenda today.
We do have the privilege of having the Acting Secretary of DHS, Dr. Valarie Arkoosh. Dr. Arkoosh, are you with us?
>> Michael we just got word she will be a couple minutes late. We can probably go into the housekeeping.
>> MICHAEL GRIER: Great.
I'll just go ahead and say, this meeting is being recorded. Your participation in this meeting is

your consent to be recorded. Please keep your language professional. Point of order, this meeting is being conducted in person at the Department of Education's honor suite at webinar with remote streaming. The meeting is scheduled until 1:00. To comply with the low gist Cal arrangement we will end promptly that time. All webinar participants, except committee members, and presenters, will be in listen only mode while in the webinar. While committee members and presenters will be able to speak during the webinar, to help minimize background noise, we ask that you hit the self mute button for quality in the webinar.
It also helps minimize noise in the honor suite and audience members in the room, please turn off your microphones when not speaking. The captionist is documenting the discussion remotely. So it is very important for people to speak clearly into the microphone and state their name and speak slowly and clearly.
Please wait for others to finish their comments or questions before speaking. This will enable the captionist to caption conversations to identify speakers.
Please hold all questions and comments until the end of each presentation. Please keep your questions and comments concise, clear and to the point. We ask that webinar attendees to please submit your questions and comments in the question box located in the go to webinar popup window on the right-hand side of your computer screen. To enter a question or comment, include the topic of which your question or comment is referencing and press send.
Those attending in person who have a question or comment should wait until the end of the presentation and approach one of the microphones located at the tables at the office of the speaker. Comments of a personal and individual nature should be sent to the resource account identified at the bottom of the meeting agenda.
These items will be directed to the appropriate people for follow-up with the attendees. Before using a microphone in the room, press the button on the base to turn it on. You should see a red light indicating that the microphone is on and ready to use. State your name into the microphone and for the captionist and remember to speak slowly and clearly. When you are done speaking, please turn the button off. The red light will indicate you are turning it off or on.
Okay. Additional public comments. There will be a time allotted at the end of the meeting for additional public comments. Webinar attendees should enter questions or comments into the questions box and include the topic to which your question or comment is referencing. Those attending in person should use the designated microphones. I covered that earlier. We will want to remind everyone that this meeting is a place for general information and questions about OLTL managed care. Questions and comments of a personal and individualized nature will be redirected to the appropriate people to follow-up. Responses will be sent directly to the individual asking the questions if you have any questions or comments that you haven't heard. Please send questions or comments to the resource account at the bottom of the page.
Transcripts and meeting documents are posted on the list serve under the MLTSS meeting minutes. These documents are normally posted within a few days of receiving the transcripts.
The 2023MLTSS sub meeting dates are available at the Department of human.
Anl services website.
Dr. Akoosh, are you able to join us?
>> I am here. Good morning.
Can you hear me okay?
>> MICHAEL GRIER: Yes, we can hear you great, thank you. Koosh koosh great. All right. Are you ready for me to just jump in?
>> MICHAEL GRIER: We are ready. Many.

>> Good morning, everybody. I'm val Arkoosh. I am Acting Secretary for the Department of human services. I think I've had a chance to talk or meet with a few of you.
But for those of that you I haven't, let me just tell you a little bit about my background. I started out as a physician, practicing medicine in Philadelphia teaching hospitals. And it was from that place that just listening to some of the many, many struggles that my patients faced that set me on this journey. was an anesthesiologist and I spent most of my time working on the labor and delivery floor. I came it understand that what a lot of my patients needed more than they needed me was a grocery store. Some place in their neighborhood they could easily get to where they could afford to buy fresh fruits and vegetables and I did not know how it prescribe a grocery store. So I went back it school and got a master's in public health. I did quite a bit of work on what became the affordable care act. Then ended up running for office. There were a if you steps in between there but I'm giving you the short version. For the last 8 years, I had the honor of serving as county commissioner in Montgomery county. And from that position, I really came to understand the very important role that Department of human services plays in the lives of some of our most vulnerable friends and neighbors and family members across the common wealth. And so when Governor, then Governor elect, Shapiro was elected, I reach had out and said it would be wonderful to be part of your administration and this is where I wanted to be. Because I think bringing my experience as a physician, my public health and public policy background, as well as my very real world experience of running Pennsylvania's third largest county, and understanding that interact with DHS, I saw a lot of opportunity to help folks across our common wealth.
So here I am today and excited to work with all of you going forward. And speaking of working together, I do want to take a moment to acknowledge Jamie bucknawr, our Acting Secretary for OLTL for quite a while now. I know you know her well. And I have been so incredibly grateful for her work. She helped me tremendously with my transition to DHS. If you haven't heard, we have announced that Jamie will be leaving OLTL, but not leaving DHS. We would not ever want to let her go. She is moving over to chief of staff for office of medical assistance programs and I just have to say that this was her decision. She is doing this by her choice. She has been an incredible leader for OLTL throughout the pandemic and for the first years of the Community Health Choices implementation. She has been, as I said, just an incredible resource for me and I'm so glad she won't be leaving the agency.
We have announced that Juliette Marcela will join as deputy secretary for OLTL. She has more than 15 years of experience of long-term service and support. She is a strong add verycate for improving access to care by people served by our programs. She has very very deep experience in aging and disability services. Managed care, nursing home transitions, supportive housing, employment and Workforce Development. And behavioral health. And so I know she will be an asset to the DHS team and to you. And she and Jamie has already started meeting weekly to prepare for this transition. So we are intending to make this as seamless as possible. So again, please join me in thanking Jamie for her leadership and just ask that you give Juliette a warm welcome as she transitions in here in the next couple of weeks. So just want to spend the next few minutes talking about some of my goals for the agency and some of the important pieces that the Governor Shapiro proposed in his fiscal year 23-24 budget. I'm excited to have the opportunity to make DHS a much more outward facing collaborative and communicative agency.
I think that a lot of the frustration that I had as a county commissioner came simply from the fact that it was hard to communicate with DHS. We weren't always sure how to get in and get our

questions answered. I have heard much the same from a number of the members of the general assembly. So new day here at DHS. We very much want to be much more communicative and collaborative with all of our partners in this really critical work that we do. And for the pieces of the work that are more directly relevant to what you are doing, I'm very committed to doing this work in a way that is supportive of programs that are person-centered, that are trauma-informed. That are equitable and are focused on improving the quality of life and long-term outcomes for folks across the common wealth. And a big piece of this work has to be focused on investing in the social determinants of health. In housing, and making sure that people have access to healthy food. Clean air. Clean water to drink. Transportation. All of these pieces that we know make all the difference in the world in people's health and outcomes. We also have to put a lot of focus on workforce. Incredibly, incredibly important and so challenging right now. We all know it was challenging before COVID but of course COVID has only made it even more challenging and so that is something we are talking about everyday here. It affects every single department within the agency and of course it is affecting employers all across the common wealth. So I will always be interested in hearing your ideas and how we can work to support this workforce. Governor Shapiro is also deeply committed to supporting good health and opportunities for greater independence and enriching lives for people who use long-term services and supports. His proposed 23-24 budget invest in quality of care and access to services for Pennsylvanians with disabilities and seniors needing long-term services and supports. Federal pandemic relief funding has allowed Pennsylvania to direct greater support to intellectual disability and autism services and long-term care providers but we know, as I said before, we know the support was needed even before the pandemic. And we need it make sure that this support continues. Governor Shapiro's budget does just that. For really important pieces that went into place during COVID his budget proposes to sustain enhanced rates through a new commitment of state funding and allows our partners to continue to receive this level of support as we continue to navigate providing care and services in the current challenging environment.

I also want to talk a little bit about S.N.A.P. The federal spending bill passed by Congress at end of December of 2022 did make significant changes to S.N.A.P. benefits and for the most part, these took place or took effect last month. The month of February.

Since the pandemic started in 2020, households receiving S.N.A.P. benefits have been getting a second payment every month, known as the emergency allotment and the last month that folks got that payment was back in February. These payments were really important and transformative for many households. These payments brought households to the maximum monthly payment for their household size or they were already at the maximum they received an additional $95 a month.

So you can imagine the impact. I'm sure some of you know personally the impact of this. Sadly these emergency allotments did end in February. That was the last month they were received. So starting last month in March people are back to the single payment at the beginning of the month.

So I think first of all, it is really important that people are reaching out saying they lost their S.N.A.P. benefits. It is probably that they lost the second emergency allotment payment, not their actual S.N.A.P. eligibility but that is something obviously we can confirm one way or the other. Now here is the other thing that is really impacting seniors and those who receive SSI. There was an increase in SSI. SSI has a cost of living increase associated with it so 8.7 increase in SSI which is great.

But S.N.A.P. does not have a cost of living adjustment associated with it so it really impacts people's eligibility now for S.N.A.P. Approximately we believe 249,000 SSI seniors and those with disabilities have an average loss of $40 a month to their S.N.A.P. benefit and something they were not aware of until the emergency allotment ended last month. So in the case of 249,000 people they lost the emergency allotment and may have seen a reduction in their base S.N.A.P. benefit. I am deeply concerned about the impact these changes are going to have on households as people really start to understand the full extent of the changes in their benefits. I am very saddened that the folks in Washington didn't try to create more of a gentle ramp off of this rather than this cliff. And to be honest, we all knew that some of the pandemic benefits were going to have to end at some point.

But boy, this one really ended abruptly. Particularly because of that cost of living increase to SSI. And of course, they are ending at a time when inflation seems to be slowing down, I hope. But it still is definitely impacting the cost of food in our grocery stores.

As a doctor, I know the close relationship between a person's diet and health and how critically important access to healthy foods and healthy foods is to your health and just the inherent dignity of knowing that you can afford to shop for the foods that you like and put healthy food on the table for yourself and for your family. This has a huge impact on a person's both physical and mental well-being. So we are very much focused on this. We have been working very closely with food banks across the common wealth. We have been lifting this up. Asking people who are able to support their local food banks with time or monetary donations, if they can. And just making sure people know that there are food banks all over the common wealth that there are to help them.

We have a website set up, dhs.pa.gov/snapcares. That is a really easy place to find local resources. People can also call 211 and get access to resources through that system.

Now this is very important, Governor Shapiro proposed a historic use of state dollars to increase the minimum S.N.A.P. benefit for seniors and people with disabilities.

So let me put this into some context. S.N.A.P. is a federally funded program. It is entirely federal dollars. The state of Pennsylvania has never used any of our state taxpayer dollars to support this program.

The Governor Shapiro understands the seriousness of the situation that people on S.N.A.P. are facing right now.

And so for the first time ever, he is proposing a $16 million investment of state dollars in the S.N.A.P. program and that is specifically targeted at increasing the basic benefit for seniors and for people with disabilities.

It will increase the basic benefit from $15 to $30, right, the basic benefit as it stands through the program is $23 a month. So we all know that every dollar is critical right now. We believe that this investment will help more than 105,000 people. As you talk with your state rep and state Senator, pla please let them know how important this is to folks in your community. The other thing that is top of mind for folks at DHS, is the need to now redetermine every individual's eligibility for the Medicaid program.

This was another kind of COVID pandemic relief program in some ways. In that we have continuous coverage through the Medicaid program. And so we were in a position where we were able to let people hold on to their benefits through Medicaid even if they didn't qualify for them any longer.

So as of April 1st, we are officially beginning a 12-month process to redetermine every Medicaid recipient's eligibility. I want to be very clear here. No one is going to lose their health coverage

without having the opportunity to complete a renewal or update their case information when their policy is due over the course of this next year. And I just want to say that again, because there has been pretty irresponsible reporting lately. There was an article earlier this week that implied that people were just going to get kicked off their Medicaid. That could not be further from the truth. And people are so nervous right now and I hope all of you could help the very clear about this. So right now, assuming that your eligibility isn't due in April, in which case you would have already heard from us, but if your eligibility is due any time into the future, people can take three steps right now to be ready. The most important one is to make sure that your contact information is up-to-date with the Department of human services.

Your phone number, your e-mail if you have one, your mailing address, so that we can reach out to you multiple different ways which we will be doing. Next make sure that people are watching for information from DHS and we will be texting people if we have their cell phone. We will be e-mailing them if we have their e-mail. And of course we will mail a renewal packet that renewal packet will get mailed three weeks before the month it is due. For instance, if you're due in May, the renewal packets were mailed the beginning of the second week of April. Then most importantly, we need all Medicaid recipients to complete their renewal by the renewal date.

And here is another really important point. Even if somebody thinks they don't qualify for Medicaid any longer, because maybe they've got a job that pays a little bit better and they know that their income is now above the limits, we want you to fill out that renewal anyway. Because we are working very closely with penny. Penny is p's health insurance Marketplace. Penny is a health insurance Marketplace that was able to be created because of the affordable care act, and this Marketplace has been designed just for Pennsylvanians. It has high quality plans, health insurance plans, in it at really modest cost. In fact for some people they may actually qualify for a plan through penny with no premium or something as low as $5 or $10 a month. So you may not still qualify for Medicaid but you may qualify for a great plan at very low-cost to you through penny. So even if you think that you are not eligible for Medicaid, please go ahead and fill out that renewal. Because if we determine you're not eligible for Medicaid, we have a whole system set up with pen oo for what we are calling a warm handoff. So that your information will be transmitted to over to penny so you don't have to start over on the paperwork or anything like that. They will have all of your information and they can very quickly work with you to allow you to pick a plan that suites your needs.

So again, another really important point that you can help share with any communities that I interact with about how important it is to do this work and do it completely.

We need your partnership. We are doing everything we can at DHS to get the word out. I told you ways we are reaching out it people but we are taking out radio adds making television ads and all kinds of stuff on social media including paid advertising on social media. We will have placards on public transportation. We are just pulling out all the stops.

But we all know that we are still going to miss people.

By the way, we are doing things in multiple languages. So we need your help. We need your partnership in this work. We hope that you will be part of our team to get the word out. We have a bunch of resources that are available at no cost by going to dhs.pa.gov/staycoverred.

I will say it again. Dhs.pa.gov/staycoverred.

And there is tons of information there. There is handouts you can download. You know, you can sign up to be a helper, which we would love. We will push information to you if you sign up to be a helper. So anything you can do we would be so grateful for your partnership in this. We will

also be putting up a public facing dashboard or tracking set of numbers. So that people can follow along and if you see that things are lagging in your particular county or zip code, you know, you can help us be boots on the ground to help get the word out. That dashboard will go live in April and then it'll be mid May before by actually have the data from April to report.
But we will get it up soon and then starting in May, you will really be able to see how this is going. So again, just please let people know, no one will lose their Medicaid without an opportunity to renew/update their information. I know this is a scary time for people. Understandably so. There is a lot of very sudden changes happening.
But we are here to work with you. We are grateful for your help and your partnership in this effort. And I'm going to stop there. I would be happy to take any questions.
>> MONICA VACCARO: This is Monica from the association of Pennsylvania. Thank you so much for that presentation. It was very helpful and I will pass a long a lot of the resources. One of the concerns we have is despite all of these great efforts to reach people about their renewal, people with cognitive impairments will struggle to do it independently. We are worried people will lose their benefits because they don't complete the renewal. I'm wondering if they have a service coordinator. Is it that person's job to get it done. People that will struggle to get it done, people with cognitive impairments who may lose paperwork or not follow through because of initiation impairments, lots of things that could get in the way of completing it. Val val yeah, first, let me say, I don't think I went through this. There are lots of different ways that people can complete the paperwork. So they can literally fill out the paperwork if they would like. They can also do it entirely by telephone.
They can do it on-line, on a computer. They can do it through a smartphone or a device. Like an iPad or small device like that.
So those are all -- oh, and you can also go into a county assistance office and do it face-to-face with someone.
So all of those are ways that people, all those technologies are available to people. They are also available in different languages. We have language line available, so those pieces are available for everyone. If an individual has a service coordinator, that would be a great person to touch base with and make sure that person is touching base with the client, that they are awear of this and to see what assistance they need. There are also a lot of nonprofits, like Pennsylvania network, that have people that can assist clients to help complete this work. Many of our counties will offer assistance at the county level. So I encourage feks to reach out locally to see what is there for them. There will be people all across the common wealth that can assist.
>> MONICA VACCARO: Thank you.
>> Good morning, secretary, my name is Thomas, I'm CEO of liberty resources which is the state fund id for independent living in Philadelphia. Congratulations on your appointment. We look forward to working with you.
But I just wanted to highlight a couple sort of overriding concerns that will definitely carry into this administration.
And one involves a continued commitment to rebalance long-term care and the institutional bias that has so long impacted so many people, people with disabilities, including people of color. As you may know, Pennsylvania had one of the highest mortality rates due to the pandemic with COVID-19. And the need of accessible affordable housing in the state, in the community. And we applaud the effort of some of the MCOs who began to prescribe housing and understand the return on investment for folks who have stable housing, access to food and healthier outcomes that result from that, including reduced nursing facility conditions, ER visits, et cetera. So we

implore your department to, among other things, not expand the use of assisted living facilities, which are typically for-profit nursing homes and can be very vulnerable to infection like the pandemic. The second thing we are concerned with is the work care crisis in Pennsylvania and the challenging wage issues. Many of them Don earn living wages. Do not have health care coverage and yet we rely on them everyday for independent living for people with disabilities in the common wealth. We really want to work with the united home care workers union of Pennsylvania. Center for independent living to really focus on the improving wages for direct care workers in a community setting. So we look forward to working with you on these challenges that lie ahead and we're very excited. Thank you. Val val thank you for those comments. And I hope you can tell from my opening comments that I'm very much with you on really working together on every one of the issues that you outlined. And our direct care workers in particular, those providing personal assistance services, need to earn a living wage. They need to have access to affordable health insurance and some paid time off. And all these things that these professionals deserve in their work.

As I think you probably know, there was an 8% increase to for personal assistant services in the last year. And we will look forward to continuing to work with you as we work to look at additional models in that space. And of course, we are very committed to making sure that anyone who chooses to live in the community has at ability to live in the community. And as you know, it is a challenging situation, particularly around housing right now. Housing is one of our biggest challenges across the common wealth. It is even really impacting rural communities now, too. So again, very much look forward to, woulding with you to tackle some of these outstanding challenges.

>> Thank you.

>> MICHAEL GRIER: Other questions?

Go ahead, Lloyd.

>> LLOYD WERTZ: Thank you for being here with us. My name is Lloyd went, I work with the psychiatric leadership of Pennsylvania. We continue it find ways to improve collaboration. Not elimination -- and it is very beneficial to the population. We continue to work ways to find how to improve a person's health care system within the common wealth and to continue to find more frustration and lose psychiatrists and we don't seem to have an office that focuses on whole person health care within Governor Shapiro's administration. We would encourage you to think about that. If we have a definition of that, that would be helpful. We would be happy to provide that information and some guidance again from boots on the ground. We are talking about community service psychiatrists across the common wealth who are part of our organization and who are very very willing and hopefully helpful to your administration in creating this focus. Val val great, I would love it if you would share that information with me. Coming from a county an as a physician, I too have found the carve out to be extremely helpful and we are moving forward in that direction.

But I'm also as a physician, very aware of how difficult it is on the ground to see the whole patient and see all of the information about a patient.

There was some legislation passed last summer that makes it easier for data sharing.

That is really where the holdup is. It is not about the care. It is about data sharing issues. We are starting to work inpersonally here between OMSAS and Department of drug and alcohol to put down some existing barriers between the two agencies around data sharing. I would welcome any information that you want to send to me about how you could envision this coming out, really being implemented on the ground. Because I think we all want, I will put the pair thing

over here. It is really not about how you are getting paid. It is about how removing regulatory pairings among physicians or health care professionals, critical information that they need it take care of the patient in front of them. I know there are ways to solve the problems and I'm very committed to doing so.
>> LLOYD WERTZ: Spot on and thank you very much. Val val thank you.
>> MICHAEL GRIER: A quick time check. We have time for a couple more questions. Val valley can probably do one more.
If that's all right. Then I'll come back. This won't be the last time you see me.
>> MICHAEL GRIER: All right. I will let you guys arm wrestle. Val val sorry.
>> MICHAEL GRIER: Looks like Tanya won the arm wrestle.
>> Good morning, secretary. My name is Shawna Aiken. I'm CEO for voices for independent living, both centers for independent living in the western half. Val val you know, Shawna, I lost you for a second.
>> You can hear me now?
Val val you're CEO of what?
[Inaudible]
>> I'm a user of home and community based services. And as our organization, we not only are a center for independent living but a home care agency.
And I speak to you today wearing both hats, wearing the hat of a consumer and wearing the hat of an agency that delivers they're services. We can't compete because the rates of reimbursement for home and community based services has not been addressed or evaluated in many, many years.
There is not a true cost of care analysis that has been done. And I can't compete with Walmart. Walmart is paying $17 an hour. With the rate of reimbursement that providers get, I'm paying $13 an hour.
And when you look at the people that we ask direct care workers that care for and the kinds of skill set that we ask direct care workers to have, they deserve a rate of pay that is far away above a Walmart worker.
We need to seriously look at an increase rate reimbursement, looking at how we are saving money by transitioning people out of nursing facilities, which is a higher cost of care and bring them into the community, which is a lower cost of care. How can we use the spending for community based --
[Inaudible]
That's one issue. The other issue is that for people in nursing facilities, currently, if they are denied the right it live in the community, there is no real appeal rights. I always thought that any Medicaid service was appealable.
Because it is an administrative function of the organization, we are told that appeal right is limited. And I really think that --
[Inaudible]
Why that is and how we can do it differently. There are p em in nursing facilities today, who have health wise who are NFI. Nursing facility clinically ineligible.
But can't relocate because there isn't acceptable affordable housing that was talked about earlier. So many people are stuck in nursing facility and they can't get out. And they are costing Pennsylvania a lot of money. We need to look at this system and examine it in its entirety from the cost of care analysis that are on home and community side to rights and individual who want to leave to be able to leave. Thank you. Val val thank you for those comments.

This is the first I'm hearing. Please, I'm still pretty new. About this ability to appeal. I will check into that.
But to your broader comments, as I talked about earlier, housing remains a critical issue across the common wealth. And I do understand that people are stuck. Because we have such a shortage of affordable housing. And of course the wage issue I addressed earlier, and it is a problem, not just in home and community based services but across DHS and across most industries. We are starting to see some of that pressure ease up a little bit so I'm hopeful as the economy sort of calms down a touch that maybe we will see some more opportunities there. We also have to work on child care. And this is a huge issue, I don't have to tell any of you, that most of this workforce is I think 70% are female. And I think of that, 70% of those are single head of households in many cases. So another very important piece of the Governor's budget is to put additional dollars into our child care providers. So that is another reason why we are having trouble attracting workforce. So I agree very much on this holistic approach to solving these problems. It spt just one simple thing. If it was one simple thing we would have done it already. That's where our partnership and working together is critically important. I'm grateful when you raise up specific issues like this. It helps us to focus our work and most important. And of course we need you sending the same message to our general assembly about the importance of raising rates, about the importance of funding child care, about the importance of putting these dollars into S.N.A.P. All of these pieces that we can propose solutions. At the end of the day we need the general assembly to pass budgets. I look forward to all of that work together with you and hopefully I'll be able to come back some time fairly soon it talk with you again.
But in the meantime, thank you so much for your time today. And I look forward to hearing from you and continuing to work with you.
>> MICHAEL GRIER: Thank you so much for joining us today. Val val take care.
>> MICHAEL GRIER: Bye-bye.
And we will move on with the emergency evacuation.
>> DAVID JOHNSON: Good morning, everyone, this is David. Before proceeding, just announce that Matt Seeley and Patricia car nella duck et. Anyone else? Okay. We will proceed to the assembly area with the 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 suite. OLTL staff will be in a safe area and stay with you until you are told you may go back to the honor suite where you were evacuated. Everyone must exit the building, take belongings, Don operate cell phones and do not try to use elevators as they will be locked down. We will use stair 1 and stair 2 to exit the building. Exit the left side near elevators, turn right and go down the hallway by the water no untan. Stair 1 is on the left pf for side 2, on the right side of the room or back doors, those exiting from the side doors, turn left and stair 2 is directly in front of you. For those exiting from the back door exits, turn left and turn left again and stair 2 is directly alead. Keep to the inside of the stairwell and head outside, turn left and walk down to chestnut street, turn left on the corner of fourth street, turn left to blackberry street and cross fourth street to the train station.
>> MICHAEL GRIER: Thank you, Dave.
I will move the next item on our agenda. The MLTSS meeting follow-ups. Just to let everyone know, I'm going to be reading and preefated portion of the follow-ups. We have made a decision to put all of the follow-ups on the list serve. So the questions and answers will be on the list serve shortly after our meeting today.

All of them, not just these that I'm going to read today.
But there are additional questions and comments on the list serve.
And it takes, we realize that it takes quite a bit of time to do this, but we don't want to lose all of that but we also want complete transparency in letting folks know and see our responses.
So I just want to pass that information along to everyone. Related to eradication, audience member misty asked if there is any way to fix the fix the process so that eligible providers for pest eradication services are eligible to serve consumers under the Community Health Choices waiver without being in conflict because they provide service coordinate weighs act 150 and OBRA. Jamie Buchenauer said that OLTL would take this back for a response.
>> Hi, this is Paula. Robin Kokus from OLTL responded that the regulations of 55pa code 52.28 requires service koord ition na entities to be conflict free and state that in most cases the SCE may not provide other waiver or act 150 service if the SCE provide service coordination. The conflict free requirements are also the federal relation of 42cfr441 ppt 301c, 1, 6. Changes to both state and federal regulations would be required to change this requirement.
>> MICHAEL GRIER: Audience member Pam Auer asked how many services coordinations do we have from act 150.
>> Megan responded that there is 71 enrolled SCs for act 150. Mike moik related to the trial work period subcommittee member Matt Seeley asked how does OLTL deal with the trial work period for people moving from CHC to act 150? The government lets participants make more than the income level for nine months and months don't have to be consecutive. How does that impact act 150 copayment and would that still affect whether or not they were financially eligible?
>> Ryan Dorsey from OLTL responded directly to Matt op 3/27/23 stating that for MA financial eligibility purposes, earnings received during trial work period are not excluded. The additional details are on the follow-up document which will be posted to the MLTSS meeting minutes list serve. Mike moik related to the transition program audience member Pam Washington Walz asked if DHS could work with Pennsylvania Department of aging to create transition programs for options for those losing CHC, similar to those act 150?
>> Amy high from OLTL responded that in the scenario where an individual age 60 or over is receiving CHC services and loses eligibility, OLTL does not have a standardized process in place for the individual to transition to the options program. The options program is managed by each county so the availability of services and waiting list status varieses from county to county so a referral to the local AAA is what would be needed. OLTL is looking into whether this is workable.
>> MICHAEL GRIER: Related to act 150 service coordinators audience members George Gilmore asked in the chat, what is OLTL doing to assure the service coordinators are competent and available? OLTL will provide a response.
>> Megan Boles responded that OLTL provider enrollment ensures when a service coordination agency submits an application to enroll in the OLTL waivers and programs, that the service coordination agency meets the requirements as outlined in the 55pa code 52.27 relating to the service coordination qualifications and training. When agencies request enrollment with OLTL they select the counties they wish to provide services in. If the counties are spread throughout the state, the enrollment staff does request an organizational chart to ensure the agency has adequate staffing to cover the counties being requested. Aand just to reiterate additional follow-upes from the March meeting will be posted to the MLTSS meeting minutes list serve within a few days after today's meeting.

>> MICHAEL GRIER: Thank you, Paula.
Next up, on our agenda, Jamie Buchnau re deputy secretary OLTL. As chair of the committee and subcommittee we want to thank you for all of your efforts and your team for all of your support during all of this time. We know that you are moving away from the position, but we thank you very much for all of your efforts and your support of the subcommittee.
>> JAMIE BUCHENAUER: Thanks, Mike.
I just asked, did the secretary announce that this is my last meeting at MLTSS. They did announce the name of the new deputy secretary and the new deputy secretary will be here at the main meeting I'm sure to introduce herself publicly and take any questions from the members of the committee or audience.
So it has been pleasure serving as deputy secretary. Like all things, must come to an end. My predecessor says, you know, you really have a good two years. After two years you need to leave because you need to give someone else a chance to do this position.
To I'm taking heed and giving someone else a chance to bring fresh ideas and new energy into the position. So that is my response for moving on.
So to get into my updates for our April meeting, go to the next slide, go to the next slide, we will talk about the agenda. First thing many of us saw on the office of long-term living released our request for information for the reprocurement and reiterating here, comments are going to be accepted until noon April 14. I know probably you're all busily working on your comments and submitting them. I just wanted to remind everybody, I have been reminding every time I talk that please submit your comments, our OLTL staff has a lot on the books. Not me, but them, to review your comments and make determinations as we go forward. Obviously our new deputy secretary will be involved and the new obviously secretary will be involved in the reprocurement as we go forward. I know the next question I frequently get is when will you release the RFA. It depend on hu many comments we get. How many issues, how many changes it looks like we will make and what the approval process will look like. I like to say summer of 2023 but I'm also a glass half full kind of person. It could eventually be later than that. Just an FYI. Next update I wanted to provide to everybody, well okay. So when I started ever how many years ago, almost three now, I was brought in. I was in long term living years and years and years ago we add nursing home transition training program. Going into nursing facilities and training nursing facility staff, families and participants about the options and the nursing home transition program.
Which when I was, oh, no we don't do that any more, no, we don't do that any more. So it sounded like a really good idea to money follows the person fund for. They know about the money follows the person grant. All federal funding to promote moving from a facility based setting into the community. This is the perfect opportunity. We did release an RTQ, request to qualify, for a training vendor to go to your facility and train people on nursing home transition and let everybody know about the availability of the program of how to connect with the right resource. So that program is, I want to say, it is starting to get under way. We just awarded the request to qualify. I know we are working with a training veppeddor to get it off the ground. The other updates are really quick. You may have seen on Monday, maybe Tuesday now. Monday I think. That the office of long-term living sent out guidance regarding the community choice and overwaivers approved by CMS and are effective April 1. This is just an fyi, there is probably information on our website now.
Yes, I'm sorry. I had to make sure. I didn't check myself. So information is available on our website about those waiver limits. Know we have gone through them and over them in different

public forums. I know we get in the MLTSS meeting.
If you are interested, please visit our website and check them out. Notice we sent out on the list serve.
I know we had talked to this group as well as the LTSS and about ending the appendix K waiver flexibilities. We planned to end those flexibilities with the end of the med federal emergency. I hear it is not ending the federal health emergency but some other and I'm blanking on what the name is.
But anyway, our appendix K was approved by CMS and those waiver flexibilities will end May 11 of 2023. We did send out guidance this week, early this week, I think it went out Monday as well letting everyone know that those flexibilities will end on that May 11 date. So those were quick updates from the office of long-term living.
The other thing I was asked to talk about, we did hold a EVV public meeting on March 24 of 2023. And I had, I'm so sorry, but dihave this on my calendar. I was going to listen paryn tis Pate. If anyone can tell, I was really sick and I slept through the meeting. I never do that but I actually, can you listen in and take notes for me. I need go to bed. So I missed the meeting.
But I did receive the PowerPoint slides for the meeting. I saw the questions that were asked. I didn't see on the public comments that I guess were in the chat. So if you may have submitted comments that were addressed during the meeting, or after the meeting, but from the slides that I saw, this was, you know, the overview of that electronic visit verification. So it was various offices talking about EVV and Department of human services. It was not an OLTL specific meeting. They did go through basic EVV overview error status codes set if you're submitting claims. For chance there wasn't a business that matched in EVV. Manual edits that process and Q&A.
And we did talk about at the public meeting the use of the participants phone for EVV and reiterated that yes it is allowed if the participant agreed. We did talk about CHC and MCOs having additional consult with EVV and MCO requirements. I'm going through this quickly. If you did participate in that public meeting I know the materials are posted on the Department of human services EVV website.
And I'm sure the slides are there as well. You can read through them if you weren't able to participate like myself.
They did talk about the home health care EVV edits that will take effect and they are coming, my understanding, is January -- or July -- January 1, 2024.
I'm blanking but I think that's the date for hole health care to be compliant with EVV. Since that not up and running, manual edits are happening for those claims but claims are not being denied and promised right now. There is conversations with some other program offices that that is going to impact heavily. It is obviously will impact the office of long-term living but most of our providers have repeated edits and understand that compliance from a personal care perspective so home health care complies will be significant as some of the other program offices.
They also talked about caregivers should only be submitting -- or should only be manually or entering business on an emergency basis. We are looking no increase compliance rates in the future right now. I think for personal care. They are looking for less than a 50% manual edit rate.
The department announced, if you didn't know before, they are looking no lower that compliance threshold. I think that's the right way to put it. So less than 50% manual edit rate in the future. So they didn't talk about any ramifications but then did definitely wash that agency or entity that did not comply could have adverse actions.

That's all I have to update the committee today. I'm looking around the room and I don't see them around the room so I'm hoping my assistant is on the line to talk about the reduction review project. Okay, great, he is p for many of you, Randy has been working with the office of long-term living, Randy Noland, on the reduction review project. Randy is out of the office on medical leave right now. We are hoping he will be back in mid April. It is an appealing process, many of you know how that goes. Depending on how Randy feels. So in the interim, Michael will give you an update on the review project.
>> Good morning, everyone. You can hear me okay? Good morning, everyone. As Jamie mentioned, my name is Mike Wilkinson. I'm division director for division of monitoring and compliance for the Community Health Choices program. I'm going to start with a brief orsight of what the project was and ultimately what our findings were.
So OLTL conducted a review project for all three of our CHC MCOs. How we conducted that was we looked at reductions reported by all of the MCOs that were considered to be nonvoluntary reductions for personal assistant services. So what that means is if someone decided they wanted instead of two home delivered meals a day they wanted one that's a voluntary reduction. If somebody maybe had a desire to have somebody who is doing stranger care personal assistant services, and they had informal support family member was able to help, so they wanted less authorized personal assistants coming into their home, they can voluntarily reduce they're services. Those were not included in that project basically we wanted to look at when it was an MCO decision to reduce the services of personal services for our participants. Our target sample size was 60 cases. And our focus was the appropriateness of the reduction.
So we were having significant focus on the clinical aspect so we brought in clinicians at different parts of the office of long-term living.
What they did is they took a look at the documentation and information available relative to the decision. There were occasions where we needed to, in the office of long-term living staff, needed to go back for clarification. And in each one of those cases when we identified a concern there was follow-up meeting or meetings in which we expected to have a response from the MCO to answer for the appropriately. Both on the specific cases but again we also wanted to use this project to look at overall processes and decision making. Next I'm going to move into the individual findings for each of the three MCOs. We will start off with UPMC. Sample size was slightly smaller due to incorrect data. As you will see as we work through this, this had the least impact on the sample size for the three. We actually went down to only 58 instead of our target of 60.
After the close look done by our clinicians and my staff, we determined all dock mep taition that we had supported the reductions and reductions were appropriate. We also took a look at decision notices sent out, and we also found that those were appropriate. I did want to highlight two aspects of this that were of concern to us that we did want it mention as a strength and that is that there were strong levels of details significant to informal reports in the notices as well which is something we have been working with all three MCOs about. Another item brought up were authorizations at times were not either 15-minute increments, sometimes 5-minute increments.
But we noticed through our review that UPMC did cease that practice and is giving authorization on quarterly increments, 15-minute increments. Next I will move over to Pennsylvania Health and Wellness.
They also had a smaller sample size. Once removing those erroneous sample sizes, we came

down to 54. We did find inappropriate reductions within that space. Initially we had thought we wanted to follow-up on six cases after our clinicians and our medical director looked at those six cases.
We decided that four were deemed overall as being inappropriate and we spent additional time opes this four case he and looking a the two cases, and what lessons could we learn that could be extrapolated out and applied more broadly to processes that PHW had. After doing that on multiple occasions, we have kong clueded that the subsequent follow-ups is sufficient enough to close out the project. Although it doesn't mean we will follow those specific cases, we will continue to follow the cases to make sure as we follow out that they are indeed continuing the same thinking and not reverting back to a previous rational it which we didn't agree with.
Then we will move on to AmeriHealth first. Again, Sam size. In this case, the most impact and the other two MCOs was we add duplicate as reason for both of them to be pulled out.
Then a couple pulled out for MCO, it was a voluntary reduction and we wanted involuntary and this was incorrectly listed. AmeriHealth Keystone had an issue on this report. We had to go back I think a total of three or four times and had to settle for sample size which is much smaller than we hoped for and we are looking at a sample size of only 46.
So we had initial finding even before looking into the appropriateness and that is we need to work with this MCO so improve the operations report 21 which is where this data comes in.
For amer Keystone we did find reductions. Following up on eight cases it make sure we had all of the information we need it make a final determination and appropriately. And after the additional review we did confirm that all eight cases according to our clinicians were deemed inappropriate. So this a obviously is a concerning finding for us. And for the MCO. We met with amer Keystone after making this final decision to talk through the cases. Each case was very thoroughly discussed. And our most significant finding and something well act upon further is that there was lack of documentation and insufficient notice details so from that perspective, and again we tend it use this rule of thumb of 80% and above is acceptable. Anything below 86% as we try to quantify performance is unacceptable. And so as you will notice that 8 cases out of 46 does fall below that. So we will be actually taking this step a couple steps further and looking into more instances around reductions in the appropriateness of reductions. And in the subsequent weeks and months relative to what our project was established to do in the first place.
And see what kind of progress or steps this MCO can make in order to be back above performance level's find it would be acceptable. At this point we cannot close out the project as a result of these findings.
Our last slide for today is a summary of findings. UPMC is not additional scrutiny. Deductions were appropriate. There is one practice related to reductions and there is a space where a person was getting an increase in services and they were going from just basically said to be personal services that was home health aid type work. We were increasing skilled nursing hours. This person was getting more help at home.
But during that transition, from decreasing the past services an increasing the skill there was a pint in time where that didn't align as we would have liked as far as time of increasing one and decreasing the other. So we will continue to monitor and check in on that. And as well, we have noticed for their letters that go out, have been improving. And on a trajectory that is acceptable for us but we will continue it make sure that notice language has the appropriate amount of detail.
Health Keystone will be monitor had more closely with in-depth reviews. We cannot continue

this project because of the need for improvement around reductions on the operationes report 21. And to be frank, this MCO demonstrated improvement in air yes, sir identified including documentation, supporting document reduction and before we consider closing out and possibly what may be next steps for us relative to scrutiny for AmeriHealth care Keystone First.
That is the end of my presentation. Any questions?
>> MICHAEL GRIER: Any questions? Matt? Please acknowledge yourself so the captioner can catch it.
[Inaudible]
>> In struggling some of the stuff --
[Inaudible]
And can't imagine how consumers are --
[Inaudible]
>> I'm sorry, I'm having a rel tough time hearing the speaker. Can they move closer to the microphone maybe? Or speak up?
>> I believe one of the first comments you made was that you td go back and forth with the MCO a couple times. To get more information out of them because it wasn't clear about the justifications for the reduction.
It is just making me wonder what consumers in the program, how they felt when they got that rational for the reduction in the services.
I know you are only doing what --
[Inaudible]
I imagine that in reality --
[inaudible]
So it is just concerning. More of a statement than a question.
Many.
>> Good morning. My name is guy Brooks. I'm here to ask this question because this happened to me myself. In November after I did my assessment and in summertime and in October, my hours were --
[Inaudible]
I called MCO.
They sent me to hearing that never happened. I called MCO again. And still, --
[Inaudible]
I just recently, it was reduced again. I called the desk field. And the desk field told me that I have to send a letter to --
[Inaudible]
And the hours are way lower than what I have.
And the last three years I get asked for hours to increase. My paycheck was 8 hours a day. Now 5 hours a day.
What are we doing about that? I didn't get no letter. I didn't get a phone call. The last letter, first call me on 3/11/21 -- 23, which is a Saturday.
Do you work on a Saturday in do you work on a Saturday? No. Why would you call me on a Saturday and reduce my hours. Why would you reduce my hours without including me in the hearing.
They said they called three times. No one called me. I'm home. No one called me. I did not get no letter.
So now I am with less hours of PAS hours. I want to know how can I get my hours back before

this hearing which I'm going through right now.
>> MICHAEL GRIER: Thank you for bringing that to our attention. Jamie?
>> JAMIE BUCHENAUER: Yeah, I'm hopeful there are AmeriHealth care staff in the audience that can talk to you. About your situation that happened. And about your particular situation.
>> Is not just me it is happening to. It is happening to a lot of people. Now that my hours are less, what happens? Am I going back to a nursing institution?
[Inaudible]
I'm integrated to a home and I'm looking at my hours now and I have to go back to -- gnawed newed which I do not want.
>> JAMIE BUCHENAUER: I get that.
[Inaudible]
>> Thank you.
>> MICHAEL GRIER: Thank you for your comments.
>> Thank you.
>> MICHAEL GRIER: Go ahead, Pam.
>> My name is Pam Auer, I'm with independent living of central PA. Right now, I'm disappointed. I'm very angry. I feel like we talk about these things month after month and it is the same thing month after month. Some things change and some things don't. My biggest concern is the program and model and what is happening within the program, has been so far away from what is meant to be in terms of it was never meant to be a medical model. Our home services, we told them that and now you are doing a program and I proash. We asked for that up front. Thank you for doing that. We also said it is not a medical model. Just having clinicians there to monitor is not appropriate. You need to have stakeholders. People who live it. To answer some of the questions. Yes, I appreciate that you are finding that the MCOs are not documenting or whatever you're finding. Some of the things you're finding to me wasn't clear enough to explain what was happening and really struggling and understanding what you are finding. Some of the other people didn't provide enough documentation to make a decision to follow up more.
My concern here is that the further you go away from having participation of people living services where we are going the same direction as medical is going nursing homes don't care about people they are serving. It is all medical.
We were never meant to be that so there needs to be input by peopling living it and actual taking what we are saying and using it.
I'm struggling right now to express myself.
But I appreciate what you are trying to do and we have -- from the first time --
[Inaudible]
And thank I for all you've done. I feel like we have need more stakeholder input and this just shows that I think if you have more people who understood the program it might help out in the process.
Thank you.
>> MICHAEL GRIER: Thank you, Pam. Shawna?
>> I just have a question clarity. My name is Shawna Aiken. The reports just given about the reduction in services, that is something we asked for about a year ago now. And we are just now getting results. And I'm questioning, was that snapshot in time? I understand that there is, we have an ongoing monitoring process for one or of the MCOs.
But what I'm concerned about is recertifications and those kinds of evaluations happening o an

ongoing basis. How do we know that these are not found to be appropriate. If there is not an ongoing monitoring system, how do we keep people from losing services that they had? I too feel the pressure Pam was talking about in terms of, it feels like I live these services. I use them everyday. Couldn't do my job without them.
But it feels like we are losing ground in terms of the difference between medicalizing our services and giving them to us as tool to empower us to be independent.
Our system is moving towards more medical degrees and users being able to say, you know what, I need this help for this reason and I'm not individual. I may not have a diagnosis but everybody with my diagnosis doesn't work the same way.
And so I'm concerned about the ongoing monitoring part but I'm also concerned about the individuality of the services that Pennsylvania has historically taken a lot of pride in.
>> This is Mike. I can address that question and the previous a little bit. So our review while yes clinicians are involved is not solely on their diagnosis. It included a look at fall risk. It included looking at a time in tasking of the combination after disease process, in conjunction of the assessment.
Needed PAS hours. So just to be clear.
, we were not hyper focused on everybody who may have one disease condition and having a set number of hours just for that. We did take into consideration other components of the assessment and that was part of the additional documentation clarification.
So as an example we would have an individual where the number of hours were at one point and we did see increase 12 hours for that period of time because that person had an increase fall risk according to their what would be more of that personalized assessment for how they move compared to another person in their home.
So I can attest to at least one instance where I'm familiar enough with the review it say that that occurred. Another instance when we actually questioned an MCO who had a certain number of hours prescribed but based on the assessment, it did not align. And in our assessment, it did not align included the fact that there were other components, environmental components were not considered based on what we could see because they did not have documentation imported that change. And why it was reduced relative to what we are seeing in the assessment, no documentation saying that this was an appropriate step based on the process and condition of the home. Because we perceived by what we had as the hours should have been much higher than what was eventually authorized. I just want to be clear that our review in this was not solely medical model. It was indeed considering home conditions. The individual's ambulation as an example, ability to live independently and safely in their home.
>> I want to add, this is the second time he has done this. He anticipated and wanted to do it more frequently but it is labor intensive in terms of reviewing ideally 60 cases not always 60 cases, for each CHCMCO so it has taken a lot more time than I think he anticipated. For everybody to sit down and review these cases and then go back and forth. So his intention is to do them ongoing but obviously it was the second r round.
>> Shawna?
>> I guess I just wanted to say that, no offense to the person who just spoke, but being referred to as a process, and that's the problem.
So many of our services are now being looked at by people who are exposed to medical terminology all day long. I have cerebral palsy, I don't look at this as a disease.
But I understand that from a clinical perspective maybe it is.
But it is offensive.

That we try to live our lives with dignity and live them the same way that everybody else does, and we are referred to as a disease.
>> Thank you, Shawna. Matt?
[Inaudible]
>> I broke my neck, I don't have a disease.
That was rather offensive. He basically just --
[Inaudible]
>> So I will apologize. I was using that as an example within an example.
Obviously I'm not speaking as a broad stroke. Folks are living and folks have the right to pursue their independent in the community. And we are supporting that. From our perspective, in this review, and the professionals that weighed in on this, you know, there needs to be an understanding of we start at a point of this is an individual and that person lives here and that person is, we want to keep them safe in their home.
But what are the -- what steps do we need to take? What steps do our MCO needs to consider to make that happen? So because of this person living with, it affects their ambulation. We need to make sure we address that. I apologize. We certainly don't perceive individuals as anything more than an individual who has a need that we are helping to bridge so they can stay safe in their home and in their community.
>> MICHAEL GRIER: Other questions?
>> Jamie, sorry to see you go.
But there is benefits o institutional knowledge, however. And perhaps as you reach my age, that will be more apparent.
But --
[Inaudible]
Specifically I would like to ask about the nursing home transition being offered and does that include, it would be a very high anxiety, I assume, does that help with services when needed in that process?
>> JAMIE BUCHENAUER: So that's a really good point. I'm not sure yet. The vendor is actually developing the training. And so the office of long-term living has the chance to review it.
>> Will there be consumers and family members involved in the development of that training? Or will they have an opportunity to review that?
>> JAMIE BUCHENAUER: It wasn't a requirement.
But Mike do you want to speak to that?
>> MICHAEL GRIER: I'll talk to you about that. Any other questions for OLTL? In the audience?
>> Can I follow up on what Shawna was saying? I don't want it point the finger but are they getting --
[Inaudible]
I kind of get the impression that everything looked --
[Inaudible]
>> JAMIE BUCHENAUER: They don't get pass. They do get ongoing monitoring. It is not as scrutinized at the other two. They have to continue to go through the monitoring process.
>> I agree with Shawna.
[Inaudible]
That is great.
But I don't know if that makes me believe that everybody gets the option --
[Inaudible]

Next time it could be PHW with the greater resolve.
>> JAMIE BUCHENAUER: I'm not going to speak for Randy but he does review everything. If he gets cases sent to him from stakeholders or from, you know, providers.
He will review them. So if they are UPMC cases, it is not like he is putting them aside and not reviewing them.
[Inaudible]
>> MICHAEL GRIER: Anything else from committee members or audience members?
Jamie, thank you for everything you've done.
And I appreciate your presentation.
We will move into the next item on our agenda which is food security. It looks like AmeriHealth care it is a is up first.
>> Hello, can you hear me?
>> MICHAEL GRIER: Yes, we can.
>> Good almost afternoon. My name is Jennifer Ford-bey. I'm manager of -- here at AmeriHealth Caritas. I'm here to talk about food security with our participants. Next slide, please.
All right.
So for our members that are an FNCE, nursing facility clinically eligible, they have a coordinator who does assessments with them. In our program not only do we have our -- gnawed newed we also have an assessment called social determinant of health assessments and this focuses on where care might be surrounding health and food, utilities, transportation, education, and so on. And so then that really helps guide us to you know, where our participants, where each individual is hands-on and we have been providing service coordinators information and all of the changes to the S.N.A.P. program and it is happening to that way they are aware of the impact and know how to approach those with participants and having those conversations. Assistance with applications, are to locate resources, such as food banks, and even places of worship might provide resources for them. And then our strong utilization of finding health website has all been leveraged. So if the participants found to need an increase of home delivered meals we certainly would p thought increase but we are trying to leverage community services as much as possible. I do want to quickly talk about our welcome home benefit that we have here specifically for our members who are a nursing facilities and transitioning back home as well as collaboration that we have going on with some vendors about applications and making sure that S.N.A.P. applications are being done timely.
With our welcome home benefit, it is does focus on nursing home transition population and within that benefit we provide up to $300 worth of food for participants to get started with. Because this is a population that it needs everything to get started. Salt and pepper shakers. And coffee and creamer and all of the little things that you need when you are setting up an apartment for the first time.
But I actually want to talk about more in-depth with innovations we've had.
Next slide, please. Okay. So I'm really proud to start talking about our extension of our welcome home benefit.
We are calling this our nutrition at home benefit. It has started February 1, 2023. Only about two months old.
We decided to focus on the population it assess even more because they are vulnerable, relearning to navigate for community and they are reliant to navigate grocery stores and adjusting to maintain a budget and position they probably have had a dietitian and they are

learning to remanage their diet and all over again at home.
These benefits are for participants for whoever reason are transitioning through the process and do not have HCB upon services upon transition. That could be due to the fact that they didn't want it wait for the entire IEB process to be completed before they left the nursing facility. It could be because paperwork was misplaced and you know codes weren't switched fast enough. It could be because they were truly considered nursing facility and eligible and are going to the appeals process. Whatever the reason is, if they do not have that coverage the day of transition, they could be offered our nutrition at home benefit. And which gives them two options. They can get two meals a day for a 12 weeks or second option is two meals aday for 12 weeks along with through nutritional counseling sessions. Counseling sessions is something so important to incorporate for us because it is not only just providing participants heart healthy meals, diabetic friendly meals, but also a dietitian to work along side the population, that even if they are considered I it bridges that care to help relearn how to manage the diet that supports the lifestyle they want it live at home.
So really excited. It is only two months old but that is one of our innovations. Next slide, please. We are working with vendor with area aging and to outreach to participants who are eligible but not currently receiving assistance and are due to recertify for that eligibility and outreach to these individuals by mail or texting campaign if they have that option to text them. And we are guiding participants to apply or recertify and mostly those communications are telling from calling vendors to call AAA because they have people who are standing by to help participants on the phone and some of the things they are doing is they can have a rel conversation with them and say, you know, is your household eligible for S.N.A.P. and do that with them and have a realtime estimate of what that can look like and help them through the entire process of submitting it. It is a long application if you are doing it for the first time. Then they even follow up and tell them okay, you know, your application has been committed but you need follow up with providing this amount of documents and here is what they are, to the local benefit office.
So we are hopeful that this impact as many participants as possible to increase food security within our population and we're excited about these initiatives. I thank you each for your time and attention and that was it for me.
>> Do you have any time to take any questions from committee members? Of course.
>> MICHAEL GRIER: Any questions for AmeriHealth Caritas and their presentation from the committee members or audience members?
Looks like you are getting away easy. Thank you mp thank you for your presentation. Next up, pa health and wellness.
>> Good morning, can everyone hear me?
>> MICHAEL GRIER: Yes we can.
>> Thank you. My name is Cynthia Parker, I'm so proud of the work we do here at PHW. I've been in managed care for about 35 years, 30 years in leadership role and never have I had the opportunity to work with a team that has such passion for a topic. Thank you.
So complex meal needs require complex solutions. For many years it was thought that what wasn't described yet as food insecurity versus security was not a prominent issue but we know that it is now. And it is complex. It is not just about the meal delivery to the individual but it is about the type of meal. So PHW has more than 2 R5 home delivery meal providers. Large and small. That way we covered all of the regions of the state. We offer meal options to address ethnicity and religious meal preferences or there is no value in the service and we get that. We work with our vendors to ensure that's priority of service. Our meals are customized to address

any specific dietary or medical restrictions. Whether it be cardiac renal failure, diabetes, whatever the situation, and the frequency of supplement meal delivery is just as important for most of the participants. You've got to get the meals to them but we are getting them in the right frequency because if not, they are still deprived of services. We deal with language barriers. Understanding that that is a priority. We want to meet the need of our participants. Language barriers and meal selections and delivery options. We of course as MCO are contracted with language translation vend popper but some of our larger vendors offer the service as well bilingual customer care and they too have their own translation of vendors. Thank you.
Delivering quality meals throughout the state, that's our priority. We are working to expand outreach to participants regarding meal delivery satisfaction. That is some smaller committee groups within the organization and making that a priority, that mission is becoming priority. We are engaging the home delivery meal organizations to provide support address their changes, just communication. We had a glitch last month with one of the larger delivery organizations. All three MCOs did and there were lessons learned there as part of that we have increased outreach and we have a contact situation. We can talk about issuees before they arise. And we do a monthly touch point with the meal delivery vendors. So that's important.
We are offering also a single point contact for relations issues. That would be me. I have recently begun working with LTSS provider relations team and as part of that I will be point person. Or begun acting as point person for our meal delivery vendors. Maintaining relationships with community resource organizations. We want to come along side of the meal delivery options to supplement as appropriate. PHW remains committed to working to support supplemental service needs of our participants.
Next slide.
>> Thanks, Cynthia. My name is Joe Elliott. I just want to echo Cynthia's sentiments and thank you all for giving us the time today to talk about how we address food insecurity with participants at PHW. I want to take a few moments to discuss processes and resources we utilize regarding this topic when we speak with participants. Any time that our service coordinators are working with NFCE members or participants as Cynthia discussed, home delivered meals are always an option.
But service coordinators are also looking at if that's enough, right? So we are all, the service coordinators were are always looking at S.N.A.P. benefits utilized, are participants eligible and assisting them to apply. Additionally helping them, service coordinators, helping participants eblght locate community based resources such as food pantries and other organizations who could assist them with that.
We are also sharing with our service coordinators as they are doing outreach for Ph.D unwinding. And information regarding S.N.A.P. benefits and additionally sharing that with -- you were good on last slide. You can go back. That's okay. Sharing that information with S.N.A.P. enrollment information with our service coordinators to assist in having food resource conversation. In addition to the work that service coordinators are doing, we ensure par lits pants have access to food resource es. Our nursing home transition community partners are also assisting with that. For each transition, PHW incentivized to assist with S.N.A.P. benefits as part of that transition process. The knowledge base around food resources and S.N.A.P. benefits isn't just with service coordination team. Our call centers have also been trained to listen for cues that allow them to ask additional questions around food security.
In the event the staff is speaking with a participant and the participant alludes to food insecurity the staff member the speak with the participant about S.N.A.P. benefits, community resources,

that may be nearby and that benefits that CHC may be able to provide and connect them back it service coordinator.
And for participants who are nursing facility ineligible, and when those participants join our plan, there is an initial assessment provide he as part of that assessment.
And food insecurity is a topic discussed with them and in the event identified as need S.N.A.P. and community resources are discussed.
Additionally we are reviewing our scripting for the nursing facility and eligible participants for Ph.D as an additional opportunity to engage that population on food resources.
But in all cases, there are food needs beyond that that S.N.A.P. can address, phw has health and wellness community to collect that is used by our staff to identify community resources for parties pabt. This is a resource available to anyone. And is accessible through PHW website or link that is shown in the slides.
So to get to that site from our website you would simply click on community on the top right and then click on community. If you can go to the next slide, please. Thank you. So this is an example of a resource that might come up for someone who was searching for food assistance programs. For the ease of viewing this isn't the whole actual listing on the right-hand side you would see contact information for that provider for the organization as well.
But this is just an example of what you might find when searching community connect for additional food benefits. Or our staff may as well.
So as you can see here, this is a screen shot of food resources and S.N.A.P. benefits that show up when searching on the website and you get to that by again clicking on community and clicking social determinant of health and there is a food resources page dedicated to that topic.
We have eligible participants through CHC and through utilizing community connect. As discussed, snap benefits are first and for most in helping participants apply for them.
We talked about home delivered meals but there are senior centers and other organizations for participants to come together and share a meal with other folks in the community. Those are additional resources we o share with participants when asking.
It is a great supplement for folks, and boxes are shipped to their homes and farmers markets is always a great place for fresh fruits and vegetables and those are items we share with participants as well.
With that, Cynthia and I are happy to answer questions.
>> This is a quick question for all three providers. You are talking to service coordinators and they've got a lot of stuff would work on and there is something that could be handed out, and there are handouts. I know a lot of consumers --
[Inaudible]
They are given by service coordinator and they can help do research?
>> This is for all of them. Just a, the way to ensure they get the information or getting it out to a partner organization so they have it out as well. Like links and things like that.
>> So from PHW we can provide any type of materials from participants. They can receive it and have any information they would need either from if we need printout screen shots from connect to get to them so they can follow through as well.
>> From a consumer perspective, and reaching out and I don't know that they would realize that they need to learn their MCO to get help that way. And making sure that there is a by up front and there are a lot of materials and a lot of ways to refer them to but let them know up front, where the resource for you.
>> Yeah, that totally makes sense. That is why when we have our staff listen for those types of

cues and those probing questions so that because you are right, someone is not always going to think to go to my health plan so we take those opportunities when working with participants or talking to them directly to have those conversations and try to ask probing questions to get to that point and let them know what you are saying up front.
>> Is David Johnson. Thank you for your presentation. And I appreciate the attention brought to the necessity of meal options that are ethically and religiously preferred or required. Essentially naive question. I want it better understand the mechanism that if someone requires food for their religious needs are ethnically appropriate, what does that conversation look like? Is that the home delivered meal providers or service coordinator? What is the mechanism by which those needs are identified and consumers presented by options to satisfy that need?
>> Sorry, Cynthia, did you want to take it?
>> Sorry. Yeah. You may add on.
But from where I sit, the process we realize the service coordinator to give us details because they are dealing with the participants. There is an intake process internally. We do an outreach to the vendor and they in turn have a welcome call, which is an interview with the participant themselves or family member, even, whatever it is appropriate and we make those determinations on preferences, right? Meal type services needed. We have provided already from the MCO we have provide he the medical restrictions so then there is the personal interview. Joe, you might want to add to that.
>> No, you covered it.
>> DAVID JOHNSON: I appreciate that. From my own understanding, the MCO provides dietary needs related to one's medical condition to the provider and the interview can help identify religious needs for preferences, cultural preferences wp correct?
>> That is correct.
>> DAVID JOHNSON: Okay. Thank you very much.
>> You're welcome.
Will.
>> MICHAEL GRIER: Other questions from community members or audience members?
Great, thank you for your presentation. Next up, UPMC.
>> Good morning. Dave gerring, team director of clinical operations for UPMC.
Thank you for having us. We speak about the important issue of food security because it is an impact on persons with disabilityes who live and maintain in the community.
The process really is for individuals in nursing facilities are eligible. And starts really with our service coordination teams.
We do ask questions about access to food as well as any you know kind of issues related to preparing or eating food and then those are service coordinator can work with a group of individuals on our team eligible specialists who can assist in signing up for benefits which we will talk about later in the program. And through the choices program offer a wide array of home delivered meals and that is again, determined through the comprehensive needs assessment and the meals similar to what was talked about in health and wellness and meet an individual's die fairy needs and initiate through the assessment with the service coordinator.
We also, on a regular basis, not just at the time of assessment but in our quarterly or ongoing interaction with participants to ask questions related access to food or food security and an ongoing basis and not a specific point in time of the assessment.
Next slide, please. Because most of our individuals within the community choice program are enrolled in a Medicare product, we do work with our partner Medicare plan to see if individuals

can access support through Medicare advantage or part C. There is a Medicare benefit that there are eligibility guidelines for individuals and not all plans offer that.
But we do want to make that available and educate our participants or eligibility and what is offered through the community choice program.
If it is identified through for any individuals who are Medicaid only, our service coordinators can work with a group of telephonic nurse care managers who can also provide further education on nutrition services and supports that their participants may benefit from within the community.
If meals are not in place, and implement meals we have on occasion if there is a natural disaster or other disruption in food services or service coordinators are authorized to provide temporary increase or access to meals for individuals.
So we can ensure access. One of the other things in addition to the services that are available and to make choices for the program are service coordinators utilize quality community resource guide which allows service coordinators to have a compilation of local resources and be available --
[Inaudible]
And information about food pantries and food banks that individuals may be able to access in their local community to support any nutrition. Within that we partner with have information for over 340 food banks that can assist our participants should they have that need within the program. We also have a wide array of 40 vendors whether can offer home delivered meals and they come in in a wide variety of options. Hot, frozen as well as fresh meals to help participants and we work with participants with providers to determine the appropriate type of meal as well as frequency and amount of support that they may receive.
Next slide, please.
We also have eligibility and also works with our participants at the time submitting their renewal. And to help support individuals as they may be eligible for the supplemental nutrition assistance program. And so we will work with them and hand off outbound call process to also submit that application for an individual they are interested and eligible for the snap benefit program.
If a participant declines to utilize S.N.A.P. but is still interested in some form of nutrition, and we will work with them and prod information for I assistants and for the S.N.A.P. that secretary talked about previously in the meeting.
It is a resource, one that looks like a wide array of information, you know, 211 and other resources that can support individuals in finding nutritional benefits in their local community.
This as an increase over 42% in one-year period. And that accounts for about 78% of our individual services in community and 71% of individuals who are in nursing facility ineligible and also in the program.
And in addition to those individuals who are supporting and in accessing S.N.A.P. benefit and we do have over 10,000 participants that have received total and those choices program.
And one of the other things we're extremely excited about is a pilot we are working with within Philadelphia and to promote better food and better health. And at the partnership to support individuals through individuals with diabetes and hypertension or diabetes and heart failure to provide nutrition food as well as resources such as recipes and counseling to help them know what to do with that fresh produce. And we are supporting about 200 individuals in this program and really focusing on improvement, access to food as well as helping people understand health food contribute to their everyone over all health and bell being within the community.
>> DAVID JOHNSON: Any questions from UPMC? From committee members or audience? I have one. What do you attribute the significant increase in the S.N.A.P. benefits?

>> A couple of different factors. I think that part of the concern is effort by service coordination team. And as well as from our eligibility specialists to really outreach individuals and incorporate it into our own conversations with participants. A lot of individuals we come across often don't necessarily know where to start or what they may be eligible for. By incorporating that in our ongoing conversations, it gets people to talk about it and what that really want to take advantage of those resources. It made it intentional to get out and about. And get information out about it.
>> Thank for sharing that. The results speak for themselves.
Any other questions for David?
>> DAVID JOHNSON: This David Johnson. Thank you for presentation, David. I'm glad to ne there is an acknowledgment of the grocery benefit. And changing Medicare plan, consequences for beneficiary, could you help me better understand what conversations service coordinator have without the available benefit? Put a plug in for PA offering free unbiased Medicare counseling. Is that part of the conversation?
>> We do offer information about where they can find out -- where they can access resources. An independent enrollment broker to get information about what resources they may be eligible for. And service coordinators.
>> DAVID JOHNSON: Thank you. And I put in Mike's comments, I appreciate the service coordinator S.N.A.P. tracker, available data. And question for other two managed care plans, is this data available and could we have that as a follow-up item?
>> Hi, this is Cynthia from PHW, we will take that back. I don't see why not. Okay.
>> DAVID JOHNSON: Appreciate it. Thank you.
>> You're welcome.
>> Go ahead.
>> This is Matt.
[Inaudible]
>> Generally, no.
But if I think that the one instance where it could potentially have an impact is if somebody is receiving home alert and food preparation and if it may not necessarily need to continue to have that food perforation and it could potentially be evaluated for something else within their home, and but access to the better health program or receiving S.N.A.P. benefits wouldn't have the direct impact.
Unless there was correlation between food preparation or no longer getting --
[Inaudible]
P.
>> Matt, I'm going to take this one from the service coordination side. Anna, wellness. All person centers depend on the individual. Let's give you an example. Something like where they have a box of vegetables that come bi-weekly would be in addition to anything they are already receiving. So it wouldn't really impact a person's home care. In some cases it might mean we need additional support in home care because we are targeting a particular condition. So the person's diabetes number is off the charts.
Something you have assistance with that. This isn't going to be the only solution but is a piece of the solution. They need a nutritionist involved. Care manager involved. Something to keep them out of the hospital, out of the nursing home, and having their independent impacted because their diabetes is off the charts.
But again, if individual by individual, and if the person is receiving home delivered meals this is

just in addition.
Not a placement for it.
>> My question would get into what David was going with there. And meal prep thing.
Because I can see how hours would be reduced in that same. I don't know if there is -- I don't have CHC but I know from experience that meal prep isn't just cooking.
[Inaudible]
>> So receiving a home delivered meal isn't viewed as offset for --
[Inaudible]
It would have to be an evaluation of the circumstances surrounding the participant needs and if there is evaluation.
>> I'm just encouraged that --
[Inaudible]
>> AmeriHealth care Caritas.
>> Hi, it's missy, are you able to hear me?
>> Yes, we can.
>> Okay, great. So the to answer the question, the receipt of home delivered meals alone does not have an automatic impact on the amount of personal assistant services that an individual receives. Each individual is assessed for their own unique needs and person centered plan is developed. There are individuals, even though they are getting home delivered meals, may need help to cut that food up or help with feeding for example. So it is not an across the board answer there. It is based on each individual's assessed needs.
>> Thank you very much.
Any other questions for MCOs?
>> Thank you all for your presentations. Go ahead.
>> I apologize.
>> DAVID JOHNSON: This is David Johnson. Follow-up question for AmeriHealth Caritas.
There was lessons learned a few mentioned here in the presentation. I notice it did have an impact on consumers who were anticipating and received from the provider, and don't want to put them on blast specifically but for representatives from AmeriHealth if you are familiar with what I'm presenting, and we hope it expand on the lessons learned. I think it very much does relate it food security as it relates to resiliency.
There are only so many large meal providers.
>> So hi, this is Cynthia. It was PHW that mentioned it. I did. In terms of lessons learned, it told me because now I'm a point person, to pay attention. Just staying closer to that vendor. Such an important service here, right? Crucial. We all need food. It is medicine. Primary medicine. Disease prevention control recovery, just wellness to thrive. So it put the spotlight on the need to move in closer to this vendor. Better understanding and details of how they execute the operation of delivery. Checks and balances there.
Touch points. Monthly touch points with their senior team, not just their primary Pennsylvania based team.
But their senior leadership team. And it told us to come along side. Bring that relationship closer, right? Not be comfortable with the contract executed, right? Just making sure that our level of expectation is met, day-to-day, week it week, month to month. Does that answer your question?
>> Does t does. My apologies, Cynthia. You did mention this during your presentation.
But it does help clarify.

>> That's okay. You're welcome.
>> Other questions, comments for committee members or the audience?
Hearing none, I will move to the next item on our agenda which is additional public comments. I will have everyone know we are exactly right on time.
Go ahead, Shawna.
>> I don't know if it helps to put this on record with the incoming deputy secretary, but I really feel that it is important to resume the state meetings that followed this meeting.
One on nursing home transition and one on home modifications. So I really would like that it go on record that we have many issues that need to be discussed in both of those subject areas. And canceling the meetings has not helped.
[Inaudible]
>> We will make sure it is forwarded, Shawna.
>> Thank you.
>> Jeff from Pennsylvania. And one is an update and it is a general request. Some of you may have seen we finally have adult protective services regulations after 12 years. I think it would be good if the committee got an update on what that will look like for an LTSS participant and any requirement for providers and state budget presentation for May. And DHS hearings will be done so I would think that partner would be able to provide that. Thank you.
>> Thank you, Jeff.
[Inaudible]
Not really a question, but a request. Last meeting we were talking about, we had comments about act 150. And individuals that don't leave act 150, they just stay in it. Can you give data about how many people that could technically qualify? Does that make sense?
>> That individuals that are in fact 150, that turn 60 or whatever the age range is, that they stay in 150. They don't switch over. How many people --
[Inaudible]
>> Okay. We will get to that and go back to you.
Pam?
>> Pam auer. With quality monitoring an MCOs and service coordination, and is there any documentation on the responsiveness between nursing home service coordinators and people living in their homes or between the service coordinators for the MCOs and the social workers. And people that are being told by their nursing home have you 30 days to get out and not really when you tell people on the outside who are trying to help them there is not a lot of responsiveness between the social worker which isn't unusual but we're not hearing back from them either. Just to say, how do we help this individual.
We've only got a couple chances and I think others have had situations like that, too.
But I want to make sure that we are finding ways to monitor that and people with good resource to go to, adult protective services should be helping in those situations and but I guess I would like to know from MCOs, the responsiveness of service coordinators. And it is not that we have today or to next month but what is the responsiveness between MCO coordinators and nursing home residents and social workers?
If that is clear enough for you.
>> Thanks for the question, Pam. You guys take that, Paula, so we can at least take a look at this and get back to Pam. Thank you, Pam.
>> Any other questions from the committee members or audience members?
[Inaudible]

>> Great, thank you.
>> This question is from Janice. Thank you, Mike, for the update of the review process. What were the dates of the reductions OTL review and is there a possibility that OLTL can stop reduction before not meeting OLTL reduction process?
>> Hi, thank you for the question. So we actually had to pull data from two different months. We originally wanted to pull, and I don't want to misquote but it was either September/october or October/november. That is when the data came in. I don't want to misquote but that's the timeframe the date where came in. We are looking at appropriateness of reductions. So what we are looking at is if someone has a reduced service, is it appropriate? And sometimes it is, and sometimes it isn't. At this point based on internal conversations, the decision was continuing to work through the process of analyzing the appropriateness and decisions. At this time the department has not made decisions to stop reductions at this point. And I can't speak to kind of the future of that.
But I can tell you we have ongoing monitoring and looking at if we don't see improvement additional steps in this space.
But at this time we're not doing a suspension or moratorium on reductions.
But I can't say for sure what our next steps will be and but there will be additional steps if they do not improve.
>> Thank you all. This question is from Julie. When participants plan to redaws or change, is the participant given information about joining the pack meeting to have a voice for self advocate?
>> I'm sorry, was that for me? And could it be repeated?
>> Sure.
When a participant's plan is reduced or changed, is the participant given PHW pack meeting to --
[Inaudible]
>> That is not a part of the current process. If a decision is made to reduce, there are proper notifications given and opportunities for appeal rights. I don't -- the current process does not include an invitation for a pack meeting.
But if the other MCOs want to talk about how they do engage participants to join the pack, that's a question by better geared towards the individual MCOs.
>> This question is from Connie Ruf falo. People with disabilities from MCOs that have a role when decided to reduce past power.
>> Could a representative from each MCO respond?
>> Is missy from AmeriHealth Caritas. So our grievance panel consists of a physician, and employee voter and nonemployee voter. And what we don't gather as course of work for our business or make people self disclose is their disability status. So that being said, there could be people with disabilities on the panel making the decision or they there could be. That is not something generally disclosed as part of their employment or work here as nop employee voter.
>> I will read the question again. Are there people within disabilities within the MCOs that have a role when case decided to reduce hours.
I will echo one what missy said. However, in addition to that, we don't currently have that as part of our -- oh, sorry, PA health and wellness.
But I will take that back to our team. We also really encourage folks to utilize their appeals and grievances process. Follow up, work with their service coordinator. Their service coordinator can give them guidance as well as to why a decision might be getting made. And they act as

that support for the individual while they may not be at the hearing they can insure that person has all of the information they need going into that pale to grievances hearing to support their other considerations that might be given in that process.
>> This is -- representations on the committee does include a physician that an employee as well as nonemployee within the company is not currently, the requirement standard practice I should say. For a person with what their disability is on that committee.
It is something we talk about and can look at it as well.
But also echo what was indicated about the service coordinator could help for services. There is reduction of services or point of contact to help complain p that the rationalE behind it and to serve an pale process.
>> I would like to interject the importance of this.
And having somebody with disabilities sit on that committee can tell you the reality of what a reduction in hours really means. They know it from experience from lived experience. And that is why I want to encourage people to take a look. Good question, Pam. Thank you.
Thank you, you guys, for responding, too.
[Inaudible]
>> Nonemployee.
>> Pam?
>> I didn't hear all of the responses.
But was there anything in the responses and answer to who was doing nursing home transition for mountain restoration and was the process for that? Because they are not in CHC as of late. I believe that's the last answer I was given. So who is making referrals and --
[Inaudible]
Who is the one that does the non --
[Inaudible]
>> Follow-up?
>> This is Montreal Fletcher. Yes, that does ring a bell and we will take this back for the next meeting.
>> Thank you.
>> Thank you.
>> Other questions from the committee members? Or audience?
Anything in the chat, Paula?
>> No. We have everything.
>> Go ahead.
>> I would like to --
[Inaudible]
As we are starting down the path of for CHC as they engage, I don't know if you recall last time we got to the contract stage before we actually --
[Inaudible]
And hopefully we will have a follow-up soon.
>> Thank you.
>> We just want to be involved. Other questions, comments?
I will entertain a motion for adjournment.
That works. Thanks, everyone. See you next -- our next meeting is May 12. May 12. Thank you.