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**Date: 11/4/2020**

**Event: Managed Long-Term Services and Supports Meeting**

SPEAKER: I wanted to get everyone an update on how these have been. The completed assignments are well over 12,000. They are 75% complete. They are helping assisted living residence respond to COVID and rapid response the risk can be on-site. Anything that that facility needs to see their staff and support them. We are messaging with our state the importance of the program and anything that stake holders can do to support the program would be greatly appreciated. We don't usually have something that we can slide in to replace the risk program when it ends. So obviously we are planning but we are concerned. This program has done a huge amount of work so support would be greatly appreciated. The ODP we have issued dated guidance that suggest if the community reaches a certain threshold for community spread in that county that the adult living facilities should close in that area and it is guidance, but for the health and safety of population in that setting. We are recommending that close. We are recommending that pro-life sinners if they have had a positive case in the guidance takes them through different scenarios. If a staff member or participant has a positive Covid test and the guidance really outlines how they can safely reopen after a positive case. That's just an FYI of additional guidance. Next slide. We have obviously been talking a lot our updated numbers on the transition plan and the office of long-term living is regularly evaluating and just of this group knows we are working on extending on until March. We know that the Covid 19 emergency is not ending in December 2020. Our renewed plan will do so as well and other stakeholder meetings. We are updating this group and providing updated numbers to this group on our appendix transition plan. We give them the ability to do so in the transition plan. The next slide is an update on the reopening activities and where all three plans are in terms of completing assessment. You can see that the work that each plan is doing to assess and reassess their participants and you can also in person or telephonically. If the person does not want an in person assessment conducted telephonically is an option. Many participants do not want additional individuals coming into their home due to safety issues. I will also point out that today's numbers are cumulative and we just updated them with October 24 data, and we continue to update this data and show it to the community and our stakeholders. This one may be a little different than we showed last month. We are showing numbers and telephonic assessment in the number of in person. Assessment rebuilding or denial and reduction thing. Recently we showed these as a percentage, but this gives you an idea of the actual number of assessments that resulted from denial and/or reduction. Just some slight reporting issues. We know that some of these numbers may be duplicated, and there may be an assessment that resulted in a denial and/or reduction. These are not necessarily a headcount and we are further working on these numbers to work for a better – next slide - we have reported the number of denials resulting in a grievance. We have continued to talk to our stake holders about their work in this area and any issues that they run into to keep on top of it and make sure we know what's

going on in the office of long-term living knows the action. With that I can turn it over to any questions the group may have.

>> SPEAKER: can you help us at the beginning of the emergency we understood nationally. The public health emergency is the grievance or can you explain to us [inaudible]

>> SPEAKER: I only heard about every other word because the audio was cutting out, but were we not allowing any reductions during the first part of the public emergency, but with the emergency transition plan. We are now allowing to assess and reassess participants and make changes to the service plans so I think your question focuses on reduction

>> SPEAKER: so it comes down to - [inaudible] is going on with the hard 10 day grievance process?

>> SPEAKER: you're really interested in the grievance process and if what is happening with the 10 day timeline?

>> SPEAKER: Yes.

>> SPEAKER: we continue to monitor that and the plans have not reported any mail delays that we've heard anecdotally that there have been some, but I know two of the plan are being flexible when I've had a mailing issue on that 10 day timeframe. We are also working on an operations memo requesting that they provide 15 days with flexibility due to the public's health crisis or delays that may be occurring during that time.

>> SPEAKER: so we are extending flexibility not only to CO's [inaudible] . I'll close with most of the presentation is covered what's being done to assist people in facilities. Is there going to be perhaps extension or true measurable attempt to minimize the spread of Covid going forward?

>> SPEAKER: I think you're asking about any overall plan to reduce the Covid plan going forward?

>> SPEAKER: So far 10 months in all the mitigation that's been done and it's not lower the percentage or spread is there talk of true relocation and diversion[iaudible]

>> SPEAKER: we are looking at that data to and working really hard to protect people in the facilities. If you look at the Covid cases. In the spring and then look at the Covid cases, now including deaths. I think facilities and due to the information that they have been receiving from many places like repeat programs and federal support. I know the Department of Health has provided an abundance support and even one death is one too many, but they have drop in facilities have taken the steps that they need if they have a Covid outbreak. They have resources they can rely on to do proper reduction control and cohort. Accordingly. They have national guards that can come in and divide additional support and help with testing and if they are down staff. They have additional staffing that can be brought in. We help facilities decompress and help facilities in order for them to protect and safety of those living there. There are a lot of things we have learned from the spring but that's not to say we don't have a lot left to learn. I think we can all agree that we do and it continues to evolve and there's a lot of work that is being done to further protect resident because like I said before even one death is one too many.

>> I think Matt has a question.

>> You are showing self muted.

>> I just wanted to know if you could clarify the role of repeat nursing home transition providers including consumers who have contracted Covid while in those homes

>> SPEAKER: nursing facility transition program is a requirement that each gives the nursing facility. Participant the option to leave the facility nursing home transition continues to operate during the Covid 19 public health emergency and the program is really a program that comes in to support that facility before a Covid outbreak or possibly during a Covid outbreak

>> SPEAKER: I'm sorry -- I'm getting some feedback.

>> SPEAKER: one of the things we can do is to decompress facility or cohort. The facility, if asked in different types of facilities and during the Covid 19 outbreak. They have had people want to leave that facility and go to another facility that they can cohort appropriately so. Matt at this point in time there has not been repeat they are operating on their own track and I think what you're asking is what does it play during the Covid 19 outbreak and we haven't done research and everyone is working really hard to test the residents and if we need to cohort appropriately and make sure each facility needs to be decompress that they are moving population safely and quickly. In some cases

>> [inaudible] . I am happy people are working really hard but people are dying in nursing homes. So my question is are they working together at all or is there any coordination [inaudible]

>> SPEAKER: the nursing home program. If a person wants to leave, they can still leave during the nursing home transition program. There is no barrier due to the Covid 19 now where it gets a bit dicier is if there is an outbreak in a nursing facility and what's going on in that facility or like is that person positive it's probably not a good idea to be moving, cursing or transitioning person out into the community, that peace may be a bit dicey only if they can transition.

>> Can you rephrase that, because I'm not following your logic

>> If there is an outbreak in the facility and multiple parties are on site assisting that facility and that person and there is an outbreak and people are Covid positive at that point in time the nursing home transition program is probably not involved in that out right situation in order to move people into the community to cohort we've been talking about that and looking at that model with a bunch of individuals that are representing them, but we have not gotten plan in order to be able to do that and we had not worked through those issues to allow Covid positive individuals to move out into the community. They need ongoing testing and that clinical setting

>> Okay. I don't follow how their safer in a nursing home than they are in the community and the core problem here. Pretend there is no outbreak if it takes 30 days to do this in 30 days to do that they need to get out now. If they are in danger.

>> We have work and talked to the people and people can move through the nursing home transition program and I want to say more quickly than normal and we've been happy to work with with our CH MCO's in order to speed up eligibility on a couple of front so using our current nursing home transition process. We think people can move more quickly during this period of time

>> I wish one of the skills was to show you how challenging that really is

>> The barriers, obviously, is the housing barrier because people don't have natural places to go because they've been in the nursing facility for a period of time and the other barrier is often the eligibility to transfer or transition into the community and that's where we've talk to them about speed up eligibility process and we talk to them about how that can happen quicker than how it would normally happen. The other one that takes a bit of time it's crafting the individual

person for community-based services fill our MCO's are all aware who want to end can move safe from a nursing facility into a home and community-based setting. They can work with those transition coordinators to put a plan in place to move that person safely

>> Hi, Jamie. Thank you to that presentation and having your true numbers is really important. Can I just ask a follow-up question from last time. Has there been any movement on the appendix case for allowing home and community-based services like hotels or dormitories?

>> Hi, Mike. That is one of the changes we are considering for the amendment that we would be preparing.

>> Thank you.

>> Are you still there?

>> I am still here.

>> If no other committee members have questions. I have a few from the participant.

>> I do have one. We have a constituent on how people handle certain things during Covid 19. In a nutshell it says I made the request to continue with my husband as my direct care worker after my service coordinator and I am sincerely grateful. I'm also appreciative that I can acquire a PTE and requesting it from my service coordinator being add to my service plan, but I believe my LTL sponsors should apply to all consumers and direct care workers across the board without the need for an individual request. We should have the right to West and received PPE's like hospitals provide for their employees. Determining if spouses are power of attorney's and direct representatives who are able to be direct care workers can continue to be paid on a case-by-case basis, particularly when Gov. Wolf made this decision back in mid-March through June 30 and oh LTL neglected to let us know. Many were not even aware in this lack of communication is unfair to all consumers of their rights equally. It's only not right to pay hazard workers, thereby jeopardizing the well-being and safety. The constituent has concerns about this treatment and this proportion allocation by the governor they're being treated like second-class citizens. This doesn't manifest a lack of gratitude. The concern for the healthcare for all involved.

>> I'm not sure if they're looking for a response or not, but I will say through act, 24 and the cares act fund that went out to providers. There were \$28 billion that were allocated for direct care workers and their participant directed model and those funds actually went out and I'm trying to remember when people receive them, but I think it was September that the direct care workers in the participants actually got what they called their hero pay and based upon the number and we look at hours work from the middle of March to the end of August they were getting a hero pay for an extra check because we know that showing up during that period of time was so were to the individuals that they serve

>> The next question is from Amy and the numbers show DSS from a .7% of the time, and 22% of the time from pH. W and 4.5% of the time for UNC. Do you have any concerns about those percentages?

>> I think this actually came up on our call yesterday and we talked about some stakeholders about it and I think we are really looking at these numbers because just looking at the numbers and knowing that they could be duplicated in some way doesn't give us a true percentage that you quickly calculated and we continued to talk to the CCO's about him at this point we do not have concerns at the office of long-term living, but we are going to closely monitor this issue

>> Next question is from Janice and were hearing from a client is oh LTL looking at this more

closely or is oh LTL questioning CEOs about how they are explaining reduction between 70 and 80% when they have no improvement in the conditions order circumstances

>> I think we talked about yesterday is well that what they're doing and what we stress to the CAC NCOs is they are assessing and reassessing the participants and they are making changes to the service plan according to those assessments and reassessments and there's no requirement, and there should be no requirement that plans reduced services at this point in time. These are assessments and reassess us. Looking at the person's need and making changes to the service plan accordingly and going to that person entered service plan.

>> The next question is from Lester Bennett why not try to get those out of nursing homes before they get Covid cases

>> Obviously that is a suggestion and that is part of something that the group friendly centers from independent living are working on in our nursing home transition program. If a participant can move and has ability to transition out of the nursing home transition program should be involved to safely move that person does have Covid 19 cases that facility must cohort patients. Accordingly in moving positive and negative cases and isolate them to ensure and to hope that there is not additional cases in that nursing facility

>> If you could go to slide number nine have a couple of follow-up questions. Is this information for all assessments conducted were only for clients who are receiving services under CAC prior to the public health declaration and the second question is what is the percentage of service reduction for denial occurring in region three is the result and can this be broken down by regions?

>> Thank you for that question, I think this data is presenting on all assessment or reassessment, and I don't believe it's isolated to those who are participating in the program prior to the public health emergency. The second question is that we can take that back to see if we can break these numbers further down for those who are being assessed or reassessed in the third region and I'm not sure that we've asked them to reported in that detail so we can take that back.

>> Okay. Thank you. Then the next question is from Cheryl and I understand OTO is considering relocation to hotels and when will this move forward because this is an urgent issue that is time sensitive.

>> We continue to work with the centers for independent living upon their proposal and we are aware that they sent a letter to the Sec. on this issue. So we are working and looking at the postal but I don't have a definite timeframe on this.

>> Okay. The next question is from Rebecca Sheppard. Almost all received hero grant, and everyone was up in arms because it was received so widely

>> A couple of points about that issue. First, the Department of community and economic element hasn't had a hazard a grant that agencies could apply for. If they were interested for providing hazard pay to their workers. There were were requirement so some agencies were able to take advantage of that hazard pay grant and pay their workers hazard pay, but not all agencies were able to apply but agencies that were able to provide services did receive funding through Act24 , and I believe it was 112 million dollars. But one of the uses couldn't have in providing hazard pay for hero pay and we heard that some agencies did provide additional pay to their workers. However, not all did and it was a requirement that they did so, but they had to

require that they use the funding for Covid 19 issues and we've issued a lot of guidance on how agencies had to spend their findings on Covid 19 expenses.

>> Lester Bennett has another question relating to the slide showing the differences in large numbers of reduction on grievances on slide number 10 -- [inaudible]

>> Was there a question?

>> He was asking if you had concerns because of the large difference in the UPMC with the lower rate.

>> In response that I would say that AmeriHealth has doubled the assessments in Pennsylvania, has conducted a number of assessments beyond what you and the PC has slower and in conversations that I've had with the plans they really did a lot of the reassessment work as they go so they may have less of a need to assess or reassess than the other two time plans.

>> Question is from Jesse. We have concerns with meal access somewhere able to continue providing meals throughout over but there is much concern that the culturally appropriate if individuals are not eating well and patients are not given any choice. Is there a possibility that adult based sinners continue providing meals until it safe to reopen?

>> Thank you. That is one of the issues we are looking at the renewal of pending case services like the meals if they can be provided if the center is closed so that may be one of the changes that were looking for is one of our appendix K and the question and the comment reflected one of the reasons we are looking at that issue

>> The next question is from Carl Berry. Meanwhile the past providers who did receive grants who are also eligible to receive act 24 retainer payments are there going to be anymore grants for others who did not receive that

>> I am not positive for the plans for DCDE. I know the plan for the use of the remainder of the cares act funding that offering additional work for frontline workers was first and foremost on his list so that may be the plan going forward to offer another round of funding to frontline workers, but obviously we are not positive what's going to happen with that everything is in flux. The budget negotiations

>> I have two more questions and I know we are a little more behind on the agenda you want me to hold those or answer them now?

>> I will leave that up to the committee. I can be available until 12.

>> Can we move on?

> Thank you Jamie. Next up we have Sheila for doing a presentation on Money follows the person.

>> Hello, everyone. Can everyone see my screen? great. I decided to do this presentation because I knew a lot of people are getting or aren't realizing there are a lot of announcement put out about CMS about funding opportunity. I thought it would be a good idea to date everyone on where we are for some of the this may sound repetitive but for some of you who don't have a lot of information in general. It's more like a rebalancing and I will explain that in a moment. It does help individuals and institutionalize settings. People with payroll issues transition back into the community and it's called a rebalancing because money basically follows the person and it encourages states to use funding options to improve funding for those receiving services in the community and I said before, transitional grants, the money does not directly go to agencies or individuals. The states must pay for their activities upfront and then

they are reimbursed. I'm trying to get over a cold so excuse me. What entity it was to incentivize states to transition individuals from long-term centers into the community and by doing that they allow for different funding options. But what's particularly important is to realize that Pennsylvania already had a transition program in place before Money follows the person you started participating MFP in 2008 so I want to discuss the transition under MFP. So to be considered. One must have to be more reserved in a long-term care facility in 90 days and transition into the community by a qualified waiver so MF the is a small subset of the total individuals who transition into the community, whereas other states where MFP is the only transition program that they have each state runs the program differently and some of the data that I have here, there were over 9000 individuals who transitioned in the community with old and a few people from their book 4000 individuals have been transitioned from 2008 two 2020. We want the transitioning individuals underinvest after June 2021 and ask actually when MFP is supposedly to end. When we transition individuals and CMS provide an enhanced match for that individual for one year in the community so that enhanced match is kind of like a savings to the state and they have a rebalancing fund and that's when savings come back into services. I will explain a little bit more of that in a moment. This is kinda gives us an idea that they are doing pretty well and you can see the percentage of individuals who are receiving facilities versus seat deceiving them in a community. We go back to some of the funding in MF. The there are administrative activity in all projects and activities have to meet certain criteria and they have to reflect very specific NSP goals. They have to be sustainable and one of the first questions that comes to mind. Will we continue this activity, or will there be other seeing that it has to be completed within the MFP timeframe. The project has to ensure that their staff and resources available. There are a lot of great ideas that come from the ground up, so to speak, and we rely on the program offices to bring us these ideas and see if any of our proposals are created and they are vetted through me and my supervisors and there is a lot of feedback. They go to prevent or get approval for and then they asked her questions and if it's a go, and we added it to our MFP budget. I feel like we get a lot of great ideas but sometimes there's not enough staff or the resources. The next slide is to discuss demonstration resources. This is to pay for services that can be covered under Medicaid, but that does not included in waivers are the state plans when an individual meets the MF criteria they are coded and MFP and they have 365 days in the community and this is very specific to individuals who are coded as MFP. So if we would do any other type of services for these individuals, you would really be singling them out. These are services that are not covered by Medicaid in the state would have to pay their share and I think this matches 67% but it doesn't have to be a new activity administrative services. This is a 100 reimbursement which is great but again the state has to pay for these activities. Project will initiatives the activities should relate and I know that sounds very broad but basically system transformation projects are in one time dignities like IT enhancement one conference or training. We also use it for the personnel whether there state or contractual it cannot be used for direct care services for consumers. I know we had some questions on. Could it be used for room and word for temporary housing and that's not allowable by CMS, so there are certain caveats. Some examples and you can briefly review the year and if you like I can answer any questions you like about a specific project and unite say how are you helping that one person really transition and again it more of a comprehensive group that transition in

general and it can affect a larger portion of the people that we want ensure that there not going back into the facility where State Sen. and also to make sure they are receiving the services that they need is kind of like a roommate matching project and slowly trying to expand into other counties. I think it started in Wayne and Pike. Say for example someone has a house but they can't drive to their appointment or take care of their housework and someone else can, but they're looking for a house. There are some background check to see if there personalities for two it's really interesting program. Another also offered technical assistance for agencies rate so that was pretty successful as well. In the next slide. We like to more IT enhanced and data enhancement to look closely on why people are returning to long-term care facilities were issues with providers were services and see how they can be improved. I know they seem like very broad projects, but we look for projects that will be sustainable and once MFP ends that state can continue with some of these activities. MFP was supposed to end in 2019. And there have been quite a few short-term extensions and Congress has yet to authorize MFP in full. Excuse me. The state is not 176 million is not to each state it is across the board. We have to provide justification on why we need the funding and where it's going to go. It's a very detailed budget and proposal, but it also allowed the state to carry over some of the budget authority that were not used from the following year. Some of the projects we were supposed to start in 2020 were delayed so we are allowed to carry that budget authority over to next year to start the project at a later date. The cares act increased funding again and extended the MF P date to November 2021, we can still claim individuals who meet the criteria and get that enhanced match but it's not that we automatic carryover. The funds we have, provide justification every year and it's a fairly long process. The recent announcement about additional funding, we take that into consideration for our 2021 budget so we already know the amount of funding that we have and some of the projects we are considering. But the last funding was an extra five alien to the state and that helped , the budget is normally due in November and it allowed us to keep submitting proposals until June 2021 and it's almost like a separate funding opportunity for award from MF. The but it has to relate to MFP but also allows some to carry over to 2026. Dates will change as well. Here is all of my contact information. I know this is a lot of information and I can open it up to any questions.

>> Has the reporting end changed over the last decade?

>> There is more scrutiny and we have proposals and we are trying to get there. Programmatic approval where they review it, but once their proposal goes to the office of grants management. They really go into a lot more detail.

>> As a state we have a program that started 10 years ago. One question in being able to relocate individuals this month. CMS had a rebalancing toolkit. Are you guys using this?

>> Are you referring to the additional \$5 million?

>> No. Monday they put out a rebalancing toolkit for the state. Are you looking into that? Do you need me to forward that to you? Jamie, are you familiar with that or should I email that to you as well?

>> I think in 2016 states had to have a sustainability plan for 2020 and at that ask for a certain amount of funding to cover for years, which was quite a task for the state to do and some of the funding that we were not necessarily very new projects they were continuing because authorization of MF P or short-term extension were so unpredictable. States really had to think

about projects that they knew they could do over the long-term, with the possibility they may not have any opportunity to ask for additional funding and for our for your budget. We had a certain amount that this is the amount that we are allowed to spend and we could not go over that amount and also some of our funding options were contingent on how many individuals we transitioned so it's a two-pronged approach.

>> Thank you for the presentation. Money follows the person could that be used for activities like relocation

>> It could not be used for any room or board. That was not allowable.

>> What about any training activities that are moving or not eligible.

>> Yes training for families, those with activities that would be eligible.

>> Thank you.

>> Are there any questions?

>> I have one question. Can MFP funding follow someone into the light program.

>> I'm not sure what you mean. Follow but when you transition into the life program. Again, it's really important to note that the proposals they come from. The program accesses and they get their ideas and are crafted from MFP criteria. It's good to think in terms of training and if you do have any ideas. I encourage you to talk to OFTL. All of our activities are being reviewed and there are still more proposals being done until June.

>> That is all that I have.

>> Thank you, Sheila for coming and providing us with that information.

>> You're welcome. And this is my contact information if you need any follow-up questions.

>> Next up we have a presentation from Tamara Carter.

>> Barb, I don't see -- Daphne you are submuted.

>> Good morning everyone. We recently just received batch of questions that we submitted on October and what we need to do next is work to the questions that DMS has for us work through the issues from CMF and then we would be ready to share more information from stake holders from final decisions on the waiver, amendment, so maybe within the next month or so we would be ready to do that.

>> The next question is from Jessica and it's related to the IB RFA for the application and enrollment. It announces a fall 2022. Start date or would they consider moving that start date to the fall of 2021

>> Thank you for that question. My understanding is, if we look at the timeframe to onboard due vendor. That's our earliest timeframe that we want to onboard a new vendor in one of the reasons as we were trying to align this procurement. The new case management, and we were trying as best we can to align it with that enterprise. If we can, and if it is possible at all.

>> Daphne are you there?

>> No, okay. Barb I have a few question specifically for the MCO's. The first question that I have is from Ford Allison and is your service coordinators have faced a lot of challenges and how are you all doing at keeping up the timeliness service plans and authorizations, or is there anything our providers can do to assist and on the AmeriHealth side. I can unmute you, when I find you.

>> Can you hear me? Hi, everyone. If I understand the question correctly. It's what can providers do to help with reentry process.

>> And generally asking about the timeliness and if there's anything they can do to help.

>> Thank you for that we are seeing some trends with participants, not scheduling or delaying the schedule of their assessment visit, so we would be reaching out to providers to encourage participants to schedule the face-to-face visit and to ensure the right services are working for the participant we like to consider it a team approach and we want to leverage that to get in touch with participants and encourage them so we can ensure them the right care is being followed. Moving forward.

>> Anna for PHW?

>> Anna you are self muted --

>> Double muted. Sorry about that. Good morning everyone, as we have been getting through assessment we had several months of delay in order to do the job that we have hired to do so. The patience and understanding of providers and participants as we get to this process is really appreciated. I think at this point, PhD looks good and we have a lot of work that our service corners have done.

>> How about Mike Smith with UMC.

>> Hello. I think the point that both of my colleagues made. We as providers just want to emphasize how participant help us and we may have difficulty reaching them but emphasizing with them the assessment be completed so we can continue to authorize services and make changes necessary. So, just being and partner with that is a moving forward. So I just echo what they say.

>> The next questions is from Renae. How are the NF providers -- [inaudible] I'm hearing an echo -- ensuring that agile data to reflect LTC approval for recipients. ICAO advised that the Social Security Administration would not actively update to reflectively -- Anna?

>> I am not sure if you can answer this or if it needs follow up.

>> I think this would need follow up and I need someone from that team to answer that question.

>> Mike?

>> We don't manage eligibility so this is more of a DHS question that we want them to weigh in on.

>> Jenn I assume you have that same answer.

>> Yes

>> Another question. Can you verify from the portal that ACF see verify in our understanding is our member will need a prior authorization-- Mike?

>> I'm not sure

>> I can jump in. We do have a and they can get in and verify members eligibility. If there is ever something that looks different then they would want to contact us at our CAC providers email for our nursing facility information. Depending on what type of eligibility they are looking at, but we would deem the 834. The eligibility file and it would be identified on our provider portal for our provider phone line.

>> Thank you, Andrea. Chris do you want to answer this for AmeriHealth?

>> There are a couple of ways similar through our secure portal and once you register, you can view the individuals enrollment with us, but also through the state system utilizing the system for checking eligibility. It gives us an indication if you need assistance with our system. Please reach out to our county executive and they will be able to provide training and.

>> Anna?

>> Our response would be the same as if they have problems they could call.

>> I had an FYI -- it looks like Daphne and Tammy are both on now.

>> This is Tamara -- neither Daphne or I were able to unmute ourselves. I was asked to give a brief overview of the MAT. Instead of doing the transportation that was listed on the agenda and I cannot see but I am assuming the slide deck is up at the moment. If so, can we advanced the slide two. Thank you. DHS is required to ensure these services and although MAT is governed by these state policies. Counties do have some leeway in creating and implementing - slide 3, please. The county agency has tried to honor all requests for transportation. We do realize it could be a barrier over the last six month -- people really do rely on the transportation. Slide four -- these are who are transportation providers are Cotter County administers a program in Jefferson County. On the other hand has their community action administer the MAT program and then they subcontract through a transportation provider and we have our only transportation broker which is logistic care and that's the only county that has a broker as far as transit agencies just example, rapid transit administers a program and 11 counties so those makeup transportation providers. just to keep in mind the MAT agent. These are required to provide this transportation at all times. There are transit vehicles are wheelchair accessible and have ramps or lifts. They can be small buses or vans or taxis and consumers to have access to a vehicle may be reimbursed for fuel parking and toll. We have one county that utilizes the volunteer program and that's Crawford County. It is our desire that more counties would give the volunteers try but I guess it's hard when you can get people to volunteer. Slide six, please. One thing I did want to note is it important to remember that it is a shared ride program and individual ride cannot be guaranteed. This just shows the steps involved to register for the program. The application is then completed and there's a need to assess and the needs assessment is a very important part of the process because this is where the consumer. Let's the company know if there's any accommodations or if the consumer needs door to door service. This is where they would indicate that. Just because a consumer is determined of what mode of transportation would be offered. That doesn't mean the mode can't be changed later on they probably just would need to provide Dr. mentation on why they are requesting that change in mode. Slide seven, please. Slide seven just shows examples of types of services available. There is a complete list of services on our website. Urgent care as it notes here. It does not refer to an urgent care center. Urgent care trips are trips that let's say they call the doctor's office. They explain their symptoms and the doctor says I need you to come to the office right away. So the consumer would then call the agency and the agency is required to at least set up a trip within three hours. So in urgent care trip is anything that would require something not address within 24 hours it would come in emergency said that is considered an urgent care trip. Urgent care centers are not covered at this time because they are not appointment based. Maybe in the future we can work something out that the moment they are not covered. Slide eight, please. These are examples of noncovered services. There is a list of this on our website. Any trip that requires travel a great distance or travel by air or requires lodging that we consider will refer to the County assistance office. Slide nine, please. As I mentioned earlier, the MAT PA agencies are required to transfer them to and from medical and these appointment are expected to be within the consumers community, but certainly there are times where travel out of county is necessary

for the most part, all of our MAT P agencies do travel outside of the county and they do try and accommodate the last and some may read these types of requests. In addition to going out of town. The agency may also request mass transit or they may try and re-coordinate to get the consumer where they need to go. Also on this page. We talk about allowing one escort and not the self-explanatory. If a consumer has a physical or mental or developmental challenge, and as may be needed. And we do allow for oneness or the first lit on slide 10 talks about the attendant and that's different from the escort you attended the MAT P agency provides and we mostly use attendant in the case a children's program just for the safety of everyone on board attendant is not or leave the vehicle and the second bullet talks about a waiver or they may ask that a certain argument may be waived and we do honor that quest in the third bullet talks about when agencies may deny or terminate a request for transportation agencies really try hard not to deny any West and an example of the denial may be if the consumer was transportation and its than only not all of our agencies have a van available in their suite, nor do they contract with the taxi company seven case. They cannot accommodate that consumer. Another example of the termination. Consumer ready to be cumulative or referred to mastering the and that would give them the right to appeal that decision. The work group or the work of the workgroup. As a result of the RSA 2018 of 2019, which was canceled as a result, it was to issue a statewide brokerage model and that was canceled so they explored ways to them through the program so that is what the workgroup is been doing things. January they have been meeting every week to discuss in research ways to move and we are at a point in our research and discussion where we are holding listening sessions the week of November 16 through the 20th over is days there will be three sections for consumers to Federation pleasing elegies by and to sessions for transportation workers and agencies. There also be a session and is. Those of you on the all are well and lacking with further information to you after the call. I look forward to getting feedback from you. Slide 13, lease. As far as Covidien is concerned. DHS issued guidance and that guidance is still in effect in the agency continued to screen the consumer to call in and was transportation. They screen them by asking a series of questions to determine whether they can in fact use it. The agencies and drivers are still practicing social distancing on the vehicle as much as possible. We did see a decrease in April, but it appears to be increasing again as medical providers resume in person visits. That is all I have and I apologize if I spoke very quickly, but I thought we took up enough of everyone's time. Due to the technical difficulties.

Does anyone have any questions?

>> This is Juanita Gray. I have one question and I see they had different individuals able to give input does the consumer have the option to give input on services they are receiving as well?

>> In regards to the workgroup?

>> In regards to the ride services.

>> When you apply for and are receiving rides from MAPT when you go to the needs assessment at that point, you are a very important part of that process and they look at what your needs are and they look to see whether you live within easy access of a bus system or a train system and they look at whether you have a car at your house or you don't and they look at if you need a wheelchair van and if you need someone to help you in and out of the van.

>> I guess I am asking about the workgroup or any of the participants going to be a part of that decision-making?

>> It is designed to allow tumors and advocate and stakeholders to give feedback of the work of the workgroup. What will happen is we will present our suggestions that were developed at the workgroup in any concerns or any suggestions at that point you would be assigned to voice your opinion and there will be several different ways to do that and there will be chances free to talk at the listening session and you can provide us with written information either by email or by mail.

>> Is your name Juanita?

>> Yes.

>> If you send your contact information to Barb or Linda that is hosting this call. I can be sure that you get an invitation to the listening system.

>> That would be great. Thank you so much.

>> I see there is a question about getting a better understanding of how they process payment. And it depends on the structure of the county's in the same provider is the share ride provider and the organization will basically build a senior share ride for 85% of the ride in the other 15% will come from MATP. They work together. So if somebody 65 and eligible for senior share ride but also has MATP then senior share ride provides the trip, and 15%. That would be the participants co-pay is billed to the MATP agency and they pay the program directly, but that's how it is generally done and I hope that I answered your question.

>> I have a few questions that came in from the audience. If they are told they are not able is that considered a denial.

>> Depends on the reason for the denial. If they registered for MATP and were eligible for MA and then they were no longer eligible for MAT P then they would be issued a denial or if it's something like if someone needed to be a trend in a wheelchair because they had a hip replacement surgery and they recovered enough that they can be mobile enough to use mass transit. They may be switched to a different level of service which would be mass transit benefits outside of this note of MAT services like exceptional transportation or something that required overnight transportation. They should issuing a written notice explaining why and then they should be referred to the CAO for funding through the CAO.

>> Thank you. The next one is a suggestion as part of the follow-up. If you could send out the dates for the listening session and the next question is from Sherry Partridge Tatian providers wired to report Pacific data of all of the different - inaudible

>> M ATP is required to report trip data and that would be mode like mileage reimbursement, and those are worded to us monthly but physically we collect that data. So I'm not sure about the ADA programs and I don't know what documentation is wired for the CHC so I don't know what data they provide. Because we don't receive that and maybe that's a good transition

>> Let's start with AmeriHealth --

>> Chris?

>> Hey guys. Is there a way I could show you a copy of my presentation. For our MCO we cover the whole state of Pennsylvania with no geographic restrictions in anything will be approved and we operate 365 days a year, seven days a week 24 hours a day. Everyone filed a decrease when Covid hit. The first full month of Covid we went down to under 20,000 trips. We had 160,000 in January and now that number has continued to increase slightly consistent with the power presentation that you heard but we are nowhere near the level that we were before free

Covid. We transported 884,000 and I spoke about April and we decreased 90% and that was a significant impact Covid had on our transportation. But the good thing is we continue to provide very high quality and last year we were at 99.7 percent complaint free and we do a great job for our members and we have very few planks that come in with 848,000 trip and we are contracted with our MCO's and the vast majority of our trips are nonmedical and 96% of our trips are not medical while 4% of our trips are medical. Dialysis makes up 55% of our medical transport. We do for our MCO's and in the interest of time, that is my condensed version of our transportation statistics. Are there any questions or comments?thank you guys for inviting us to be here in my name is Brian and my contact information. I will get that out. Thank you and have a great day.

>> I will check in -- Ann is there anything you want to add in?

>> I need Joe to do an obligatory hello.

>> Hello. I think Brian did a wonderful job.

>> On the UMC side I am not sure who was to speak --

>> Can you unmute Robin --

>> My name is Robin Lynch and I am the chief officer and for MCM -- inaudible-- we are looking at probably the same. What happened in January we were around 9500 to 10,000 so Covid is certainly there, we do see growth in transportation as providers continue -- inaudible -- that's about it. If you have any questions....

>> I do have one additional question for MATP what is the application differ from county to county?

>> If you are in the process of applying when you submit your application, we can verify your eligibility through the CAO and what happens is at that point we start you on a 30 day courtesy ride and that's to allow you to get the rest of the application process done and that is our standard in the application process varies from county to county because our county does have the ability to manage their programs different from county to county. Given different needs in each county. If you apply, and for some reason you are found not to be eligible isn't an eligible code for them. ATP that is checked during the application process by the County. So if you have an ineligible code, you should be offered a 30 day courtesy ride. While your application is being processed and I think that while you make the application I would make sure they know I have rights coming up in the next few weeks and I would like to schedule them if I have eligibility.

>> Okay. I do not have any other questions.

>> Thank you ladies for your presentation and Brian. At this point in time we will open it up for our Q&A. Does anyone on the committee have any questions for the MCO? Any in the chat?

>> I did not have any.

>> Barb, MTM with the technical difficulties. Can we get that presentation email to the committee? Just e-mail it because I would just like to see it.

>> I will be glad to send it to you guys just let me know who to send it to and I will do that right now.

>> I believe OLTL does have it and I can send it out.

>> Thank you. That would be great.

>> All right.

>> Janice minor can the MCO can explain the dramatic reduction in hours or clients were not

part of the planning process agreed to -- I think Anna you would be helpful with this.

>> He checks the person centered plan and assessments are developed with an individual and what we have seen in some cases services might have been requested prior to and they are assessed and determined the individuals plan if it needs to be changed. We believe that the assessments are all developed appropriately and there is that conversation with the participant and if the participant disagrees with those assessment timings dust with the complaints and grievances processes for so an additional discovery can be provided to look into what might've changed. It is a case-by-case basis and that's probably the best answer that I can give. There was a significant change. It might be the person had a significant change in their life at that time when the service was issued and discussed with the service coordinator.

>> Mike?

>> Can you repeat the question.

>> Can the NCOs explain the dramatic reduction in some participant has hours are reductions our clients received that were not part of any person centered planning process. They agreed to.

>> I think I wanted to hone in on the reduction that they agreed to part that should not be happening. So if you have specific instances of that we certainly would be open to discussing with the service coordinator in our staff and that's the process were supposed to have an in cases what may be happening is there is scheduling that goes back and forth and at times were having difficulty having service establishing the follow-up date is overseeing changes like that that may give the appearance that there is some sort of change in the new. And that's not the one that they agreed to, if there really concerned about Covid, then we will do it telephonically or we can do it face-to-face, but we should not be hearing stories that planning is happening out side of the proper channels. Thanks.

>> Jenn, anything to add from the AmeriHealth side?

>> We agreed with what Anna already said. We want to maximize independence opportunities. Thank you.

>> if you have examples. You may want to share them with the MCO's. That's everything I have, Barb.

>> I have a question about nursing homes -- I understand there is a five day -- in audible -- now I'm hearing. There are 10 days or more. Is there an effort for that rapid response

>> Mike?

>> You are breaking up. So I don't think I captured everything. Let me just try and restate back to you. I think generally speaking you're asking if we have a way to expedite services in a shorter timeframe when there is a nursing home transition. Is that correct

>> Yes, I believe there is a five day that is needed for paperwork. In some cases it's taking 10 days or more, but now there is a life of urgency and we understand half. We are trying to expedite?

>> I would have to go back to my team and talk more about this because I'm not sure if there is eligibility issues associated with timing for transition from one code to another, and there may be also driving this in my general answer would be that we would try to expedite the services as quickly as possible, but I don't have a certain answer. I don't have that all the top of my head. I'm sorry.

>> This is Jen. I want to be clear, we don't determine eligibility, but we side with our agency

partners and we want to see people's eligibility. Click as quickly as possible. We have been working on this with others around the state and seeing if we can adhere to the five days from the time they receive the present, whether it's coming from the service coordinator or the IEP but are control stops there is largely out of our control.

>> Anything from PHW?

>> I don't have much more to add. They have been hearing about cases and if it a PHW case let us have the information and track down what happened, but I don't have the details help the advocacy community understand and it's probably out of our hands, but we could certainly use their support if we are seeing a trend in some way or another. That's the best I can do. If you have names shoot them over.

>> From what I understand, it takes five days to have both waiver codes estate could do the switch in one day. So are you three saying you don't have full control and who does?

>> This is Jen in the code switching is done by the county instances. So, in any circumstance where something isn't happening within an agreed-upon or communicated timeline we are emailing who I believe, in turn, is working with the office of income maintenance to address eligibility maintenance that again we are looking and we want to see the code switch as quickly as possible, but we don't make that happen on our system. It happens when we receive it from the state.

>> So the answer is essentially -- in audible --

>> Correct. I look at it as an umbrella. The office of income maintenance overseas accounting maintenance office that is where our ability to make exact and and and ultimately it needs to be done by the office of income maintenance and I believe the office of income maintenance then communicates to OLTL that eligibility has changed for a particular patient.

>> During a pandemic. They say -- in audible -- surely there are others that need to be educated on this. Thank you.

>> I am not sure if Randy is on the call. I note during the conversation we had, totaling this discontinues to be an agenda item that we talked about when he continue to see an eligibility change

>> Randy can you add anything?

>> I didn't hear the whole conversation but we are continuing to work with the nursing home transition to try and ensure we get people showing that they are eligible for services as we move forward surgeon is right. This is an ongoing process. We are working internally to try make corrections

>> ultimately, the office of income maintenance executes the changes needed so we on the receiving end. See the change from a nursing home code or community code. Do I have that correct?

>> Yes we are supposed to have a dual code on the system --

>> I think we know what criteria need to be met for that for the nursing home needs to send a 1768, but I think his question is the five day clock starts at the clammy assistance office not at the MCO

>> Yes, that is where the five day window is with that. Which should allow at least MCO anywhere between five days to two weeks to put stuff together to transition people out.

>> So 5 days then up to 15 to 20 days for the individual to get out? Is that correct?

>> They should be working with an individual, long before that and what we are looking for is to have a discharge date. Return on to be able to provide services right away, meaning they can set up services for them while they are still at the nursing home so they start at the day of discharge. We are trying to streamline it.

>> It should have been 5. All right. Thank you. People keep dying. Is there something that can be done to accelerate this. Can you commit to going back to settle this or bottleneck this to keep dying.

>> We have several conversation checks. But I the care process and eligibility process and we can do some of that to make it a lot quicker than what it is but the problem is housing. If people don't have housing. The matter how much we expedite the eligibility process. Housing is usually the biggest problem on transitioning people out during this pandemic.

>> Housing. Okay. I'm just talking about the people ready to go and the codes not set to 5 days.

>> Those individuals that we know should be eligible for community CHC and those are the individuals that we are trying to get the code on back out in the community were doing at that processes five days maybe we can do it quicker. During if someone has housing ready to go to. We should be able to move quickly to get them out

>> Housing is very early in the process and anyone who doesn't receive, process and barrier with something that needs to be lined up well in advance. For us, the process is to have everything done for that day of discharge and the last piece of the puzzle is the eligibility slip from the facility providers and be able to feel -- inaudible -- it's how quickly they can do that flip and we've been operating under to this point that it's five days for them to process a 1768. So to be clear, there should be nothing left to do except that last switch over in the community and --

>> Can we email somebody on what can happen by day seven --

>> I want to be very of with you. We want these things to happen quickly to in this conversation, so Randy and his team can attest that my team sends emails daily, weekly, asking for updates because nobody wants that. But that's the most we can do. It's day five or six, and we still see in the system they are missing their waiver for the code, so that's what we do and we checked this daily. We have a lot of people looking for the eligibility because nobody needs to spend a day longer in the nursing facility than necessary.

>> Thank you, then OLTL on day 6 and day 7. What is the process?

>> This is Randy -- we have been able to go back if the case hasn't been processed yet. We reach out and have that discussion to get it done quicker.

>> I know this is the closing time -- but can we have a perhaps schedule a presentation for an IMO.

>> We can make the suggestion to put it on the agenda. But I cannot promise.

>> Is there anything we can do to help let us know.

>> We can work on it and see if we can get into play for next month. We can try to do it.

>> our next meeting is December 4. I hope everyone has a happy Thanksgiving and stay safe.

>> Thanks, Barb.

>> Thank you.