>>> KAREN LOWERY: Good morning, this is Karen Lowery. Welcome to the June edition of the Medical Assistance Advisory Committee (MAAC) meeting. Today is Thursday, June 22nd, 2023. Before we begin, I would like to go over a few items. This meeting is being recorded. Your continued participation in this meeting is your consent to be recorded. If you do not wish to be recorded, you may end your participation in the webinar at any time. To help avoid any disruptions, please remember to keep your microphone muted if you are not speaking. Representing the Department (Department of Human Services or DHS) today from the Office of Medical Assistance Programs (OMAP), Deputy Secretary Sally Kozak, from Office of Long-Term Living (OLTL), Deputy Secretary Juliet Marsala, from the Office of Mental Health and Substance Abuse Services (OMHSAS), Deputy Secretary Jen Smith, from the Office of Developmental Programs (ODP), Deputy Secretary Kristen Ahrens, from the Office of Income Maintenance (OIM), the Director for the Bureau of Policy, Carl Feldman. If you have any questions related to this meeting or need any additional information, please visit the MAAC web page. And I will now hand things over to MAAC chair, Ms. Deb Shoemaker.
>> DEBORAH SHOEMAKER: Okay wanted to make sure, it looked like I was not unmuted. Good morning, everyone, welcome to the June MAAC meeting and hopefully everyone is ready for a long, packed, wonderful, agenda. We have a lot of information, I think, from all of the Deputy Secretaries and from, you know, from each office. So, we are good to go. So right now, I will then defer it back to ex-officio, who is our Deputy Secretary, Sally Kozak, but right now a list of members from the MAAC that I see on the call, and then I can see if I am missing anybody. Again, I am Deb Shoemaker. I am chair of the MAAC. I am fortunate also to be the chair for the Fee-For-Service Subcommittee and I am a consultant for the Pennsylvania Psychiatric Leadership Council, and also for Recovery Insights Certified Peer Specialist Group specializing in certified peer for Lancaster, Lebanon, Dauphin, Cumberland, and Perry. And also, I am a government relations consultant for the Pennsylvania Rheumatology Society. Most importantly, I am a parent of a child who is a consumer of services and also in previous times she also, mostly just these services, I shouldn't say that, and also a consumer in the past myself. So with that, we have a couple of members who are not able to attend, which I know Sonia Brookins, our Vice Chair is not here, as is Joe Glinka, who is one of our consumer chairs, and Russ (Russ McDaid), also a former chair. So prior to that, it would, who I see would be ex-officio, Kyle Fisher.
>> KYLE FISHER: Good morning, Deb. This is Kyle, Pennsylvania Health Law Project as a counsel to Consumer Subcommittee.
>> DEBORAH SHOEMAKER: Thank you, Kyle. Also, Julie Korick.
>> JULIE KORICK: Good morning everyone. Julie with the Pennsylvania Association of Community House Centers.
>> DEBORAH SHOEMAKER: Thank you Julie. On another Subcommittee chair, Kathy Cubit.
>> KATHY CUBIT: This is Kathy Cubit, the chair of the Long-Term Services and Supports Subcommittee (LTSS) and I'm from the Center for Advocacy for Rights and Interest of Elders. Thank you.
>> DEBORAH SHOEMAKER: Thank you, Kath. Okay next, Jeff Bechtel.
>> JEFF BECHTEL: Yeah, good morning Deb and everyone, I am with the Hospital and Health System Association of Pennsylvania (HAP).
>> DEBORAH SHOEMAKER: Thank you. Marc Yester.
>> MARC YESTER: Hi, I am Marc Yester. I am a pediatrician in the suburbs of Pittsburgh. Nice to join everybody.
>> DEBORAH SHOEMAKER: Thank you. Nancy Murray.
>> NANCY MURRAY: Hi, everyone. Nancy Murray from Achieva in Pittsburgh.
>> DEBORAH SHOEMAKER: Thank you. Nick Watsula.
>> NICK WATSULA: Good morning, everybody. Nick Watsula with UPMC.
>> DEBORAH SHOEMAKER: Thanks Nick, former chair as well. Richard Edley

>> RICHARD EDLEY: Good morning, Richard Edley with RCPA, the Rehabilitation and Community Providers Association.
>> DEBORAH SHOEMAKER: Thank you, Richard. Terry Henning.
>> TERI HENNING: Morning Deb. Teri Henning now with Aveanna Healthcare.
>> DEBORAH SHOEMAKER: Thank you so much. I see Dr. Goldstein but it looks like he went offline so I don't know if we access to Dr. Goldstein.
>> MARK GOLDSTEIN: Mark Goldstein, Pennsylvania Dental Association.
>> DEBORAH SHOEMAKER: Wonderful, thank you. Do we have Mike Grier? Okay maybe we don't have him quite yet, or Minta Livengood. Okay and the only other two members that are not accounted for or that maybe I missed, Daren Schultz from the Pharmacist Association? And Heather King from the ___ committee. Oh Minta is on.
>>MINTA LIVENGOOD: [inaudible sounds]
>> DEBORAH SHOEMAKER: Okay, I think that sound like we have Minta. Okay.
>> KYLE FISHER: Minta is on the call, Deb. Sounds like she may still be having problems with her audio.
>> DEBORAH SHOEMAKER: Usually I know that's her though so that's a good thing. So if we-- I don't know-- I don't know-- since Minta is having difficulties, do we want to see if we can mute her until she gets her difficulties taken care of? Or how do you, I am not sure how you want to handle that.
>> KYLE FISHER: Yeah Deb, I am not sure what is happening. Minta, it looks like you were unmuted a minute ago and I see you are now muted again. I think she might be calling back.
>> DEBORAH SHOEMAKER: Okay wonderful. Yeah, I never want to not have Minta. So I just to ask you Karen, do we have a quorum?
>> KAREN LOWERY: Yes, we do.
>> DEBORAH SHOEMAKER: Wonderful. Okay, so based on that, the minutes from the main meeting were distributed through the listserv. May I please have a motion to approve the minutes as they were distributed?
>> MINTA LIVENGOOD: This is Minta Livengood. Can you hear me?
>> DEBORAH SHOEMAKER: Perfect Minta, yes.
>> MINTA LIVENGOOD: My computer is stubborn the first time around it won't work, I have to go out and come back in.
>> DEBORAH SHOEMAKER: Well, we have you so that's wonderful. Since we have you, would you like to make a motion to approve the minutes?
>> MINTA LIVENGOOD: I will make a motion.
>> DEBORAH SHOEMAKER: Wonderful, thanks Minta wonderful. May I please have a second?
>> JULIE KORICK: Hi this is Julie, I will second.
>> DEBORAH SHOEMAKER: Thank you so much Julie. All in favor say aye please.
>> Aye.
>> DEBORAH SHOEMAKER: Okay, any abstentions or any nays? Okay I think we are good. Okay thank you for that. Next on the agenda would be Deputy Secretary, Sally Kozak giving the OMAP update?
>> SALLY KOZAK: So good morning to everybody. I want give you a couple updates on a few initiatives that we have under ways so that people are aware. Probably in mid to late June, well we are already at the late June, so I guess sometime in the next week or two, we will be issuing a bulletin on street medicine. And we began covering that effective June 12. And for folks, just to highlight, street medicine includes, but is not limited to, primary care, vaccines, wound care, preventive services, counseling, diagnostic services, when delivered in an unsheltered environment. Providers that will be able to bill for street medicine including physicians, nurse practitioners, nurse mid wives, physician's assistant, psychologist for services for individuals under the age of 21, and mobile mental health providers.

So, street medicine is exactly what it sounds like. It is services that are provided to unsheltered individuals where it is that they are living. And the goal, of course, for all of this is to increase access to care and help improve health comes for those individuals who are experiencing unsheltered homelessness. So, this is something that has been in the works for us for a while. It has come to fruition. And I know there have been requests for additional provider types to also be able to provide street medicine, and that is something that we are working on. We expect to see expansion of the provider types that can provide these services as we move forward, and we expect we will be doing it in phases. Questions from anybody about that?

Okay, I am going to give folks an update on what has been provider enrollment backlog. As I shared a few weeks ago, at this point in time we have cleaned up all the applications that were in the cue. There was a backlog of, I forget how many thousand, 38,000 or something like that, and those have all been processed as of mid-May. We continue to work on processes that will allow us to make improvements to the overall application. We are making some systems changes that will allow providers to enter multiple sites at the same time as long as they are under the same tax ID. That is a change that will be coming later this year. We are working on streamlining some of the application requirements and we are also working on how it is that we identify at-risk providers which often times adds delay and additional time in processing an application. Throughout all of this we have met with many providers who have provide us with suggestions and we are listening and evaluating all of them. Clearly our longer-term goal, and it is a longer-term goal, is to obtain a new provider enrollment application and we will do that through the procurement of our MMIS (Medicaid Management Information System) system. There are a number of internal things that have to happen before we can get to that direction. But in the meantime, we continue to go through issues as they arise and take steps to address them. So hopefully folks are beginning to see more smoothness in the enrollment process. Questions about that?
>>DEBORAH SHOEMAKER: No questions? Wonderful.
>>SALLY KOZAK: I love it, no questions this morning. Okay, 340B work group. This is just a reminder for folks that the department, as you know, back in December, issued a bulletin about the 340B program and rebates. There were concerns expressed by the provider community. With withdrew that bulletin. At that time, we began hosting a 340B work group to obtain feedback from 340B entities regarding identification of drug rebates that, for them to be able to collect. After a series of meetings the work group set out some positions and set of recommendations for public comment. We received a fair amount of public comment and had some additional conversations. As a result, we have established another round of meetings for input from individuals, and just want to remind folks those are still ongoing, and if there is anybody that wants to participate in that conversation, they should reach out to myself or Catherine Stetler or Terri Cathers because we want to make sure that all of the individuals that have any stake in the 340B process are heard from. So that's the update on that. Any questions about that? Oh, I love it. No questions.
And then finally, the last thing again is just a reminder of the notice of proposed rulemaking from CMS (Centers for Medicare & Medicaid Services). CMS released at the beginning of May two rules. The first rule was related to ensuring access to Medical Assistance (MA) services and the second was related to Medicaid and CHIP (Children's Health Insurance Program) managed care access finance and quality. Both of these rules proposed significant changes to how we will operate the program in terms of improving access to and the quality of services that are provided. The ensuring access rule proposes to fund requirements on the medical care advisory committee, so on this group requires a beneficiary advisory group and also has requirements for home and community-based services, including reporting requirements and a standard quality measure set. It imposes new requirements on documentation and

access to care, as well as service payment rates. The Medicaid and CHIP managed care rule proposes changes to enrollee experience services, changes for appointment wait time standards, secret shopper surveys, provider payment analysis, website transparency, state directive payments, medical loss ratios, in lieu of services, as well as changes to equality assessment and performance improvement program requirements. The comments are due to CMS on July 3. The department has been working across all of the impacted program offices to submit a single set of comments to CMS. We will get them to them on time. I would encourage everybody that has not yet had an opportunity to go out and take a look at the rules and submit your own comments as well. And with that, I think that is all of my updates, unless there is anything that anybody else has questions or wants information on.
>> DEBORAH SHOEMAKER: This is Deb. Just a quick question on what you just spoke to us there. A place on our DHS website or reflected on in the minutes or the chat that we can put the link for people who have not had that opportunity to make comments, so that they have like a place to look? Instead of them looking for it.
>> SALLY KOZAK: Yeah, Eve, you're on, right?
>> EVE LICKER: Yes, I can put them in the chat.
>> SALLY KOZAK: Yeah, I was going to say can one of your folks pull that and put it on? Yeah, we will put the link to those proposed rules in the chat then for you Deb.
>> DEBORAH SHOEMAKER: Thank you. Just for simple means.
>> SALLY KOZAK: Yeah. We will include them in the minutes, too. Although they might be in last month's minutes because I talked about it then as well. [Links for the two NPRM from the chat: Ensuring Access to Medicaid Services - https://www.govinfo.gov/content/pkg/FR-2023-05-03/pdf/2023-08959.pdf and https://www.govinfo.gov/content/pkg/FR-2023-05-03/pdf/2023-08961.pdf]
>> DEBORAH SHOEMAKER: Okay, thank you. I just want people to have access to it quickly.
>> SALLY KOZAK: No, good reminder. Great, thank you.
>> MICHAEL GRIER: Hey, Deb, this is Mike Grier. I just wanted to let you know I was here.
>> DEBORAH SHOEMAKER: Wonderful, wonderful. Glad to hear it. Thank you so much.
>> ELISE GREGORY: Deb, we have a question in the chat.
>> DEBORAH SHOEMAKER: Okay wonderful. Go ahead.
>> ELISE GREGORY: From Andrew Kunka. Is there a date for the street medicine information or guidelines moving forward, for that to come out?
>> SALLY KOZAK: Is there a what?
>> ELISE GREGORY: Is there, any guidelines, documents, or things to help provide guidance for street medicine, is there a date for that?
>> SALLY KOZAK: The bulletin, when it is issued, will have all of that information. Eve, do we have a -- I know we were making last-minute tweaks to the bulletin. Do we have a date it would be issued? I know I said the end of the month and we are close to the end of the month?
>> EVE LICKER: I believe we said 7/5 as of yesterday. That would be July 5, is when we anticipate it going out.
>> SALLY KOZAK: Okay, so there you go, July 5 is the anticipated date it will be issued and that should contain the information that folks will need.
>> ELISE GREGORY: From Maria Paniscotti. Will there be additional 340B workshops or just contact the MA Program directly with concerns?
>> SALLY KOZAK: There are a series of work group meetings that are happening now. If you would like to join them, you can contact me directly and I will make sure that you get the invite. My e-mail is s-a-k-o-

z, as in zebra, a-k at pa.gov (sakozak@pa.gov). If you are not available to attend a work group or you wish to have an individualized conversation regarding 340B, we will be happy to make that happen as well, just let me know. Okay, if there is nothing else -- is there a question?
>> ELISE GREGORY: There are no more questions in the chat at this time.
>> SALLY KOZAK: Okay, with that then, I guess we will continue with the agenda and I believe that Kristen Ahrens, Deputy Secretary for ODP is up next on the agenda.
>> DEBORAH SHOEMAKER: Sally, are you introducing Dr. Shamloo?
>> SALLY KOZAK: Oh, I can.
>> DEBORAH SHOEMAKER: Well I wasn't sure because he was on your first slide, it said welcome Dr. Shamloo, so I wasn't sure if you were officially introducing him.
>> SALLY KOZAK: I can. I apologize, I was not looking at my slides, I was just talking. So yes, what I would like to do is introduce Dr. Shamloo to everybody. Dr. Shamloo has come on board as the Chief Dental Officer for the Department. He has been on board since February. We are really excited to have him. Dr. Shamloo, of course, has been a direct provider. He is adjunct professor at University of Pennsylvania Dental School. He has run his own private practices. He has worked for Dental Benefits Managers, and he is really excited to be here as well. He is a great advocate for oral health. He is a great advocate for those individuals with great need and I just can't tell you how thrilled we are to have him on board. Dr. Shamloo, if you are on, I will let you go ahead and talk and say hello yourself. You are much better at talking about yourself than I am.
>> DR. SHAMLOO: Thank you, Sally, for that introduction. And good morning to everyone. As Sally mentioned, you know, I'm also very excited to be here in this position and to join the department and to be able to help improve our dental benefit program. I recognize that it is a big responsibility and I certainly take that very seriously and my goal is to continue that improvement work. We are working on a dental strategy that involves sending a message about prevention and also the importance of collaboration between the dental providers and the medical providers. And this is all to improve access to care. And I have started working closely with the dental and medical directors of MCOs (Managed Care Organizations) to disseminate that messaging and the hope is to close the gaps that exist in access for care. Very excited. I hope to work with many of you and I thank you for your time.
>> SALLY KOZAK: Thanks, Sean. I apologize that I missed that on the agenda.
>> DR. SHAMLOO: No worries. I was hoping you would.
>> SALLY KOZAK: I'm bad like that sometimes. I don't look at the agenda. I just do my thing. So Deb, I apologize for that as well.
>> DEBORAH SHOEMAKER: No problem. I just know he – we had the opportunity in the Consumer Sub (subcommittee) to meet him and talk with him a little bit and I'm personally very excited about him being here and I'm sure you are aware, if you are not, I will formally let you know, we do have Dr. Goldstein on, a dentist, on our MAAC, so I'm sure he would be more than willing to work with you or provide input as you need him. So I'm sorry for speaking on behalf of you, Dr. Goldstein, but I think that that is probably a good resource for you, Dr. Shamloo.
>> DR. SHAMLOO: Yes, I have actually already had the privilege of meeting Dr. Goldstein and we are starting to work with each other on some fronts, so I am excited to work with him as well. Thank you.
>> DEBORAH SHOEMAKER: Wonderful.
>> MARK GOLDSTEIN: I look forward to it.
>> DEBORAH SHOEMAKER: Great. Great. If there is no other questions, we will go back into order to Deputy Secretary Ahrens.

>> KRISTIN AHRENS: Thank you, good morning all. You can go ahead to the next slide. Last month, I had provided a little bit of an update and overview related to ODPs intent to move to selective contracting for residential services supports coordination. So I just wanted to give you an update as to status of that and really this status is related to stakeholder engagement and gathering stakeholder input at this time. So I will just do a little reminder here, May 24, we released a concept paper outlining what we would like to do in terms of some systems improvements for ODP. And that involves moving residential services, which for us we have a continuum of residential services, so we would move residential habilitation, which is typically provided in licensed group homes, or community living arrangements, supported living and life sharing, we would move all of those into a management arrangement where ODP would manage 1915 (b)(4) waivers for those services. And we would also move supports coordination under a (b)(4) and that supports coordination in our ID/A (Intellectual Disability/Autism) waivers, so that consolidated community living and person family, and our State Plan targeted supports management. We got roughly 20,000 people that receive targeted supports management through State Plan. That is a significant number of people in ODP system, so we would also want to bring them under that management arrangement with our office. Alright, next slide.

So again, the biggest news we have here is that we are very deep into engagement with our stakeholders. We really began this conversation with stakeholders with our information sharing advisory committee in April, subsequently published the concept paper in May, and then have done a series of webinars to gather input and feedback on the concept paper. So that is linked here, if anyone hasn't seen the concept paper, that the slide is hyper linked so you can go to concept paper itself. We scheduled a number of different sessions to try to cater to the needs of different stakeholder groups, so we did have separate sessions. So far sessions have occurred for our supports coordinators, providers, individuals, families, we had a general stakeholder group webinar, and then our administrative entities or counties. Those conclude, tomorrow is our last one and that will be with the administrative entities. So we will be taking all of the feedback that was provided during those formal public comment sessions, and then all of the written public comment, which we will be accepting through July 10, and putting that together to continue to refine the proposal into a concept that we can then put into an actual (b)(4) application to CMS. Go ahead to the next slide.

The other significant stakeholder engagement that we have under way right now, is we, ODP, maintained a residential strategic thinking group, since 2018. We engaged that group, that group published a report with recommendations back in 2019 related to some things that we could be doing to improve the quality of residential services. We have engaged that group specifically to help us flush out the specific performance standards and how we would identify the different sort of tiers of providers within our selective contracting arrangement. We also want them to be taking a look at what we would do for pay-for-performance, where we want to target any kind of pay for performance. We expanded the membership of that group for this purpose of working through some of the details for selective contracting residential services and began meeting with that group already. We had a full-day meeting June 8. We have got a meeting on Monday. We will continue meeting with that group through August and that group really will be advising on some of the specific details in terms of performance standards and performance metrics that we will using for selective contracting. Alright next slide.

The objectives of that group for the purposes of the systems change, we have essentially tasked the residential strategic thinking group with three major objectives. One, to help us look at the specific performance standards. Two, to look at the specific metrics that we will be using to evaluate

performance. And then three, working through the priority areas for pay-for-performance. We do want the group advising on those three specific areas. Next slide.
Additionally, the other stakeholder input engagement that will occur related to the systems change for ODP, we do anticipate that we will need to do some surveying. There are a number of areas as we work through what some of the performance standards will be and I think we are going to need some additional feedback and we may need baseline data that we can collect through surveying. So we fully expect that there will be some surveying occurring.
And then the next step really is to take all of this information that we are gathering, all of what we are learning through stakeholder engagement, put that together into the formal 1915(b)(4) applications, which will require, under CMS rules, will require formal public comment before we submit it to CMS. We will be analyzing all of the comment feedback that has come through, out together those formal applications, publish those for comment, and then, that will be in the fall. And then anticipate submitting the residential services 1915(b)(4) in probably December of this year. Alright next slide. Oh that is it. And so that was where we are in terms of selective contracting. Again primary activity here is just tremendous amount of outreach and discussion with all of ODP stakeholder so that we can get this right in terms of these systems changes. Happy to take questions or comments.
>> DEBORAH SHOEMAKER: Do we have any questions from MAAC members? Okay, do we have anything in the chat?
>> ELISE GREGORY: We don't have anything in the chat right now.
>> DEBORAH SHOEMAKER: Today is a quiet day for questions. Okay. All right, thank you, Deputy Secretary Ahrens for your update, as always. Next on the agenda would be OIM update.
>> CARL FELDMAN: Hi, good morning, this is Carl Feldman, the Director of the Bureau of Policy for OIM. Can you hear me?
>> DEBORAH SHOEMAKER: Yes
>> CARL FELDMAN: Okay, thank you. Well I am sure there will be questions about the unwinding. I have come to hear those and see what I can do to address them. We don't have a presentation to give. I think I can say that the unwinding for the month of May was frankly very similar to unwinding for the month of April and I can provide a little bit of information about that. The reporting that we are doing to CMS for the month of May is now available on the unwinding website and you can look at the monthly reports for April and May and like I said, I feel like they are very similar and you can even see that in our reporting, there is fairly marginal changes in the categories there. Generally speaking, what we said for April holds true for May as well around the pace of the unwinding. In April and May, the unwinding activities was fairly slow. We believe that part of that had to do with the completing of the CHIP IT transition. We feel like we are tying off the final loose ends on any outstanding CHIP IT transitions elements which caused delays in processing. There were a number of cases that we had hoped to move during the unwinding, prior to the end of the continuous coverage period, which ended on March 31, but were not able to be moved until points in April and May. That was about 110,000 cases that were actually moved to meet the criteria for movement that we have outlined for you over the past year, where we try and make sure that people are having their renewal at the time in which their renewal is typically due.
And then finally, our caseworkers are conscientious and I think have spent the last three years under the continuous coverage requirement regime and so changes to that in which someone can lose coverage is something that they take very seriously and are becoming more comfortable with as we return to status quo processing. I think we anticipate in future months, the pace of the unwinding will accelerate. We

also wanted to share that we have an update coming in our July systems release that we believe will enhance the number of cases that should be able to pass a critical gate post in the ex parte system. This would enable individuals who are receiving, who on our case are employed in one place and then the data source comes back saying they are employed somewhere else, but actually these are the same employer, they should pass through ex parte gate post and also people who have multiple employer sources of income, may also pass through the ex parte gate post. That is something that we could not do before, and that was a major obstacle for cases that were reviewed for ex parte in our system from being actually renewed. We can't say what the numbers will look like in terms of people who will have this ex parte or passive renewal completed as a result of this because there are additional gates posts that they have to actually pass through, but we think this will help. So, I'm happy to answer your questions about the unwinding process thus far.
>> DEBORAH SHOEMAKER: This is Deb Shoemaker. I do have one question that I have encountered is, if you have a child that is on, that is part of the unwinding, and they have Medicaid solely because of a mental health or other condition, special condition that would put them in that category versus regular Medicaid, would there be any instance where when you go through the process it says that that is not, that their benefits are not needing to be renewed?
>> CARL FELDMAN: I'm going to go ahead and take a guess that you are referring to PH95, is that right?
>> DEBORAH SHOEMAKER: Probably. The context says to contact their local office, county office about that.
>> CARL FELDMAN: Now I'm a little confused as to what you are saying --
>> DEBORAH SHOEMAKER: Can I send you the information that I've received?
>> CARL FELDMAN: Yes, we can take a look at what you are seeing.
>> DEBORAH SHOEMAKER: Okay, perfect, perfect. Does anyone have any -- anybody from the MAAC membership have questions for Carl? Wow. Okay. No questions for MAAC members. Any questions in the chat?
>> ELISE GREGORY: We do not have any questions in the chat at this time.
>> DEBORAH SHOEMAKER: Okay. Alrighty, then we will move along. Thank you for the OIM update, Carl.
>> CARL FELDMAN: Thank you. Have a good morning.
>> DEBORAH SHOEMAKER: You too. Okay, Deputy Secretary Marsala.
>> JULIET MARSALA: Morning, I hope everyone can hear me. I apologize for my voice, I have a little bit of a sore throat this morning. For the OLTL we are going to talk about three sort of updates. Our Listening Sessions, Community HealthChoices (CHC) RFA (Request for Applications), and a little bit about this year's proposed Nursing Facility Rates. To the next slide.
The first thing is, we launched our state-wide Listening Tour on all things OLTL, it commenced June 5, 2023 and June 6, 2023, with visits to CILs (Centers for Independent Living), AAAs (Area Agency on Aging), LIFE (Living Independence for the Elderly) providers in Erie and Pittsburgh, which were really really great, learned a lot, heard directly from a great number of participants. We also published to our listserv messaging boards on the June 15, 2023, additional virtual listening time sessions in addition to tour dates and locations. So that information got posted to our nursing facilities, personal care homes, assisted living residences, community-based services providers, community health providers, LIFE providers, service coordinators and nursing home transition channels. So spread widely.
We have three virtual sessions scheduled for July on the 19th, 21st and 22nd. And then we have, I think about 12 at this point, and probably more being added, in-person sessions taking place around the state

in each of our regions between July 11th and August 1st. And the Listening Session flyer with the dates will also be posted on our CHC communication participants page because we also know the largest number of individuals we serve are in CHC. But this is a listening session for all of the different areas of OLTL. It is really helpful to me as a new Deputy, to be able to hear directly from our participants and family members and the community at large, so really looking forward to engaging with everyone this summer. And then if we go to the next slide.

So for the CHC RFA, we just wanted to let everyone know that we are working to incorporate comments received into the draft CHC Agreement. We did post a summary of those comments on our CHC web page for anyone to review. And lots of folks are eager to know the timeline for the Community Health Choices relief and any updates to the timeline of the release will be posted on the e-marketplace. And once it is posted on the e-marketplace, we will be sure to amplify it and alert everyone and send it out on the listservs as well.

The last thing I wanted to talk about was the 2023 proposed nursing facility rates. And we will be sending out additional information on our listserv, hopefully by the end of today, if not early tomorrow, to kind of communicate some things that we have learned about this year's round of the proposed fee-for-service rates. So every year we are required to update the proposed fee-for-service rates, utilizing a methodology that is in our code, the Pennsylvania Code chapter 1187 regulations, and as noted in the CMS approved State Plan. And the Fee for Service rates also impact the corresponding rates in the Community Health Choices Minimum Fee Schedule for nursing facilities. And so in review of this year's rates, the Department, we noted, that the variances between the April 1, 2023 rates and July 1, 2023 rates, the proposed July 1st, 2023 rates, appear to be greater than variances than prior years. Which means every time we do a rate methodology change, rates for some nursing facilities go up, rates for other nursing facilities go down. And that happens every year, there are a different mix of winners and losers as we redo the rate methodology.

This year, we see a greater spread, in terms of the different folks whose rates are going up kind of go up more than what we would have seen in the past, the folks who have rates decreasing are decreasing in a larger decrease than we have seen in the past. And the reason why this is, is because you know, we recognize that there is nothing that has been changed to the rate setting process requirements, we have done it the same way that since we have been directed to by the regulations and code. The difference is that this year in the methodology is the first year of a full year of COVID-19 costs experience is coming into the methodology. And so because that first full year of the COVID-19 costs experience is entering into the rate setting, it has caused a greater variance into the rate setting of and has provided for some unanticipated swings in the provider rates that are larger than previous years. We are still going to publish these rates on Saturday, June 24, 2023, so that all the nursing facility providers can see the rates, they can understand the rates, the rates methodology hasn't changed, what has changed is first year of COVID costs have come into the rate methodology. These are proposed rates which means they are subject to change. So what is important to note though is that in order for the rate methodology to change, because it is part of our code, OLTL would need direction from the General Assembly to amend the rate methodology. We are in full support of any alternative methodology that is put forward. We are ready to be supportive of any resolutions that come forward. You know, in order to address this sort of variance in what we are seeing with regards to rate setting. I hope that wasn’t too confusing, I know it can get very, very technical, but essentially what we want folks to know is that we know it is kind of an off year, we are still moving forward with posting proposed rates, so that everyone can see them and comment on them. There is going to be a 30-day minimum comment period, and I wanted everyone to

know that should OLTL get direction from the General Assembly to sort of amend rates, we certainly would be in support of and ready to do so. Any questions on that?
>> MINTA LIVENGOOD: This is Minta Livengood. On your last slide about the Long-Term Care Listening Sessions, this is good that you have the Listening Sessions, but what I find is that most of the locations are really far away from a lot of people. Your note Pittsburgh, Philadelphia, Erie, you know, there is nothing more local. Okay? And to drive into Pittsburgh and find parking and get that [inaudible], it is very difficult for a lot of people to participate in your Listening Sessions. I think that you should go to some of your smaller counties, along with your bigger locations. And I know you've got a lot of this already set up and going on, but even for myself to travel to Pittsburgh, that's an expense that I can't take on right now. And it's not, there is a lot of people that would probably put comments in and can do it, but it is better if you do it face-to-face versus on-line. So I just wanted to share that with you. It is real important that the consumers get to share their voice along with agencies, because the consumer sometimes sees things a little bit different than what the agency sees the program as running.
>> JULIET MARSALA: Yes. I tend to hear a lot from agencies and did want to hear a lot more from consumers and I absolutely understand the need to go to lots of different places. We haven't finished adding listen and learn sessions, this is kind of the start. I do know that, I don't know if you've had the chance to see the list, we are going to Scranton. We are going to Hazel township. We are going to York, Lancaster, Williamsport, Philadelphia. And I know my executive assistant, Montrell Fletcher, has had some requests to go to additional places as well. We have been focused on working with CILS, senior centers, some nursing facilities, LIFE programs, AAAs as well. And so you know, it is a work in progress and it absolutely – I would welcome suggestions on locations.
>> MINTA LIVENGOOD: Well, I live in Indiana County, so I live in a little small town, so you can't come to it. There is nothing to set things up, but there is the aging service in Indiana, over in Greensburg is accessible. I'm trying to think of some of the surrounding counties, okay, that isn't that far away and isn't as hard to find parking and be accommodated. One time we went to Johnstown, which is not that far away, and they did go to a hotel down there and they was set up to do -- the Consumer Sub (Subcommittee) did this, and it was very productive. And so there is your other counties. There is aging service in Greensburg. There is aging services in Indiana. I'm sure there is even an agency for aging in Johnstown. You know, they have not just their little centers, but they have a building that would accommodate people to come and be able to speak for -- consumers could take time to speak, but they could also accommodate agencies. And with the aging service, if it was a matter of somebody that is a senior, they could, that is on CHC, would probably be able to get there by their transportation program. So this is just some suggestions. I won't take up a lot of time because I do realize we are actually on schedule today.
>> JULIET MARSALA: Well, I appreciate the suggestions. I know Montrell is listening in and taking notes. So, much appreciated. I do look forward to the opportunities to engage across the Commonwealth, so I appreciate your support in that. Thank you.
>> TERI HENNING: Hi Juliet, this is Teri Henning. This could be my error completely, so I own it, but I did not see it go out as broadly. Can you confirm it did go out on the wide range of message boards and that it either already is or will be posted on the website, the Listening Session information? I saw it on one or two, and I may have missed them on others, but I just didn't see it on the whole range of the listserv.

>> JULIET MARSALA: It should have been. I also popped it in the chat so folks can see it there. Hopefully folks with access it. It is not on the website --for the CHC website yet, that I can confirm, but it should be, but it did go out on all of the other listservs, from my understanding.
>> TERI HENNING: Okay, I will check again too, but maybe you could double-check.
>> JULIET MARSALA: Yep.
>> KYLE FISHER: Kyle Fisher with the Health Law Project, just continuing Minta's question and specifically around transportation. For CHC participants who wanted to attend an in-person listen and learn session, could they request non-medical transportation through their CHC plan to do so?
>> JULIET MARSALA: They should be able to, it is a community event.
>> KYLE FISHER: Okay excellent. And do you know if they would need to amend a service plan or plan of care in order to do that? Or is this something that CHC-MCOs should be able to accommodate?
>> JULIET MARSALA: They should not need to have a full clinical reassessment to request a community event, especially a listen and learn. If you do have anyone that comes across that, please send that to us. We have asked Manage Care Organizations to also help let participants know about the listen and learn sessions as well and to help them attend if they so choose to attend.
>> KYLE FISHER: Excellent. Thank you.
>> JULIET MARSALA: Yeah.
>> DEBORAH SHOEMAKER: Do we have any additional questions from MAAC members? Do we have any in the chat?
>> ELISE GREGORY: There are no questions in the chat at this time.
>> DEBORAH SHOEMAKER: Wonderful. Thank you. Thank you, Deputy Secretary Marsala.
>> JULIET MARSALA: My pleasure, thank you.
>> DEBORAH SHOEMAKER: Thank you. Next up should be, if my mind serves me correctly, it should be Deputy Secretary Smith, correct?
>> JEN SMITH: Yes Ma'am. Good morning, everybody. Just wanted to say, poor Juliet. She sounds so stuffy, the whole time I was listening to her I thought, oh, my, get the poor woman a decongestant. Such is the season, I guess. It is nice to meet with everyone this morning. I also have a few updates for you, so if you flip to the next slide.
We are going to talk about the Behavioral Health Commission Legislation, this is that $100 million of ARPA funds where a task force was formed around adult mental health to discuss recommendations for the spend of that money and things sort of lie in the hands of the General Assembly at this point to appropriate the dollars, so we are going to talk about that. We are going to hit on the 988 Fee Legislation, and then I will just give you a brief update on Crisis Regs (Regulations).
The first item there is the Behavioral Health Commission. Where we stand and we have seen progress since the last MAAC is House Bill (HB) 849 was passed by the House. If you are following it closely there were some amendments made to the original proposal which was a Schlossberg bill. The amendments are pretty much detailed there on that slide for you, in those 10 items listed there. Some of the changes were some slight increases or decreases to existing line items. Unfortunately, there was the elimination of a line item, and that was an $8 million line item to counties to formulate better partnerships with community mental health organizations. The other decrease that is notable is listed under number 6 here on this slide, and that was related to the allocation for peer support services. And that was reduced from $6 million to $3.5 million. So the legislation is-- anyone can access it. It is out on the General Assembly's website if you just do a keyword search for that HB 849, you will come up with the most current version of the bill. Where it stands now is that it has been referred to the Senate Health

and Human Services committee for consideration. That committee will take a look at it, vote on it, if they approve it, it will come out of committee, and then go for basically a full vote in the Senate. And at any point, there are opportunities for additional amendments to be made to that language. And if that is the case, if amendments are made in the Senate, that amended version would then have to go back to the House for consideration and concurrence before it would hit the governor's desk. So there is still a lot of steps to go before we can count a win in terms of getting that legislation in place, but we are moving in really positive direction.

I think that, you know, the current version of the bill is probably not what would make every person happy, but as Representative Schlossberg has indicated in a number of different settings, we are at a place now where we need to get these monies appropriated. Time is dwindling in terms of, you know, meeting the requirement to have the dollars appropriated and then to spend, and many of you understand that what is written in this legislation is still pretty high-level buckets. So once the dollars are appropriated and the legislation is passed, then these programs have to actually administer the dollars and that could mean doing grant opportunities, that could mean procurements. So again, sort of more lengthy processes until the dollars actually reach the hands of the individuals who will be using them or paying for services with them or receiving loan repayment. So the longer that we drag out the legislation, the longer it will take for those dollars to reach the hands of the individuals who need it.

So moving in a positive direction, this is where we stand currently.

I know we've gotten a number of questions specifically around number 7 listed here, which is related to technology supportive grants that OMHSAS would give. That amount increased from $1 million to $3 million. The questions we are getting are things like, who would be eligible, for what? And truthfully, we just don't have those answers yet. The bill as it stands now does not get really specific and so at this point, the bill would pass as is, OMHSAS would have the authority to make some of those determinations. But as I mentioned, there is always still opportunities, until it reaches the governor's desk, still opportunities for amendment. So it is possible that more definitive language could get inserted there. So really what you read in the House Bill is as much detail as OMHSAS has about specifics around how the dollars would be allocated and used. So that's the update on there. I will pause here just to see if there are any questions on this House Bill.

>> DEBORAH SHOEMAKER: This is Deb -- Go ahead, Minta.

>> MINTA LIVENGOOD: This is Minta Livengood. I have a couple of questions for you. As I am looking at what you've got written here. I'm a little concerned with the fact that they decreased the allocation for peer support services from $6 million to $3.5 million because with the mental health when, your psychiatrists, your counselors, and that is not available, the peer specialist kind of fills in to help prevent someone from ending up in the hospital or just in a lot of confusion and I know they probably feel that peer support isn't that important, but it is. It is very important to consumers that are having a meltdown that day and they need somebody to talk to and they cannot get a hold of one of the other support services, you know. Where with the peer support, they a lot of times can come and sit with the person, and talk with them, and work with them to help prevent anything further from happening.

>> JEN SMITH: We agree with you Minta. The changes that you see here were not OMHSAS changes. These were changes that were made as part of the legislative negotiation process. These were changes made by the General Assembly between Republican and Democratic caucuses within the House of Representatives. So you know, I will take one more opportunity to, wink-wink, nudge-nudge, point out that there are still opportunities for amendments. So there is still an opportunity for that amount to be increased back up to the $6 million. I would certainly recommend that if those are your feelings that

you reach out to your Senators, since the bill now stands with the Senate, and make sure that they are very well aware of the benefits of those peer services. And perhaps, you know, we could see some of these items on the screen shifting again, based on suggestions coming from advocacy groups through the senate. We don't disagree with you about the importance of peer support, but we are not the ones probably that need to hear the message the loudest right now. That would be our friends in general the assembly.
>> MINTA LIVENGOOD: Okay, well, I'm putting it out there for anyone that is listening. I will probably approach my representative to start looking at this because there are a couple of other concerns on there too. I understand this is what they have set and looked at and they feel is sufficient, but they really need to hear from consumers and not just agencies because the consumers are the ones that get affected.
>> JEN SMITH: We agree completely. Thanks for that feedback, Minta. Other questions on this particular agenda item?
>> DEBORAH SHOEMAKER: Yes, this is Deb. And thank you, Minta. You took one of my questions or my concerns, so thank you for that. My question is, I know this is a crystal ball, but if for some reason that when the bill, if the bill gets enacted, is there a timeline in which then funding can go through? Do you have to wait until the next billing cycle to release funding or could it be something that -- I'm being very -- what's the word, I'm being very hopeful. Say they get it done by the end of the year, is there a possibility the money be distributed that quickly or is it something that has to go through a regular budget process?
>> JEN SMITH: As soon as the dollars are appropriated to the agencies, then they are able to be spent. Now as you see, with some of these things, some money is going to a certain agency in order to then give out grants. So you know, the money would be available to, let's say, PCCD (Pennsylvania Commission on Crime and Delinquency) for example, as soon as the dollars are appropriated as soon as this bill would be passed. But then PCCD would have its own process to figure out how they are granting those moneys out, which in their case could require a board meeting, a commission meeting, to approve the issuance of grants prior to the money actually reaching the grantees themselves. So a little bit of it depends on what next steps need to happen after these kinds of bigger buckets of dollars are allocated, but really as soon as the bill is passed, and the dollars are considered appropriated to those departments, those entities have the authority to then spend.
>> DEBORAH SHOEMAKER: Okay, and I serve _ enough _ PCCD to know how long those sometimes take, but individually, not on behalf of MAAC, speaking on individua, l like Minta did. That is another reason for people to think about advocating because if you want funding, to explain how it is important and the money and how crucial it is, and that's my own personal, not MAAC, position. Does anyone else have any questions for Deputy Secretary Smith, of MAAC members? On this topic. Okay. Anything in the chat?
>> ELISE GREGORY: Yes, we do have a question from Lloyd Wertz, he said there was a report that these funds will be entirely used for mental health services in schools, is that true?
>> JEN SMITH: Hey, Lloyd. This is Jen. I think you are confusing two pots of money here. So there were actually kind of two $100 million figures floating around. The one we are talking about was specifically ARPA funding, for which the general assembly has the authority at any moment and could have done it last year, to appropriate these dollars to be spent specifically for adult mental health purposes. The money for schools was part of Governor Shapiro's budget proposal which was $100 million each year for five years going to schools for school based mental health programming and that is something that is

very separate and distinct from the House Bill that we are talking about here and intended uses of those dollars.
>> ELISE GREGORY: Lloyd says, thank you.
>> JEN SMITH: Yep.
>> ELISE GREGORY: We have no more questions in the chat at this time.
>> JEN SMITH: Okay, great. We will keep moving then. The next update is another piece of legislation. This is around the 988 potential fee. So that piece of legislation is House Bill 1305. That bill also passed the House recently and is now in the Senate for consideration. This is the piece of legislation that would assess a $0.06 surcharge fee for consumers on both mobile and landlines. Very similar to what other states are doing, similar to what we are used to in terms of a 911 fee that you probably see on your cell phone bills. This would be a separate and distinct line item on your bill. So you know, that 911 fee would still be in place, this would be a separate line item $0.06 surcharge starting January 1, 2024. That's the proposed piece of legislation, with the potential for an increase to that $0.06 based on the Consumer Price Index (CPI) changes. So if CPI goes up, that $0.06 surcharge would go up. If the price index drops, the way the current piece of legislation is written is that there would be no change to the surcharge. So it would only go up and not down. The collection of those fees would then be submitted by your telephone provider to the Department of Treasury and deposited into a unique account that is to be used specifically to support the 988 Suicide and Crisis Lifeline.
I just want to point out that this is a separate piece of legislation from the bill that is also moving around an increase to the 911 emergency fee. So I think initially there was some combination of these two things and talking about the creation of a new fee or the enhancement of the 911 fee with a carved-out piece for 988. So the approach right now is that these are two really distinct pieces of legislation. One is a piece centered around the current 911 fee and a request to increase that fee to better support the 911 system and new technology that they would like to use to support that system. The bill I'm talking about here, which is House Bill 1305 is specific just to supporting the 988 crisis lifeline. So like I said, that did pass the House, it is now with the Senate for consideration. As I mentioned with the Behavioral Health Commission, there are still opportunities for that to be amended within the senate. And if that is the case, it would have to go back to the house for a concurrence before it would reach the governor's desk. So that is where that piece of legislation stands. We will be monitoring this one pretty closely. This is one piece of the Governor's budget proposal to have a sustainable source of supporting our crisis system in Pennsylvania, so this was the surcharge piece. The Governor had also proposed a $5 million one-time investment to help fund appropriately those 988 call centers. So moving in the right direction to support that crisis system. This will be a really important sustainable piece. We have a lot of federal funding coming to support 988 right now, but as we all know, there is never a guarantee that that federal funding will continue to flow, so many states across the nation have already implemented a surcharge similar to this or are working to get one passed in their state to ensure sustainability for funding those services. Are there any questions about the 988 fee legislation?
>> ELISE GREGORY: There is one question in the chat. Would this only be for the lifeline and not the funds needed for mobile crisis teams and stabilization centers?
>> JEN SMITH: Yeah, that is a great question. I'm not sure that there is complete clarity on that. So if you read the House Bill itself, much of it is talking about supporting the lifeline itself. However, when you look sort of at the very end of that bill, it does say that the money in this fund shall be used for suicide prevention and behavioral health services. So, not entirely certain until we see the final bill as to what it will and won't be permitted to be used for, but at this point, you know, based on estimates using

that $0.06 surcharge, we would be utilizing all of the funds collected with those $0.06, just to support the call centers themselves. There really would not be excess funds at this point to be allocated to better support the remainder of the crisis system. Now, you know, that certainly could change if there is additional federal funding that's received. If the CPI rises over the next couple of years, you know, there could end up being dollars in that fund available for other purposes, but at this point, just from a financial standpoint, estimates say that that $0.06 will likely be needed to completely be used to fund the call centers themselves. Other questions? Okay.

So then I will move to the last update I have, which is not a whole lot of an update, but I know folks ask about it all the time so I didn't want to ignore it, and that is around our crisis regulations. So I wanted to start by being really clear with the fact that there are actually two regulatory components to what we are go to call the crisis regulation package. So there are two separate regulations that we are moving through the process. One is the more programmatic piece of those regulations that talks about physical plant requirements, if there are any, for example in a stabilization unit, staffing requirements, those types of policies and procedural type things. The second regulation will be the payment piece of the regulations associated with crisis. And our intention is to move both of those regulations at the same time so that they are moving as package through the process. Where we are currently is that we are a little further down the road with the program regulations and are really just about ready for those to move out of DHS and kind of kickstart the formal review process that all regulations have to go through, which leads through a number of different entities throughout the state. Ultimately ending at the Independent Regulatory Review Commission or IRRC, which is where they are put out for public comment and officially then voted on to become promulgated regulations.

The payment regulations piece is the one that we are still working through a couple of decision points before we're ready for that whole package to then start moving through the process. A lot of the questions that we're getting from folks who are looking to start crisis services is, how do we know what we are allowed and not allowed to do if we don't have regulations yet. And the answer is really to take a look at the guidance that is available on SAMHSA's (Substance Abuse and Mental Health Services Administration) website about building those crisis services, because I can tell you about the program regulations are almost a mirror image of what you will read in the SAMHSA guidance. There are one or two small differences. And those differences are actually, for Pennsylvania, a little less strict, then what is included in the SAMHSA guidance. If you are taking a look at guidance put out by SAMHSA and kind of following what they have outlined there, you should have no issue once our regulations get through the process, assuming that those regulations don't end up seeing a lot of change. So you know, I can only speak to what the draft looks like now. It will go through that kind of lengthy regulatory approval process. And certainly at any step of that process there are opportunities for entities to say, you know we need to see this changed or question things when it gets to the IRRC and time for public comment. There will often be some minor tweak and changes to things so I certainly can't predict what that would look like, but I can tell you based on the current draft, that will be the draft kind of starting to move through the process. It is really, really close to what SAMSA has published in terms of their best practices. If you are staying close to that guidance, you should be in pretty good shape. Are there questions about the crisis regs?

>> DEBORAH SHOEMAKER: Any questions from MAAC members? Okay. Any from the chat?

>> ELISE GREGORY: Yes. From Ann Torregrossa, do you have an estimate on when the payment portion will be issued?

>> JEN SMITH: So issued, no. Again, that speaks to when the regulations will actually be promulgated. What I can, and maybe what you are asking is, when do we think the payment regulations will kind of be ready in order for that package to start moving through the process. The hope is that that happens within the next month, ideally. So that you know, hopefully before the end of July, we have moved that package out of DHS and it has started working its way through the remainder of the process. There are timelines associated with the entities that are part of that process. Most of them get 30 days to review that package, and it is not a concurrent 30 days or simultaneous 30 days, it is one right after the other, so that tacks on several months' time before the regulations have the potential of reaching the IRRC, which is kind of the final destination. I mean we would love to see them at least reach IRRC by the end of the calendar year, but we really just don't know because if at any point in the process the folks that are reviewing it have questions, or send them back for edits, depends on how long it takes us to make the changes then they have to flow through that process all over again. So it can be quite a lengthy process until they are fully promulgated and approved. The hope is though by the end of July they at least have left DHS to begin that long journey.
>> ELISE GREGORY: There are no more questions in the chat at this time.
>> DEBORAH SHOEMAKER: Thank you. Thank you, Deputy Secretary Smith. I know that was a mouthful. Do you have more? Is that your last update?
>> JEN SMITH: That's it.
>> DEBORAH SHOEMAKER: Okay, I just wanted to make sure. I didn't see the little question mark, so I wasn't sure if we were good to go. Okay, thank you very much. Next, we are ready for subcommittee reports. Kyle, will you be giving the report?
>> KYLE FISHER: I can, yes Deb. Okay, and Minta certainly supplement anything I miss here. The Consumer Subcommittee met yesterday and we received updates from the Office of Maintenance and OLTL that were fairly similar to what we just heard so I won't repeat anything there. Consumers also received an excellent presentation from Kevin Hancock, now a special advisor to the Department of Aging secretary, on state's process to create a master plan on aging and disability over the next seven months or so. Kevin went through all of the planned listening sessions, stakeholder engagement, consultation and subject matter experts, and I believe much of the process is now on the Department of Aging's website for anyone who wants to explore that further. The goal is to issue a recommendation report in February 2024 so in fairly short order. Consumers also received a report OMAP and I want to just outline three of the topics discussed yesterday.
Sally reported on parents as paid home health aides and the forth coming guidance regarding some procedure code changes that will impact home health agencies and the EVV. That has not yet been issued. In the meantime, agencies are going to continue to use the current codes, waiting for that MA bulletin, and consumers will not be impacted by the back-end changes. This ties into the change in how Pennsylvania is classifying certain services to ensure they are classified now as home health aid services, which can be provided by parents and familial responsible relatives and no longer classified as personal care services.
We also had a report on dental Benefit Limit Exceptions (BLE) and this continued the conversation from last month. Yesterday's conversation focused on appeal activities and data that OMAP had shared and Gwen Zander reported that the state is clarifying, for the managed care plans, that any appeals of the dental BLE denial should be classified as a grievance, so internal appeal should be classified as grievance and not a complaint, which the consumers appreciated, since a request for root canals or periodontal work or a second set of dentures, are almost always based on medical or clinical. So classifying needs as

a grievance will ensure there is a clinician on the appeal panel, that seems fairly obvious that is appropriate. This is in response to data showing that many of the MCOs, one in particular, over the last three years have often classified these as internal appeals as complaints instead so we appreciate the Department's investigation there.
The last item I wanted to highlight relates to Community Based Care Management (CBCM). We had a really interesting report, from Gwen, on the variety of Community Based Care Management activities under way by the MCOs. CBCM is a funding mechanism that allows the MCOs to undertake new and innovative programs to try to address social determinants of health (SDOH), otherwise improving health outcomes. They are often done as pilot programs or rapid cycle pilots, where the MCOs are working with Community Based Organizations, sometimes using their own staff, to target local needs or a targeted population that needs additional, typically face-to-face or in the community care management. The MCOs can then iterate or scale up those programs as necessary and really for the ones that are effective, the are expected to scale them up.
A few here that I will go through quickly, Gwen noted Fabric Health, which is an organization that is meeting individuals in the community, and in particular at laundromats, to use that down time to view SDOH assessments and connect them to community resources that might help with housing stability and food security. Some of the MCOs are also using Fabric Health, to help with renewal determinations, so Compass processing.
Keystone First and Health Partners are jointly working on a Housing Smart Program in the southeast. They are combining their efforts to try to connect participants in need with income resources, like SSI or housing vouchers, and also to get them into some stable housing. So also connecting with CBH (Community Behavioral Health) and integrated care management and any referrals necessary for addressing social determinants.
The last program I wanted to highlight is the Highmark Doula Program. Gwen noted that – and she shared some clinical outcomes related to lowering c-section rates for members using this program, lower rates of pre-term delivery, higher rates of timely postpartum care. So Highmark has really used this to address some racial disparities. A lot of these metrics, and I think a lot of the MCOs, or nearly all MCOs, are working with various doula programs and trying to really address this disparity area and the term mortality. Broader, we heard from Sally, that the Department is looking, has a goal of making doula services a recognized service on the state plan, which the consumers wholeheartedly support. We heard there are still some hurdles to this coming to fruition, but in the meantime, the state is altering the Value-Based Purchasing (VBP) requirements to the maternity bundle. VBP will change in 2024 to make doula services a mandatory component, so the practice should be more widely available to consumers than it is now in short order the Subcommittee [inaudible]. Okay, that is all for my update. Minta, anything you would want to add?
>> MINTA LIVENGOOD: No Kyle, you covered everything. Thanks.
>> KYLE FISHER: Happy to take questions.
>> DEBORAH SHOEMAKER: Not a question, but a comment. For everyone who has the opportunity to attend either regularly or once that Consumer Sub, a lot of – as Kyle mentioned, a lot of the focus we talk about here in the MAAC, is also talked there but a little more extensively of course because it is a Consumer Subcommittee, it really is important to hit those meetings because that's who we serve, and their families. Very, very good, and I was happy to hear of the community-based programs, like Fabric Health, so that is wonderful. I just wanted to mention that. So does anyone have any additional questions for Kyle or Minta on the Consumer Sub? Okay.

Next Fee-for-Service delivery. We did not meet. Our next meeting is in August. Next, would be -- [inaudible]
>> KYLE FISHER: Deb, we lost your audio.
>> DEBORAH SHOEMAKER: Oh sorry, I said the Fee-for-Service Subcommittee did not meet this month. We don't meet until August. Next on an update for Subcommittee is Kathy.
>> KATHY CUBIT: Thanks Deb. This is Kathy and the LTSS, we met on June 13. Deputy Secretary, Juliet Marsala, provided various updates, OLTL updates, some of which we heard today. We learned OLTL is currently completing an analysis of racial and social disparities using racial and ethnic data for CHC and LIFE participants and there are plans to present findings in the near future.
Aging Well has a new contract to complete the functional eligibility determination or "fed assessment". All functions remain the same under the new contract with only one item being added.
We also have a discussion about unwinding and the end of PHE (Public Health Emergency). OLTL is monitoring unwinding, including CHC-MCOs unwinding, action plans and highlighted that the CHC agreement has language that mandates service coordinators to assist participants with the renewal process.
The committee also discussed PA MEDI (Pennsylvania Medicare Education and Decision Insight) as a resource for those losing Medicaid coverage and who have or are eligible for Medicare. OLTL announced its Listening Sessions, as mentioned today, as well as the Department of Aging statewide stakeholder engagement sessions for ten-year plan, as also Kyle on Consumer Sub noted. I just would add that our committee already had that presentation and we are going to discuss how we can contribute to the plan process. And just to add, for those interested in these stakeholder engagement sessions and how to contribute, which the goal is to get everyone involved is at aging.pa.gov/masterplan.
We received and discussed IEB (Independent Enrollment Broker) enrollment data, LIFE enrollment data, and fed appeals data, and the materials will be posted soon on the LTSS MAAC web page. We will meet again on August 8, 2023 from 10:00 am to 1:00 pm virtually and I am happy to answer any questions.
>> DEBORAH SHOEMAKER: Thank you, Kathy. One thing that I forgot until you started speaking, Kathy, is that we do plan to have Kevin Hancock come to a future MAAC to talk about the master plan. That is on, I could say, old business or new business, but we do plan on having Kevin come since he is special assistant for that, and he definitely did express at Consumer Sub that he does want stakeholder involvement, as much as possible, including especially behavioral health because he said that is so missed. That was good to hear. Thank you. Does anyone have any other questions for Kathy? Okay. Good work. Okay, the Manage Care Delivery System Subcommittee. Chairman Glinka, he is not here, so I don't know if there is any additional updates that anyone could provide, staff or otherwise, on that committee.
>> GWENDOLYN ZANDER: Deb, this is Gwen Zander, I am happy to provide any update if you would like.
>> DEBORAH SHOEMAKER: Wonderful.
>> GWENDOLYN ZANDER: So at our last meeting we had some good conversation about the need for strategic planning for the Subcommittee to identify some priorities for the Subcommittee to be working toward and to identify some areas of focus, in hopes that maybe that Subcommittee might be able to generate some recommendations to this committee and then to go on to the Department. It's been a while since the Subcommittee generated any recommendations, and so we are going to begin the process of strategic planning at our next meeting, in July. And so the Subcommittee members have been polled to provide their input on priorities that strike them as most pressing for managed care right

now and then we will begin that conversation at the next meeting and will then follow up that meeting with some engagement from folks who are not voting members of the Subcommittee, but who are stakeholders who have a real interest in managed care, to obtain their input on what the Subcommittee articulates as their priorities, what they would like to be working towards. We are looking forward to that and are excited to kind of reinvigorate the Subcommittee.
>> DEBORAH SHOEMAKER: Wonderful. Any questions for Gwen?
>> ELISE GREGORY: Yes, Deb. In the chat there was a question about the report that-- was asking Kyle to add clarification about a report for MCOs and how they are able to address SDOHs, but since Gwen is on now, I can ask Gwen about that. He is interested in what allows MCOs to address SDOH and what allows them to be funded. And is that -- is that CBCM (Community Based Care Management).
>> GWENDOLYN ZANDER: Yes. So CBCM, Community Based Care Management, is one of the primary mechanisms that MCOs can use to address SDOH, that is an administrative pool of funding, so that comes with flexibilities attached to it. Another mechanism that MCOs can use is VBP. MCOs are required to be coordinating with community-based organizations either directly or through sub-contracts held by network providers, so they can use VBP arrangements that incorporate SDOH services into that through a value-based arrangement, so those are probably the two largest mechanisms that the MCOs use. Of course, they can engage in value-add services, which are purely elective at the option of the MCO, and they can use their access revenue to fund that work as well.
>> ELISE GREGORY: That's all I have from Andrew Kunka at this time.
>> DEBORAH SHOEMAKER: Wonderful, thank you. Thank you for the update, Gwen. I appreciate that. I'm sure that Joe will be ready to give an update next month. It looks like the next meeting is the 17th the 13th, I am sorry I was looking at my computer and I don't know why I saw 17th. So last Subcommittee update would be Mike Grier from Managed Long-Term Services and Support (MLTSS).
>> MICHAEL GRIER: Good afternoon, or good morning everyone. Thank you, Deb. The MLTSS, met on June 1, 2023. We had a presentation by Juliet. She provided brief updates on the CHC request for information and the OLTL's statewide Listening and Learning Sessions and provided and overview of CMS In-Lieu-Of Services Manage Care by outlining the CMS six principles that allows that to happen. She also welcomed Theresa Hartman into her new position as the Director of the Bureau of Human Services Licensing.
We also had a presentation by Adult Protective Services (APS) regulations. Laura Deitz, Director of the APS division in Bureau of Human Services Licensing provided an overview of the proposed draft of the APS regulations. The APS act proposed draft is to expand and add definitions to provide clarification to the Act 70 of 2010. The public comment period closed April 22, 2023, and drafts of the regulations are under regulatory review. The draft regulations and public comments can be reviewed on the IRRC website by searching number 3364. That number again is 3364.
We also had a presentation on MA for CHIP, the CHIP program, unwinding update. Carl Feldman, Director of the Bureau of Policy in OIM, gave a presentation on the end of the MA CHIP unwinding. He provided background on the end of the Medicaid continuous coverage requirement, and revealed, and the renewal process activity that will continue to take place over the course of 12 months, the 12-month MA unwinding. He also explained that the unwinding timeframe, that the Department is in the process, the communications strategy and outlined resources available for participants and other stakeholders.
Tyrone Williams, Chief of the Assessment Unit for OLTL, presented on CHC home and community-based services waiver reassessments. He provided an overview of the comprehensive needs and assessments,

and reassessment processes completed by OLTL assessment entity Aging Well and the CHC-MCOs, as well as their responsibilities through the MA unwinding process.
We also had a presentation by the Complex Care Unit (CCU), a representative from each of the CHC-MCOs, presented an overview of the purpose of the CCUs, including how they identify risk and participants and coordinate and approve in the transition of care. CHC-MCOs, told how they best serve the participants who present with medically complex issues by collaborating in how they communicate with the participant service coordinators, spouses, dual special need plans et cetera. Our upcoming meeting, the next meeting, is scheduled for July 6, 2023 at 10 a.m. And from 10 to 1 and will be in-person at the PA Department of Education's Honors Suite on the first floor of 333 Market Street Tower in Harrisburg, and as a webinar with remote streaming. And that is it. I will answer any questions if I can. Deb?
>> DEBORAH SHOEMAKER: Yes, thank you. Does anyone from the MAAC have questions for Mike? Any questions in the chat?
>> ELISE GREGORY: There are no questions right now.
>> DEBORAH SHOEMAKER: Thank you. Thank you, Mike.
>> MICHAEL GRIER: Thank you, Deb.
>> DEBORAH SHOEMAKER: Okay next, would be any pharmacy.
documents, Eve, or what is new at OMAP.
>> EVE LICKERS: Good morning, everyone. We do not have any pharmacy documents at this time, but since the last meeting we have issued a number of bulletins.
On May 30, we issued a MA Bulletin 01-23-05 an that was for end dating COVID-19 pharmacy specimen collection and laboratory testing procedure codes. So during Public Health Emergency we had allowed for pharmacies to submit claims for specimen collection of COVID-19 samples. Then there was some testing codes that had been issued by CMS very early on in the PHE, so they actually had closed them effective on May 12 with the ending of the PHE. So there are other codes for laboratory testing codes, but the specimen collection code is no longer available.
On May 30, we also issued MA Bulletin 01-23-06, that is updating, adding procedure code for vaccine counseling only visits for beneficiaries under the age 21. Previously we were using a 9,000 series code with modifier and CMS provided an updated code so we have updated the fee schedule for just general vaccine counseling. MA Bulletin 01-23-07 was specific to COVID-19 vaccine counseling only visits for beneficiaries under age 21 and there was a new code also added to the fee schedule and the old code and modifier combination was closed out.
On June 1 of this year, we issued MA Bulletin 99-23-06 and it was entitled the "2023 Evaluation Management Fee adjustments and Code Updates". There were a number of E&M codes that were closed out, by CMS, with their issuance of the 2023 HCPCS (Healthcare Common Procedure Coding System), so in preparation for some other changes that are coming down the pipeline, we did close out those procedure codes. We issued a public notice, and also put it in this bulletin, but we also made a number of changes to several categories of service for procedure codes that are currently on the fee schedule. So you will want to take a good look at that bulletin.
On June 16, we issued MA bulletin 99-23-05. That was "Updates for the Enrollment or Revalidation of Co-located Providers". Probably some of you are familiar with the fact that back in 2016 that we had issued a bulletin that allowed for the co-location of providers within the same space because we had a regulation that had prohibited that co-location arrangement. So we had provided some enrollment requirements at this time. Since then we have, you know, worked to probably at regulations but for one

reason or another, were not able to get them through until recently, so on January 4 of this year, their final-form rulemaking was published and that reg was removed, that prohibition was removed from regulations. So this bulletin is just announcing that we are rescinding the statement of policy that was previously in regulations because that prohibition has been removed. That is exciting stuff for some of us because that was a long time ago back in 2016. So some folks have probably, on the call, have been around since that time and maybe remember some of the input they provided and we just thank you for the continued support. This is a really good for the, I think for the integration of, I should say further integration of physical and behavioral health in particular. So that is pretty exciting stuff for us.
We also issued on June 20, bulletin 01-23-08, and that was adding a procedure code for the bivalent dose of the SARS-CoV-2 vaccine by Pfizer. I would let you know to keep an eye out because although the Public Health Emergency is over, and has been -- has come to an end, we are still receiving code updates from CMS with closing out particular codes and adding others. So we do have some other communications in the works as well. I think that concludes what we have issued since the last MAAC meeting. Thank you.
>> DEBORAH SHOEMAKER: Thank you. Any quick questions for Eve? Okay. Before we go into new and old business, just a reminder the next meeting is July 27, 2023. We will be doing this webinar format again. And looking forward, we never have a meeting in August, but just as a reminder for those of you planning a little ahead.
We have a couple minutes. But on old and new business, I don't think we have any old business that I am aware of. Do we have any old business? Okay. I think the old business is just at one point that we will have Kevin Hancock. That is old business.
New business, I wanted to bring to your attention and I will do it very briefly, is that I was contacted by two MAAC members about a potential resolution. And I think it can be explained by them, to create an office of workforce, reform, innovation and I am not going to call it the whole name correctly. The short and long of it is the resolution was –there is an executive order as well that was given to the provider coalition, but the resolution was provided to Consumer Subcommittee. They did not get to consider it yesterday, but they are aware of it and all MAAC members received copies of it. Since we only have a short amount of time, I'm going to provide and take my time and give to Jeff Bechtel if he is ready to provide some perspective and some information.
>> JEFF BECHTEL: Excellent, Deb, thank you. Hopefully you can hear me. Mindful of the time, I will be quick. I think everyone on the phone understands that Pennsylvania is facing a health care workforce crisis. Obviously, it is a national problem, but PA is an outlier in a bad way. Just highlighting 2021 Mercer report, it showed that Pennsylvania is projected to have a deficit of more than 277,000 healthcare workers, including medical assistants, home health aides, nursing assistance and others. Notably, Pennsylvania is also projected to have a shortfall of over 20,000 registered nurses by 2026, and that is the largest projected shortfall in the nation. So we feel that urgent action is necessary. Other states have established governor-lead efforts in infrastructure to develop strategies to assess workforce needs, to establish a data center, and perhaps most importantly coordinate workforce related policies programs and initiatives across the agency. Sometimes it is hard to coordinate, everyone has sort of their lanes they need to stay on, you need this kind of office really to kind of track and drive progress. Informed by these efforts, Deb, several groups, including the Pennsylvania Health Funders Collaborative which is led by Ann Torregrossa, I think on the phone, and as many of you know Ann, as well as the PA Provider Advocacy Coalition, which includes a lot of associations that are members of MAAC. We have worked together to develop an advocacy letter to the Governor, as well as a draft executive order the

urges that Shapiro Administration to create, what we are calling, the Office of Health Workforce Innovation and Reform. The executive order would also include the creation of an advisory council. It would also solicit feedback from stakeholders. If this office is launched this summer, the office can be tasked with the responsibility to create a strategic plan by end of the year, develop policy recommendations to really kind of drive progress.
I will say, largely from Ann's efforts and others, the advocacy letter already has over 147 signatories and we are not talking about individuals, we are talking about advocacy organizations consumer groups. We expect many more signatories before the letter goes to the Governor, probably after the budget is signed. This is really a nonpartisan cross-cutting consensus recommendation. We don't feel there is controversy here, this is kind of the right thing to do. Some of the signatories, I can't even list them, but to give you a flavor, AARP, nursing schools, HAP, PA Med, RCPA, Leading Age, Community Health Centers, Health Funders Collaborative, pharmacy groups. We will ask, Deb if you could, to include in the MAAC minutes a link to allow other organizations to sign on to the letter and Deb, I think you mentioned you could do that. We did ask Deb last week for the opportunity to float this concept, answer any questions and propose a resolution most importantly to the MAAC enforcing this concept to the Governor. Of course, the workforce issue is broader than the Medicaid Program, but workforce is obviously critical to the ongoing viability of the MA Program and the consumers that the program serves. Deb was gracious enough to distribute a copy of the resolution to MAAC members early this week and before I open the floor to questions, I'm not sure if we have time Deb, but I was hoping that perhaps Richard Edley, who is working with us on the project, and I think Ann Torregrossa is on the phone too, I am not sure if she can speak, I just wanted to give them a chance to weigh in if we can before we get to the motion.
>> DEBORAH SHOEMAKER: Well, we have 2 minutes.
>> JEFF BECHTEL: Okay so the answer is, let's get a to it.
>> DEBORAH SHOEMAKER: Yes, let's get to it and before you ask for that motion, as was stated by Jeff, if we can reflect and put the link, I'm sure it can be provided to you, it is also in the Resolution, make sure that link for the signatures be put in the minutes, and if we can do that, that would be great. [link was not provided in the chat] Okay, alright.
>> JEFF BECHTEL: Deb, you sent the motion to the MAAC members, to paraphrase it, if you plan to do that? I think for me it would be too long but what would you prefer?
>> DEBORAH SHOEMAKER: Since we have a minute, I would say if you want to entertain a motion, hopefully everyone has it. I think we have to do the motion now, or it is going to have to be deferred. At this point you can make a motion to --
>> JEFF BECHTEL: I would like to make a motion to the MAAC to approve the resolution urging Governor Shapiro to establish a Governor's Office for Health Care Workforce Innovation and Reform.
>> DEBORAH SHOEMAKER: Second?
>> RICHARD EDLEY: This is Richard, I'll second it.
>> DEBORAH SHOEMAKER: I figured, I just didn't want to Assume that. Okay, members that can vote, all in favor of voting for the resolution, please say aye.
>> Aye.
>> DEBORAH SHOEMAKER: Any nays? Any abstentions? Okay. All right. Well based on that, it sounds like we have unanimous support of the motion. What will happen is I will make sure that the motion, as per the by-laws, will get to sent to the Secretary and with a note noting that the MAAC has supported that and then we can go from there.

>> JEFF BECHTEL: Deb, thank you.
>> DEBORAH SHOEMAKER: Thank you. This is very extremely important so I'm glad we had the opportunity to quickly talk about the motion, we will also, in the minutes if we can have a copy of the motion, whether it is in the minutes or otherwise attached so that people can look at that. And again, since we are like right at the bubble right now, I will take a motion to adjourn so that those on closed captioning will not miss out on the meeting.
>> MINTA LIVENGOOD: I will make a motion to adjourn.
>> DEBORAH SHOEMAKER: Thank you miss Minta.
>> DEBORAH SHOEMAKER: Second?
>> KATHRYN: This is Kathy. I second.
>> DEBORAH SHOEMAKER: Alright wonderful. Everyone have a wonderful month, and I will take that motion to adjourn that we are adjourning, although I will take the aye from everyone and have a wonderful week and month and I will see you in July. Thank you, everybody.

Resolution by the Pennsylvania Medical Assistance Advisory Committee (MAAC) Urging Governor Shapiro to Establish the Governor's Office of Health Care Workforce Innovation and Reform, Cabinet and Advisory Council

Recognizing that Pennsylvania is facing a severe healthcare workforce shortage in all sectors of health care, including primary, acute, oral, long-term care and behavior health positions[1], that will only become more critical without coordinated action and Governor-led leadership to ensure sufficient adequately trained, compensated and employed health care staff to meet the Commonwealth's full continuum of our health care needs now and in the future:

The Medical Assistance Advisory Committee of the Commonwealth of Pennsylvania (MAAC) urges Governor Shapiro to execute an Executive Order establishing the Governor's Office of Health Care Workforce Innovation and Reform, Cabinet and Advisory Council to coordinate the Commonwealth's Health Care Workforce Reform Agenda, create a strategic plan and implement such plan to address this crisis.

This targeted response is needed to address the projected deficit in less than three years of 277,711 health care workers, such as physicians, medical assistants, home health aides and nursing assistants and the largest shortage of nurses in the nation[2].
Although many sectors of the Commonwealth's economy are facing workforce shortages, access to a full continuum of needed health care is more critical to everyone's health, safety and quality of life, necessitating this targeted, Governor-led leadership.

1 Among Pennsylvania's 67 counties, 63 Pennsylvania counties are entirely or partially primary care health care professional shortage areas (HPSAs) and 53 are entirely or partially mental health HPSAs.
2 Mercer, US Healthcare Labor Market, https://www.mercer.us/content/dam/mercer/assets/content-images/north-america/united-states/us-healthcare-news/us-2021-healthcare-labor-market-whitepaper.pdf