

>>KAREN LOWERY: Good morning, everyone and welcome to the March edition of the MAAC meeting. Today is Thursday, March 23, 2023. Before I begin the meeting, I just wanted to go over a few items. As a reminder, this meeting is being recorded. Your participation in the meeting is your consent to be recorded. If you do not wish to be recorded, you can end your participation in the webinar at any time. To avoid any disruptions, please remember to keep your microphones muted if you are not speaking. Live captioning, also known as CART Captions, are available for this meeting. The link is included in the chat. Presenters should state their names clearly before they begin speaking to assist our captioner. Representing the Department of Human Services (DHS) today from the Office of Medical Assistance Programs (OMAP), Deputy Secretary Sally Kozak, and from the Office of Long-Term Living (OLTL), Deputy Secretary Jamie Buchenauer. From the Office of Mental Health and Substance Abuse Services (OMHSAS), Acting Secretary Jen Smith and Dr. Dale Adair, and from the Office of Developmental Programs (ODP), Deputy Secretary Kristen Ahrens. If you have any questions related to this meeting or need additional information, please visit the MAAC webpage. Now I will turn things over to the MAAC chair, Deborah Shoemaker.

>> DEBORAH SHOEMAKER: Good morning, everyone and I want to thank you for coming and I am looking out my window and we were so blessed yesterday with nice weather and it's raining today. It's all good. It's good to be here at the MAAC. I know you just introduced people from DHS, but I also want to thank and welcome Scott Cawthern who I know has been key, and Carl Feldman from his office, have been on the hot seat at many meetings based on the unwinding, so I am looking forward to seeing Scott and hearing Scott again. I will take the time to go through my list of MAAC members who are on the call right now. Before I do that, I want to welcome Kyle Fisher who unofficially is now on our MAAC committee as the Ex-Officio for the Consumer Sub. Kyle do you want to say hello?

>> KYLE FISHER: I will say good morning, that's kind of you Deb, I appreciate the introduction, Kyle Fisher for the Pennsylvania Health Law Project as counsel for the Consumer Sub.

>> DEBORAH SHOEMAKER: Yes, thank you. He will be our new Laval Miller-Wilson. Again, my name is Deborah Shoemaker, I'm the chair of the MAAC and the chair of the Fee-for-Service Subcommittee. Also, in my role I'm a consultant for the Pennsylvania Psychiatric Leadership Council and I'm a consultant for Recovery Insights, which is a peer support group that is in Lancaster and Lebanon and currently has a grant to do some work in Cumberland, Dauphin, and Perry. Vice chair Sonia Brookins from the Consumer Sub, are you on the call?

>> KYLE FISHER: She unfortunately has a conflict this morning.

>> DEB SHOEMAKER: Minta Livengood, also from Consumer Sub, is recovering from hip surgery so she will not be on call. Kyle will represent the Consumer Sub. Jeff Bechtel?

>> JEFF BECHTEL: I am here Deb.

>> DEBORAH SHOEMAKER: Good morning, Jeff Kathy Cubit?

>> KATHY CUBIT: Here.

>> DEBORAH SHOEMAKER: You want to say what your affiliation is.

>> KATHY CUBIT: Sure. I'm Kathy Cubit for the Center for Advocacy for the Rights and Interests of Elders and I chair the LTSS MAAC.

>> DEBORAH SHOEMAKER: Thank you Kathy, Richard?

>> RICHARD EDLEY: Hi Deb, Richard Edley, president of the RCPA, Rehabilitation and Community Provider Association.

>> DEBORAH SHOEMAKER: Wonderful. Joe Glinka?

>> JOE GLINKA: Good morning, Joe Glinka, Director of HealthChoices for Highmark Wholecare and chair of the Managed Care Delivery Systems Subcommittee.

>> DEBORAH SHOEMAKER: Wonderful. Dr. Goldstein? I think we have Dr. Goldstein on. Maybe he can't get on. I don't know if he is on the phone or not, if we lost him. Okay, next would-be Mike Grier?

>> MIKE GRIER: Good morning, everyone, Mike Grier, I'm the Executive Director of the Pennsylvania Council on Independent Living and I am the chair of the MLTSS sub MAAC.

>> DEBORAH SHOEMAKER: Good morning, Mike. Teri Henning?

>> TERI HENNING: Good morning, Deb, I am here. Teri Henning with the Pennsylvania Homecare Association.

>> DEBORAH SHOEMAKER: Wonderful, thank you. Julie?

>> JULIE KORICK: Good morning, everyone, Julie Korick I am with the Pennsylvania Association of Community Health Centers.

>> DEBORAH SHOEMAKER: Wonderful, thanks Julie. Kelly?

>> DEBORAH SHOEMAKER: I am looking at the list I'm not looking at the thing right now. If we missed Kelly, we'll hopefully get Kelly back. Russ? Oh, that's right, Russ is not available. He had a conflict. Former chair of the MAAC. Nancy Murray?

>> NANCY MURRAY: Hi Deb, Nancy Murray, representative of Achieva and the ARC of Greater Pittsburgh.

>> DEBORAH SHOEMAKER: Deron Shultz? Sorry. Heather King? Sorry if I can't see Karen. I will move it over in a minute. Nick Watsula?

>> NICK WATSULA: Good morning, everybody. Nick Watsula, Vice President and Chief Operating Officer at UPMC. I want to welcome Kyle. You've got big shoes to fill but I'm sure you'll do a great job. Welcome.

>> KYLE FISHER: Thank you for that.

>> DEBORAH SHOEMAKER: Did I miss anyone? I think you hit most everybody. Thank you also to Elise and Eve and everyone, Shannon, all the people, Bob, doing the things they need to do to make DHS and this MAAC successful. I think we have a quorum, Karen. Do we have a quorum?

>> KAREN LOWERY: We do.

>> DEBORAH SHOEMAKER: Wonderful. Hopefully everyone had an opportunity to look at the minutes from the February meeting. It was a really wonderful meeting, of course, we had Secretary Arkoosh, exciting for sure, but if I could please have a motion to approve the minutes as they were written and distributed.

>> NANCY MURRAY: So, moved, Nancy Murray.

>> DEBORAH SHOEMAKER: Thanks Nancy. Second?

>> JULIE KORICK: Second, Julie Korick.

>> DEBORAH SHOEMAKER: Wonderful Julie. All in favor.

>> [Unanimously] Aye.

>> DEBORAH SHOEMAKER: Any opposition or abstentions? Wonderful. Well, if that is the case, I thank everyone and I would like to hand it over to Scott. I feel like we are becoming fast friends as much as we talk to each other. Scott from OIM take it away.

>> SCOTT CAWThERN: Thank you so much Deb. Yes, we have been in meetings all week.

>> DEBORAH SHOEMAKER: Yes, we have.

>> SCOTT CAWThERN: I appreciate the opportunity for OIM to discuss some very important topics that are facing us here as we approach both the Medicaid unwinding and CHIP IT transition. I know there were several questions that were presented, and I will walk through some of the information about unwinding first.

For the unwinding, we are flagging approximately 880,000 cases at this point. That's the most recent number we been able to pull and out of those, there are some 617,000 that are what we call COVID flagged, meaning they have returned information to the Department and when we reviewed that information it appeared that absent the continuous coverage requirement, they would have been determined ineligible and transferred either to Pennie or CHIP as appropriate. Within that, there is another 280,000 that haven't communicated with us at all and absent the communication would have otherwise been closed absent the requirements for the public health emergency. These numbers are a moving target. Every month that we go through, and we continue coverage, the numbers fluctuate. It is something that we are reviewing and making sure that as we process through the unwinding that we are capturing those individuals and determining their eligibility through a renewal. Within that there was a question about the alignment with SNAP. We are estimating about 60,000 of these cases have already been aligned with SNAP. And then also within that we have some thoughts about our MAWD population. Our current enrollment for MAWD is just a little over 35,000. We estimate that there would've been maybe five to six thousand individuals who would've transitioned into MAWD, again, absent the requirement from the PHE to keep individuals status quo in their eligibility. Those individuals will be credited for MAWD coverage so that they could potentially be eligible for the WJS piece of MAWD that we put in place right before the PHE pandemic. We are looking at our numbers. We have enrolled right

now approximately 3.6 million individuals and to say that individuals don't always translate to the same number of cases because you could have a household of mom, dad, three children. So that's five but that's one case. As we are looking at the nearly 3.6 million that are enrolled and breaking that out into actual case records for distribution across the months, we are not to the greatest extent possible shifting renewals around. We've been sending renewals over the three-year course of the pandemic to keep our caseloads as balanced as possible. Meaning we don't see large numbers or shift in numbers that would cause one month to be significantly out of sync with others. Each year we complete the renewals. So, each year we would see the same increase or spike in renewals for that month. To the greatest extent possible, we've been working to follow the standard course of renewals - sending them out, getting them back as appropriate and for those that did return the information, processing the renewals so that we keep that as a level across the 12 months as possible.

I know there was some questions about if there is a backlog, what is our plan. We monitor our caseload activity and our renewal activity very closely. With telework and our robust IT infrastructure and working with all of the staff across the Commonwealth who work in County Assistance Offices and processing centers and customer services centers, if we see an area that might be starting to get into trouble in terms of processing and our estimate of their capability to process given the number of staff and the time remaining in the month, we are looking at ways that we would utilize, that we already do, which is shifting that work to other processing centers to have them complete the work. We have a very nimble staff and that we can, in a minute, pick up work from one county, shift it to another processing center, or even another county if necessary and have the work processed.

I'm going to pause there. I think that's everything to cover for the unwinding. I will pause there to see if there are any questions or anything I can address in terms of the unwinding before I get into the CHIP portion.

>> DEBORAH SHOEMAKER: Does anybody have any specific questions?

>> NICK WATSULA: I have a couple, hopefully an easy one. This is Nick, Scott, with UPMC. I appreciate the contingency plan with folks chipping in and helping if there's a backlog, but as a worst-case scenario, nobody will be disenrolled retrospectively. There will be a prospective date of a backlog does occur in terms of losing eligibility. That is correct?

>> SCOTT CAWTHERN: That's an excellent question. Our system is designed such that it takes caseworker action in order to determine an eligibility. Absent any ex-parte renewals of course. To say that, if we start to see a backlog, those cases will be adjudicated in the moment and an advance notice will be sent and they will be closed 15 days past the action that the caseworker takes. So, maybe in summary, if the renewal is due May 31 and the caseworker doesn't process that until June 2, it would be June 17 that they would receive a notice and we would not be going back and retrospectively pulling back benefits. It would be they would be closed June 17 and we would move forward from there.

>> NICK WATSULA: Thank you. And then you made reference to 880,000 lives in the unwinding. Is that cases or individuals?

>> SCOTT CAWTHERN: That would be individuals.

>> NICK WATSULA: And then you said 670,000 are COVID flagged, I think you said 280,000 were no contact, but that equals 950,000. Are those numbers mutually exclusive or what am I missing?

>> SCOTT CAWTHERN: Not 670, 617. 6-1-7, so that is going to adjust us by about sixty thousand. There is potential for some of that overlap and again these are cases that we have flagged and there could be some potential overlap.

>> NICK WATSULA: If possible, you don't have to spend any time or even respond here, but it would be helpful if there was a distribution of the 800 plus thousand lives even if it's just a percentage and not a raw number of the seasonality based on May through April of next year, on how many recerts there will be by month, just so we can gauge the level of effort potential that might mix from month to month and might not mix at all, I don't know what I don't know. We have our own data, and we are looking at that, but if there is something you guys could provide, I think that would be helpful if others agree.

>> SCOTT CAWTHERN: I think we can take that back and look at how we can project that out. Our system, we have an aggregate number we can look at and say there's this many right now, but every day action is taken on cases that could shift or adjust those dates moving out. So really in the moment we know exactly how many renewals are scheduled the month prior to the month renewal is due. We can project based on what we know to be true right now the moment. but again, those numbers can be

fluid as other changes in households. The household applies for a benefit and we, as part of that, we are able to re-run renewal for Medicaid. So, if they apply for SNAP, we have the SNAP application, we approve open the SNAP and the Medicaid renewals due in three months. We would run the renewal, if we have everything, we can run the renewal to align with SNAP budget date, so that we then are advancing the Medicaid renewal out of August and sending it to next February. That's why I say, we have numbers we could say in the moment we know this to be true but until we actually schedule those renewals and walk that cohort the month prior, it would be an estimate.

>> NICK WATSULA: Thank you, I appreciate that.

>> DEBORAH SHOEMAKER: And to piggyback on that Scott, this is Deb. I agree with you Nick. I don't think we are holding you to exact numbers, but I think it would be helpful, not just for MCOs, but providers and others, for us to have an idea so that we know, okay, not gear up it's a bigger season, but I know just to have a better sense of the numbers I think would be helpful. It doesn't have to be exact even to say, approximately in May we think there's going to be this many that would be very helpful. Thank you for bringing that up, Nick.

>> SCOTT CAWThERN: I think we can and I'm seeing that we may have those numbers already we can certainly share those back if we have them.

>> JOE GLINKA: Scott, this is Joe Glinka from Highmark. I just want to jump on this as well. It is our understanding, not just ours but this was communicated to all the other MCO's in a separate forum by OIM, that there will be two batches of information coming to the plans because the renewals are being moved forward as we understand it. So, the first batch comes out in April that would take us to the end of the year that highlights what the redetermination months are for our members and then a separate batch of information to take us through the end of the first quarter of 2023 that would be due out in May. Is OIM on track to deliver that information to the plans?

>> SCOTT CAWThERN: I may not have been in that meeting, so if that was something that OIM committed to then I would say yes, and I will circle back with our team to make sure that we are all singing from the same sheet of music.

>> JOE GLINKA: To be exact it was Carl Feldman who said that.

>> SCOTT CAWThERN: Okay.

>> JOE GLINKA: I can't emphasize enough from a managed care standpoint, that is vital information for the plans as we plan our work. Because there is a tremendous volume, we are all going to be working with we want to serve the members of each respective plans and collectively to make sure everyone has a complete understanding of the process since this is the actual dismissal from the program has been suspended for three years. We want to make sure individuals have all the information, every opportunity to maintain their eligibility or at least have the opportunity to get to another insurance platform such as Pennie or CHIP in the event that they would fail eligibility.

>> SCOTT CAWThERN: Understood.

>> DEBORAH SHOEMAKER: Because Scott has a little more to do, if there are any other questions, either put them in the chat, we can make sure Scott gets back. Scott and Carl are really good with that. Or we will see if we can address them later if we have some time to make up at the end of the presentation. Also, before I forget I want to let everybody know that my co-chair, Sonia Brookins, is now on the call.

>> SONIA BROOKINS: Good morning.

>> DEBORAH SHOEMAKER: Okay Scott, I'll give you back your little bit of time there.

>> SCOTT CAWThERN: I will go through CHIP IT. I know Nicole Harris is on from Office of CHIP. I'm grateful to have her present as well to help with the messaging for CHIP IT. The CHIP IT transition date will be mid-April coming up, April 17, 2023, will be the date when OIM will take over eligibility for CHIP families. CCHIP families have been notified of this change both by the Office of CHIP and by OIM. Office of CHIP sent letters I believe through the MCO's and then OIM also sent their welcome to DHS letter. That information has been sent out to all CHIP families. I do understand the concern that we are rolling out this IT project right at the start of the unwinding. The CHIP IT project has been years in the making and we have been driving toward a system release for years. We set that date without anticipation that the public health emergency would also end of the exact same time. Understanding that IT lift and our project runway and all the other dominoes that would fall if we had to lift this out, it would be detrimental to our eligibility system and the millions of households that we maintain in that eligibility system. While it

may not appear to be ideal, we've been working diligently and collaboratively, the Office of CHIP and OIM, to make sure this process is as seamless as possible for our families.

We are talking about right now about 130,000 CHIP families coming across to OIM and for OIM to then take on the role of case management and renewals and applications. The one thing I will say is that right now OIM manages about 70% of the applications that come through that result in CHIP eligibility. About 70% of this work already starts in the County Assistance Office. So, we are not adding really that much in the spectrum of things to our application processing. If you take the 130,000 and expand that over 12 months, we are adding about 11,000 to 12,000 renewals to the OIM caseload and spread out across the already as I mentioned earlier, 3.6 million recipients that we have in Medical Assistance alone that's really a small number in comparison to what we are already doing. I appreciate the concern. We too are concerned because we don't want to have any piece of the unwinding or the CHIP transition to have any negative impact on our recipients.

And as far as talks about moving those families into E-CIS and potentially any confusion with coverage in the CAO's confusion in processing, we've tested the eligibility system and all the IT infrastructure that's been placed into our eligibility system. We've signed off on our user acceptance testing, meaning all the things that we expect E-CIS to do based on the requirements that were given for CHIP to be housed in E-CIS and OIM, those checkboxes have been completed and anything that might have been an outlier, our IT vendor has taken back and is working to address. There were only a handful of examples, and they will be corrected prior to go live. It's a very robust system. The eligibility at its core is really just adding more rungs to the ladder. Right now, our eligibility system stops when there are no other Medical Assistance categories available, and it hands the information over to CHIP. Moving forward, our eligibility system will exhaust all options for MA and then we are now going to look at all the CHIP options. And as we know, every child is eligible for CHIP regardless of income. So, we are going to be putting them in free CHIP, any one of the subsidized categories, or at cost CHIP. So, I will pause there and see if Nicole Harris has anything to add.

>> NICOLE HARRIS: Thanks Scott. Good morning, everyone. It's Nicole Harris. I am the Executive Director for CHIP. Happy to be here with you this morning. Scott, you did a really good overview so I will keep it brief. For everyone else, what I really want to reiterate for this IT transition is that this will help streamline application processing for our CHIP families as Scott highlighted. Currently, there is a healthcare handshake referral process. When they are looked at for MA, if they are determined ineligible for MA for income, they refer directly over to the Office of CHIP for CHIP eligibility determination. Instead of doing that process, now we can do it all in one system. For our families, especially families who have both MA and CHIP children, they can report changes, apply, and renew all to the same entity. Another enhancement for our families is the full functionality of COMPASS. Our families now have access to the mobile COMPASS app after this transition so they can upload their documents, report changes, look at notices, do all of those same things that our MA families can do today. And that is a big help to our families and is critical for the unwinding that is coming up. This is an enhancement for families and a positive move for our families. I will pause there for questions.

>> DEBORAH SHOEMAKER: Before I say that, Carl, do you have any other parts for your presentation or is this the end of your presentation?

>> DEB SHOEMAKER: I know we are a little behind schedule. If somebody has a question for Nicole, we can take it and then hit ODP because I know OIM has been very, very wonderful taking our questions which I'm very grateful for. I don't know if you want to put in the chat the link to the unwinding and information on OIM because there's a lot of resources that are very invaluable in there that some, I just found out yesterday. If we could put that link in there for everyone to have. Is there any questions, any last questions, for either Nicole or Scott before we move to ODP?

>> ELISE GREGORY: There are two questions in the chat.

>> DEBORAH SHOEMAKER: We can take those if that's fine and then we can move to Kristin.

>> ELISE GREGORY: Okay. What were those three numbers that Scott led with, the three big numbers? That's from Kristen Houser-Rapp.

>> SCOTT CAWTHERN: 880,000; 617,000; 282,000.

>> ELISE GREGORY: Okay, from Mark Yester, of the 880,000 cases up for redetermination, do you have a number or percentage that are children and is there a streamline mechanism for the children being dropped from Medicaid to seamlessly transition to CHIP?

>> SCOTT CAWTHERN: We don't have a number to my knowledge of what the breakout is for children and whether those children will transition. These are numbers that we know now based on the last information they reported. When we send them the renewal and have that information come back, their circumstances may have changed since the last time they gave this information so they might be Medicaid eligible. But yes, the seamless transition will be that they will be all housed in one eligibility system as Nicole Harris pointed out. There is no healthcare handshake transitioning them from MA to CHIP, they will cascade through when we run the renewal and if they are not eligible for MA, they will then automatically be evaluated in the same eligibility system for CHIP and an appropriate CHIP notice will be sent.

>> ELISE GREGORY: This is for Nicole, from Tia Whitaker, when's the next CHIP Advisory Council meeting?

>>NICOLE HARRIS: We are looking to hold the next CHIP Advisory Council in this upcoming May. We will be sending a notice out to all the MCOs, and all the advisory council members and I know Deputy Secretary Kozak made the offer on the Consub meeting yesterday, but if any members of the MAAC would like an invitation to the CHIP Advisory Council, please let us know and we can forward the invitation to you as well.

>> ELISE GREGORY: There are no more questions in the chat.

>> DEBORAH SHOEMAKER: Wonderful. Thank you, Scott. Thank you, Nicole. I'm sure we will be hearing from one or both of you pretty much as monthly meetings and I look forward to it. Hopefully we will continue to have wonderful information and just remember that we are here for you as resources, Scott, but I think you already know that.

>> SCOTT CAWTHERN: Yes, thank you very much I appreciate the collaboration.

>> DEBORAH SHOEMAKER: Thank you. Appreciate it so much. Kristin Ahrens, ODP.

>> KRISTIN AHRENS: Good morning. You can go to the next slide. I thought I would give MAAC a little preview. We are preparing some waiver amendments right now and if you saw the Secretary's budget briefing then you got a preview of some of these things and why we are putting them through as proposed waiver amendments. We've got quite a few of them - some technical fixes or clarifications, others are related. I know when I went through our detailed unwinding plan related to the Appendix K, I did reference there are things that we will need to be transitioning to our standard base waivers - we will pick those up in there. I am not going to spend any time on those more technical aspects today. I want to cover some of the newer and larger items, more substantive changes, that you will see in the upcoming waiver amendments. I'm going to focus on some of the things we are doing with rates, waiver caps, supplemental payments, and then a new service called the new ID/A (intellectual disability/autism) Specialty Health Assessment and Coordination. Go ahead to the next one.

We are preparing and will publish, a proposed rate notice that will cover a few things in the governor's budget, so they are subject to general assembly passage, but we obviously want to be in a position to implement them if the budget is passed, so we are beginning with the work with waiver amendments and publishing proposed changes in the fee schedules. A few of the things that will be in the proposed fee schedule is the addition of a needs group five for people in residential. Right now, we have needs group 1 through four. We have a needs exception process for people whose services can't be accommodated within that fee schedule, so we have been using a needs exception process. We have been doing that since 2018. We now have sufficient data to be able to establish a needs group 5. We will still have a needs exception process in the event there are people that still fall outside of that, but we do think this will pick up most of the folks that fell into the prior grouping. We will be publishing that rate.

We also have gotten quite a bit of feedback from stakeholders that some of our therapies that we would be able to expand access to and that in many cases it is really desirable to have some of our therapies provided to smaller groups instead of one on one. We will be adding group therapy options for music, art, and equine therapy to the waiver. Currently, we don't have that, we do not have rates associated with that so that will be added. One of the other things we heard from stakeholders and providers is about one of the barriers to LIFE sharing, which is a very preferred model by individuals and families that is a less expensive and more inclusive model than some of the other residential models, is that we don't really account for substitute care. If you have a LIFE share, the LIFE sharing family actually has to work outside of the home. Essentially, we've done some rate work to ensure that when that is the case that the rate does account for that additional substitute care.

Finally, again for any of you who listened to the Secretary's budget briefing, she did share that we will be continuing the enhanced rates that went into place in January of 2021 that were part of our Appendix K and trying to ensure that we had adequate rates during the pandemic. We will be continuing those after the end of the Appendix K. So, we will publish those rates as well for comment and then assume that we will be able to have that all in place so there is no gap in the rate. Next slide.

One of the adjustments that we will need to make, because we are continuing those rates after November 11, we have some individuals who, because we put these enhanced rates in place during the pandemic, that put them over the financial cap they had in the PFDS waiver. We allowed as part of our Appendix K we did allow people to exceed the cap for pandemic related reasons. We are going to need some time for those individuals who will continue to exceed the cap because of the rate increase. We are building in a cushion here so nobody will be losing services because we are continuing those rates. CMS has done that with us in the past. We are hopeful this will go through as it has historically. This is another thing that we will see in the waiver amendments that we will be putting out. These will be put out for public comment you're getting a bit of a preview for what will be in there. Next slide.

One of the other things that we must do as part of our unwinding and the ARPA spending plan, we had a few supplemental payments that are essentially authorized using an Appendix K. That was how we were able to establish those as Medicaid payments and those payments are slated. Many of those payments will be made after the Appendix K ends in November. So those payments we will also have to carry that structure over into the base waiver agreement so that we can make those under the Medicaid program. Next one.

This is in the governor's budget as an exciting new service we are pleased to announce. This was proposed as a cost saving measure. This will have a cost to ODP but savings to OMAP in terms of physical health services. We have, as many of you know, been providing physical healthcare for people with IDD. This does have its challenges as you have a population, 30% of which don't use words to talk, so physicians often struggle with treating this population. It is also a population that has higher incidence of things like diabetes and heart disease and obesity with significant health disparities. We have a workforce that's largely not medically trained. Most direct support professionals do not have medical training. We find ourselves in a position, our guidance to the field is if you don't know what's going on with someone, it's an ER visit. Our people in our service are high users of the healthcare system. We are high users of emergency rooms. They are often inpatient admissions because an ER doctor is struggling to figure out what's going on with someone who can't tell them what's going on and what they are feeling. There is a service available. Other states use this, and we have some providers that use this service currently in PA that is essentially a telemedicine consult by doctors who have specialty training in serving people with IDD. They have access to electronic health records, and they consult with whoever that caregiver is, whether they are paid or unpaid caregiver. They will advise if there is a change in medication or something else that can be done without an ER visit, they can do that, again they are physicians. Or they will support and make the determination whether someone should go to an ER for evaluation and then they will do a warm hand-off with that ER or that urgent care. There are some very good statistics for this service in terms of reduction for both inpatient and ER visits. We are really thrilled to be able to offer this to our enrolled waiver population. Our plan is that this would be available to anyone enrolled in our waiver whether it's an individual living in the family home, an individual living on their own, or individual in residential care. Definitely a lot that's between here and implementation, but one of those things is getting it as an available benefit in the waiver package. I'm excited to be able to do that. Again, this is dependent on the General Assembly's passage of this portion of the governor's budget. I think that's all I have for you today. I'm happy to take questions.

>> RICHARD EDLEY: Kristen, this is Richard. Good morning. It's been stated in other meetings, but since I haven't had an opportunity, I wanted to thank you for the continued enhanced rates for CPS and transportation. Obviously, that's a big deal. I wanted to highlight that, so thank you for doing that. I had a question that's not on this, but I think you know Carol Forenz at RCPA is much closer to, but just a clarification that every person in the system has to get a SIS, which is the Supports Intensity Scale. There's been some issues, as you know, about people getting re-evaluations now, I guess it's the five-year mark or so. Scores changing and so forth. Can you clarify two things, one I should know but I don't. I always forget. Is this something that we have implemented in PA because a lot of states have it and it's a good thing and while it's flawed, it's something or does CMS really require a standard measure? So, for

example, if you tomorrow decided 'you know what there are so many complaints, why don't we get rid of the SIS', we have to come up with another one or do you have to? That's part one. Then second, if you have a change in the score, what are the appeal rights, whether it's a provider or individual if you're not happy with the reevaluation. Thank you.

>> KRISTEN AHRENS: That was a lot of questions. Let me see if I can hit them all. Many states use the Supports Intensity Scale, not only many states, but countries. I want to say it's used in something like 20 countries in addition to many states. Many states use the Support Intensity Scale in the same way that Pennsylvania does. I think, just in terms of the confidence in the instrument itself, there is high confidence in the instrument. And that continues to be demonstrated by the state's use of it and continued use of it. Yes, CMS requires a standardized assessment of need. So, it's not SIS, it is something else that would have to replace it. And your third question was about appeal. There is no appeal process. If there were anomalies or issues with the assessment itself, there is a process to have a review with the agency that does the assessment. I think that was all the questions in there.

>> RICHARD EDLEY: Yes, thank you. Especially the part about CMS. It is an important clarification. People say we should get rid of it, yeah, but then what are we replacing it with? That is important to know. I would just encourage maybe we can talk off-line sometime, maybe a meeting or two around the SIS. That the measure, concerns cause just like early on there were some add-on questions and I know a different scale was added because of the concerns maybe there are more things that can be done over time that would make people feel more comfortable. We could talk more about it but thank you.

>> DEBORAH SHOEMAKER: This is Deb, before I take any other questions, I want to say thank you, formally, to Kristin. Welcome, I want to say welcome because you are still here. I'm so excited you are still staying with DHS and I wanted to say I was excited to hear that we were adding equine, music, and art therapy. I think it is so crucial. Hopefully that's in the waiver. I think you said, right?

>> KRISTIN AHRENS: Those are current. They've been in the waiver since 2017, but they were only available as a one-on-one service. We didn't allow any group. And what we are hearing, particularly from the music and art therapists, is that it is often very beneficial to have that be two people or three people and we have individuals and families approach us with the same request. We are just adding, basically, that it is allowable for small group, not just one-on-one. We are very pleased that we could offer those as well. The alternative therapies, particularly for the population that we serve, those alternative therapies are really important. We are very happy they are in there and hoping to expand the access to them.

>> DEBORAH SHOEMAKER: Extremely important. I'm excited about that. Thank you for that. Do we have quick questions for Kristin? I'm always appreciative of your comprehensive update and willingness to answer questions.

>> ELISE GREGORY: There's one question from Jeff Iseman in the chat. How many people with ID/A are served, with the governor's proposed budget, off the waiting list in different categories?

>> KRISTIN AHRENS: Thanks Jeff. The governor's proposal is for 850 individuals to be served off the waiting list and that would be 750 in the Community Living waiver and 100 in the Consolidated waiver.

>> ELISE GREGORY: There are no more questions in the chat.

>> DEBORAH SHOEMAKER: Wonderful. Thank you so much Deputy Secretary Ahrens, I look forward to hearing from you again next month. Thank you so much. It is so appreciative.

>> KRISTIN AHRENS: Thank you for the kind words and very happy I'm remaining on as well.

>> DEBORAH SHOEMAKER: Next up, I believe I'm looking at the agenda it is Deputy Secretary Jamie Buchenauer, another good friend. Are you ready Jamie?

>> JAMIE BUCHENAUER: I am, good morning, everybody. Hopefully you can hear me okay. I'm here to give the update for the Office of Long-Term Living, but I will say this will be my last update for the Office of Long-Term Living. I will be transitioning from the Office of Long-Term Living as of April 15th. The next MAAC meeting will feature, if not a new OLTL Deputy, other members of our staff in the Office of Long-Term Living to give the update.

>> DEBORAH SHOEMAKER: Make sure we know; we will miss you and I'm saying thank you in advance formally. Please let me know where you are going so, I can keep up with you.

>> JAMIE BUCHENAUER: Will do. It's been an honor serving as the Office of Long-Term Living Deputy. My time here has ended and it's my choice. It's been a crazy time to serve as an Office of Long-Term Living Deputy. I'm happy to step aside and give the honor to another very deserving individual. Moving



along, I will get into my agenda for our update.

I just want to give a quick update on our request for information. We did ask some questions about the Home and Community-Based settings rule, so a quick update there. And then I wanted to let everybody know that our Community HealthChoices (CHC) and OBRA (Omnibus Budget Reconciliation Act) waiver amendments were approved by CMS and will take effect April 1, 2023, and just a really quick overview again of what is encompassed in those amendments that will take effect soon.

Many of you may have seen that our Community HealthChoices request for information was released on March 6, 2023. We are obviously gearing up for a re-procurement of the Community HealthChoices in the Community HealthChoices program and we want to get as much feedback from many stakeholders as possible. We are accepting comments through April 14, 2023, to help the Office of Long-Term Living and the Department of Human Services craft a request for application. I know the next question that we always get is "what is the timeframe on a release of a request for application?" and I really can't give you that timeline yet. The Office of Long-Term Living is hopeful that it will be in the late summer or early fall of 2023, but it really depends on how many ideas, innovative ideas, we get in that request for information and our review process and all of the changes that we may be considering on making to our Community HealthChoices program. That's about all I can say. Please if you have not submitted your comments already, please work to get them finalized. We will accept them until April 14, 2023.

Moving on to the Home and Community-Based Settings rule. If you go to the next slide, the Department has submitted all the necessary and required documents for CMS for their review of our settings that we sent to CMS to be reviewed for heightened scrutiny. We believe, obviously, that our service locations currently meet the requirements, and we would love for CMS to confirm but they obviously must do their own review. We have talked to CMS, and they have suggested that states submit a corrective action plan (CAP) just to ensure that Pennsylvania is compliant with the heightened scrutiny rule by that March 17, 2023, date. We did submit a corrective action plan to CMS on December 1, 2022. It is still pending on approval, but I'm looking at that and I think many others are, as an insurance item that we are in compliance with the heightened scrutiny rule by that March 17, 2023, compliance date. CMS came back and let us know that all CAPs, if they haven't already approved, will be approved retroactively to that March 17, 2023, compliance date. So, we are compliant. I hope that makes sense.

I am moving on to the Community HealthChoices and OBRA waiver amendments. If you go to the next slide, we did go through these proposed waiver amendments with stakeholders, I believe, at the Consumer Subcommittee of the MAAC. I am not sure if we did it at the MAAC. I'm sorry my memory is not that good. But we also went over these waiver amendments at the MLTSS and the LTSS subcommittee meetings prior to them going out for public comment and then prior to submission to CMS. The major highlights of these waiver amendments are amending the service definition of benefits counseling, that's the major one. We do amend all the other service definitions that you can see on the screen. For the CHC waiver amendment we did modify the service coordinator and service coordinator supervisor definitions to bring them in alignment with our CHC agreement.

If you go to the next slide. This was the big change that was made by our OBRA and CHC waiver amendments. We did amend the benefits counseling service definition to remove the requirement that participants must access the Office of Vocational Rehabilitation service before accessing benefits counseling in the waiver. We heard from many service providers, participants, service coordinators and those that are components of employment services, that often many people are interested in employment services but don't know how working and employment will impact the benefits that they are currently receiving. The benefits counseling service really provides that information to a participant before they start working or really start looking at being employed. It will take them through how the income that they will make from employment may impact their benefits which is really important. What we were hearing was that by a lag in providing the benefits counseling until they went to the OVR process, sometimes they got, I don't want to say frustrated, but they then weren't as eager as they maybe initially were at looking at being employed or looking at the opportunity to be employed or the other employment services. We wanted to offer this benefits counseling sooner than later to ensure if somebody is interested in being employed, they understood all the impacts of being employed and if they wanted to move on after understanding those impacts, we could get them engaged with an employment service or even employed in a job. That was one of the larger changes that was made by our CHC and waiver amendments.

Moving on. In our CHC waiver program we also made some changes. This was in response to some of the Federal CARES (Coronavirus, Aid, Relief, and Economic Security) Act amendments to allow nurse practitioners and physician assistants to prescribe the services you can see on the screen. Home health aide services, nursing services, occupational therapy services, physical therapy services, and speech and language therapy services.

Another change, which I want to say was a performance measure, since federal legislation already made that change, we just had to solidify it in our waiver.

The next change we made just brought the service coordinator, if you go to the next slide, the service coordinator changes that we made in our agreement, we made them in the waiver so you can see the changes on the screen. We got some feedback that it would be a little easier to recruit service coordinators and service coordinator supervisors if we made some tweaks and changes to the definitions of who could be a service coordinator and service coordinator supervisor. You can see those changes there.

Moving on to the OBRA waiver amendment. I will go through benefits counseling changes again. We made a similar change to the OBRA waiver amendment. We also made a change that amends the responsibilities of the fiscal employer agent to bring it into alignment with our CHC waiver change made in 2021. Just making some tweaks to our OBRA waiver in that direction and then we removed a performance measure because the data was already captured in another performance measure. Going on to the next slide.

And benefits counseling we already talked about. We did not need to make the change to who could prescribe therapies in the OBRA waiver amendment because we had already done it in a previous OBRA waiver amendment effective July 1, 2022. Just know that the CHC and OBRA waiver now will be aligned starting April 1st. We changed Appendix H. We updated it to reflect the current quality improvement strategy, so that it is consistent. We updated some of our OLTL Bureau names to align with the responsibilities that each bureau has under our OBRA waiver program. Just some technical changes.

Finally, some additional information on that fiscal employer agent change. We removed the requirement for supports broker. We brought it into alignment with the CHC waiver and the explanation is there on the slide for anybody looking for additional information on that. With that, I hope I made up some time. I know that we were a little behind on the agenda. I'm happy to take any questions that the MAAC has for me.

>> DEBORAH SHOEMAKER: Wonderful. You probably did. I think you are always comprehensive and again, looking forward to keeping in touch with you. You've been such a tireless dedicated servant, so I appreciate that. Does anybody have any questions for Jamie from the MAAC first? How about Kathy first and then Teri.

>> KATHY CUBIT: I will be brief. Especially since our next LTSS MAAC meeting is rescheduled, we won't be able to formally express our appreciation. I just want to do so now for myself and the LTSS MAAC members. Jamie, you've been wonderful. Your job is not easy, and throw a pandemic into the mix, I just want to be sure that something is publicly noted to express all you've done through your term of service. Heartfelt thank you. I just have one quick question about the CHC RFI. Are you taking comments throughout the 14th? Because the notice says by noon.

>> JAMIE BUCHENAUER: I would defer to whatever it says in the notice, so get your comments in by noon on April 14. Sorry about that. Thank you for the nice warm wishes.

>> KATHY CUBIT: Thank you again.

>> TERI HENNING: Thanks Deb and Kathy. Jamie, I will echo the same, thank you so much. You are so responsive, your team is so responsive, and we appreciate your advocacy and efforts on behalf of home-based care. I know it's always challenging but you have been great to work with. We look forward to what's next for you. My question is actually related to something you mentioned briefly yesterday at the Consumer Sub MAAC. You talked about either one or two grant programs that were kind of new, and I wondered if you could share a little bit more info on that?

>> JAMIE BUCHENAUER: I know the one grant program I talked about or the new training program that we are looking at in the Office of Long-Term Living is for nursing home transition. We recently awarded a grant to a training vendor who will be going into nursing facilities and training nursing facility staff residents and families about the opportunity for nursing home transition services that are offered through

the Community HealthChoices program as well as by our nursing home transition vendor for our OBRA waiver participants. We are excited about that, and we hope to have more information soon and so I did talk a little bit about that at the Consumer Subcommittee of the MAAC.

>> TERI HENNING: That was the one. Is there a dollar value you can share and is it a statewide program?

>> JAMIE BUCHENAUER: It is a statewide program in that we are asking the training vendor to try to go to all nursing facilities in the Commonwealth; that's a tall order. I don't remember the dollar value honestly because we know what we requested from Money Follows the Person, but I'm not sure what the training vendor proposed. Part of the procurement process is that they propose a price to us, and I don't know what that is.

>> TERI HENNING: Okay, but more info is coming publicly?

>>. JAMIE BUCHENAUER: Yes, definitely.

>> TERI HENNING: Thanks a lot.

>> DEBORAH SHOEMAKER: Any questions in the chats?

>> ELISE GREGORY: There are no questions at this time.

>> DEBORAH SHOEMAKER: Okay, thank you Jamie, I think you felt the love. Hopefully we look forward to new adventures for you.

>> JAMIE BUCHENAUER: Absolutely, thank you Deb. It's been an honor working on behalf of the Office of Long-Term Living and those in the programs that we serve.

>> DEBORAH SHOEMAKER: Thank you so much. Next, now that I jumped ahead. Next, we have Deputy Secretary Smith. Correct?

>> JEN SMITH: I think that's me.

>> DEBORAH SHOEMAKER: I hope you are feeling better Jen.

>> JEN SMITH: I am, thank you. I appreciate your patience with me. Thank you for having us and I will just say quickly to my colleagues, what a pleasure it is to have such knowledgeable passionate colleagues throughout DHS. My transition from DDAP has been made much easier thanks to all of those knowledgeable individuals that have presented before me today. I'm really glad I get to continue working with most of them and even if they are not in the Deputy role, I'm sure our paths will continue to cross. You can go ahead and flip to the first slide.

Just a few updates, we always put this item on the agenda, although there hasn't recently been a whole lot new to share. This is related to the Behavioral Health Commission for adult mental health. If you recall, this is a group that met in the fall/summer into fall of 2022. Great group of stakeholders. Many of you were part of those discussions. They formed a report with recommendations about how to spend the \$100 million of ARPA dollars that currently resides with the general assembly. Lots of great recommendations in that report around expanding the workforce, expanding peer services, embedding social workers or peers in criminal justice and law enforcement settings and the list goes on and on. Certainly, you can read the report out on our website.

What we hoped to happen is that we would see a piece of legislation before the end of calendar year 2022 that would, in fact, appropriate those dollars. That's what's needed in order for the government to have spending authority. Unfortunately, that did not happen so what we are hoping for here in the next few months is to see some proposed legislation that would enable those dollars to be spent. The time is ticking on those. There are a couple years yet left to spend them. However, you all understand the challenges with getting dollars into the hands of the individuals and entities that actually need them. It usually takes longer than you expect. The sooner the General Assembly can actually appropriate the dollars and give the spending authority, the sooner we can get the dollars into the hands of those that need it. That was a one-time spending of \$100 million of ARPA funds. No update in terms of progress, but I would remind folks, not that many of you need reminding, but just in case you do, that if this is something that you are passionate about, make sure you reach out to senators and representatives. Remind them about how important this is. I know we are in budget season there's a lot of competing priorities, but this really does need to be a priority to get these dollars out the door. If you are so inclined, advocate on behalf of getting those dollars moved and hopefully we will see something soon. Certainly, as soon as we would see any proposed language out there, we would be sure to let our stakeholders know, but that's the update that I have on the Behavioral Health Commission.

Next, I would like to talk a little bit about some policy updates, and you can shift to the next slide for me

please. This first one is related to Act 32 that passed last year. This was part of a two Bill passage. It was Act 32 and Act 33, both related to some changes around confidentiality of behavioral health records. Act 32 is specifically the one that I am mentioning here. The Act itself aligned requirements with HIPAA and as part of the requirements, does necessitate our regulatory update of Chapter 5100. That update will specifically need to add this term covered entity's business partner. Allowing those entities to be able to see protected information. We've gotten a lot of questions about when those regulatory updates are going to happen and when the field is going to see some communication about it. I wanted to share what our next steps are. What we are working on right now is finalizing a draft bulletin, just for informational purposes, to let folks know that until we actually get the formalized regulations updated, that they may in fact share this confidential information as outlined in Act 32. In the meantime, we are drafting revised regulations that would align the requirements with HIPAA and of course this change supports collaborative care models. I wanted to let folks know that those two things are coming: a bulletin in the more immediate future, followed by regulatory updates. That Act was related to confidentiality of records. If you shift to the next slide, one more policy related update.

By means of a little bit of background, DHS has some drafted 1993 unpromulgated crisis regulations. And within those unpromulgated regulations, there was a requirement that counties operated their own crisis lines. We have been using those unpromulgated regulations as a statement of policy to license against. I wanted to make folks aware that given the advancements with 988 and crisis work, we wanted to make sure that counties understood the requirement that is currently in those unpromulgated regulations for them to have their own crisis line, is no longer required. We did issue a bulletin OMHSAS-23-02 titled "Emergency Services 24/7 Call Centers." That bulletin clearly indicates that the requirement for counties to have their own crisis line has been removed. That was a clarification that needed to be made. Counties weren't certain if they needed to continue paying for and arranging for the services or whether the 988 call centers took the place of that requirement. We wanted to make that clear in the bulletin.

The other piece I will add, around crisis and call centers, is that we will be expecting counties to load county specific crisis resources into a directory that is being built so that any individual that calls our Pennsylvania 988 line, answered by one of our 14 call centers, the individual from the call center who is receiving that call will have access to county specific resources for any county across the state. For example, if I work in a call center in Butler County and I pick up a call from someone in Montgomery County, I would be able to use this web-based directory to lookup the county specific resources in Montgomery County. So that I could, on demand, refer the individual directly to appropriate services within their county. So, I just wanted to make you aware that is coming and that we will be looking for counties, as well as providers, to help us ensure that we have got a robust list of crisis resources included in that directory. Next slide please.

Before I ask for any questions, I just wanted to point out some really important proposed investments from Governor Shapiro's budget address. Most of the people on the call understand the growing importance for addressing mental health and behavioral health more broadly. It was really wonderful to hear some of those investments called out in the governor's proposed budget. One of the items was actually \$500 million, over a five-year period, proposed as an investment for school based mental health supports. So that is \$100 million per year, and \$100 million for the next four additional years to again enhance accessibility to mental health resources within schools and help schools build the appropriate connections to be able to offer the services that are needed for both programs within the schools as well as connections to services outside the schools.

The governor also proposed a really important increase to county-based funding for mental health services. A \$20 Million increase. This is significantly needed to help build community support structure across Pennsylvania. I don't think there is a meeting that I attend where we don't talk about the number of individuals with complex needs and the fact that in many counties there are not adequate services to meet those needs and, in some cases, there are counties that are building specific programs for one individual to ensure he or she has access to the right supports. When you do those kinds of things, it really does come at a cost. Not only are we struggling from a workforce perspective, from a capacity perspective, but also struggling to meet the unique individualized needs of some of these more complex cases. This is a good step in the right direction to help increase those county-based funds.

The governor also proposed \$4 million to support some of our forensic activities to community-based

diversion programs. This is another topic I hear very regularly, the idea of the intersection between criminal justice system and mental health system. And how do we get individuals placed properly and placed quickly and provided the services that they need.

The governor also made some proposals around the 988 system and corresponding crisis supports. This is sort of a two-pronged proposal. One of the pieces was a \$5 million one-time investment to help build up the system. Then he also spoke about the importance of expanding both 911 and 988 funding for services. Sort of an idea that the fee that would be charged for these kinds of emergency response services, a portion of that would continue to go to 911 and then a much smaller portion about 2.75% would go directly to support 988 services.

Last, but not least, it was about a \$200,000 proposed investment to provide mental health supports for farmers across our state, which here in Pennsylvania that is a really important industry, and we have a lot of families that are impacted by the farming community. Another really important investment. Lots of good things happening in terms of proposed budget. We will see what happens through the negotiation process. Hopefully we will be able to see a number of things come to fruition in our budget that starts in July. So that's what I have for today. Happy to take any questions that folks might have.

>> DEBORAH SHOEMAKER: Jen, Deputy Secretary. I will get back to not calling you Jen. I'm sorry.

>> JEN SMITH: Jen is fine.

(laughing)

>> DEBORAH SHOEMAKER: Thank you and thank you for your advocacy for the Behavioral Health Commission because I know those of us in the field, I know we talk about it but we want to make sure it doesn't get lost in the equation because that money is important along with the money here in the budget. We need as much money as we can get. Especially with the PHE unwinding. Thank you for the advocacy and off the record not as chair, I strongly suggest people continue to advocate for that funding and funding that is shown here. Thank you for that. Does anyone have any specific question for Deputy Secretary Smith and I'm sure there are others on the phone that can assist if not.

>> JOE GLINKA: Deb I have a question. It's a Joe Glinka.

>> DEBORAH SHOEMAKER: Go ahead Joey.

>> JOE GLINKA: Jen, I really appreciated your participation in the MCDSS meeting recently and what you laid out there for us as well. Coming back to what you mentioned earlier, and if I missed it forgive me. The web-based resources you spoke of, is there a mobile app being contemplated in our conversation that would be secure and consumer friendly and up to date as a resource to consumers for them to be able to access?

>> JEN SMITH: That's a great question. I believe the answer is no, not at this point. I think it was designed to be like a web application used solely by crisis call centers or other call center staff, but I don't know that with 100% certainty. Let me check on that and we will make sure to get a response back to the committee.

>> JOE GLINKA: Thank you.

>> JEN SMITH: Sure.

>> DEBORAH SHOEMAKER: Anyone else? I don't know if you are familiar, in the past there was a Network of Care. I'm sure you may or may not have heard of Network of Care. This was something that I think was under Deputy Secretary Joan Ernie. Years ago, we had a Network of Care that was to be similar to this. It never fully hit the ground but, and maybe people on the plan and council or others can provide some information for you, but it was kind of a step in the direction. It was for consumers and families and everyone, so it wasn't just providers. Are there any other questions from MAAC members or in the chat?

>> ELISE GREGORY: There are three questions in the chat.

>> DEBORAH SHOEMAKER: Go ahead.

>> ELISE GREGORY: Did OMHSAS work with Representative Kinzie on House Bill 585 which deals with crisis call centers? It was just introduced. That is from Ted Mowatt.

>> JEN SMITH: Hey Ted, good question. I have to say that that number and the fact that there is a piece of legislation on that is not ringing a bell with me. I think Kendra is on the line. Does that ring a bell with you?

>> KENDRA SNUFFER: Thanks Deputy, I am here. We are aware of the legislation; however, we did not work in tandem with the representative, however, we are in communication with him about the bill.

>> JEN SMITH: So, someone was aware, just not the Deputy.

>> ELISE GREGORY: From Ann Torregrossa, will counties be required to use the money they save from not having crisis line to build out the crisis continuum and support of the 988 call centers, mobile crisis teams, and stabilization centers?

>> JEN SMITH: Really good question. I think it probably would depend on what funding source the county was using to fund their call center to begin with. If they were using county base dollars to fund that, we currently don't have requirements around how counties have to use those funds so if they had originally been used for one purpose, in the next year they want to budget for another purpose, we don't get involved in those kinds of decisions. But if they had been using other specific funding sources that might have had requirements around the tie to crisis, I would say then that we need to talk about that. I think it is probably pretty individualized based on county, unless you know for sure you are using base funds and then the answer is no, there would not be a requirement for how you would then repurpose those dollars.

>> ELISE GREGORY: From Lloyd Wertz, there is a webinar offered by SAMHSA this afternoon regarding changes to CCBHC (Certified Community Behavioral Health Clinics) criteria. Will there be OMHSAS staff attending and considering these changes for potential return by the Commonwealth to participate in that program?

>> JEN SMITH: Yes, Lloyd we definitely will have staff on that call. As most of you know or some of you know I guess, Pennsylvania had been part of the CCBHC demonstration by SAMHSA several years back and eventually decided to transition away from that specific model. We transitioned to the ICWC (Integrated Care and Wellness Clinics) model and that was because of some of the requirements of the demonstration and ways in which we felt that in Pennsylvania, there were more effective or efficient ways to run those services. Since then and what's going to be presented on the webinar this afternoon is that SAMHSA has updated some requirements for their demonstration and so OMHSAS will be, based on those changes, revisiting whether or not we want to rejoin the demonstration or whether we will continue with our current ICWC model. More to come on that after we've heard the explanation from SAMHSA and have time to analyze our path forward.

>> ELISE GREGORY: There are no more questions in the chat at this time.

>> DEBORAH SHOEMAKER: Wonderful. Thanks again. I'm sure we will be hearing many updates from you including 988. This office is always moving and shaking because of all the needs we have. So, thank you for that dedication.

>> JEN SMITH: Thanks.

>> DEB SHOEMAKER: Next, last but not least, Ms. Sally, are you ready?

>> SALLY KOZAK: I am ready. I just have a few quick updates. I know we are running a little bit behind. The first is that I just want to remind everybody that the public health emergency officially ends on May 11, 2023. I just don't want folks to lose track of that date.

Reminder about SNAP. I'm sure everybody has seen all of the communications around the fact that the Cost-of-Living Adjustment (COLA) and Social Security was not proportional to the changes they made to the federal SNAP allotment. As a result of that, there are individuals whose SNAP benefit is being reduced. We anticipate that that amount is about \$40 per person and those changes did go into effect beginning in March. I also want to remind folks that the emergency SNAP allotments that we were able to authorize during the public health emergency have also ended. So that's just a reminder about all of that.

The last really big update I think I have is regarding paying parents as caregivers, not parents, legally responsible relatives. As folks are probably aware, during the public health emergency, CMS gave us the flexibility to be able to pay legally responsible relatives. However, as the PHE is coming to an end, the regulation that waived the authority for that is going to be reinstated. We have been working with CMS on a potential solution and we have been successful so the personal care services will now be able to be provided under the home health care benefit. So legally responsible relatives, parents, who are appropriately trained and meet all the requirements of the home health agencies can be employed through a home health agency to continue to provide home health aide services. As a reminder, for those parents who are nurses and/or respiratory therapists for children on ventilators, as long as they are licensed, and again employed through a home health agency, they have always been able to do that skilled level of care. For parents who are not licensed health professionals, they will be able to do home

health aide services that are within their scope, but they are not able to get paid to provide those skilled care services. Home health agencies are required to follow all the Department of Health licensing regulations and that is part of that. So that's good news and we are happy that we were able to work with CMS in getting a resolution that allows these services to continue. With that I don't have any other updates. I think Eve has some bulletin updates perhaps and then that gives folks time to get back on track with the subcommittee reports.

>> DEBORAH SHOEMAKER: I'm not used to this. This is so quick. You are probably happy. It's all good. Carl and Scott have all the work this time.

>> SALLY KOZAK: I was going to say, there's a lot of important things going on right now. OMAP is 'knock on wood' quiet.

>> DEBORAH SHOEMAKER: I can say that again. Again congratulations. I'm happy that you are still going to continue in the role as Deputy Secretary. That congratulations is formally from me.

>> SALLY KOZAK: Thank you. I'm excited that I will be staying.

>> DEBORAH SHOEMAKER: I know we are too. You can hear the giggle in my voice. Before we get the bulletins, Eve to give the bulletins, we will quick go out of order since we always miss the bulletins. Does anyone have any specific questions for Sally? I know that Gwen is on the phone as well if there are any questions and others, I'm sure.

>> JOE GLINKA: I have a question. it's Joe Glinka. Sally, thank you for your leadership and look forward to working with you moving forward. I wanted to come back to the SNAP item because we all know the emergency allotments exhausted and were discontinued on February 28 which has its impact on nearly 2 million Pennsylvanians. But the COLA adjustment is hitting particularly those on Social Security, predominantly seniors, with a reduction in benefit beyond what the emergency allotment was probably providing for them as well. Do we know how many seniors or thereabouts are impacted by that situation?

>> SALLY KOZAK: I don't know if these are the exact numbers. The COLA will impact about five to 20,000 SNAP households. I don't know if there is more than one person in the household, but the COLA will impact somewhere between five and 20. We don't have an exact number, but we can go ahead and ask that question and see if we can get it for the next meeting. There will be an additional 249,000 households that will experience a decrease in their monthly SNAP that really isn't related to the COLA for Social Security, it's related to the overall decrease in the allotment of SNAP funds. Does that answer your question, Joe?

>> JOE GLINKA: That's helpful, thank you Sally.

>> ELISE GREGORY: Deb, we do have a question in the chat.

>> DEBORAH SHOEMAKER: Okay, wonderful. Go –ahead, Elise.

>> ELISE GREGORY: This is from Jeff Iseman. Can we have an update on MATP (Medical Assistance Transportation Program) and is there any related increase in the governor's proposed budget for MATP?

>> SALLY KOZAK: I'm going to pass that over to Gwen if she's on and can speak.

>> GWEN ZANDER: Good morning. This is Gwen Zander. You know Jeff, I don't have any major updates for you with respect to MATP right now. I think you are in the loop on all the latest. We continue to work on updating our standards and guidelines document. We did roll out the new referral process between counties and MCOs back in November and by all reports that new process is functioning well. I have to go back and look at the blue book but to my knowledge there is not an increase to MATP but that's more of a fiscal question so I will have to take that as homework to go back and make sure that I'm correct.

>> SALLY KOZAK: We have to go back and look at the budget because I have not looked at it line by line either. We can certainly bring that information back at the next meeting.

>> DEBORAH SHOEMAKER: Just a note, I believe that April, since Governor Shapiro had an extra month to unveil his budget, I believe it's the thought that more than likely the budget presentations we usually get here at the MAAC will probably be next month. If all systems are a go.

>> SALLY KOZAK: That is what we are anticipating. If for some reason that's not going to happen we will certainly let you know in advance.

>> DEBORAH SHOEMAKER: Great. You guys are good with that, I'm sure. We don't have any other questions for sake of time because I want to make sure we get time for the committee reports, subcommittee reports and things. Eve, do you want to go provide any pharmacy documents or anything that's new at OMAP, bulletins and things like that.

>> EVE LICKERS: Sure, this will be super quick so we will gain time back. There are no pharmacy documents and right now we have not had any bulletins that were issued but we have a number that are going to be issued in the imminent future. So, keep an eye out on What's New at OMAP, thank you.

>> DEBORAH SHOEMAKER: I was giving you extra time and you didn't need to use it. Trying to see if there's something in the chat but if not, we will go to subcommittee reports. I know we already announced that Kyle Fisher, although he's been in all the other subcommittee meetings as one of the ex-officio, is now stepping into Laval's shoes. He is very, very competent and so excited and has been very participatory. So, I am not sure if Kyle, you or Sonia, will be providing the update of the subcommittee meeting yesterday.

>> KYLE FISHER: Unless there is anything Sonia would like to add on that, I will go ahead and give a quick summary of yesterday's meeting. And Deb, you keep mentioning Laval here, to point out the contrast of the large shoes I am filling here, and that is going to be a hard job. I will do my best. Please do not expect Laval levels of eloquence from me here today.

The consumers met yesterday. We heard many of the same presentations as were provided at today's MAAC. We had a discussion with Sally and OMAP regarding the Parents as Paid Caregivers issues or parents and legally responsible relatives. The consumers are very thankful for her leadership on that issue and the fact there has been a solution identified to allow what had been a PHE flexibility of parents providing home health aide services to continue after the public health emergency ends. We also had some conversation about the ability of parents to potentially provide skilled nursing services as is the case in some other states, and we heard that OMAP is exploring models or mechanisms that are being used in other states since obviously the workforce shortage continues to impact families who have approved nursing services not just those with home health aide services. All are very relieved that the ability of parents to continue providing home health aide services will continue.

We also had a very good conversation with the Office of Long-Term Living. And our appreciation to Jamie Buchenauer and I will pause to say also, congratulations, certainly kudos to Jamie for the work she has done in the Deputy Secretary role over the last few years and wish her well in whatever her next role is as well. The conversation with OLTL centered on service coordination. The consumers received some reports that showed data by CHC MCOs at their service coordination staffing levels in the last calendar year and for each of the CHC zones. The consumers raised some concerns around service coordination quality and training and that staffing ratio for HCBS (Home and Community-based Services) participants of a maximum of 70 to 1. The workforce shortage issue came up in this conversation as well. As we are aware, the managed care plans have a lot of difficulty hiring and retaining service coordinators (SC). One concern raised by consumers, and some personal experiences shared by consumers, is that SCs are often changing, and they are losing a lot of attrition among their service coordinators. There's a lot of concern that the service coordinators are not responsive or that their caseloads are too large and job duties are too broad, too varied for them to be able to be responsive in the way consumers like. There are concerns raised about their inability to file a complaint or speak with supervisors or SC supervisors and barriers to changing SCs when somebody is dissatisfied with the SC they have. That conversation continues and obviously the issue around service coordination is one that should be addressed in the pending request for information related to CHC. I don't think I have other highlights to raise. The next Consumer Subcommittee meeting is April 26, 2023. Thank you.

>> DEBORAH SHOEMAKER: Thanks Kyle. We are not expecting you to fill the shoes we are expecting you to use your own shoes. Next will be Fee-for-Service Delivery System Subcommittee. We did not meet this month. Our next meeting is the tenth of May. In that fashion formally thanking the hard work and wonderful work that Dan De Lellis did as the Director of Fee-for-Service, the Office of Fee-for-Service Programs and as our chair. So, Gina and others are still going to give us good work. Next is LTSS.

>> KATHY CUBIT: Hi, this is Kathy. I just want to mention that our normal April 11th meeting date has been rescheduled to April 18th as noted on the MAAC agenda and the LTSS MAAC website is updated with the new date and the ability for people to register who are interested. And we meet remotely from 10:00 a.m. to 1:00 p.m. Thank you.

>> DEBORAH SHOEMAKER: In case people are interested in advocacy and being engaged, the reason it was changed is because there are budget hearings that many of these DHS people on staff have to attend, so that is something if you are interested in attending or listening to, feel free to do so.



The MCDSS, I think I missed an 'S', but that's you Joey, right?

>> JOE GLINKA: Yes, ma'am, I appreciate it. Thanks Deb. As the chair of the MCDSS, just looking forward to working with Kyle in this role, we have chatted in the past. We always appreciated the dialogue between managed care and the consumer community and certainly looking forward to productivity there moving forward. More to come on that but we met on March 9, 2023. Jen Smith was in to visit with us and the question to her, presented by the committee, was to try to get better understanding of where OMHSAS is in terms of their goals and aspirations for the upcoming year and it is a large list. So just to be brief, and Jen mentioned it before, enhancing the county relationships with a robust service level at the local level. We talked about fostering collaboration, expanding capacity, bringing additional relevant funding to the Commonwealth for the delivery of mental health and substance abuse services, and assessing gaps in service delivery by population and geography. As Jen mentioned before, school-based behavioral health services are certainly on the list of OMHSAS, as well as addressing workforce challenges and modernizing behavioral health service delivery with respect to electronic health records and state hospitals, telehealth, regulating or updating regulations, streamlining processes, paperwork and policies. Just to name a few. We were very pleased to hear them and certainly open to helping in whatever way we can that the MCDSS would be a resource to OMHSAS, who is an ex-officio member of MCDSS.

We switched to OMAP and had a discussion with respect to where we are with the newly eligible group. That is something that we always report out at this meeting, and as of March 3, that population was at 1,115,479 Pennsylvanians. Applications for the period of 2/6/23 through 3/3/23 was nearly 61,000 which is down one and a half percent from the same time last year. We discussed redeterminations since redeterminations occur all the time it's of paramount importance to everybody to make sure that the consumers have all the information they need and guidance to submitting their information in a timely and complete manner. We discussed the renewal messages that have been going out from the Department in a 30, 60, and 90-day interval prior to redetermination. At that, the MCO's will be providing communications as well to supplement the Department's efforts to make sure there is a complete understanding of what we are going to be going through for the next twelve-month period of time. And that DHS is making one final swoop through those communications to make sure everything is locked and loaded for the MCO's to be of assistance to the Department. We are also getting additional data now for the MCO's as requested and we really appreciate the Department's amenability if that is a word to do so, with helping us understand the COVID flag and overdue populations for each of the plans by zone and also, we are getting information and detail with respect to auto assignments and self-selection of plans by zones by MCO and down to the county levels. We very much appreciate the Department's efforts to provide that data which is very useful to the MCOs. Of course, we got a great update from DDAP and Jordan Lewis is very helpful. We got updates on the physical and behavioral health workgroups in place in each of the five zones for physical health HealthChoices. Our next meeting is going to be April 13, 2023, at 10:00 a.m. We are looking forward to Secretary Arkoosh's visit with us, and I just wanted to put that on everyone's radar as well. I am happy to take any questions at this time. Thank you.

>> DEBORAH SHOEMAKER: Thank you. That is pretty cool you got Secretary Arkoosh. I am going to have to do a little more investigation on my subcommittee. Any questions for Joe? As always, a busy committee, along with consumer sub so I encourage those who have extra time in your schedule to attend one or both. I know Consumer Sub has a lot of good information as well. These are two very active committees as is the next one. Okay Mike, MLTSSS.

>> MIKE GRIER: Thanks Deb. Can you hear me, okay?

>> DEBORAH SHOEMAKER: Yes, perfect.

>> MIKE GRIER: Alright, I want to continue to echo what everyone has said with Jamie. I want to thank you for all your support of the MLTSS Committee and me personally. As I moved into this role, it is very much appreciated. You are going to be very missed, and I know you are going to do fantastic wherever you go. To go over some of the things we've covered in the March meeting, speaking of Jamie, she provided a brief update on the EVV, electronic visit verification, pertaining to participant phone usage and how providers are responsible for establishing their own EVV policies. She provided information on the EVV public meeting being conducted on March 24, 2023, from 1:00 p.m. to 2:30 p.m. Randy Nolan, director of the Bureau and Coordinated and Integrated Services at OLTL, provided a brief update on the

reduction review project and the process in place to monitor and analyze the data collected for the CHC-MCOs reductions to the care plans. Meeting with the CHC-MCO's will be scheduled to review the cases to finalize the findings. We also went over the referral process for Act 150. Amy High, an Enrollment Unit Section Chief in the Bureau of Coordinated and Integrated Services in OLTL, presented the process in which the CHC MCO's can refer the participant who is found financially ineligible for CHC to the PA Independent Enrollment Broker, that is the IEB, for Act 150 transfer. She also discussed how a participant can contact the PA IEB directly and apply for Act 150. She reviewed the steps that IEB and OLTL take during the transfer and enrollment process. Upon receiving Act 150 approval, OLTL and the IEB will finalize the enrollment with the participant. We also went over the 2022 Home and Community-Based Services Consumer Assessment of healthcare providers systems statewide survey results. Brian McQuaid, director of the Division of Quality Assurance in OLTL, and Steve Gessner, the lead analyst for HCBS CAHCS survey in the Division of Quality Assurance, presented the results collected from the HCBS survey statewide. Based on participants feedback there was a total of 2321 surveys completed between the three CHC-MCO's. We also received feedback from the MCO's on their analysis and plan of corrections for deficit areas and areas they did well. Representatives from each of the MCO's gave their results and focused on the areas of improvement for the next year and improvements from the last year. So, we had a really good presentation on where folks were at, where they went, and that. The upcoming meeting our next meeting will be April 5, 2023, from 10:00 a.m. to 1:00 p.m. It's held at the Department of Education's Honor Suite on the first floor of 333 Market Street in Harrisburg. With that Deb, that's the report from the MLTSS for March 2023.

>> DEBORAH SHOEMAKER: Wonderful, thank you Mike does anybody have any questions for Mike or anyone else on the subcommittee?

>> Wonderful as you can see, we have vibrant subcommittee work going on which is great. As we said throughout the process, to all DHS Deputies and others, that we are here as resources, and we appreciate being able to collaborate with you and make sure consumers and family voices are heard throughout the process. I think Eve you've already done the pharmacy documents. So, I think we are at the point of old and new business. One thing I would like to make as new business, and we can talk about this before the next meeting, is it was suggested to me that as part of the OIM discussion and the many questions concerning the unwinding that if we can maybe get a representative from Pennie to come to maybe not the next meeting, but to a future meeting so we can talk about the process a little bit more, for those who would not unfortunately be able to continue as enrollees for Medicaid because of being disenrolled. That is something to put on the radar. Anything else under new and old business? Okay, if not, then just to remind everyone the next meeting is April 27, 2023, and again it will be webinar. We have talked about potential meetings, a couple meetings, that may be hybrid in nature in the future so we might be able to see some of you. I know some subcommittees, such as Mike, you are already doing some in person, but that is something I need to speak with Kyle and Sonia about a little bit. But we can do that off-line. Besides the next meeting being April 27, 2023, I would like to take a motion to adjourn and thank you to everyone who made us go along quickly and comprehensively and I thank you for that. If I could entertain a motion to adjourn, I would be happy.

>> KATHY CUBIT: This is Kathy I give a motion to adjourn.

>> DEBORAH SHOEMAKER: Thank you, second?

>> SONIA BROOKINS: Second.

>> DEBORAH SHOEMAKER: I know Sonia, it's a formality. I don't even know if I have to say all in favor. I will take the aye for that.

Okay, everyone have a good month and we look forward to seeing you or hearing from you next month. Continue to do the good work you do in the meantime. Thank you.

>> Thank you.

>> Thank you