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Date: 05/10/2022

Event: Managed Long-Term Services and Supports Meeting

>> Testing.
>> Testing.
>> DAVID JOHNSON: Neil Brady?
>> SPEAKER: Good morning, how is everyone.
>> DAVID JOHNSON: Doing well, thank you can morning. David Johnson is present. Gail Weidman? German Parodi?
>> SPEAKER: Good morning.
>> DAVID JOHNSON: Good morning. Jay Harner? Juanita Gray? Kyle Glazier? Lloyd?
>> SPEAKER: Present.
>> DAVID JOHNSON: Good morning. Matthew Seeley?
>> SPEAKER: Present.
>> DAVID JOHNSON: Mark Gusek? Monica?
>> SPEAKER: Good morning everyone thank you.
>> DAVID JOHNSON: Richard Wellins? Sherry Welsch?
>> SPEAKER: Here.
>> DAVID JOHNSON: Good morning. Tanya Teglo? Are there any subcommittee members when Mr. that would like to announce themselves?
>> SPEAKER: Juanita Gray present.
>> DAVID JOHNSON: Good morning.
>> SPEAKER: Monica here.
>> DAVID JOHNSON: Good morning.
>> SPEAKER: Good morning, it is Allie Crumley.
>> DAVID JOHNSON: Good morning. Any other subcommittee members? Great, that includes attendance, passing off to you.
>> MICHAEL GRIER: Thank you David. I will read some housekeeping talking points and then we will get into the meeting agenda. Please keep your language professional. This meeting is being conducted as a webinar with remote streaming. All webinar dispense except the committee members and presenters will be in listen only mode during the webinar. While the committee members and presenters will be able to speak during the webinar, we ask that you use the mute button or feature on your phone when not speaking. This will help minimize background noise and improve the sound quality of the webinar. We asked participants to please limit your questions and comments into the chat box located at the go to webinar pop-up window on the right-hand side of your computer screen. To answer a question or comment, type into the text box questions and plus sand. Please hold all questions and comments until the end of each presentation as your questions may be answered during the presentation. Please keep your questions and comments concise, clear and to the point. Meeting documents are posted on the listserv at the DPW state .PA .us meeting minutes, the documents and only post within a few days of receiving the transcript. Captioning and audio recording. The captioner is documenting the discussion remotely so it is important for people to say their name or to include the name into the chat box and speak slowly and clearly. Otherwise the captioner may not be able to caption the conversation. This meeting is also being audio recorded. The meeting is scheduled until 1:00. To comply with logistical arrangements, we will end probably at that time.

If you have questions or comments that are not heard from a please send your questions or comments to the resource account that is on your agenda that will be coming up. For your reference, the account is listed on the agenda. Public comments will be taken at the end of each presentation and set up during the presentation. There is an additional period at the end of the meeting for additional public comment to be entered into the chat box. The 2022 MLTSS so meeting dates are available on the Department of human services website. The next question that I have is do we have a quorum to be able to start?

>> SPEAKER: Hi Mike, it is Paula, yes we have enough.

>> MICHAEL GRIER: Okay great Paula, thank you. This is for all the committee members and folks that are listening this is a little change in our usual agenda. We want to continue to do this ongoing but we will spend a little bit of time doing the MLTSS meeting follow-ups from the previous meeting. We have a series of questions and I will ask the questions and Jermain Glover will provide the responses that we have received when I get to this. If everyone would bear with me very briefly. Are you ready?

>> SPEAKER: I'm ready.

>> MICHAEL GRIER: At our previous MLTSS meeting, Pam asked what percentage of the emergency housing cash was accessible and affordable?

>> SPEAKER: Just for everyone, this is Jermain Glover with communications management. This answer came from directing secretary in response to this question and their response was unfortunately we are not able to provide detailed responses related to accessibility and affordability because we don't have mechanisms to track that and attaches we cannot add additional requirements. There is a dashboard that we will win the chat which is more information.

>> MICHAEL GRIER: Thank you. The second question, how much of the emergency housing money has been used by counties and when must the money be used?

>> SPEAKER: The responses from acting Secretary Sneed. Pennsylvania has issued more than \$700 million in rent and utility relief to over 103,000 households. These figures are updated on the dashboard as the reports are issued. On the dashboard they will be - - one and - - two. ERAP two funds may be spent until 2035. We will put those links in the chat. I will mention the counties receiving ERAP funding must develop programs to achieve the following goals: to get the effects of homelessness affected directly or indirectly by the Covid 19 health emergency. Provide eligible families rental assistance - - home energy costs, utility and home energy costs and other expenses related to housing incurred. Incurred either directly or indirectly due to Covid 19 or during the current public health emergency. For rental and utility assistance related to Covid 19 outbreak that enables - - home... By eating households - - related to housing separately or when combined can be made for ERAP payments including future payments for up to 12 months plus an additional 12 months if necessary to ensure housing stability for the household subject to the availability of funds for past due rents accrued after March 13, 2020. ERAP two payments including future payments for an individual household may not exceed 18 months which is inclusive of any assistance provided using ERAP one. That was a lot of information but it's details on the ERAP site.

>> MICHAEL GRIER: They are in the chat?

>> SPEAKER: We will put them in the chat in a minute.

>> MICHAEL GRIER: Okay. There were a series of questions directed while people were in the hospital long-term planning process and consideration of full-time RN in the home.

>> SPEAKER: Doctor Butler from PSW gave a response sent directly to the questioner to abide by HIPAA regulations. We did not want to share details. We do not want to share all the personal details on the webinar.

>> MICHAEL GRIER: Lloyd asked Doctor McAllister how many participants were accessed for behavioral health needs and have been found to need them?

>> SPEAKER: The response from Doctor McAllister is that referral data - - individual dispense progress notes and therefore not reportable and aggregate numbers.

>> MICHAEL GRIER: We also have, Lloyd asked Doctor Appel if the behavioral health case manager to the copy of the service plan that is in place and it is updated.

>> JERMAYN GLOVER: Case managers from the MCO's both stated they had access to the service plan.

>> MICHAEL GRIER: Thank you Jermayn Glover, that is the follow-up questions that we had for this past month. We will continue to get better at those guys. This is the first month we have done this so anything we do not get answers to, we have the transcript so we can go back and died in a little bit. We can see if we can get the questions answered. Thank you for bearing with us and thank you Jermayn Glover for walking us through those answers, I appreciate it.

>> LLOYD WERTZ: Thank you.

>> MICHAEL GRIER: You are welcome Lloyd. Kind of bear with us a little bit as we go through that.

>> MATTHEW SEELEY: I appreciate the addition of this to the agenda. This is a valuable follow-up to question we have had before. Thank you for adding this.

>> MICHAEL GRIER: Thank you. I appreciate everyone's comments on that. At our last meeting, we had some discussion on the plans to go forward with the agency with choice and there was some kind of opposition but mainly the timing and the rollout of that. Jamie, is that going to be a part of your update that you're going to be providing?

>> JAMIE BUCHENAUER: Hi Michael. No, it was not part of my update that I planned on presenting today.

>> MICHAEL GRIER: Okay, is everything going forward as scheduled? What exactly is happening with that? I know were there some pretty significant concerns that were listed.

>> JAMIE BUCHENAUER: OLTL, we got responses to the RFI. Jan went over the responses to the RFI of long-term living perspectives. All the information is posted on a long-term living website at the very top. Is the website with they care site funding information is so if anyone is interested in any further information about agency with choice, all of the information is on our public website. Right now, we are obviously continued to work on the procurement so that is about all I can say. I don't know exactly when it is going to be released and I can't say any more than what we have shared publicly.

>> SPEAKER: Might come up with Jay Harner, kite jumping you really fast?

>> MICHAEL GRIER: Sure.

>> SPEAKER: I would like a motion to oppose the RFI and encourage and assist the state allows at least three vendors for consumer producer been choice. One vendor one choice is not a choice. I would like to make that motion to put that on the table right now please.

>> SPEAKER: Thank you and I want to second the motion.

>> SPEAKER: I will force that motion.

>> MICHAEL GRIER: Okay. Moving forward with this, we have had a committee member presented motion, we have it seconded, third and fourth. Jamie, if we were face to face this would be an easy thing to do but doing it remotely, how do I proceed from here?

>> JAMIE BUCHENAUER: I think Mike and obviously Jermayn Glover, you can jump in here and correct me if I am wrong but you are making a motion to recommend that they actually we were making a motion I think because this is a subcommittee that you make a motion to the full Mac and make a motion that there recommend the agency with choice procurement be whatever you wanted to be. I don't know if you want to write that out so everyone is clear in the chat.

>> MICHAEL GRIER: That may be the way we want to do it. When Jay is clearly saying is that there needs to be a minimum of three rather than statewide across the board. I guess what I'm trying to do is get to a place of how can I conduct any kind of a boat for that motion to carry

forward to there?

>> MATTHEW SEELEY: Can add something? Can that be a direct appeal to the secretary? The acting secretary? Apologies.

>> JAMIE BUCHENAUER: As a recommendation made by the MLTSS, I think it can be, I do not know why it cannot be. The committee is obviously free to make any kind of recommendation to the recommendation that they would like.

>> I would as secondary to appeal to secondary's name without appeal as well.

>> MICHAEL GRIER: There's a motion on the table to have his committee voiced opposition to the agency with choice without multiple vendors and each along with opposition to go to that would be a vote by committee members to recommend to there they take that up along with the secretary, is that what you said Matt?

>> MATTHEW SEELEY: Yes, that would be my recommendation.

>> MICHAEL GRIER: How do we do this vote procedurally? It is something we can do in the chat or do have David call everyone?

>> JAMIE BUCHENAUER: Whatever your preferences, you might want to have David call everybody.

>> LLOYD WERTZ: This is Lloyd, before I do that, have a little more clarification of someone making a motion? I would rather get a full grasp in order to be able to vote yay or nay.

>> MICHAEL GRIER: Okay, can you fill Lloyd in?

>> SPEAKER: Sure. I am making a motion to oppose the RFI RFA so the state allows at least three vendors to ensure consumer participant voice. It's going to be one choice, no individuals. Again, to have multiple options rather than funneling everyone into one choice.

>> LLOYD WERTZ: It is providers of direct service or related to financial management?

>> JAMIE BUCHENAUER: Lloyd, think the question for me. Unless J you want to answer it.

>> SPEAKER: You can take that question Jamie.

>> JAMIE BUCHENAUER: Lloyd, agency with choice is no choice of what is man can make in terms of how they would make their personal assistance services. They can choose a totally disciplined active model of service where they can use the financial management agency to collect time, issue Paychex and collect taxes. And then the participant would obviously hire and fire their worker and train their worker. That's the participant directed. Agency with choice offers more support to a participant so that workers hired by an agency so they do have access to benefits for the worker that is hired is chosen by the participant and the participant get some additional HR assistance with their worker and that model. Obviously get the agency model of service where every spring can choose to receive personal assistance services through a home care agency. Those that help. She suggested Osama thank you very much.

>> MICHAEL GRIER: Thank you for the clarification and thank you Jay and Jamie for doing that.

>> JERMAYN GLOVER: I have the guidelines up with her on the website. If you want I can read you what it says about majority vote unofficial action.

>> MICHAEL GRIER: That would be fine.

>> JERMAYN GLOVER: The basic requirements majority vote. Majority vote occurs when approval cast and regular properly called subcommittee meeting at which a quorum is present. Votes shall be conducted by voice so we do have a quorum that is our regular meeting so if you want to make a vote we could do that. Official action is in article 8 – six. The subcommittee chair shall facilitate - - according to the agenda and recommendations. Approval of the recommendation requires a majority vote. Recommendations approved by the subcommittee for consideration as Mac business shall be submitted in writing by the subcommittee chair or designee to the Mac chair.

>> MICHAEL GRIER: Okay, I will do that. David, let's call for a vote.

>> SPEAKER: Excuse me, I have a question. This is one either Juanita Gray, is just talking

about the three options for the model choices or talking about the three options for the management of payment as far as the new system too we went from PPL to another payment. Is that what you were talking about as well?

>> MICHAEL GRIER: Vendors, not payments.

>> SPEAKER: No, they are a vendor that will take care of the county like you said the participant.

>> MICHAEL GRIER: This is regard to the agency with choice.

>> SPEAKER: It is nothing to do with the accounting aspect.

>> MICHAEL GRIER: That is my understanding of it, yes.

>> SPEAKER: Thank you I wanted to be clear thank you.

>> MICHAEL GRIER: David, call for a vote.

>> DAVID JOHNSON: Mike I am here to take a vote. What is the specific motion we are calling a vote for?

>> MICHAEL GRIER: The motion that Jay put in opposition to - - one statewide vendor and you will like to make a recommendation to the Mac as a subcommittee for the Mac and for the secretary. Our people in opposition to one vendor for agency with choice?

>> DAVID JOHNSON: Understood. Ready to estimate members to take their vote. One moment please. Allie Crumley?

>> SPEAKER: Can you hear me? As the organization that represents the person directed care workers, we strongly support the creation of additional choice for consumers who want to direct their own care and support agency with choice model and the potential for existing investments in the workforce.

>> DAVID JOHNSON: Neil Brady.

>> SPEAKER: Yes.

>> DAVID JOHNSON: German Parodi?

>> SPEAKER: Yes, I second the motion.

>> DAVID JOHNSON: Juanita Gray?

>> SPEAKER: Yes.

>> SPEAKER: Lloyd? Be a.

>> SPEAKER: Matthew Seeley?

>> MATTHEW SEELEY: Yes.

>> SPEAKER: Monica?

>> SPEAKER: I cannot place a voice at this time, I have to go back and get their thoughts.

>> DAVID JOHNSON: Patricia?

>> SPEAKER: Yes it Welsh?

>> SPEAKER: Yes, I support that.

>> DAVID JOHNSON: This is David Johnson, I have seen from this vote. I will abstain from this vote. Lastly Michael Grier.

>> MICHAEL GRIER: Yes.

>> DAVID JOHNSON: Are there any other committee members present on this call who would like to make a vote?

>> SPEAKER: This is Cindy, I will abstain because they have to learn more information about it so I would not put a vote in at this moment.

>> DAVID JOHNSON: Thank you Cindy.

>> MICHAEL GRIER: Thank you for doing that David. It sounds like the motion carries. I will be putting something in writing to go forward to the chairman and to the secretary. I appreciate everyone taking time to do that. Jamie, you are up.

>> JAMIE BUCHENAUER: I have a couple of updates for the subcommittee today. Happy May, I'm hoping everything is blooming outside at the moment I hope you're done with the rain. My agenda for today is to give the committee recognition on cares act funding issues. The

American rescue cares act, an update on our financial management services and then I wanted to brief the committee on some webinars we had on behavioral health and nursing facilities. That is my suggested agenda. I just wanted to make sure that the committee was aware, obviously over a year ago now, I want to say it was closer to 18 months ago, the cares act legislation funding past acts 24 of 2020 that provided cares act funding for a number of different types of providers. The cares act funding had to be used to pay for any covid related expenses and - - use of cares act funding for covid related expenses Most providers did submit reports. It was an electronic reporting system, most providers did submit reports on how they use the cares act funding which was allocated. However, some providers do not report. We are in the process of issuing letter to providers who do not report on the use of their cares act dollars. The first round of letters was sent I want to say in March. If the provider received a letter in March, he basically said we did not receive a report telling us how to use the cares act funding dollars. It had to be used for covid related expenses. Please submit a report to return the funding. The department would not like the funding back, we would prefer a report but we need that report to show that the funds were used on covid related expenses. Just an FYI that the second round of letters was sent out on May 5 to the providers that still need to return a report. This letter is a bit more pointed than the one out on May 5. A total of 232 providers received a letter. It basically says and did not report on the use of your cares act funding dollars, you need to return these dollars to the department. Obviously, this is not preferred. We would prefer the providers use their cares act funding on covid related expenses but we need the reports. 232 providers should I receive that letter. Just another update, after the first round of letters that we sent, 168 reported . That was excellent, we don't need those funds back. Again, if you know of the provider that may have received this letter, we need them to report on the use of cares act funding dollars. I know we have talked a lot in this committee about how we are using our 10% enhanced home and community-based services. The department obviously when the American rescue plan act was passed, part of that was that states received an enhanced amount of 10% on home and community-based funding. They had to submit a plan to CMS on how they were going to spend that 10% enhanced. It could be used to supplement home and community-based services, but we cannot supplant home and state funding. We will need the highlights of that plan. The biggest portion of the office of long-term living's investments of home and community-based funds was on the enhanced payment rates for personal assistance services. Those enhanced payment rates took effect January 1, 2022. The second portion which we talked a lot about an message to providers that we were sending out strengthening the workforce payments and adult day service provider payments. We announced this and obviously payment started going out at the beginning of March. If you recall providers, all providers were eligible for these funds received a letter from the office of long-term living saying if you're interested in this payments you had to return an attestation. This is the number of attestations and providers who have sent back to attestation and the funds that have gone out to date. So 18 of 33 residential habilitation providers return the attestations and 1.4 million out of a total of 2.5 million has been distributed to date. For personal assistance and community integration, 100.

>> LLOYD WERTZ: Out of 1504 providers set were sent funds and that a total of 36.8 millions out of 44 million in total. For adult day service providers, 58/96 providers returned to attestation and have been paid and that a total of 9,700,000/13,000,000 dollars that are available. Obviously providers can continue to return the attestations and we will generate funds. You can see that we will generate funds on April 20, April 27 and another payment will go out on the 11th. The first round of payments that we did with the largest and we continued to get small amounts of attestations for providers in order to generate these payments. Please, if you are provider and eligible for these payments, you can return the attestations. Just so you know, we do intend on our to say putting a cut off on these payments that are available. This is to allow some other providers who may have had some issues. Maybe they built under different service

locations for their service location and promise was not open. We will look to I want to say redistributing and awarding some of the payments where we have left over money to providers who were not previously eligible. Some more information to come. We will not take any action until we obviously message and sent out letters to providers who have not claimed - - one last chance to do so. We wanted to give everyone an update on where we were in distributing and strengthening the workforce payments. The next update I have for the subcommittee is really around I want to call it the third prong of our plan. It's for home and community-based services improvement. Previously we message the program as a grants program. In order to get these funds up to providers is a quick easy manner for the provider and department, is going to be reimbursement program. Obviously we shared the first bullets by the use of providers. We are working as hard as we can to put an application out mid-May. Look for it very soon. We will start to accept applications starting in July 2022. Our office of long-term living home and community-based providers will have a period of time they can review the application and put the application together and submitted on the July date whenever they were ready to submit the application. Proposals will be submitted on activities to - - support technologies, develop and pay for enhanced training for the workforce and implement new software and technology for electronic health records, quality or risk management functions. More information to come. I wanted to let everyone know they should start to be looking for this opportunity from the law office of long-term living. Just an FYI, we did hold and continue to hold stakeholder meetings that are solely focused on our transition for financial management services. Just to give a little background information for the committee, currently the department hold a statewide contract for financial management services for participants and community health choices , the overall waiver program and the act 150 program. If participants in any of those programs choose to self-correct their own services and she was that participant directed model of care, they use the statewide vendor financial management services vendor which is currently PPL. Obviously the office of long-term living and - - hold that contract. We have decided at the office of long-term living that those financial management services will become an administrator function of our CHC MCO for those who dispense in community health choices we choose to self-correct and use that has been directed model of service. So those who dispense currently using PPL will transition to Tempest and that go live date has moved to July 1, 2022. When we talk about those financial management services transition, obviously the priority has been unrolling all participants, because in the common law employers but they are the participants and their direct care workers into the Tempest systems and getting them trained on how to report their time. So they are ready to go on the transition date. We keep a running tab on how many participants, also called common law employers, have returned information and are ready to go in the Tempest system. 75% of the common law employers have returned the paperwork and enrolled in Tempest system. That's obviously been on 25% that are not yet returning the practice and obviously the 32% or 32% of the direct care workers still need to return the information. They have been focusing much of their energy on working with the service coordinators and other entities to do direct outreach to the participants and the workers to get them enrolled in the system and obviously get the training to be ready to go. Like I say, there was a stakeholder meeting last Friday on May 6. The next one is held on June 3. They provide a lot of update on what they are doing. At the last stakeholder meeting, they showed their timeline on when different things will happen for participants and stakeholders I encourage everyone to attend the stakeholder meetings as very good information is provided by Tempest and the community health choice MCO. The next update I want to share with you is starting on May 10 Tempest and the community health managed-care organizations will be holding in person drop in sessions around the state that participant and their direct care workers can actually go to the location to get assistance in completing the informational packets and get that training in person and how to use that system . There are no appointments that are necessary. The slot really

shows the date and the time period where individuals can drop in to get that in person assistance. We understand that some people phone and to get assistance and that is not an ideal obviously going online asking questions about emails ideal. Tempest and the CHC MCO's are providing these drop in sessions. We would encourage dispense or their workers were still having some questions and want to be the paperwork in person, they have questions. Paperwork will be available at the sessions, they can generate it on site but feel free if you are close I can drop into one of those sessions, we would encourage you to do so. The next slide is an update on the financial management services transition for our act 150 participants to self-correct and use that has been directed model of care. The office of long-term living did join with the office of governmental programs to issue a request proposal for new vendor of statewide financial management services. Those proposals were due April 25, 2022. We know that there is not enough time to onboard a new financial management services vendor before July 1 when the current PPL contract would end. We are in the process of extending the current PPL contract to cover the time between July 1 and getting a new vendor on boarded. More information to come on that as well. My final update, I wanted to get the subcommittee a brief update on the regional webinars that the office of long-term living joint with the office of mental health and substance abuse services as well as our behavioral health managed-care organizations and the community health MCO. We hold regional webinars on behavior health services that are available to individuals on community health choices that are now in nursing facilities. We know and hear anecdotally that individuals in nursing facilities need behavioral health services. Obviously the time was ideal to do that reeducation to nursing facility staff on how to outreach through the community health MCO to connect managed-care organizations to understand the services that are available through their behavior health managed-care organizations. Understand the services and how to access them. Also we had on the phone during those webinars some nursing facilities that are providing best practices on how they connect the populations through the services that were available and how they were working together to get individuals in nursing facilities and services that they needed and that were available through the behavioral health managed-care organization. We see the data be held webinars on the screen and obviously the topics that were covered for nursing facility staff. Obviously that was a good reeducation effort for our participants that are in nursing facilities. We also partner with our nursing facility organization to hold those webinars. The information was recorded and available for the nursing facilities would not have been able to attend. We are looking to partner again on how we can promote the use in connection with behavioral health services that are available to our behavioral health MCO. With that, I can take any questions that the committee may have for me.

>> LLOYD WERTZ: Jamie, thank you so much for going through the effort of educating, that is wonderful. How would they access those presentations you said were recorded?

>> JAMIE BUCHENAUER: Lloyd, I can reconnect you but the nursing facility Association that hosted those webinars , my understanding is that they were making them available to nursing facilities but obviously we partnered with the nursing facility Association's because we knew that they had the right contacts in nursing facilities meaning at the staff level they would be really interested in doing the work of outreaching to the CHC MCO or the service coordinators or behavioral health managed-care organizations in order to connect the populations of services.

>> LLOYD WERTZ: Saw facility would need to be a member in order to view the presentation?

>> JAMIE BUCHENAUER: I am not sure that they would my understanding was that any nursing facility was able to participate in the nursing facility webinar. It did not matter if they were a member of the nursing facility Association that hosted the webinar. Obviously that was beneficial for the nursing facility associations. It was a joint effort because we are looking to promote participation far and wide. I will get back to you in terms of where those informational sessions are posted.

>> LLOYD WERTZ: That would be great, thank.

>> MICHAEL GRIER: This is Michael Grier, on the meeting on June 3, is there a registration or something that people have to sign up or can you just go to their website and get information?

>> JAMIE BUCHENAUER: The office of long-term living does in the analysis of the stakeholder meetings and a link is provided for individuals to register to attend those meetings. I'm not sure if it's available on the Tempest website how they can join. I have not looked at the Tempest website. I'm not sure if Mike Hale is on the phone to know where we post that opportunity. I know we send it out to our announcement.

>> MICHAEL GRIER: I was curious on the behavioral health webinars, did you have decent attendance at that?

>> JAMIE BUCHENAUER: I believe yes we did. When I got on the phone I can see the number of individuals participating on the phone. It was always 100 or 20 participants on those webinars. We have asked staff to go to the nursing facility. It was over 300 participants in attendance. I know we've got back to the nursing to try and account for how many individual nursing facilities displayed in those webinars and we are working to compile those webinar numbers.

>> MICHAEL GRIER: Okay, any more questions for Jamie? I hear silence so you must've been a great job at presenting. We will go ahead and move along with the agenda. He will talk about home and community-based services, CAHPS survey of 2021. CHC MCO area for improvement plans. Jermayn, of what is listed here, are we going with Pennsylvania health and wellness first, then America health and Keystone than UPMC?

>> JERMAYN GLOVER: Yes. We will have Brian McDade of the office of long-term living will say something. Are you there?

>> SPEAKER: Hi there everyone. Thanks Jermayn. This is Brian from the office of long-term living with the Bureau of analytics and division director. This morning we are very excited. We have a follow-up from the presentation he gave earlier this year with regard to the 2021 survey. The presentation of today is the focus of the CHC MCO in regards to the area of improvement in response to the survey findings from last year. Next slide please. I want to give a quick recap of how we present to the 2021 findings and the results. As you recall, we did identify areas of success out of the state level and the service coordinators were still found to be reliable and helpful. We did find new trends with present receiving care from a dental office as well as dispense increase awareness by the staff benefits. As well as make sure we are assisting the dispense with remaining active in our community as well as transportation to medical appointments and also the continued concern regarding increasing Brisbane knowledge of reporting abuse, neglect and exploitation which of course is very critical for the population. We also did identify other areas for clients to work on our new in regards to assisting the participants in planning retirement activities as well as increasing the participants dental care and services that they receive as well as making sure we could initially increase the placement awareness of employment in the system, housing services and of course the snap program as well. A couple of the other areas that they come up from previous presentation, there was of course the concern regarding individual participant involvement with the survey itself. We are happy to say that the department working with - - are addressing those concerns. Especially revolving around the producer's ability to participate in the survey for 2022. They have limited English proficiency. We work with the plans and the selected vendor the survey for this coming year to address the concerns and making sure the selected vendors themselves had a contract with the provider to make sure they do address participant that speaks the language that is not in Spanish or English. As well as with the text telephone services to make sure the individuals are able to fully principally in the survey as well. Another highlight for 22, we are looking at a couple of new state specific questions to be addressing as far as mental health services for individuals. We have a couple of questions that we are adding for the upcoming survey for

2022. We can get a better feel as far as Christmas experience with availability of mental health services as well as to making sure that they are able to get that assistance as well. We are really excited for the upcoming year survey for with the changes but once again, today's conversation is going to be focusing on the lessons learned and how the plans are going to be focusing on those areas for improvement and to once again learn to continuously improve upon the services they deliver to our participants. With that said, our please. We are working with the representatives from pH W take it from here. I will make sure they are muted so they can do the presentation, thank you.

>> SPEAKER: Thank you Brian. Good morning everyone, I am the director of quality program strategy at PA health and wellness. I'm driving my colleagues today Joseph Elliott, Director of operations, Olympia Martin as well as - - our manager of community outreach. Just as Brian mentioned, today we are discussing our recruitment plan for our home community-based survey. This is a reminder that survey is to designed to assess - - impede long-term services from state programs. In order to participate, we sample folks who were 21 years and older, continuously enrolled in the home or community based program for at least three months and received at least one qualifying home and community-based service such as personal care, community health, case management and medical transportation. Next slide please. I wanted to start off with a presentation by talking a little bit about our areas where we saw positive winds from the previous year and going to the areas of improvement and going to our action plan. From the previous year, but when we look at individual questions as it relates to overall rating of the service coordinator, we did see a 5% increase from 2020. When you look at the service coordinator being helpfully sought 2.9% increase from the previous year. We saw 1.8 cent increase and we saw small increase in planning retirement activities. When it comes to area of opportunity, we have seen a bit of a dip and personal safety. Staff listen and communicate well and lastly transportation. The recruitment plan be present to you today will in fact discuss areas of interventions with a plan to make improvement so on the server just come out we hope to see an increase in our services. If you go to the next slide I will turn it over to Olivia to start talking about our first couple of interventions.

>> SPEAKER: Thanks Malika, can you hear me okay?

>> SPEAKER: Yes.

>> SPEAKER: Hey everyone, thanks for having me today. I'm excited to let you know some of the initiatives we have in place to work on for this upcoming year. We are always working to improve. Looking at the highlighted areas you want to work on this year, choice of services that matter to the participants. We are looking to improve and making sure service coronaries are aware of our available services. As you know, there are 32 services under our CHC program. We want to look at some of the best practices and refresh some of our training and make it more robust for our year. Just make sure the service coordinates have a robust package of training in their pockets and then I want to offer. We will focus on telehealth training with partners having to do with new and advanced training that is come out as we have spent time with Covid. Being home and refining some of the things we had time to work on. He will conduct training and monitor effectiveness around that. We would like to assist dispense will be active in the community. We will increase our service corners awareness in the community. We want to improve the prescriptive awareness of the activities in the community. We want to start having targeted outreach to the distance around communities activities that are important to them. The refreshing service coordinator training about his community programs, hopefully this will help make awareness a little bit better for the service coordinator in the field. Our community connect platform has a lot of resources around community resources available for activity 4%. It offers a wealth of resources available to each visit and it is location based. It specific to present location and updated very frequently. I believe this one goes to jail on transportation to and thanks for allowing us to come speak with you this morning. As Malika mentioned, we saw a slight drop in

measures that relate to the automotive - -. We want to focus this year on improving our cooperation and communication with our partners. We recognize that we share the responsibility for the medical transportation trips with the medical assistance transportation program. We want to focus on target improve information sharing and collaboration with the liaisons. How we are going to do that is share any information or complaints that we receive at PHW with the liaisons and use that data to prioritize the regions in which the complaints may be coming first. And share the information and work together to make sure that we are implementing changes that can affect both services with the program and then for those trips that are handled by the health plan. At the same time we work with a transportation vendor to monitor the network emaciated accommodates with the rides being requested by the participants and also reviewing any complaint information that may have come in that relate to the network and sharing the information back to them and putting action plans in place as well. That is what we are focusing on for our medical transportation. It's again improve information sharing and collaboration across all of our partners. Thank you Olivia, I turned it back to you for the next item.

>> SPEAKER: Thanks Joe. Next slide please. Perfect. Talking over the next important item, how to report exploitation, we increased a lot of awareness around this topic is extremely important. We added a lot of verbiage around this. PH W has created a handbook in addition to increasing verbiage in our regular Crispin handbook. We have added this verbiage to our handbook and it also increased specifically focus to get ready are reported abuse and neglect. We have over the past year along with the other two NCOs have been collaborating with ATS creating job materials and also disseminating this to the service coordination partners that we work with finding the expectation and addressing issues and crisis care plans and how to address this moving forward. We have mandatory training that we expect from our service coordinators for on boarding and on an annual basis. We provide professional year-round for reporting abuse, neglect and exploitation. There has been a concerted focus around this topic. It's one of our top ongoing focus is year-round. We also want to improve participant care. There is a specific - - public plan care. It's a little section, plan of care and enables the service coordinator in the Brisbane to work together to find activities and specific needs support for this event that an individual for each participant. For instance, if a participant has a specific need they would address this at 10:30 in the morning. They did not get up before 9:30 rain or shine . They have an angry dog it is not like the doorbell. Little specific needs like that. Please park out front, not in the driveway. There - - can be defined. If there were any specific medical issues such as fragile diabetic only a two-person left, whatever the case may be, anything we would relate that participant would like to convey to the care provider , we will enable that so they can help find that for the care providers. We hope - - sort of the fine and help with the activity as well. I will turn it over for the next slide.

>> SPEAKER: Hi, good morning everyone. Are you able to hear me?

>> SPEAKER: Yes.

>> SPEAKER: Good morning, as Olivia stated, my name is - - at PA health and warehouse wellness. I will like to share some of the things we are doing at the health plan. First he wanted to make sure we are increasing the service coordinators team awareness of housing related information. What we did was we developed a monthly housing memo. Will be identified community resources around housing services in the Commonwealth. One of those is to notify Brisbane to have tax rebates they may be able to get as a homeowner. Also, we will be reeducating our service coordinators. If you have a person who is in a housing crisis are facing a possible crisis to better serve them to get enough information to make sure we are able to direct them to the best housing resource available to them in the Commonwealth whether it be - - or any income based housing available to them. The other area approves the awareness of our employment assistance program under the community health choices waiver. We want to

make sure that our participants are aware of the five employment services that are available to them on the waiver and how we are able to support the if issues to explore the wonderful world of employment. Also making sure we keep these employment services updated on our PHW website and our social channels and a social media to make sure again we are getting information to our participants around employment services in the great world that is. Also around our snap we are working to improve the education of the percent are eligible for snap and make sure we are completing completing and outreach - - in the process right now of trying to identify who do not have snap benefits who may be eligible and we will conduct target average to them to assist them in accessing those services. Finally, improving dental care. A number of different providers in the Commonwealth - - winter clothes about participants of where they are located because it is free to them. Also trying to increase awareness about dental that we have available from PHW and notify of his friends in the present newsletter about those and the service coordinator so they are able if they would like a dental kit they would be able to receive one. I will pass it on to I believe Malika.

>> SPEAKER: Nope, it is going right back to Olivia.

>> SPEAKER: Next slide please. Basically I will wrap it up looking at a participants satisfaction of behavioral health. We will look and track and trend up and spend satisfaction of our care providers. Are they reliable? We will start looking at some data and monitoring looking at satisfaction. RSC's for every encounter they have on a quarterly basis. Speaking with each participant around providers if applicable and then he passed providers and seeing if they're happy with the care being provided and happy with the staff that are coming to their home. Also starting to use alerts to become aware in real time when these providers are late to appointments so we can look at the appointment performance on that and as well, not just looking at appointments but late appointments. Now I will turn it over to Mike.

>> SPEAKER: That will wrap up today's presentation with home and community-based - - we can jump to the next slide. I'm not sure if we will field questions now or wait until the end.

>> MICHAEL GRIER: Do we have time in the schedule for them to answer questions as each group is presenting Jermain?

>> JERMAYN GLOVER: Looking at the agenda, we have from 11:00 to 12:15 to talk about this.

>> MICHAEL GRIER: Committee members, are there any questions for PHW?

>> SPEAKER: This is Jay Harner, I have a quick question. I'm not sure if you answered this or not, I am working with the consumer last week and last PA health and wellness and our distributor called him and said that as of July 1, 2022, PA health or wellness will no longer be contacted for Medicaid services and be able to provide many coming going forward as long as PA health and wellness is the provider. Is that true? There supposedly sending us paperwork that outlines that that PA health and wellness will no longer offer Medicaid services for equipment.

>> SPEAKER: I apologize, which provider was that?

>> SPEAKER: - - Valley in Malvern Pennsylvania.

>> SPEAKER: I will take that back, as far as I understand that is not accurate.

>> SPEAKER: We talked them to were three times now. If you could give us answers that would be greatly appreciated.

>> SPEAKER: I apologize if that is misinformation but we will work internally to make sure we get a response back.

>> SPEAKER: Thank you.

>> SPEAKER: As a housekeeping rule for OLTL, for us to respond back if we can follow up with you directly for the group?

>> MICHAEL GRIER: Very good, and the other questions for PHW on their plan, their improvement plan?

>> DAVID JOHNSON: This is David Johnson, I appreciate the presentation here. This is the

question for you and the other MCO's as well. Do you communicate your area for improvement plan in any capacity to beneficiaries of PHW? If so, and what specific capacities?

>> SPEAKER: During our participant advisory committees, we present our plan. The ideas first to present to the MLTSS committee and during our next quarterly placement advisory committee we will share that information.

>> DAVID JOHNSON: I think that it is wonderful that it is presented to the Brisbane advisory committee. Are there plans to disseminate - - discuss like court service coordinators? Is there a part for presentation to a pack, is there any other competency messaging to beneficiaries about this plan?

>> SPEAKER: You brought this up and allows committee and we have been taking it back internally to see if there - - there something we are exploring on Iran to see if we can take that information and drill it down to our newsletter and secondarily, this information we may be able to share with our service coordination team and see if during any of those conversations with the butt spends as we have those conversations we can give them a high level skill. There is so much information so we want to make sure we address any questions and get feedback as much as possible.

>> DAVID JOHNSON: How often interpreters print newsletter published?

>> SPEAKER: We do it quarterly.

>> DAVID JOHNSON: Thank you for your response.

>> SPEAKER: Thank you, I appreciate it.

>> MICHAEL GRIER: Any other questions for PHW?

>> SPEAKER: Hi Mike, this is Paul R. If nobody else has any questions, I have a couple that came into the chat.

>> MICHAEL GRIER: That would be great Pollock Michael had.

>> SPEAKER: First question is from Elizabeth. The question is, do service coordinators enter a plan of care for every home care participant. What is the home care company have to do that?

>> SPEAKER: This is Olivia, the home care companies generally do not utilize the plan of care. It has been historically not used for the most part so the service coordinators should be entering one for each person when they encounter. As they encounter and start reassessing or an annual reassessment or an initial assessment, they would enter that plan for care.

>> SPEAKER: I have another question in the chat box. This states that key initiatives are impressive but how realistic are some of these initiatives that follow the service coordinator with these very large caseloads? For example, there is a current client not with pH W PHW that has been trying to reach - -4 two weeks with -4 two weeks with no return calls and now the voicemail is full and cannot accept new messages. This is a frequent problem that our clients have in all three CHC plans. Those PHW plan to reduce the SC caseload?

>> SPEAKER: First of all, a couple of things are going on there. Generally, just to reduce this issue from happening at all, we had our participants, to our call center. We don't want things to go full voicemail or call going unanswered. We have an electronic trail in our electronic health record. We have a responsibility to have a call within 24 hours to our participants. If they are out of office, some someone should be covering those messages so they should be getting back to Brisbane Sunday, and. Whatever the case may be, someone should be getting a call back within 24 hours. That would be a little bit concerning. If that is the CHW perspective, I invite you to outreach myself. Calling for call center, that is my biggest concern. Direct outreach for the service coordinator, we don't encourage that and they don't give out their cell phone number for that exact reason. The caseload ratio generally has been for the most part the same as actually a little bit lower this year than it has been. I don't know if that helps at all but I do invite you to reach out to me directly if there is an issue you are having with the surface correlator for any and things like that.

>> SPEAKER: We believe that our service coordinators are strong. We have regular meeting

with the service coordinator leadership and if there are any performance issues we address that with each leader. Thank you for bringing it to our attention, it is something that Olivia will be managing.

>> SPEAKER: Mike, it is Paula. I don't have any other questions in the chat box.

>> MICHAEL GRIER: Thank you guys from PHW. AmeriHealth, are you guys up next? You guys are up next we will put it that way.

>> SPEAKER: Hello everyone, I hope you can hear me okay. If so, we can move on to the next life so we can begin with a presentation for the areas of improvement. For the choices that matter, we have three of our key bullet points here which include updating the precipitator service plan. In other words when they are meeting with the placement from of their utilizing motivational - - with refresher courses and during the time - - anybody spent the butt is that would want to participate in or something they may have mentioned and explored a little bit longer so they were documented in the service plan as a goal. It's one of the areas we are helping that matters. We are very excited for the next item. We created a benefits videos will be posted to our planned website and the service corneas can show this video during the face-to-face visit. This video will encompass - - more robust than providing a paper copy. We are very excited to have us get implemented. Lastly, for our choices that matter, we have developed an 8 x 10 magnet and we utilize the language so the language they may see in the survey is going to be replicated on this magnet. The service coordinators went to sit with the participant - - what choices do they want? How do you want to be activated to the community? There will be key numbers on the bottom relatively available to the community. Moving on to being active in the community, service corneas have access to the - - previously known as - - robust number of community resources. This is something our community service corneas actively utilizing. It is now with his peers but wants. We are trying to keep them in similar so they can say I think they heard that before summer and that is what this is. That would be more familiar year after year. In addition, we are - - placement advisory committee. We're utilizing this time to get feedback from upper spends. We share our improvement plan so this is what we do. In addition, we also expanded our participant newsletter which is also sent out quarterly to include these community events. We have our participant advisory committee where we talk about the different resources that might be coming up in that area and the community event as well. Next slide. Now we're talking about transportation. Transportation, we continue to have regular meetings with their medical transportation management company to review any of the issues or concerns because it is something very important to us that we want to help improve across the board. We are working to develop the questionnaire to support the service coordinator and help the participant identify transportation resources in Pennsylvania. We are looking to incorporate several questions upgrading the transportation. At a small questionnaire. Then we are also creating this number of local habitation services so I can, this is going to be a leave behind for participants and our service coordinators. They will be able to provide it to the participant so they have these numbers readily available. Next we have the abuse, neglect and exploitation. This is an area where we have trained our quality management staff and or service coordination associates. Without training, the service coronation processes, they are documented in the incident management system. If there were any allegations of neglect, abuse or exploitation. In addition, they are educating, the service corneas educating the precipitant on how to notify the appropriate - - of Adult Protective Services. Then within our organization, we have a workflow for our critical incident that involves abuse, neglect and exploitation. We have a dedicated team who works on these cases. In addition, that - - I spoke about previously will contain a phone number for adult protective services and the older adoptive services so again the service coordinator is part discussing this, showing those numbers so it's readily available to the precipitant. This is something that we receive feedback during our meeting and it was a great opportunity to use and we are evaluating any potential adds to our newsletter and we are

looking to bring in graphics as well. More to come on that. And some of the previous ones, a lot of these items tend to overlap. We have the magnets, our service coordinators are utilizing - - to locate community resources. Participant services and supports tool to be able to capture those activities at the participant is making sure it is in that service plan. Enhancing our discussions utilizing any of the feedback we get from our discussions and expanding our newsletter to include the community events. Now as we move into our dental services we have incorporated an oral health impact project. Is the southeast zone. This was initially a pilot project and it was very successful where we caught the person with mental health or behavioral health for adult dental visit. That was an outreach call from one of the oral health impact project caretakers normally call the dispense to discuss any of the hygiene referred over with the local dentist in their area. We are expanding our access and awareness by utilizing the dental kids. These are again if there is identification we can send a kid to the spent - - claiming department and utilize service coordinator to reach out if there was anybody spent may need additional education to make sure they go to the dentist. Regular cleanup and we have a additional hygiene and dental health pamphlets and brochures that we also share our participants. Auto registration to upper dispense which is a part of this improvement plan as well. Next slide. With the implement services, OLTL employment representatives it was a great meeting. That was something we incorporated in 2021 which is a subject matter expert for the implement related issues. They meet regularly with the service coordinators with vocational rehab. We had a spreadsheet of the office of vocational rehab participants who expressed an interest in employment for home AmeriHealth or Keystone has signed so this will track the Brisbane status. For those who spit to identify and implement neither interest, - - service coordinators. And upper spends on employment opportunity. We have educated our participant so during one of our meetings across all zones, we brought up this - - and also have outreach dispense were eligible but not enrolled in snap to provide them with the benefit of the snap to ask if they wanted to join. We also screen dispense for snap eligibility with the old - - done on the continuous basis. We created a snap video which will be posted to our site and service corneas to show those videos during the visit. Next slide please. Housing service awareness. We have our service coordinator like complement coordinator we provide - - may have internally as well as any resources to any of the websites that they keep track of. They participate in the external housing collaboration meeting and continuously assess for home and vehicle modifications during the comprehensive use assessment. If they identify needs they will work with the spent to determine what the home modification would need and go to the home modification team for a full evaluation. Areas need to be addressed while the Brisbane service coordinator. I believe that is the last slide and it is. Thank you everyone, I open it now for any questions if there is time.

>> MICHAEL GRIER: Thank you for the presentation. I will start with a question as committee members if they know anything. How many people do you have that have employment in the service plans right now, do you know?

>> SPEAKER: I will have to refer to Jan Rogers to see if she happens to have that offhand. We may have to get back to you on that.

>> SPEAKER: Hey Mike. All three plans report that number out, I have to go to the repository, I have it right here happy to share off-line.

>> MICHAEL GRIER: Said he wanted to go to the proper channels of OLTL and you will distribute it?

>> SPEAKER: Hi, yes we will go to the proper channels here at OLTL.

>> MICHAEL GRIER: Okay. Committee members to many questions for AmeriHealth?

>> DAVID JOHNSON: Good morning, this is David Johnson. Similar question to Pennsylvania health and wellness. I appreciate the presentation, does - - have any plans to summarize or share this information about your improvement plan to all beneficiaries?

>> SPEAKER: This improvement plan was shared in our Brisbane advisory committee. We also

did internally to our committee where we have external consultants on the board that provide any feedback as well.

>> DAVID JOHNSON: Thank you for your response.

>> LLOYD WERTZ: Does this plan have an understanding of a number of folks being served who also had behavioral health issues as a part of their patient centered plan?

>> SPEAKER: I want to make sure I answer as you propose to it, do we have a handful on how many of upper spends are also enrolled in a managed care organization?

>> LLOYD WERTZ: I would assume they are all unrolled, I want to know how many are using the services from these organizations.

>> SPEAKER: We are really asking about utilization from a managed-care perspective, that is information hereafter appeared we only know who consents to being referred and connected with the provider through the MCO. So from utilization standpoint that is a question that opposed to the organizations because we as you know it's a carbine Pennsylvania.

>> LLOYD WERTZ: So there's no track to be able to compare the initiation of the CHC to the present time and whether there is greater uptake or is the same or not.

>> SPEAKER: That is an area where we need to collaborate with the MCO's to drill down on the answer you are seeking.

>> LLOYD WERTZ: Yes it is, I thoroughly agree with you and hope to hear that is happening but I guess it is not as of yet. Speak your other questions from committee members?

>> SPEAKER: Is Paula, I do not have any questions in the chat box.

>> MICHAEL GRIER: Okay. Then with that, UPMC you are up. Jamie, are you presenting today?

>> JERMAYN GLOVER: This is Jermayn, I know we have Beth Ellis as one of the presenters was self muted three UPMC you are up.

>> SPEAKER: Hi, this is Beth Ellis, sorry for the delay. I just received a message from Jamie that she cannot get on muted.

>> SPEAKER: I am here now, can you hear me? After 10.

>> It worked. I want to say hello everyone, good morning will still work, go ahead and go to the next slide and I will jump right in . We have been doing a lot of similar activities and hopefully we can touch on a few things that maybe they are not doing yet but one of the great things about sharing what we are doing is that we really learn from each other and because we have been working we actually planned on the previous series for a few years now. Some of the things governor mentioned today our activities that were started another 2020 or 21 and we are continuing on in growing the program stronger. Other things are new as of November and December when we get the last survey results and we are still in the implementation phase. I want to cover that with all the different strategies you will use today. We will jump off - - choosing services that matter. We have communication plan with providers and if convicted one provider training. To talk about the importance of on boarding their staff with knowledge of the service plan as well as improving the on boarding of the participants they take on to make sure that they are managing expectations and covering what choices and services and how they are delivered are important from the provider side of things. We have communication planned to remind providers in quarter two about how to access the provider portal so they can have more information available to them to do that staff training with direct care staff. We also during our transition to Tempest have ongoing service coordination training relating to offering choice, explaining different service models, using the motivational imagery and discussing the whole service array that is available to them through the waiver services so people can design a care that can help them get the quality of life that they want more so than maybe this personal assistance services in the home. Realizing that there is a blend of services that might help them achieve their goals better. We have service coronation training every other Friday. We try to hone in on specific services or benefits or workflow processes that can help reinforce the

importance of choices offered when having the planning meetings for participants. To help connect has been to friends my family and never spends they continue to build on the robot community - - general use by service coordinators to access location-based events and resources that they can recommend participants and easy to navigate and also easy to update so we can get recommendations from service coordinators on new activities and events and resources available in their area so it does not take a lot to update other service coordinators to build a robust plan of care and goals. We started a new pilot to enhance support for community access and involvement by utilizing a community engagement team and they will provide additional support to those within a fire socially isolated or lonely in their assessment process and to also identify a goal to be more active in the community. The team will receive referrals from service coordinators and will be able to connect apartment and make a plan for successful engagement in the community and help overcome the barriers? Identify whether it is because my transportation and accessibility. Sometimes the fear of going out to community events after they had a couple of years of staying at home through the pandemic and doing things - - dispense after they also working on service coordinators to increase the number of goals that address social isolation, loneliness in the assessment process. Of course there is the opportunity - - on an issue there. Through explaining the ramifications of not addressing social isolation and loneliness for a person's health condition often times they are seen as the other training education opportunities that there is an uptick in goals related to community or engaging with friends and family afterwards. We have involve the Brisbane advisory Council and our committee for feedback, for new ideas and approaches to help address the integration back to the community after the pandemic period ends and figuring out with their input and the other strategy that we can use, the service coordinators can use that gives the new ideas and approaches to participants so they can increase community engagement. Another exciting pilot that we have implemented called it's never too late where selected participants receive a tablet that is on loan and it has Wi-Fi capability in it and the community engagement team will train the residence I had to use it and to connect to others both in a virtual environment and with local community events to help combat social isolation. Next, I will jump into dental. To improve access to dental and satisfaction with her dental services, we have our antigenic community engagement team helping us again here. They have developed a plan for community - - education series ready to launch affordable housing. High-rise centers or other community settings with a dental hygienist that will be there to provide education as well and after wrapping up community events related to Tempest, they will be able to get these workshop schedules in different locations throughout the state and partner with our Medicaid community dental hygienist to lead the discussion on dental health and on the impact that mental health has on physical health and take questions from the audience and distribute dental kits. We also plan to keep dental as a topic on our 2022 pack series agenda. We are mailing dental kits with education later this year and we have a focused CHC dental workgroup that we invite represent us from our vendor and some of our Medicaid representatives to powwow with us on the services, benefits, look at complaints and denials and address them as needed. Do a lot of level setting as far as some of the concerns out there of things that might be confusing with participants as far as our benefit coverage. That workgroup has been key lately in addressing any of the concerns that have come up. Now for the employment update, I will turn it over to our employment grew - -

>> SPEAKER: Thank you Jamie. Can you hear me?

>> MICHAEL GRIER: Yes we can.

>> SPEAKER: Thank you. Before I talk about what we implement this year to increase placement awareness employment assistance, I do want to show that during this last year or so, we focus on refining our process for assisting participants that have expressed an interest in wanting to work to get the support that they need. Some of these things included update our

employment questionnaire which is a part of the comprehensive assessment administered for every a CBS participate annually and when trigger events occur. We launched our implement concierge team operates for a full year. This is the team that operates for public subject matter experts - - dispense keeping them engaged in the employment process with increased frequency of communication and support. We have also created a new internal employment referral form that is a way to communicate between our service Cornet is requesting assistance from our concierge team. We also have established single point of contact with each OPR district office and a streamlined referral process for participants. We are excited Emma will continue to refine our process as things and flow and new things come into play. We are really excited about our employment efforts this past year. In terms of the things we are doing to increase participants awareness of employment assistance, we have employment questionnaire administered during the annual conference of assessment and when a trigger event happens for every president is currently is asking these questions and they are asked if they are currently employed and if they would like to be employed. We will continue to include employment as an employment related topic as an agenda item for Alisa one pack meeting annually. Last year, Ed Butler from OLTL came and did some employment. We talked about employment in the new - - and it was received very well and an upcoming pack meeting this year is having someone will come again and talk about it more in depth. We will continue to have those employment related topics as an agenda item for this meeting. We are working on it, it's sitting with her legal team right now but we are producing with our marketing department, a CHC employment program overview video. This video will provide an overview of the CHC employment program with the job counselor and some clips. 1 to 3 members of our current CHC members were actually working. The job counselor will answer questions about the program while the members will discuss their experience and why having a job is important to them. The tone is friendly and informative, the audience is CHC members and the goal those videos to increase awareness and understanding of the CAC implement program and point members in the direction getting more information and give members encouraging messages about wanting to work and find a job. We will also supplement this high production quality video with some smaller lower quality videos. We have a library participants currently working sharing their story. This will allow the concierge team to be able to share with our participants to help them with encouragement. We know that employment is not instantaneous thing, it is a process. We want our participants to stay encouraged along the way. We are also beginning this year including a participant limit testimonial with information on how to access CAC newsletter. We are slated to have our first testimonial happen in June and the July newsletter. Hopefully we will continue this every year. Lastly in October for disability awareness month, we are planning a series of in person and virtual employment support services workshop. In person in Pittsburgh and virtual across the states. Topics include things like benefit counseling, and career links. Beth, I will turn it over to you.

>> SPEAKER: Next slide. Beth will be up in a minute. I will cover some of our exciting work we are trying to do in improving our recommendation and reporting abuse, neglect and expectation at the present level as well as service Cornet's and providers. First, we switch to pretraining with service coordinators on how to educate dispense. Some of the new ideas for the training included was providing tips to screen for high risks within the home that have a high probability of indicating abuse or neglect that might be going on, providing some case studies to discuss as a group and the actions taken to resolve or remedy the situation going on.

>> MICHAEL GRIER: Can we check to see if the audio is okay? I'm having trouble hearing, I don't know of anyone else's.

>> DAVID JOHNSON: Mike, this is David I'm also the audio issues.

>> LLOYD WERTZ: She went silent.

>> SPEAKER: Okay, it says I am back. Somehow I got muted by the system or something.

Hopefully I can pick up where I left off. We provide case studies that help to combine situation that we encounter on the critical incident side to the minds of your not sharing PHI and doing large group training but other complex situations we have we mold into a new case to look at. As we have learned of teamwork in the health plan remember was that high risk, will ensure those and celebrate those and make sure we are doing shout outs on great responses to incidents so service providers can learn from each other and also know who some of the ones who have tough - - ask for some advice on a case that they have. We reviewed data by zone to better understand where underreporting is occurring and try to work with the different teams - - targeted training of service coordinators in that area or providers in certain areas because you're not seeing the prevalence rate of reporting equal and dead zone. The mere to look at the way were a language - - updated so what is meant to read that have good talking points in plain English that could be easily communicated for participants to help them recognize that they should have warning signs if they are getting abused or they have the right to be free from abuse or neglect and should do something about it if it is occurring. We do have a magnet about support numbers and information put on their including protective services hotline. Upcoming in quarter two and three of this year, we are going to be adding a link to the protective services mediated that was released earlier this year on our CHC site that's available to the full public as well as doing a newsletter mailing that has the information in it as well. We have already admitted leave behind flyers at the service Cornet's can use. We go to a participants home and reiterated the importance of the talk about this at every initial assessment and there is an attestation question that advertisement agrees to if they have received the education during the person centered employment meetings. Then we try to discuss wellness and service delivery and follow-up on - - as service coordinators make their regular contact calls with participants so even if the patented it was resolved, they can revisit and make sure whatever mitigation plans put in place is still working at hopefully there is not any additional risk or incident going on. Next slide. Our alright that I will turn it over to you to cover the housing updates.

>> SPEAKER: Thank you Jamie. Hi everyone and thank you for this opportunity to share exciting work happening within our UPMC housing program by our fantastic housing team. My name is Beth Ellis, I'm a manager housing strategy within the team focus the other Southeast, Northeast and Lehigh capital areas. Our first housing program enhancement is a set of resources we refer to as housing quick reference guides. These documents are designed to help our fantastic service coordinators better understand the technical side of housing and support upper dispense with housing needs. We made these resources available through a new internal housing focused SharePoint site. The guys we have created provide technical information on things such as eviction process, the different types of income based and subsidized housing out there, where to search for affordable housing and homeless services across the state. We have also launched a new housing assistance assessment for service coordinator to request help from the housing strategy team I housing issues that participants are facing. We have been very happy with the response from the service coordinators in using and using this new assessment tool, it is enhance our ability to help them with Housing issues and provide the target resources and technical assistance as well as gather significant data on our participant housing needs. There are a number of housing related pilots projects currently underway as well. We are working in six counties to expand access to the emergency assistance program to the provision of flexible administrative funding through - - agencies. The funding is most commonly being used to find staff positions to process ERAP and manage backlogs. We are also piloting the expansion of our nursing home position coronation service to three target participant groups web housing barriers. Those groups are - - dispense who reside in nursing facilities that have a barrier, housing barrier present preventing return to the community. - - Hospitals, almost housing programs or behavioral health settings. The third group upper dispense receiving home and community-based services in the community but will

housing insecure and at risk of being institutionalized or becoming homeless. We intend to serve about to enter participants through this pilot which we refer to as NHD plots. The third pilot I will mention is our medical legal partnership. In this pilot, we are working with neighborhood legal services to offer free legal assistance and education on landlord-tenant issues, powers of attorney, living wills and other legal matters. The program involves a comprehensive legal wellness checkup for participants as well I should also mention that this pilot is only for our participants in Beaver, Butler and Lawrence Counties. We are so excited to have his pilot launched and painful for many partners who make them possible. That concludes my housing update so I will pass it on to - - or Jamie, thank you.

>> SPEAKER: I want to briefly cover and snap benefits and transportation and we can open up the floor for questions. For snap benefits, we will be reinforcing in our upcoming newsletter a link to where they can go and apply and we did that last year as well. The model number has been to a firm to utilize snap on a monthly basis for internal awareness. We are also reminding service coordinator to cover this information on monitoring calls for participants is appropriate as we identify any food and securities during those calls. The community engagement team plans to includes snap representatives - - 2022 and we have placed dates to post forms starting in late spring. Moving to transportation we develop a transportation flyer last year mailed in October 21 two participants with nonmedical transportation authorizations. Not including those that receive bus passes or use driver mileage reimbursement. Just to help them understand that there is an issue during their arrangement, who to call and help with some of the questions that we get. We also continue to address needs and targeted locations where we have transportation providers there is always going to be a continued focus for us. It's always good to talk to transportation problems and gaps that are out there so this is going to be a commitment to our presence in community health nurse in Pennsylvania to continue to strengthen our relationship with our contractors as well as address any of the transportation grievances we get regarding the contractor in real time. When we have received some in the past, we have meetings with the contractor and as trends are ongoing and issues are identified, we requested updates to what they use and the subcontractor is required to do retraining of those procedures with drivers to hopefully mitigate future reoccurrence of what the concern was. This concludes our presentation today and I will entertain questions at this time.

>> MICHAEL GRIER: Before we start with questions from the committee members, thank you for the presentation. I wanted to ask the same question I asked about employment services for UPMC. About how many individuals do you have that are a part of employment services with the care plan?

>> SPEAKER: This is - - speaking. Because you asked the question earlier, I was able to go in and we do report out on our ops .2 report. As of March 31 we have a total of 360 upper dispense that have an employment goal on their person centered service plan.

>> MICHAEL GRIER: Thank you very much and I appreciate that. Any other questions on UPMC from community members?

>> LLOYD WERTZ: Yes, given your relationship I'm assuming relatively close with the larger HCO in the Commonwealth, a wonderful behavioral health management system, I wonder if there's a planner capacity in place wherein the information about treatment services - - data shared but there is a sharing of the precipitants in the UPMC plan of behavioral health services is that being shared with the service coordinators for the plans for the Brisbane that are in place ?

>> SPEAKER: Hi, this is - - from UPMC. Yes, we have a close communication ship with behavioral health and the other behavioral health organizations. We have regular data exchanges to referrals we are sending over there as well as service utilization. With the information that we do receive from - - we do update and provide information to the service coordinators when the placement is consent to having that information placed into the service

plan.

>> LLOYD WERTZ: Thank you very much.

>> DAVID JOHNSON: This is David Johnson, previous question posed that the MCO's - - beneficiaries.

>> SPEAKER: The action plans are more topic specific because, we want to send it out probably with everything included. Some of the strategies we end fermenting have a smaller target population so there is a limited audience that we want to have that has information so we can keep it as a pilot and not add to any frustration other people like that idea and can participate yet because we're not ready to go statewide. Whereas other ideas and there are broad topics in which we can provide education to everyone the right newsletter and use visual aids or marketing tactics to be able to draw their attention to the education that we are trying to provide in that specific topic. We will talk about the action plans in general and have already this year in some detail with providers during the provider training session so they are familiar with the survey and questions related to services and how we want to try to improve quality services through our partnership with them. Specific topics we can have a great discussion on seat-of-the-pants strategies we have implemented or ideally a pot of that we want to run by them before and fermenting further to help get the ideas such as the community integration pilot that our community engagement team is starting. One of the downfalls of the survey we must educate the masses is that it's a very lengthy survey that there are 10 topics to communicate and that's a lot to digest for anyone studying through any format. We find that the best approach is topic specific bite-size chunks and figure out the best way to disseminate information the need to educate people on or something mean to have a greater robust conversation on or involved that is something. We are using multiple approaches that will not disseminate the full action plan is one item to the beneficiaries.

>> DAVID JOHNSON: I appreciate your response. I want to verify you mentioned in context, is at the health education advisory committee?

>> SPEAKER: Yes.

>> DAVID JOHNSON: Thank you.

>> MICHAEL GRIER: Other questions from the committee members? Paula, are there any questions in the chat?

>> SPEAKER: Hi Mike, yes I do. The first question is asking what providers can access the service plan on the provider portals? This came in during UPMC's presentation.

>> SPEAKER: The LTS as providers can access it if you log onto the provider portal. If the member agreed to share it then it would be on there. Some members opt out of sharing it on the portal and they would not be able to see and then the providers would receive information on the services they need to be provided.

>> SPEAKER: The next question is what is the name of UPMC's community access and involvement Used by service coordinators?

>> SPEAKER: It is just call the community resource guide and is an internal app developed using a Microsoft tool so the internal staff can access it and use it like a Google search and also provide updates to resources in their area.

>> SPEAKER: Next question is for all three MCO's. How often are service coordinators required to contact participants outside of the annual advance? This includes phone calls and face-to-face contact.

>> SPEAKER: Hi, it's Olivia from PHW. Our service corneas are required to reach out quarterly, at least quarterly. Obviously if we have notification or outreach from our participants then we will return those calls and reach out more often if needed or if there is a notification of hospitalization, we do face-to-face visits.

>> SPEAKER: Our answer is the same that Olivia is provided but for reference, this is outlined in the CHC 2022 agreement under the service coordinators session.

>> SPEAKER: This is David from UPMC and the Echo the frequency in which SC are required - also expressed service coordinators when cost went from respect and provided that service coordinators are returning those calls within a two business day time period and that is something that - - monitor to ensure that they are being responsive.

>> SPEAKER: Thank you. I have one more question that came out and this is from Juanita Gray related to Tempest. Her question is have there been in-depth looks into the new accounting company that will be replacing PPL for the participant management agency? Does anyone have stats on their services in regards to how efficient they are and if they will be more efficient than PPL?

>> JAMIE BUCHENAUER: That may be a question, I will so I don't know if any of the three CHC MCO's want to chime in here. I think you're talking about the transition from an administrative service where the department holds a statewide contract to an administrative service of the three CHC MCO. They came together and all shows Tempest to be the new financial management services vendor for individuals in the community health choices program better choosing to self-correct their own services. Obviously, we talked earlier today about how the three CHC MCO's and the office of long-term living have been holding individual stakeholder meetings monthly since we have announced the transition to make sure that participants are connecting and anybody interested had the opportunity to connect with Tempest and the three CHC MCO's, raise an issue they have and hear from Tempest how they are working to make this transition happen in Pennsylvania. I would encourage if you are interested at all in the transition to join the stakeholder meetings. There specific to this issue and we have Tempest on the phone monthly and I think there will be two stakeholder meetings in June even though the first one was the one that we announced today at the meeting. I am not sure if any of the CHC MCO's want to add to my explanation.

>> SPEAKER: This is Anna. Just to add to Jamie's comments Juanita Gray, I want to let you know that when we put out the request for an FMS bid, we did look at several organizations and took into account their experiences and satisfaction the participants and other locations that work these companies. The whole purpose of this process was to ensure a better outcome for individuals that self-directed services. That was at the top of the list. That will be the outcome as we move into this new contract with Tempest.

>> SPEAKER: Thank you.

>> SPEAKER: My pleasure.

>> SPEAKER: Mike, it is Paula. I have nothing else that refers back to the slide presentation. If you are okay going to the additional public comment.

>> MICHAEL GRIER: I sure am Paula, thank you. Okay everyone, this is the time period for additional public comments. We have the MCO and she me online with us so many questions, please feel free to communicate either to the chat or we can maybe someone can pipe in and we can unmute you so you can ask the question.

>> LLOYD WERTZ: This is Lloyd again and I will be off of the.

>> To OLTL. This is a great deal of coordination and collaboration, I'm wondering - - incentivize the sharing of information between the two plans. We are all about whole person healthcare based on a government decree of last year and the organization I represent, we believe is the only way to effectively treat a population and its health needs is to recognize all of them health. Mental health and physical health. I'm wondering if there's a plan to help incentivize and firm up the sharing of information within the MCO's.

>> JAMIE BUCHENAUER: Thanks Lloyd, it is definitely something we have talked about. As a department, I do not want to say specifically in the groups but because there is whole person healthcare and obviously you may be aware of the integrated care planning process, is something we have talked about looking for community health choices yet. Obviously no decisions to date with something we have definitely talked about.

>> LLOYD WERTZ: I appreciate the fact that you're looking into it, thank you very much.

>> MICHAEL GRIER: Other questions from committee members? Paula, anything in the chat?

>> SPEAKER: Hi Mike, I have one question in the chat and am waiting for clarification on another. This question is from Elizabeth, how many hours a day can a home health aide provide care to a member? Is there a limit and if so - - provider email?

>> JAMIE BUCHENAUER: I don't know if any of the CHC MCO's want to chime in or that OLTL staff wants to chime in, to our knowledge there is no limit on the number of hours a day a home health aide can provide care to a member. We obviously know that some of our home care agencies taking into account the individual's health and safety may limit the amount of hours for a particular worker to work per week for that participant. Health and safety of the present is first and foremost so someone is providing a lot of care and one day, we want people to take into account the health and safety of that actual precipitant. Somebody working many hours per day or per week obviously is probably not as effective as somebody who is working less hours per week. I do know if anyone wants to add to that.

>> SPEAKER: Is Paula, the next question I have is during last month's meeting, it was stated that a CHC procurement timeline will be developed over the next few weeks. Is there an update on the release of that timeline?

>> JAMIE BUCHENAUER: This is Jamie, I will give you an update on our timeline. Obviously we are working towards the community health choices procurement. The current contract ends on December 21, 2022, but it does have one two year renewal which we will be exercising with the office of long-term living. Our tentative and I say tentative, completion date of the new work statement would be July 20 22 at the very earliest obviously there's a lot of work we need to do between now and July. I would really at this point push that to - - office of long-term living have a work statement. We have been asked a lot about public comment and will we have public comments or input to this procurement? I would note that due to the timeline above, we are considering public comment but we would not have anything ready for public comment before August 2022. Our tentative plan would be to release a new community health choice on or after April - -.

>> JERMAYN GLOVER: This is Jermayn, I want to read one, that came in. - - Requires 48 hours advanced scheduling as required by ADA law they don't like them they are saying that attract adequate staff and vehicles especially in mobile areas. Any of the MCO's that use MTM want to respond to that?

>> SPEAKER: This is Anna, I don't know if Joe Ellie is on the call.

>> SPEAKER: Hi Anna, yes I had difficulty getting off of mute.

>> SPEAKER: I will pass to you.

>> SPEAKER: We work on a monthly basis with MTM and monitor their network adequacy as far as their vendors and vehicle fleet. They consistently show fleets that adequately support the prison population that we currently have in place. Additionally, they do ask for 48 hour notice to secure transportation. However both PHW and MTM understand that life happens and you cannot always plan that far in advance. Their processes to secure transportation outside of the 48 hour window which has adequate notification. There are processes in place to make sure that respites are supported and can get from point A to point B utilizing MTM whenever they don't have 48 hours.

>> SPEAKER: Hi Mike, it is Jen Rogers, we also use MTM and everything applies to our process. We do have a process in place for escalations between our service coordination team and the folks at MTM. If and when an urgent need arises with one of our participants needing transportation sooner than our 48 hour window, I will reiterate that we also have weekly meetings with MTM where we are reviewing - - network adequacy across all 67 counties. As it stands today, we feel like MTM has an adequate network and do not have any concerns at this time, thank you.

>> JERMAYN GLOVER: Thank you.

>> SPEAKER: Hi Mike, this is Paula I have another question that came in. Does the healthy choice RFP have any effect on the CHC MCO or the participants?

>> JAMIE BUCHENAUER: Thank you for that question. I will start again and if any of my OLTL colleagues want to chime in then please do so. My understanding is that during the selection process, if somebody has - - dual eligible or for some other reason they become eligible for community health choices , obviously there is a plan selection period but if a participant does not select a plan, I believe obviously to go from health choices to community health choices there is some assignment issues that will be impacted by the health choices, not necessarily the RFP but any health choices plan by come on board for health choices . That is one impact. I'm not sure if there any other impacts. I think obviously with the health choices right now there is litigation outstanding and OLTL will be monitoring that but no impact at this point in time until community health choices. Feel free to weigh in.

>> MICHAEL GRIER: Any other questions? Paula, how the chat doing?

>> SPEAKER: Mike, I have another one that came in. Why are consumers by this refers back to the transportation. Why are consumers required to get a monthly bus pass that expires one the only want to ride the bus 20 times? And it does not expire.

>> MICHAEL GRIER: Without question be for all the MCO's?

>> SPEAKER: I would say yes.

>> SPEAKER: Let me make sure I understand the question is about monthly bus passes whenever spit wants to ride one or two times, data capture that correctly?

>> SPEAKER: The best I can do is provide context year for the southeast. If the public transportation authority. - - Has moved to a process where they are no longer issuing day passes or tokens. They have moved to an electronic path where they are phased out tokens. So the process is for a participant that is on CHC, they will be authorized for a key card which will be loaded with funds applicable to their travel routines. So what was formally known as the zone trail pass or a zone one trail pass, this is all separate language. That makes sense for where the parties may need to travel to and from, that is the amount of travel funds that would be loaded to the key card and the hope is that the participant retain the key card cool and not lose it and every month the health plan would be loading funds applicable to the travel routines on the gift card. That's the process that we need to follow with other areas of the state, we work with MTM as a translation broker who works with the public transportation authority to issue the participants on the travel whether it's passes or tokens or tickets available from the Transportation Authority that would make sense for the participants needs. For example, in Erie I believe, weekly passes and day passes or monthly passes are available for the service coordinator to authorize to use with - -. I hope that is helpful.

>> MICHAEL GRIER: Thank you. Who was up next?

>> SPEAKER: Michael, this is Joe from pH W in reference to the transportation question. Our process is nearly identical to what Jen just described. We work through MTM to purchase those key cards for our participants to utilize the public transportation in the South.

>> MICHAEL GRIER: Why do we have to buy a monthly bus pass if we only use it two or three times a month?

>> SPEAKER: We are working with them to low the funds to their key card to allow the persimmons to utilize public transportation in that area. Within each month we would reload that card with the appropriate funds for them to get from point A to point B.

>> MICHAEL GRIER: Thank you. UPMC?

>> SPEAKER: We utilize a different vendor then MTM that we follow similar processes and working with the local translation authority on the best means for allocating whether it be a weekly, monthly pass prep for participants. We coordinate with the local providers or any other number of the providers throughout the state.

>> MICHAEL GRIER: Thank you for all of the many other questions?

>> SPEAKER: Sorry, I will circle back to the anterior deputy secretary - - had given for worker hours. The only thing I would add to that within the late waiver there are limitations on paying for a week time with an overnight care. Would you required personal assistance services that the worker be a week and we work with the providers identified response systems if there is a need over that time period but not necessarily - - attended.

>> MICHAEL GRIER: Thank you for the clarification.

>> JAMIE BUCHENAUER: Agreed, thank you for adding that.

>> SPEAKER: Hey David, is Paula. I have another question here that refers back to the bus. If there is an attended the need to travel with the participant on the bus, is there anything being done to cover the bus fare for the attendant?

>> SPEAKER: Hi commences Jan with AmeriHealth/Keystone. Two things, there is a process - - can be assessed for having attendant accompanying them to where from the travel destination. It's the paratransit - - want to pursue. For nonmedical condition benefit we are in our current agreement for the participant to be utilized as a part of the benefit package. I think anything above and beyond that would be through the past agency and the travel assistance program.

>> SPEAKER: - - Where the attendant can accompany the participant, our focus is on the transportation of the participant.

>> SPEAKER: This is Joe, we will follow a similar process through AmeriHealth and UPMC.

>> SPEAKER: Paula again, another question came in. Does Tempest replace PPL for CHC consumers. In June?

>> JAMIE BUCHENAUER: I was reading the question again because I want to make sure I understood it. I'm not quite sure what. Means but yes, Tempest will be the financial management service and in community health choices, not necessarily in June the transition date is July 1, 2021, 2022 I am sorry. As was provided at the stakeholder meeting last Friday, there are different dates that participants and workers need to be aware of as we transition to Tempest. We would encourage all to go out and attend the stakeholder meetings and definitely pay attention to communications your receiving from the community health choices MCO and Tempest.

>> SPEAKER: This is German. What the timeframe of the grace period?

>> JAMIE BUCHENAUER: German, what do you mean by grace period?

>> SPEAKER: When we transitioned a decade ago into PPL, there was a year of transition people that people not putting PPL the systems were in play there was a grace period. Will there be a grace period? Were they don't spend hours in this way?

>> JAMIE BUCHENAUER: I think your grace period needs, direct care workers will continue to be paid when they do not submit the paperwork back to Tempest or enroll in their system or submitted hours. We are currently working through that issue with the Tempest team along with our community health choices MCO. I am not sure at this point how long that grace period will be available.

>> SPEAKER: Thank you, the answers my question. Secondly, maybe I wasn't sure when I was getting the training earlier, if people in Tempest with their - - submission. Is it true that they will be paralyzed based on having to go make edits?

>> JAMIE BUCHENAUER: I'm helping some of the individuals involved in the transition who may want to jump in here, I am assuming that right now there could be errors as time is entered in the current system. There may be errors in time going forward, Tempest whatever process on how any kind of time errors can be corrected going forward.

>> SPEAKER: I know we are limited on time it may be too stop making be sure later, almost a decade ago when we switch to PPL significantly in Pittsburgh and the western side of the state, thousands of attendants were not paid for, months of work and he created major issues. I hope

you have learned experiences from them that we are applying now so we don't go through this again. Or have we forgotten that scenario?

>> JAMIE BUCHENAUER: Honestly, we are all keeping in mind what happened from the transition to the many entities to PPL. No one wants to repeat what happened previously. The community health choices have also been working very hard to get individuals to submit the paperwork and take the training. Please take the training so they know how the Tempest system works. They are ready to go well before the July 1 time period. I think we have shared with you to stick six we currently have, the numbers that I returned their paperwork. If you have any other suggestions on how we reach those remaining populations who haven't been responsive, we have our service coordinators outreaching to the specimens and those workers noted to get those remaining information from those individuals and get them to take the training so they are ready to go, all hands on deck at this point working towards a smooth transition as we don't want to repeat it sits over a decade ago, I would agree.

>> MICHAEL GRIER: Thank you Jamie very much. I can see by the clock that we are at our time. I will text except a motion for adjournment.

>> LLOYD WERTZ: So moved, good meeting.

>> MICHAEL GRIER: Thanks Lloyd. Second to anyone?

>> SPEAKER: Second from Cindy.

>> MICHAEL GRIER: Thank you Cindy. I appreciate all of you for your participation and we will see you next month. Thank you and goodbye.