12/4/2025 Medical Assistance Advisory Committee

ATTENDEES: Anthony Abrams, Kristen Ahrens, Tiffany Angel, Paula A Stum, Anna Aupperle, Radwan Azim, Morgan Baker, Anna Barone, Daniel Bates, Matthew Bauder,, Karen Bennett, Norris Benns, Brock Berta, Angela Biesecker, Kara Blasiak, Brooke Bowers, Amy Boyd, Sonia Brookins, Hannah Brown, Jamie Buchenauer, Amia Burton-Smith, Monica Billger, Barbara Brown, Brooke Burnside, Brooke Bowers, Norris Benns, Clea Bell, Wendy Bailey, Jolene Calla, Dusty Carl, Scott Cawthern, Andrew Centrone, Sam Chanek, Cristina Codario, Caitlyn Collins, Kathy Cubit, Michelle Cohen, Kelly Curtin- Halliman, Terri Cathers, Cindy Dang, Marianne DeJesus, Mindy Dunlap, Barbara Dunn, Rosemary Dempsey, Shannon Donnelly, Benjamin Dannels, Margaret DeVenney, Melissa Dehoff, Richard Edley, Nicole Fidler, Kyle Fisher, Montrell Fletcher, Andrea Flowers, Carrie Frownfelter, Craig Gimbi, Joseph Glinka, Candy Graham, Elise Gregory, Brookelynn Gilleeny, Beverly Gillot, Lindsey Green, Noah Greenberg, Moe Greenwood, Mia Haney, Nicole Harris, Mary Hartley, Rebecca Hathaway, Teri Henning, Amber Hess, Keith Heffle, Jeff Iseman, Shani Jackson, China Jackson, TaWanda Jackson, Nicole S James, Matthew Johnson, Cody Jones, Breanna Jackson, Emily Katz, Sally Kozak, Hannah Kranz, Andrew Kunka, Jonathan Krathcman, Nancy Kaur, Tom Lacey, Mason Lee, Eve Lickers, Dylan Lindberg, Becky Ludwick, Brinna Ludwig, Debra Luther, Tim Lyden, Janelle Lynch, Ann Lawall, Rachel Lee-Price, Brian LaTorre, Pam Machamer-Peechatka, Patty Mackavage, Gabriel Magloire, Kathy Makara, Juliet Marsala, Andrea Maxwell, Karen Maynard, Russ McDaid, Michele Minter, Stacy Mitchell, Julie Mochon, Karey Molnar, Denise Moore, Katy Morton, Ted Mowatt, Kevin Mulcahy, Jim Musick, Jennifer Newman, Meme Newsome, Jazmin Nixon Cartwright, Dr. Chiamaka Nnamani, Randolph Nolen, Phat Nguyen, Julie Nelson, Morgan Plant, Richelle Poole, Natasha Powell, Kyle Purchase, Janell Reagan, Ashlee Reick, Olivia Riek, Annmarie Robey, Michele Robison, Tina Ross, Pam Rotella, Rachel Rumpff, Margaret Rybinski, Dana Roman, Mark Rosenetein, Amanda Sagastume, Theresa Sayce Goldsby, Deborah Shoemaker, Jason Shoemaker, Jennifer Smith, Jason Snyder, Caroline Straub, Marianne Stein, Lisa Sportelli, Ashly Smith, Kimberly Sgrignoli, Jamie Synder, Caleb Sisak, Brad Shopp, Haley Shultz, T.J. Thomas, Marie Turnbull, Elise Van Pelt, Nick Watsula, Lloyd Wertz, Jessica Wilkerson, Imogen Wright, Erin Wyse, Donya Weldon, Christine Willett, Amy Williams, Lauren Wechsler, Tyesha Windham, Marriam Wafa, Jeremy Yale, Marc Yester, Nick Young, Gloria Yu, Stephen Cozzo, Ryan Johnson, Mary Keller, Alexandra McMahon, Chris Lammando,

>> ELISE GREGORY: Good morning, and welcome to the December 2025 edition of the MAAC (Medical Assistance Advisory Committee) meeting. Today is Thursday, December 4th, 2025. My name is Elise Gregory. Before we begin the meeting, 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. Also, per DHS (Department Human Services) policy, the use of artificial intelligence or AI for note taking or any other purpose is not permitted. AI bots in attendance will be removed. For panelists and speakers, if you're experiencing audio issues, please go to the top right corner to find the gear wheel to adjust your settings to the correct microphone and speaker hardware. If you continue to experience difficulty, please send a message in the chat. To help avoid any disruptions, please remember to keep your microphone muted if you're not speaking. Live captioning, also known as CART (Communication Access Real-Time Translation) captions, are available for the meeting. Link is included in the chat. Presenters should state their names clearly before speaking to assist the captioner. Representing DHS today. From the Office of Medical Assistance Program (OMAP) Deputy Secretary Sally Kozak. From the 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 Kristin Ahrens and from the Office of Income Maintenance (OIM), Bureau Director for the Bureau of Policy, Carl Feldman, and Chief of Staff, Scott Cawthorn. If you have any questions related to this meeting or need any information, visit the MAAC webpage. I will hand things over to the MAAC chair, Miss Sonia Brookins.
>> SONIA BROOKINS: Good morning, everyone. Thanks, Elise. My name is Sonia Brookins. I'm the chair of the Consumer Subcommittee (ConSub). We're going to now do roll call. Elise?
>> ELISE GREGORY: Jolene Calla?
>> JOLENE CALLA: Good morning, I'm here.
>> ELISE GREGORY: Kathy Cubit?
>> KATHY CUBIT: Here.
>> ELISE GREGORY: Richard Edly?
>> RICHARD EDLEY: I'm here. Thank you.
>> ELISE GREGORY: Nicholas Focht?
>> NICHOLAS FOCHT: Good morning. I'm here.
>> ELISE GREGORY: Joe Glinka? (no response) Dr. Mark Goldstein? (no response) Mike Grier? (no response) Mia Haney?
>> MIA HANEY: I'm here.
>> ELISE GREGORY: Mary Hartley?
>> MARY HARTLEY: Here.
>> ELISE GREGORY: Julie Korick? (no response) Minta Livengood? (no response) Russ McDaid?
>> RUSS MCDAID: I'm here. Thank you.
>> ELISE GREGORY: Ted Mowatt? (no response) Dr. Nnamani? (no response) Deb Shoemaker?
>> DEB SHOEMAKER: Good morning. I'm here.
>> ELISE GREGORY: Nick Watsula?
>> NICK WATSULA: I'm here. Good morning.
>> ELISE GREGORY: Dr. Marc Yester
>> MARC YESTER: Good morning.
>> SONIA BROOKINS: Thank you for that, Elise.
>> ELISE GREGORY: We do have a quorum.
>> SONIA BROOKINS: Ok, Thank you. Thank you. Before we do that, do we have any, for the minutes, can we have a vote for the minutes?
>> DEB SHOEMAKER: I make a motion to approve the minutes as they were distributed. Deb Shoemaker.
>> SONIA BROOKINS: Can I have a second?
>> JOLENE CALLA: This is Jolene Calla. I will second.
>> SONIA BROOKINS: More in favor?
>> MEMBERS: Aye.
>> SONIA BROOKINS: So, moved. Thank you for that. OMAP is up. Sally?

>> SALLY KOZAK: Thanks Sonia, So good morning, everybody. I have a couple of updates for you on the state budget.
>> SONIA BROOKINS: It is staticy. I don't know what to tell you.
>> SALLY KOZAK: Let me try another mic again. How is that one? If that one doesn't work, I'm just going to dial in.
>> SONIA BROOKINS: That is fine so far.
>> SALLY KOZAK: Okay. If it stops working, give me a holler and I'll dial back in. I don't quite understand the issue with the mics all of a sudden. So, I was saying, I have a couple of updates on the state budget. Some recent outpatient drug on rulemaking that we did with GLP-1 (glucagon-like peptide-1)
>> SONIA BROOKINS: Sally. I think you better call in.
>> SALLY KOZAK: Okay. Give me a minute.
>> SONIA BROOKINS: Ok, Thank you.
>> SALLY KOZAK: Sure. No problem.
>> DEB SHOEMAKER: Thank you for doing that. I thought it was just me and makes it easier to take notes and things. I appreciate that.
>>JOE GLINKA: Sonia, it's Joe. Can you hear me?
>> SONIA BROOKINS: Yes. Good morning, Joe.
>> JOE GLINKA: Apologize. I got caught up in internal meeting. Apologies for being late.
>> SONIA BROOKINS: Thank you.
(Silence)
>> SALLY KOZAK: Can people hear me now? (echo) How is that?
>> SONIA BROOKINS: Yes, we hear you. Thank you.
>> SALLY KOZAK: You're welcome. No problem. Okay. So, the state budget, I think as everybody knows, the state budget was signed on November 12th, and we had a number of what we are calling wins in the budget. So, I want to share those with you.
We have $25, sorry not $25 dollars. We have $25 million for childcare recruitment and retention programs. It does have reporting requirements attached to it. We have $10 million in Early Intervention rate increases, $21 million in direct care worker participant-directed care rate increases, an increase of $370,000 for the PA Coalition Against Domestic Violence, and $250,000 increase for PA Coalition Against Rape. There is $10 million for rural hospitals and that money will remain for supplemental payments. Unfortunately, there is no new mental health funding in Fiscal Year (FY) 25-26. The $20 million language allows us to allocate the $20 million from FY 24-25 into FY 25-26 using the same methodology. Those are the updates that I have on the state budget.
On November 20th, we went over to the Independent Regulatory Review Commission (IRRC) to get approval of our final rulemaking on our covered outpatient drugs, and with what the regulation did is it updated the Fee-for-Service (FFS) payment methodology. It recognizes the prescriptive and dispensing authority of certified nurse practitioners and midwives, and it also specifies the payment methodology for pharmacy services that are dispensed by a prescribing provider.
It also recognized changes in industry standards regarding electronic prescribing. It

updated the list of non-compensable services and items, and it updated the dispense day supply limits and limits on refills, so now, instead of a 30-day supply, we can get a 90-day supply, and systemic contraceptives, they can get a one-year supply of that. So, that is the update on the pharmacy rule that went over to IRRC.
Regarding GLP-1s, effective January 1, 2026, GLP-1 medications are not covered by the Medical Assistance (MA) Program for the treatment of obesity and overweight only.
We will continue to cover GLP-1 medications for all other medically accepted indications.
There will be prior authorization for all GLP-1s. What we have done with that to date is we issued a bulletin on November 24th that was advising providers of the revision to the prior authorization guidelines as well as the fact that we were not covering it for obesity.
Notices went out to beneficiaries in both managed care and FFS beginning last week. The notice informs them that the GLP-1 for obesity is no longer covered, and then we issued a Public Notice, I'm sorry, will issue a Public Notice on December 27th, and we are also putting through a State Plan Amendment noting that effective 1/1/26 we will discontinue coverage of GLP-1 receptors.
So let me stop there and see if there are questions before I talk about the Rural Health Transformation Plan (RHTP).
>> SONIA BROOKINS: Any questions for Sally?
>> DEB SHOWMAKER: I have a quick question. This is Deb Shoemaker. We can probably talk, or I can ask Deputy Secretary Smith since it is more in her purview. So, the $20 million that the governor put in the proposal for mental health, you did not receive that, but you're using the money from last year for next year. Is that correct?
>> SALLY KOZAK: It allows us to take the amount that was allocated from FY 24-25 and move it into FY 25-26 using the same methodology and clearly the folks OMHSAS are better position to talk about that in more detail.
>> DEB SHOEMAKER: Do you know what the increase in capitation was, if there was an increase in capitation? I can look it up if not.
>> SALLY KOZAK: I'm not sure what you're asking. I know that the budget shows an increase in capitation, but if that question was meant to say was that passed onto the plans, I will say what I say every year. This is more in the capitation line than just the MCOs (Managed Care Organizations), so while there was an increase year over year, that increase is not reflective of the decreases in what we asked for.
>> DEB SHOEMAKER: Okay. You answered that question. Thank you, Sally.
>> SALLY KOZAK: Sure. You're welcome.
>> SONIA BROOKINS: Anybody else?
>> ELISE GREGORY: We do have one question in the chat from Ashley Reich. What is the criteria to determine the medical necessity for GLP-1s?
>> SALLY KOZAK: It really depends on what the request for the GLP-1's is. There is different criteria, whether it is being used for somebody that has cardiovascular versus respiratory. All of the prior authorization criteria are available online.
>> KYLE FISHER: Sally, it is Kyle. I think it might be useful to reiterate a little bit of the conversation we had during yesterday's Consumer Subcommittee (ConSub) about

continued coverage of GLP-1 for weight loss purposes for children under 21 under the EPSDT (Early and Periodic Screening Diagnostic and Treatment) benefit. You clarified that for us yesterday. I just want to share it with this audience as well, and if there is anything you want to add to that, please do.
>> SALLY KOZAK: Sure. So let me say this. Under federal rules, Medicaid is required to provide all medically necessary services for children regardless of whether or not it is a covered benefit. If we have a child that demonstrates medical necessity for a GLP-1, we would provide it. Any child or any individual under the age of 21 that is currently on a GLP-1 just for obesity will need to get a new prior authorization. There is no grandfathering of it. Each case will be looked at individually for the need for medical necessity. That does not mean that just because a child is prescribed it that it will be automatically approved. Does that help, Kyle?
>> KYLE FISHER: It does. Thank you for that confirmation.
>> SALLY KOZAK: Sure.
>> ELISE GREGORY: There are no more questions in the chat at this time.
>> SALLY KOZAK: Thanks, Elise.
>> SALLY KOZAK: Let's move onto the RHTP, slide three. We did submit our application to CMS (Centers for Medicare & Medicaid Services) by the deadline, and we anticipate that CMS will make award decisions by the end of the year, so 12/31/2025.
So, If we can go to slide four.
There are a number of strategic goals that were laid out by CMS for the Transformation Plan. First goal is to make Rural America Healthy Again, to promote sustainable access, to invest in workforce development and to help with care innovation as well as technological innovations. So those were the goals laid out by CMS in what they wanted to see in the grant applications.
There is a maximum of $200 million per year for five years. So, they're available to states and approved applications will get a minimum of $100 million each year. A few things to note, funds awarded through the grant may not be used for supplementing or replacing payment for clinical services that are otherwise reimbursed by insurance. It cannot be used to replace existing funding sources, either public or private. The rural health grant funding cannot be used for building purchases, construction, or expansion, although in limited situations, renovations may be permissible under the grant. It cannot be used to help match requirements for other federal funding and it also cannot be used for full investment in EHR (Electronic Health Records) /EMRs (Electronic Medical Records) but it can be used to support this work that is already under way. There are limits on how much can be invested in EMR.
So, to talk a little bit about Pennsylvania's plan that we submitted, if you go to slide six, the goals that we identified were to improve access to care and outcomes, use technology to drive innovation, expand partnerships for change, create a robust workforce, use data-driven solutions and implement financial sustainability strategies. So let me give you a highlight on each of them.
The Technology and Infrastructure initiatives we included in the application are growing

reach and use of consumer-facing applications that will help support access to primary and specialty care, we also want to be able to support the expansion of telehealth. We want to help promote AI investments for rural providers and we also want to expand clinical integration of our EHR.
Our Workforce initiatives, we'll focus on training people locally so they can stay locally, including investing in comprehensive, in a comprehensive rural health workforce for allied health including EMS (Emergency Medical Services), nurses, nurse practitioners, physician assistants, dentists, pharmacists and physicians. And then part of that will include supporting incentives like up front scholarships, mentoring programs, short-term housing for individuals, stipends based on a defined commitment to service in rural communities. So that is the workforce focus.
For the Maternal Health initiatives, we want to work on creating comprehensive maternal health hubs that will provide comprehensive care management and care coordination that will look to integrate behavioral health services, that will lead regional quality improvement and maternal health innovation, look to develop the maternal health workforce and incorporate technology advances in care such as mobile apps.
The Behavioral Health initiatives we focused on in the application include expanding 988 services and continuing public education on crisis response services. Again, growing remote behavioral health consultation services that will connect providers to specialists, enabling real time interactions, as well as funding scholarships for peer support and recovery specialists to expand the behavioral health workforce in rural areas.
The Aging initiatives focuses on facilitating safe transition from hospital to care at home, supporting quality of care in rural long-term facilities through the long-term care quality investment program, launching nurse aid training hubs to create a sustainable pipeline for direct care workers while including training and support and also developing career pathways and expanding Pennsylvania's LIFE (Living Independence for Elderly Program) program for dually eligible older adults to rural communities that currently do not have life program coverage.
And then the last one that we had was the EMS and Transportation initiatives, and again, those focus on modernizing the EMS infrastructure in order to improve efficiency and ensure sustainability, helping to grow and support the EMS workforce, and expanding MATP (Medical Assistance Transportation Program) the non-emergency transportation to help improve and support access to preventive and routine care. At a high level, those are the areas we focused on in the grant and for more detail and a complete copy of the plan, you can go to our website, slide 7, I think should have the web link address up. There you go.
So that is a lot of information. Questions?
>> SONIA BROOKINS: Yes, it is. Anybody have any questions for Sally?
>> JOE GLINKA: Sally, it is Joe Glinka. Thank you very much for the update. I'm looking forward to diving into the details for that. Once the awards come out, time is of the essence to get things implemented so that funding awarded isn't clawed back. Is that an accurate understanding?

>> SALLY KOZAK: There are timeframes associated, yes, and it are requirements that if states don't achieve what it is that they have committed to, that there is the possibility that CMS could come and take whatever unspent money back. Yes.
>> JOE GLINKA: So that being known, and maybe this is a question for later meeting, but I think we all have an interest in being helpful to the Department and the Commonwealth with moving forward with the initiatives. Any thoughts that come top of mind on how the MAAC can be helpful, considering timeframes that we would want to get things implemented?
>> SALLY KOZAK: Yeah. So let me say a couple things about that. We knew that this was a very compressed timeframe, A, for submitting the application and B, for submitting the work. I think those have heard over the past year updates on the work that we had already been doing across the state in relation to rural health. We have had a number of summits over the years, the Secretary, as well as Dr. Karen Rose, who her special advisor on rural health had been meeting with counties and looking at initiatives and doing planning for well over a year and a half now.
So, we believe that when we get the award, we are in a good place to start with what we know are “shovel ready” projects. Which, at the end of the day, that gives us a longer runway to begin to talk about some of the other initiatives that are going to take more planning and more input from stakeholders and other groups.
So, I share that background with you, Joe, because, yes, there will be opportunities for the MAAC and other stakeholders to provide input into how we use that money going forward, and we will have more information forthcoming on how we envision that happening in the very near future. Does that answer your question?
>> JOE GLINKA: Yes, it does, because I think one of the things that we don't want to impede progress, but at the same time, we want to be able to provide meaningful input to maximize the benefit to the rural health community, so without convoluting things. I'm glad there are “shovel ready” things and the MAAC will be able to provide additional feedback as we’re moving this out to sea, so to speak.
>> SALLY KOZAK: Yeah. Absolutely we want input from stakeholders. We were there in a very, very fortunate place that we had been working on this already for well over a year and a half before CMS even announced the availability of these funds, so we're in a good position to be “shovel ready”.
>> JOE GLINKA: Great, thank you. Thank you, Sally.
>> DEB SHOEMAKER: This is Deb Shoemaker. Related to that, Sally, I would be remiss if I didn't say as a family member, as family members are ready to jump in, a member of ConSub as well, but family members, we would love to be at the table as well to make sure that we can give assistance and more boots on the ground per se.
>> SALLY KOZAK: Sure. Absolutely. We welcome the input and we have been having conversations, I mean, clearly the last two months we have been focused on getting the grant application completed and out the door, and we have been having internal conversations about how it is we will structure the opportunities for input going forward, because we do value input from all of the stakeholders.

>> SONIA BROOKINS: And I will say that once we do get granted because I know we will get it and so I look forward to working with all of you with the Department to see what we can do to help see some of this fortunate money that we're going to get.
>> SALLY KOZAK: Absolutely. Yeah, and I think Sonia, and Joe, if I'm not mistaken, Eve is working on setting up time to meet with you and me and other deputies as well going forward.
>> SONIA BROOKINS: That is great. Anything else for Sally? Okay.
>> ELISE GREGORY: I do have one question in the chat from Amy Boyd. Is the PA RHTP (Pennsylvania Rural Health Transformation Plan) application available for view?
>> SALLY KOZAK: You know, I don't know what all is out there on the website because in all honesty, I haven't actually gone out on the website and looked at it. So, I don't have an answer to that question. Let me try to find out while the meeting is going on. I know the plan is out there, but I don't know if the application is out there though.
>> SONIA BROOKINS: Okay. So, Elise, Sally get back to you on the question. Anyone else --
>> DEB SHOEMAKER: This is Deb Shoemaker. I forget if it is on your website or if you go on CMS's website. If you click on Pennsylvania, you can get it. I just don't remember if it is where you check into rural grant on CMS or on ours, but it is lengthy, and I have it. I just didn't read it yet.
>> SALLY KOZAK: Thank you, Deb, there you go. You can get it on CMS's website.
>> SONIA BROOKINS: Thank you, again, Sally, for your update.
>> ELISE GREGORY: There are no more questions in the chat, and my team is looking for the link to put it in the chat.
>> SONIA BROOKINS: Okay, then. Thank you.
>> SALLY KOZAK: I'm going to switch back to the bad microphone since I don't have to talk and I can hear what is going on.
>> SONIA BROOKINS: Alright, thank you so much, appreciate it. Next on the agenda, OIM.
>> SCOTT CAWTHERN: Can everyone hear me? Carl is unable to attend today so this is Scott Cawthern, Chief of Staff. I'm attending on his behalf, and I appreciate the opportunity to talk with the MAAC today. I'll start with the SNAP (Supplement Nutrition Assistance Program) update. As you're, you know, all aware, we went through the federal budget shut down, which caused us to not be able to issue SNAP benefits, starting middle October and through November 12th, so just kind of an overview of what happened, what the program office's response was and how we managed to get SNAP benefits out once the federal budget was the continued resolution was signed in the middle of November.
So, Pennsylvania operates the SNAP program in a way where we take an option to issue benefits after the middle of the month for new applications to include the remaining balance of the month plus the next month. Starting October 16th, any new applications that were approved, we couldn't issue benefits because they would have included November. They would essentially be the remaining pro-rated portion of October and November. In addition, whenever regular issuance cycles came up in November for recipients, we were unable to issue benefits.
On November 7th, we received information that through the court system that benefits

could be issued and needed to be issued, so Pennsylvania began issuing benefits on November 7th. We were able to issue pay day one and pay day two before a higher court issued a stay for the lower court's determination, and we had to stop issuing benefits. So, and those were full issuance benefits, so we didn't do a reduced amount for November. Ultimately, on November 12th, when the continued resolution was signed, enabling the remaining November balance to be issued, we completed issuance of the outstanding benefits for all pay days, up through pay day 10 as well as the ones that were held, you know, for the one-time issuances. So, we completed all of those files by Thursday, the 13th, so everyone in November was made whole, and those new applicants from middle of October on through were also made whole.

The CR (Continuing Resolution), which was passed, provides appropriations for the SNAP program through the end of the current fiscal year, which would be next September 30th, 2026. So, I say that to say even if we run into budget, federal budget issues in the coming months, SNAP should not be impacted because the continued resolution funded it through the next federal end of the 2026 federal fiscal year. So, I'll pause there. If there are any questions on SNAP.

>> SONIA BROOKINS: Any questions for anyone in chat?

>> DEB SHOEMAKER: This is Deb Shoemaker. Thank you for the hard work that your office has been doing. I know it is frustrating. I'm sure you got tons of calls, people asking you where is my SNAP money? Where's my SNAP money? And also thank you, to Deputy Secretary Kozak because in one of the meetings I was in, and maybe Carl as well, I hit home to people if they had unused SNAP money to use it, which was helpful to some people because it gave them a little bit of a bridge. It wasn't enough, but at least a little bit. So, thank you for that. I appreciate that. I know it was a lot of work to do.

>> SCOTT CAWTHERN: Absolutely. And we were happy to do it, and we were, you know, standing at the ready so that when we, when we heard the word, you know, we worked with both our IT (Information Technology) vendor and EBT (Electronic benefit transfer) benefit manager, Conduit, to get the benefits pushed out. Conduit manages other states. So, we were sending files and, you know, it was a joint effort across multiple IT vendors and contract support in the Commonwealth OIM to get those out the door, and we're very grateful that we were able to do that and do it so quickly. So, thank you for that.

One of the things I do want to flag as part of the issuance, as you are all aware, we're calling it PEERS, Pennsylvanians with Employment and Education Requirements, instead of ABAWD (Able-Bodied Adults Without Dependents). Those waivers, that you know, were ended as part of H.R.1 (House Resolution 1) that was signed in July, and many people had what we call their time clock start in September and October. The federal government said because of the November issuance delays that November would not be counted as a month for anyone who was subject to the PEERS requirement. So, the team is working to have all of those individuals adjusted, and for anyone who was terminated in November as a result of the expiration of their time limit, we're working to make them whole and get them the extra month. Any questions about the employment engagement and our PEERS and the time limits and how we managed November?

>> SONIA BROOKINS: Any questions, anyone? In the chat?
>> ELISE GREGORY: There are no questions in the chat at this time for Scott.
>> SONIA BROOKINS: Okay. Go ahead, Scott.
>> SCOTT CAWTHERN: And budget impacts, OIM has, we came through from what our initial review of the budget fairly well intact, meaning we haven't seen, well, we haven't seen budget increases. We conversely have not seen any budget cuts, it would significantly impact OIM's ability to continue what we need to do, which is the eligibility determination of benefits across the portfolio that we manage.
>> SONIA BROOKINS: Okay.
>> SCOTT CAWTHERN: And I think that is everything, and I think that keeps me on time.
>> SONIA BROOKINS: Yes, it does. Thank you, Scott. Anybody have any questions for Scott?
>> JOE GLINKA: I do. Scott, Joe Glinka, appreciate the update. With respect to the budget process that we just endured and how long it took, the Department has reported previously that it would have to bring on an additional complement of workforce with respect to H.R.1 requirements on work requirements and redeterminations, especially for the expansion population or the newly eligible group. How far behind is OIM on that, hitting that compliment? Because it does take time to locate people, bring them on board, and train them to get them ready for the requirements that will have to be fulfilled come 1/1/27.
>> SCOTT CAWTHERN: Certainly. Thank you for that question. We are running right around, and I can take a look here while we're on the call. At our vacancy rate. I want to say we're around 8% vacant, which is just under 500. Give me just a second here, I can take a look. With that in mind, we are working aggressively to recruit and hire. We are IMCW (Income Maintenance Caseworkers) and clerical staff are part of a, the pool of positions that we can continue to hire and bring on board, you know, as quickly as we can. We recognize it in the nearly 21 years I have been with the Commonwealth, the compliment, we're constantly trying to fill the pipe. People are leaving for promotions or transfers to other organizations or retirement, and we're back filling those and bringing those positions back in. And we recognize that someone new coming in the door doesn't have the same knowledge that someone who has had 30 years of experience, who retired. But that said, we're looking at several training opportunities. We have shifted it to a telework model. We're working with County Assistance Offices (CAO) training staff to basically have a little bit larger classroom, and kind of having the CAO dovetailed with our staff development to get more people in faster. We feel like the things we have put in place over the next several months will help us continue to bring down that vacancy rate, which we have been doing little by little over the last several months, so that when the requirements are in place, that we will be in a place where we have a sufficient number of trained staff that can take on this, the additional workload that will result as part of H.R.1.
>> JOE GLINKA: I appreciate that. Let me just put this out there for you to the extent it is helpful. I'm realizing how the MCOs work closely with the respective plan members and understanding that we do not determine the eligibility. Clearly, the Commonwealth does that, but if there is a role for the MCOs to play in expediting processes or helping be a part

of an expedited process to maintain eligibility for those who are truly eligible. I mean, we would be very interested in partnering with OIM. I'm glad Sally is on the call. If we have to coordinate through OMAP, we're willing to do that, the physical health plans. But I think, in our minds, a gap in coverage is a gap in care, and we don't want our members to be subjected to that. So again, we would be very interested in partnering with OIM to the extent possible, to make sure those gaps are closed in every way possible.
>> SCOTT CAWTHERN: And we would certainly, you know, we appreciate that because a closure and subsequent reopen is a workload issue for OIM. We would much rather redetermine someone and keep them connected to benefits than close them, have them write an appeal, us file the appeal, only to subsequently say please provide this information that we need, reconnect them, then go through the process of having the appeal withdrawn or dismissed. It is a lot of extra work and having been a caseworker and a casework supervisor, I have experienced it. We, what I would say in the short-term is if you're communicating with benefit recipients, you know, make sure that they're connected to, you know, all of the electronic data sources that we have available for them to track and monitor their benefits. The MyCompassPA mobile app is a fantastic tool that helps people in a few clicks see when the renewal is due and when the benefits need to be renewed, and then also, signing up for e-notices (electronic notices). That is another way to, in an instant know what we, you know, if we have received the renewal but need subsequent verification, that renewal or that request for verification that we send, if the recipient is signed up for e-notices, they get that the very next day in an alert in the email that says, hey, you have an e-notice, click here to view it. It is secure, we do not send the notice by email as a security measure. We send a note that says you have a notice, and it requires the recipient to log in to view that, so that if, you know, somebody reading the mail who doesn't have access to that, you know, password and user ID can't get into the compass account. But they can look at that in an instant and see what is needed and more quickly respond rather than waiting for us to print it, postmark it, put it in the mail, have the postal service deliver it, and, you know, and that takes, you know, that can cause a significant delay in time. So, I can't advocate enough when you're talking to recipients, you know, help us be a champion for us of the electronic means that recipients can connect to, to tap into, you know, keeping their finger on the pulse of their benefits. I know that is a long answer, but we would be happy to explore opportunities where we can, you know, work to message to people how to stay connected. I think we did a pretty good job with the Medicaid unwinding and ensuring people knew what we needed and if we can continue that, that will again help people stay connected and in particular with the Medicaid work requirements and things on the horizon, making sure that they're well-informed so that they know what they need to do to stay connected to coverage.
>> JOE GLINKA: 100 percent and I think those cases where someone is not reachable electronically, then we're going old school with mail and I think one of the things we really want to be helpful to OIM, realizing there are boundaries we have to stay within. I think we're utilizing the source of truth being the postal service. One of the things we don't want to be doing as plans is mailing things out only for it to come back to us, which is an

enormous expense and a waste of effort and time because the information that is necessary is not getting to the person that we need to get it to, to close the gaps that we're talking about. So I think we, as a managed care can speak only for physical health community, we would be interested in coordinating with every means possible to, again, mitigate care gaps. I don't know if anybody from the behavioral health community or within CHC (Community HealthChoices) would have anything to say with that. I can't speak for that, but I think with confidence, the physical health plans would be on board with that.
>> JOLENE CALLA: Joe, this is Jolene Calla, and Scott, I would offer the same from hospital perspective. If there is anything we can do, and certainly, I just took notes on messaging that you just shared, so we can certainly communicate that out and amplify it.
I do have one other question, though. When you talked about the additional staffing needed, is there budget dollars to support those, the amount of people needed based on the Department's estimates?
>> SCOTT CAWTHERN: What we have not seen is an increase is the complement, what we're driving towards to actually get the complement filled. We expect that we will need additional staff to support the changes, but our goal is to actually get the vacant positions that we have filled to help try and you know, to help manage the workload that we're anticipating.
>> JOLENE CALLA: Okay. So, there is funding to fill the positions?
>> SCOTT CAWTHERN: There is funding, yeah, funding to the current complement level. This is not additional funding, so we're able to continue to hire staff up to our established threshold.
>> JOLENE CALLA: So, what would that number be versus the 500 or so, just shy, I think that you were projecting?
>> SCOTT CAWTHERN: It is actually about the same and forgive me. I don't have the information in front of me to say if it was the additional 500 above our existing complement or if it's getting our team up to the established complement level, which is about 500. I don't have a line of sight on which of those is true. So, it was my understanding, what I do know from the budget is we didn't have cuts. We were able to keep the complement level and we're working to shrink the number of vacancies to have more caseworkers doing the work.
>> JOLENE CALLA: Okay. Thanks. If you can get follow up with that clarification after, that would be super helpful.
>> SCOTT CAWTHERN: Okay.
>> JOLENE CALLA: Thank you.
>> SONIA BROOKINS: Okay. Anyone else? Okay.
>> ELISE GREGORY: We do have some comments we'll forward from Rosemary Dempsey over to you. There are so many of them we had them forwarded to you. We did have one question from Andrew Kunka with regards to how it's defined under H.R.1, will PEERs also be used to describe Medicaid beneficiaries that will be subject to similar working community engagement requirements?
>> SCOTT CAWTHERN: I believe so, I think we're, we've established that as kind of our

acronym, again, it stands for Pennsylvanians with Employment and Educational Requirements so I would expect that we would continue to use the same verbiage to designate Medicaid recipients with the same requirements or same or similar requirements.
>> SONIA BROOKINS: Okay.
>> ELISE GREGORY: There are no more questions in the chat.
>> SONIA BROOKINS: Thank you. Scott, always willing to work and do what we need to do to help OIM to be successful. So just want you to know that.
>> SCOTT CAWTHERN: Absolutely. And we appreciate it. Thank you.
>> SONIA BROOKINS: And thank you. Next on the agenda is ODP. Secretary Ahrens.
>> KRISTIN AHRENS: Yea, Hi, Good morning. Is my audio okay?
>> SONIA BROOKINS: Yes, it is.
>> KRISTIN AHRENS: Excellent. Thank you. You can go ahead to next slide. My update should be pretty short today. Providing an update on where we are with amendments that we submitted to our home and community-based waivers and state plan targeting support management. Most of the amendments were related to our implementation of performance-based contracting for supports coordination. The timeline is here, which I presented to MAAC before. Our public comment period related to the changes was earlier in the spring. We submitted our 1915(c), so consolidated community living and P/FDS waivers and 1915(b)(4) to give us authority to use contracting which we referred to here as performance-based contracting. It was submitted July 31st. We also submitted our targeted supports management, so for individuals who are on the waiting list who are enrolled with ODP and are on the waiting list are Medicaid eligible, they received Targeted Supports Management. So, of the roughly 60,000 individuals known to ODP, we have a little more than 17,000 that received the case management through a State Plan. And again, about 13,000 of those individuals are formally waiting for home and community-based services. The others, the case management has been sufficient in terms of supporting them.
So, where we are today is we did receive approval in the middle of October for our waiver amendments and the (b)(4). So those were all approved and effective, there were no major changes. There were very minor technical adjustments that CMS asked us to make to the applications. We are still waiting for approval for the State Plan Amendment. We did receive a Request for Additional Information, which does mean the review clock for CMS, 90 days, stopped when we received that. We have already responded. They had five questions. Again, they were pretty technical. None of them seemed very substantial, and our amendment for the State Plan literally mirrors what was approved in the (b)(4) and 1915(c), so we are fully anticipating approval with the effective date of January 1st of 2026, so we are proceeding as such. Next slide.
And then with supports coordination, the shift to performance-based contracting. We had our supports coordination organizations were required to, if they wanted to continue providing services for participants in ODP's program, they needed to sign a new Medical Assistance Agreement, new provider agreement. We did receive new agreements for all of the participating or currently participating supports coordination organizations. They all

had to submit data and documentation to allow us to do a performance evaluation prior to the implementation of this on January 1st. We received documents and data from all the 52 supports coordination organizations statewide who were currently enrolled. We have scored all of those submissions. We are very close to being ready to mail out the results of all of that. Every supports coordination organization will get detail as to which of the performance measures they did not meet with instructions for quality improvement plans, and then those results will be posted to the DHS website in January of 2026.

And one of the intents here with the performance-based contracting for ODP is we want individuals and families to have more information to make choices about providers, so for MAAC members, if you have not, you know, googled and taken a look, we do have the tier determinations made for the residential providers with a description of what each tier means in terms of performance. So we will have, you know, again additional information for individuals who are in the process of selecting a supports coordination organization. They will have additional information to make an informed choice about the provider. All right. Next slide.

So, that is where we are with the amendments. One more thing on performance-based contracting. As part of performance-based contracting, and this, again, is parallel to when we launched the residential performance-based contracting, is part of performance-based contracting is paying for performance, right? So we want to pay for outcomes that we are seeking, and parallel to what we did with residential providers for this first year, the foundational year where there is a really heavy lift for our supports coordination organizations, we have invested in some capacity building. So for person-centered practices, there were a number of different types of credentials that SCOs (Supports Coordination Organization) could apply for funding to get their SCO or their SCs (Supports Coordinator) credentialed and we had $3.8 million available for that. This is also, you know, we are shifting to a very data-driven system. We also have new measures and standards and will be benchmarking supports coordination, you know, how well they are supporting individuals to access technology and use technology as part of the support solution. So, again, you know, this is a big lift for SCOs, and so we have invested. There is $3.8 million available there as well. Of our 52 SCOs, 45 of them applied for at least one of the two in terms of funding. We had 44 that applied for funding for credentialing for person-centered practices and 35 for technology. I should add, and I believe I covered this at one of last MAAC meetings.

The Pay-for-Performance, so this is the capacity building part. Next year we're already moving to scaling, and so the pay for performance next year will be where we have SCOs that have met a series of outcomes related to either supporting people in alternative to licensed residential settings, increasing the number of people in alternative support arrangements, more employment or greater use of technology, so a few different outcomes that the SCOs could meet and they have available to them, true pay for performance if they have increased their performance in any of those areas.

Next slide. Do I have one more slide? Maybe I don't.

The other thing I wanted to quickly cover was ODP's budget. So in the appropriations that

were enacted last month, ODP received an increase in our line item for the community waiver just shy of $154 million in increase. A little bit less than the governor asked for, and the other kind of good news for ODP is that we did have a decrease in our line item for our state-operated facilities, which means that we have that amount of the decrease by state law goes into a restricted home and community-based augmentation fund to support people with intellectual disabilities and autism. So, we did receive a transfer to the restricted fund of $5.8 million. That fund is currently being used for Intellectual Disability/Autism Supportive Housing Pilot that is in 10 counties and we're seeing nice outcomes from that. So, we're glad to have another investment in the restricted fund from our savings from the state center of operations. That is all I had.
>> SONIA BROOKINS: Any questions for Secretary Ahrens?
>> RICHARD EDLEY: This is Richard. Good morning. I had a totally separate question. I appreciate the update, but a little off from that. With the budget impasse and the federal shut down now over, sort of everyone is back to focusing on the implementation of H.R.1, and when I talked to IDD (Intellectual and Developmental Disability Services) providers, there are some who very concerned looking into the future about what it could mean, how it gets rolled out, and that is the population could get caught in the crossfire. What if there are general cuts in the system, all of those kinds of things. Others are saying the population is exempt and even specifically why is anchor, you know, the National Association or for that matter, behavioral health side, National Council, why are they catastrophizing so much? So, I guess, my question to you is what would you say in terms of the providers looking into the future in terms of readiness, preparedness, I don't want to catastrophize, but also feel like telling you, yeah. Don't worry about it, it seems like the head is in the sand. What would you say?
>> KRISTIN AHRENS: I would say that Medicaid is an ecosystem and represented by some of the discussion that's already occurred at MAAC this morning. When you reduce by a trillion dollars over time, you reduce in Pennsylvania alone, you know, we're estimating roughly $20 billion out of our Medicaid Program. It is an ecosystem that has, you know, interruptions, disruptions, and changes. So, I don't think, it is hard for me to think that we will not be impacted. One of the things that I have really emphasized with our stakeholders, and we published, I want to say two weeks ago, and we can drop it in the chat, is given what Scott was talking about and some of the back and forth here at MAAC about the sheer volume and burden and complexity of the work that our CAOs are doing, and, you know, the vacancies of the workers there, I, of course, have concerned that we will experience disruptions in service and in Medicaid coverage for our population. And so have been published and I encourage you to take a look at it, reminding our providers, everyone, the way I have couched this for the stakeholders is everyone, all of us, has a role in making sure that people with ID/A (Intellectual Disability/Autism) who are known to us do not have disruptions in the Medicaid benefits. And so we provide files for our counties and our SCOs, OIM partnered with us so we can provide the data to all them to say who is due which month for renewal. So, that both our counties and our SCOs are aware and can make sure that paperwork is being gathered properly submitted in a timely fashion. We

have said to the providers it is your responsibility, and you must have a process for checking before your billing. Make sure you are checking Medicaid eligibility routinely for everyone that you serve because some of our providers were not routinely doing that and they would discover, you know, at the end of 30 days of billing someone lost the Medicaid eligibility along the line. We have a one pager for individuals and families. We have a one pager for rep payee emphasizing what they should be looking for in the mail and what to do with it and how critical it is.

Some very practical things that H.R.1 creates in terms of administrative burdens and complexities that, again, it is hard for me to think that we won't have some of that trickle down. And then I think when you look at the overall, any interruptions in our health systems, in our outpatient care, any of that, obviously, will also impact people with ID/A who tend to have a greater burden of chronic diseases, higher rate of serious mental illness. So, I know that is a very broad picture with some specifics in it, but that would be my response to how we should be thinking about H.R.1. It is within the context of Medicaid as an ecosystem.

>> RICHARD EDLEY: I appreciate that. Thank you. I know it will be an ongoing discussion over time but thank you for those thoughts.

>> KRISTIN AHRENS: Sure.

>> SONIA BROOKINS: Anyone else? In the chat?

>> ELISE GREGORY: No questions in the chat at this time.

>> SONIA BROOKINS: Thank you so much, Secretary Ahrens.

>> KRISTIN AHRENS: You're welcome.

>> SONIA BROOKINS: Alright, Have a good one. Next on the agenda is OLTL.

>> JULIET MARSALA: Good morning. Would you like me to get started?

>> SONIA BROOKINS: Yes.

>> JULIET MARSALA: Okay. Well, I hope everyone had a good holiday week last week. If we go to the next slide, I just have a couple of brief updates and certainly can walk through OLTL's budget. So, if we move onto the next slide, we should have, yup. Just the very short agenda for today. Procurement updates, State Plan Amendment approvals, and the budget.

So, the next slide, there is no new news on the procurement update. It remains in a stay, so all activities pertaining to the RFA (Request for Application) has ceased. I do not have a timeline. The CHC Program continues under the current MCOs. We do have agreements in place for the 2026 calendar year, and just as a reminder, the current MCOs are AmeriHealth Caritas, Keystone First, UPMC and Pennsylvania Health and Wellness. The mailbox for questions regarding the RFA remains open. If you have any questions about the CHC Request for Application about procurement, please send them there. Alright. Next slide.

We had some State Plan Amendments (SPAs) approved by CMS. So we wanted to highlight them there. They are interconnected. It is the SPA 25-0019, and the SPA 25-0020. And in essence, these amendments really just amend an important data element in how the Department does its case-mix payment for nursing facilities and county nursing facilities.

And I have talked with this a little bit in past meetings as this worked through a regulatory update, but we had, this is the last piece. We have successfully received approval to switch out the data elements, so we're switching out the Resource Utilization Groups version III or the RUGs, and we're switching in the data element which is the Patient Driven Payment Model or PDPM. And it is just, the data that we will use to assess the case-mix or the acuity of residents served in nursing facilities. In our statute, we have a very prescribed methodology for how nursing facility rates are determined, and so this just is a swap out as CMS is no longer supporting or updating the RUGs data set and has moved to the PDPM data set.

In addition, not on this slide, we received the final approval for the CHC 2025 Agreement, that we were waiting on for quite a bit of time, and are very relieved to have received the approval. So, folks who have been waiting alongside us, the 2025 CMS approved CHC Agreement has been posted to the CHC website. It is in the public domain. All right. If we go to the next slide, I can start getting into the OLTL budget.

As you know, the General Assembly passed SB 160 and the Governor signed Act 1A of 2025 on November 12, which is the General Appropriations Act. So, what I'm going to review this morning is a very consolidated version of the appropriations from Act 1A that funds OLTL's specific programs. As you heard from Sally and other deputies, you know, when the budget is signed, agencies in the Office Budget for Operations, we do perform that rebudget, which is the process of reviewing the appropriations act and the companion code bills and really working out the operationalization of the funding appropriated.

There are positive takeaways for the OLTL for the FY 25-26 budget. Most notably, the additional funding of $21 million total state dollars, approximately, to support the direct care workforce in the Participant Directed Model of Care. We anticipated the majority of this funding is going directly into hard-working direct care workers' pockets to help support them and their needs. It does remain a challenging budget year and certainly a compromise in some respects, and we do know, based on previous conversations in H.R.1 and OB^3 (One Big Beautiful Bill Act) that we'll have additional challenges in the years to come. But let’s go through a brief overview. I'm going to do a little orientation of the tables that you'll see on this slide and the accompanying slides.

OLTL has three main program appropriations that I'll be talking about. Long-Term Living (LTL), which is this slide right here, which includes the FFS Programs, the OBRA waiver and the Act 150 Program. Then we'll also talk about the Long-Term Care Managed Care (MLTC), which really focuses on the LIFE program, and CHC, which includes managed care, LTSS (Long-Term Services and Supports) capitation and the grants and operating contracts. So, all the dollars you see here are in the thousands. Each slide includes the predominant various funding sources for appropriated dollars, which include the state lottery fund, the state tobacco settlement fund, our anticipated FMAP (Federal Medical Assistance Percentage), and some additional notes as we go along the way. So, the tables will show the FY 24-25 actuals. The FY 25-26 budget book, and then what was in Act 1A of 2025 and the percentage change over the FY 24-25 to the current operating year.

So, you will notice in all these tables that the federal appropriations increase that will be

slightly higher, and that is because we anticipate an increase, the federal matching or the FMAP rate has increased for FY 2026. We've seen that as a recent trend and we expect that to continue in FY 2027 based on preliminary guidance, but of course, that can always change. So, for FY 2026, the FMAP was 56.06%. And so, this first slide is the LTL appropriations, which again is the Medicaid FFS program change OBRA (Omnibus Budget Reconciliation Act) and Act 150. It shows a modest increase which represents additional funding for the typical projected unit cost and utilization increases, modelled within our program. It also includes just under $1 million in state dollars for the participant-directed personal assistant services fee schedule rate increase, which was included in the proposed budget. It also includes funding for the Medicaid day one incentive payments for the non-public nursing facilities and other payments that are outlined in the fiscal code.

So, if we go to the second slide, this is the LTC managed care appropriations. This is predominantly for the LIFE (Living Independence for the Elderly) Programs, also known nationally as the PACE (Pharmaceutical Assistance Contract for the Elderly) Programs. You'll see an increase here over the FY 2024-2025 actuals. Again, this funding is for projected utilization and enrollment and expansion as shown in the budget book.

If we go to the third slide, which is the CHC appropriations line, as a reminder, this includes both the capitation for our CHC-MCOs as well as OLTL grants and operating contracts like the PAIEB (Pennsylvania Independent Enrollment Broker) and other fairly large contracts. So, this budget provides for actuarially sound capitation rates for the CHC-MCOs which is based on projected unit cost and the utilization increases that we anticipate. Similar to what Deputy Secretary Kozak said, while you do see an increase here, as you can see between the budget book and the Act 1A of 2025, it was less than what was put forward as anticipated for need to cover the utilization and the continuing increase in enrollment in CHC. So, while there is a 10% change over the 2024-25 actuals it is less than what we projected as a need, so one could argue it is a shortfall.

So, there was some adjusting of appropriated dollars to address those needs from the lottery and the tobacco settlement, which we fully welcome. It also includes approximately $20 million in state funds for the participant-directed personal assistant services workforce support, and the CHC Program also continues to receive non-appropriated support from other revenue sources which include the nursing facility assessments, the MCO and hospital assessments and the county IGT (Intergovernmental Transfer) Program. And so, as you know, in the out years, given the state-directed payments and assessments will change as a result of H.R.1/OB3, this will be an area that will be impacted in future years.

With regards to the participant's self-directed investment, we've received a lot of questions. We certainly welcome the investment. We are eager to get that out, operationalized, and implemented by January 1. However, there are key elements we need to do in the process, and we are working very closely with our CHC-MCO partners as well as our FMS (Financial Management Services) vender, PPL (Public Partnerships, LLC) to get all that ready and packaged up. There is a lot to do in a short amount of time, which also includes a CMS approval for the Medicaid fee schedule increase, that specifically impacts the participant's self-directed fees, which are the W1792 procedure code and the W1792 (TU) procedure

code. It is possible we may not get all of the approvals in place prior to January 1, but we are working hard to make sure that January 1st will be the effective date. It may not be the date we're able to push out all of the funds, but it would be date we would point to for increases to go into effect for the self-directed personal assistant services. And that was a lot, so I'll pause here, see if there are any questions.
>> SONIA BROOKINS: Any questions from anyone for Juliet? In the chat?
>> ELISE GERGORY: There are no questions in the chat at this time.
>> SONIA BROOKINS: Thank you.
>> JULIET MARSALA: Wonderful. I think there might be one more slide, but I may have already talked to it already. We go to next slide. Yep. So, a couple of additional notes. So the one note that I did not talk about previously is that the fiscal code update did extend the penalty provision for the nursing facility resident care spending requirement, so this is the requirement that requires nursing facilities to have a certain percentage of spending, be spent directly on direct services and if nursing facilities fail to demonstrate that they have met that threshold of spending, we do assess penalties in accordance with the fiscal code.
So that was my last note, and I am available to answer any questions on budgets or other things.
>> SONIA BROOKINS: Anybody have any questions for Juliet? Not hearing any. What about the chat again?
>> JULIET MARSALA: All right. Thank you, Sonia.
>> SONIA BROOKINS: All right. Thank you so much. Appreciate it. All right. Next on the agenda is OMHSAS Secretary, I don't know if it is Smith.
>>JENNIFER SMITH: Yup, you got it!
>>SONIA BROOKINS: How are you?
>> JENNIFER SMITH: Good morning, everyone. I am well. All right. I'm going to get us diving in here, because I think we're a little bit behind schedule, so if you flip to the next slide, a quick update on our 988 Suicide and Crisis Lifeline. If you recall, I've been reporting the statistics at MAAC for quite a while, we have been hovering right around the 90% mark, a little bit above 90% there for a while. And in the last two or so months, we dipped down just under the 90% mark, and that was as a result of two things. We brought on two new call centers in the last six months, and we also had, at one of the call centers, a significant workforce challenge, so the call center lost a number of staff right around the same time, and had some difficulty filling positions quickly and getting people trained up, so that is why we saw that percentage dip down just a little, not worrisome at this point. So, we're headed back up. We're almost back up at 90%. These were statistics from October, because the November data had not been provided to us yet when we were preparing these slides. So hopefully we'll see that back up into the 90s as of November.
In October, we received just shy of 14,000 calls, so this was an increase of over 250 calls from the month prior. We are seeing month-over-month increases to our call center. Back at the beginning of calendar year 2025, we were hovering right around 10,000, maybe up to 11,000 calls a month, and we have steadily been increasing that number month over

month, which tells you that there is a growing need for this particular service in Pennsylvania right now.

Also, in terms of the text and chat features, we actually saw a slight decrease in that number from September to October, but it was a very small decrease, only about 160 fewer texts or chats. So still, you know, over 5,000 marks in terms of text and chats being received. So, you can tell that this is still a really vital service in Pennsylvania. We did continue to receive federal grant funding to support these call centers. That funding will run through September of 2026. It is uncertain at that point whether there will continue to be federal funding provided to support these call centers. So in Pennsylvania, this is something we really need some attention from our General Assembly on, to work on developing a sustainable path for funding these services in Pennsylvania and so that we are not relying solely on those federal grant dollars. There have been a number of different pieces of legislation proposed over the last two or three years. None of them have gotten a ton of traction. There has been a lot of discussion around 911 and the financial support and viability of that system but haven't really gotten a lot of traction around support for funding 988. So, something that we may be looking for the MAAC to assist us with some messaging and voices of support for this really important service.

The next thing was specifically requested by members of the MAAC. If you can, go back one slide. That is related to our crisis intervention services regulatory package. So, we had submitted for the first, initial public comment period back in October to the The Independent Regulatory Review Commission (IRRC), IRRC for short. That's the acronym we use. That public comment period ended just before Thanksgiving, November 17th. The link that is provided on this slide is still a valid link. You will still be able to find those regulations out on the IRRC website. So, if you're interested in reading it, despite the fact that the public comment period officially closed, you can still read those and you'll be able to read the public comments that were submitted, so if you wanted to check that website at: https://www.irrc.state.pa.us/regulations/find_a_regulation.cfm, (Regulation #14-557: Licensure of Crisis Intervention Services IRRC# 3460), you can. Next slide, please.

More specifically related to these regulations in Pennsylvania, there is a two-part regulatory process, and this particular package was put out as proposed regulations, which means that we put together the package. It goes through an initial review process, and then it goes to IRRC and is put out for public comment. At the end of the public comment period, we are required to respond to all of the comments that we received during that period. We will make changes as necessary to that package. It will reroute through an approval process, and then we will submit what is called a final form package to IRRC, so it goes to IRRC once for public comment and for consideration. Then we make adjustments based on the feedback, it goes back to IRRC a second time and that is when it is considered for official approval. This particular package is related to the licensing activities of the services in Pennsylvania. There will be a separate regulatory package specific to the Medicaid reimbursement piece for these services. So, I just wanted to make sure folks don't get confused. There will be two crisis packages. One is the licensing package, and that is what was just out for public comment, and then sometime in early 2026, we'll be putting out a

second package, which will be the reimbursement piece related to Medicaid. So, don't be surprised when you hear another announcement about crisis and wondering why is there another package? It is related, but it is a different topic. Next slide.

So just a couple of key points about this particular licensing package for the crisis regulations. What we were trying to do with this package was strike a balance between the standards and guidelines that SAMHSA (Substance Abuse and Mental Health Services Administration) has created for states and balance that with realistic expectations for what's is needed and what's is accomplishable in Pennsylvania. And so, what we really hoped to hear feedback from was whether or not we struck that balance appropriately, and if we didn't, what needs to be changed in order to get us there. So, I'm going to hit on some highlights of things that were in the initial proposed package very quickly. There were some staffing changes in where we recognize physician assistants as medical professionals. So, we added physician assistants to that category. We created a new category of professionals, enhanced the role of RNs (registered nurses) within the crisis intervention service system, and we're permitting certified peers to work as crisis intervention services behavioral health workers, recognizing that peers are really important part of our system and the crisis system specifically. The regulations also create some training requirements for individuals working in the crisis system, and the majority of those required trainings are going to be available for free on our website, MyOMHSAS. Next slide.

A few other things included in the package, licensing for our crisis call center services, which will allow for phone as well as text and chat features, which is sort of different from the regulations that we're working against now. It also requires that a licensed professional be available on every shift. Then, related to mobile crisis teams, the regulations would require that those teams be available 24/7/365. These are teams that get deployed into the community. For example, if an individual calls 988 and the call agent determines there truly is a behavioral health crisis and the need to dispatch a mobile crisis team, these teams would be the ones that travel to the individual and meet the individual where they are. The current regulations require two-person teams for the majority of responses. This is an area where we expect to get some feedback and comments from counties and providers around whether that is a realistic minimum expectation. And then the medical mobile crisis teams, which similarly require 24/7/365 response, but they require a medical professional to be on staff. Next slide.

There is a section around emergency behavioral health walk-in centers. These are sort of the behavioral health version of an urgent care center, and the goal is to divert individuals from emergency departments, inpatient hospitalization, or potentially jail settings and instead get them to a place where they can be assessed and treated. These would be 24/7/365 operations. There would be the availability of a physician that whole time, but it could be either physically present or available on call through telehealth. There would be the ability to accept law enforcement and first responder drop offs, so, you know, for police officers, sheriffs, EMS (Emergency Medical Services) individuals to actually bring people directly to that crisis walk-in center as opposed to taking them to an emergency department or a jail. And then having availability of medical professionals, again, to ensure

that there is someone available to do appropriate screenings, prescribe or administer medications, and perhaps conduct some basic lab-type services.
And then there is a section around crisis stabilization units, which were formally referred to as crisis respites. This regulatory package increases the length of stay allowed in these facilities from what was five days to now seven days. It creates a maximum capacity of 16, which is an expansion, and it creates an option for peer-run crisis stabilization services without the need for waivers. Currently, we have a requirement that they would have to submit a waiver in order to do a peer-run service. Next slide, please.
So that was the end. I thought there was one more, but there wasn't. That's the end of my update around the crisis regulations. Know that we received a lot of public comment. So, we are now in the process of reading through all of those, categorizing them, and preparing responses to them as well as preparing updates to the regulatory package itself. So, thank you for those of you that took the time to read them and to provide feedback to us. We really appreciate it. Looking forward to, I'm sure there will be, additional dialogue as we analyze some of that feedback and perhaps follow up with certain groups or individuals to get some clarification or, you know, to get some additional opinions about edits to those regulations. Keep an eye on those, but for now, that sits with us, and we're making those changes. The last update I had, did I hear somebody?
>> SONIA BROOKINS: Nope. Go ahead.
>> JENNIFER SMITH: The last update is a budget update. Mine, unfortunately, is not nearly as robust as some of my colleagues, and that is because we are still working through making some official determinations about what was and what was not funded as part of our behavioral health-related tasks in the budget. So, the one thing I can definitively say is that this was no additional funding for county mental health base services. So, if you recall, Governor Shapiro in his first term committed to requesting an additional $60 million. He requested 20 of that in the FY 23-24 budget, another 20 in the FY 24-25 budget and then he requested the final portion in the FY 25-26 budget. We did not receive that request. So, counties are still receiving the additional 20 million he had requested and received in the last two fiscal years, but there was not a third addition of the $20 million. There was some confusion about that, so I wanted to be really clear about addressing that today.
The other piece that I can say is that there was another $100 million funding directed to PCCD (Pennsylvania Commission on Crime and Delinquency) for school safety and mental health, so there is often some questions about that. That is funding that is administered through PCCD, and it is available based on a formula to different school entities, and they are required to spend it on either school safety or school mental health-related purposes. So that funding was included in the budget. Some of the other requests that the Governor made, we are still a little bit uncertain about, so I expect to have some answers on that within the next week to two weeks and we'll happily communicate that as soon as we know. And that rounds out my update for today.
>> SONIA BROOKINS: Okay. Thank you for that. Do anybody have any questions for Secretary Smith? or in the chat?
>> ELISE GREPGORY: There is nothing in the chat at this time.

>> SONIA BROOKINS: Okay. Thank you so much, secretary, we appreciate you.
>> JENNIFER SMITH: Thank you.
>> SONIA BROOKINS: All right. We're a little behind. Before we get into the subcommittees, I want to take the time out, because I didn't have the opportunity yesterday to thank Randy Nolen, I think he is retiring at the end of the year, and I just want to know.
>> ELISE GREGORY: Randy's retiring?
>> SONIA BROOKINS: I believe so.
>> RANDY NOLEN: No. Randy Nolen is not retiring. Mike Hale is retiring.
>>SONIA BROOKINS: Ok, Michael, somebody gave me some wrong information, but I do.
>> RANDY NOLEN: You're giving people a heart attack if you tell him I'm retiring.
>> KYLE FISHER: Happy to hear that you are not retiring, Randy.
>> RANDY NOLEN: Everybody tells me I can't retire. But it might be coming. But it's not the end of the year. It is Michael Hale.
>> SONIA BROOKINS: Ok, well, thank you for that information. Somebody gave me the wrong information, but I still want to commend Mike for all of the work he has done through the years. I just want to put that on record. So, thank you so much and I appreciate that.
>> SONIA BROOKINS: The updates for the subcommittees, Kyle Fisher, you can do ConSub first.
>> KYLE FISHER: Thank you, Sonia. Kyle Fisher with the Pennsylvania Health Law Project Council (PHLP) council for the ConSub. The consumers met yesterday, we had a full meeting, we heard from three program offices. I will try to be brief and highlight two of the topics addressed from the OMAP report and managed care Bureau Director Gwen Zander. The consumers received updated prior authorization and appeal data, specifically for shift pediatric shift care services, home health aides and skilled nursing services. The data for 2023 and in particular, the third quarter, excuse me, 2025, so this calendar year, in the third quarter of this year. So specifically, the three months started in January of this year showed a noticeable and concerning increase in denials for these shift care services for families with kids who are requesting or who had been receiving home health and shift nursing. We had a good conversation around that, and the consumers were pleased to hear that OMAP will be doing enhanced monitoring, so shift care is going to be an additional focus area in 2026. So more of the cases are going to be audited to ensure that the physical health managed care plans are not inappropriately denying services here. Gwen noted specifically around services where there has been a previous approval, and BMCO (Bureau of Managed Care Operations) will monitor whether the plans are identifying a change in condition or noting an error previously made that justifies the current denial per the HealthChoices contract requires. On the data side, it shows that numerous plans had a sharp uptick in denials, and so the HealthChoices weighted average overall had more than doubled in terms of the denial rates for both of those services, and Q3 compared to 2024 of last year's data.
Per the report from OLTL, we heard a number of items, some of which we heard from the deputy here this morning. We also had a good conversation around trigger assessments;

this is where a participant in the CHC waiver has an event like a hospitalization or a loss of a family caregiver where they may have additional needs following that event. So, the consumers raised this earlier in the year and requested an operations memo clarifying OLTL's expectations of the CHC plans and doing assessments quickly or authorizing temporary benefits or authorizations for new services where they're not able to do those assessments quickly. One of the members on the committee shared her example of being hospitalized repeatedly in the past two months and not getting any follow up from her service coordinator despite multiple attempts for outreach and escalating to services coordination supervisors. So, the consumers have highlighted an ongoing concern that the practice on the ground, the reality is not aligned to the policies and the practices that the CHC-MCOs have said they have in place. People are discharged from the hospital without services in place, without even having assessments scheduled, let alone temporary authorizations put in place. We appreciate that OLTL is investigating the individual case raised as well as this larger disconnect of widespread reports of delays and getting services following that trigger event. Sonia, anything else you would add to that report?
>> SONIA BROOKINS: No. Everything is fine.
>> KYLE FISHER: Okay. Happy to take questions if there are any.
>> SONIA BROOKINS: Any questions? Thank you for that report, Kyle. Next, FFS?
>> DEB SHOEMAKER: This is Deb Shoemaker. I'm the chair for the FFS Subcommittee. Our last meeting was November 12th; however, I was not there because my daughter was in the hospital. Thank you to member Mindy Eberhart for taking over for me. I know some of the things on the agenda and the minutes that Ihave, as always, we usually talked about things that are specific to the FFS Program. So, we talked about provider enrollment and also we have been looking at the last couple of months at the prior authorization and how the system was going to change, so the system was transitioning from the PROMISe™ system to Qualitrac® and that occurred on September 18th. There was a slight backlog at the time with DRG (Diagnosis-Related Group) because the clinical staff had to manually put information in about the prior auth. So, at that time when we had our meeting, they said they expected the backlog to go away in couple weeks. So, at that point I think that probably will be totally gone since our meeting is not until next year. Also, at that time someone there has a question from a member about the transition of the carve out for behavioral health involving that, and they were referred to OMHSAS. So, I'm not sure if that will be something discussed at the next meeting. As always, we get information about new bulletins, and provider enrollment, and at the time of the meeting, we had 5178 revalidations, so our meetings are usually done quarterly.
Our next meeting is scheduled for the 4th of February, and I would refer to the notes, the minutes that are on the website for any information. I can try to answer questions, but like I said, unfortunately, I was not here because my daughter was in the hospital at the time. Thank you so much to the FFS staff that helped with the meeting and Michele, of course, and others, and our members, so thank you very much. If there is anything that people have questions that want to be addressed in the FFS forum, reach out to me or reach out to Gina and we can take care of that. So, I don't know if anybody has any other questions.

>> SONIA BROOKINS: I don't hear none.
>> SPEAKER: Perfect.
>> SONIA BROOKINS: Thank you so much for that report. Next, LTSSS
>> KATHY CUBIT: Thanks Sonia, this is Kathy Cubit, Chair of the LTSSS MAAC. Since our last MAAC meeting. The LTSS subcommittee met remotely on November 12th and December 3rd. OLTL hopes to resume hybrid meetings in April. At both meetings Deputy Marsala provided updates as were shared today. And as always, there were two open forum times for public comments at both meetings. November's meeting included a presentation about UPMC Community HealthChoices, better food, better health pilot program for participants living in southeastern Pennsylvania who were diagnosed with hypertension, diabetes, and heart failure. Working in collaboration with Philabundance and Manna, participants receive medically tailored meals and biweekly fresh produce along with nutrition, education and counseling.
PHLP presented information about how to maintain home and community-based services while earning income. Medical Assistance for Workers with Disability, known as MAWD, and workers with job success were among the options discussed. Details about eligibility for each option, case examples and resources may be found in the presentation slides.
Yesterday, the Pennsylvania Homecare Association or PHA provided information about the successful direct care worker and home health aide training program provided through a grant by the Department of labor. Program works in partnership with local organizations throughout the state to help both new applicants and assisting direct care workers looking to secure employment or advance their skills. Participants who successfully complete the training receive a stipend. PHA wants help in spreading the news that the program will be available through the end of next September. Grant funds also allow PHA to update and relaunch the free, online video training library known as My Learning Center. There are currently 89 videos available on a variety of topics and all videos now have subtitles in Spanish. My Learning Center is a free resource for all, including unpaid care givers. We also had a presentation from the three CHC-MCOs about healthcare benefits there was a discussion about workforce shortages, impacting access to dental care and the challenges participants who use wheelchairs face in trying to find a dentist. Problems related to the Benefit Limit Exception, or BLE, process were discussed, and committee members recommended eliminating BLEs for dental services.
Yesterday, Deputy Marsala announced that Matt Seeley will be the new chair starting in January. I just want to thank Juliet, the dedicated OLTL and MAAC staff Sonia, Deb, and other members of the leadership team for the opportunity to serve as chair. All of the support that has been provided and the work done behind the scenes. I'm pleased to continue to serve on both MAAC and LTSS subcommittees. Our next meeting will be on January 7th from 10am-1pm and all are welcome to join us, and I'm happy to take any questions.
>> SONIA BROOKINS: Any questions for Kathy? Well Kathy, I want to say thank you for all of the work that you continue to do. I want you to know that we do appreciate all that you do.
>> KATHY CUBIT: Thanks, Sonia.

>> SONIA BROOKINS: Alright, next is Managed Care Delivery Systems (MDCSS).
>> JOE GLINKA: This is Joe. I would echo Sonia's kudos to you, Kathy, for your passion and competence that you brought in the space. It has been a pleasure working together with you in this forum on items that impact people.
>> KATHY CUBIT: Thanks, Joe. Most appreciated.
>> JOE GLINKA: So, with respect to MCDSS, we met in September as a committee. We did have an executive session on November 13th. What we're diving into there is value-based payment information that can be disclosed for the benefit of the consumers to help them understand what the spectrum is in terms of value-based arrangements. But also, we're diving deeper into how the information can be disclosed at the point of service in a manner that does not interfere with the actual encounter itself, because when you're in to see a doctor, you're in to get care. But we want it make sure that there is information that is being provided that is informative and beneficial for the consumers, so that they can be rest assured that they're not being subject to various tests and care for the sake of a provider or provider system securing an incentive payment. We want to make sure what we're talking about is working toward outcomes that are most important to stabilizing the cost situation within the HealthChoices program. So, we're diving into the details on that. I don't think we're anywhere near a finished product. We are getting pieces of that put together. We'll continue the conversation in our next meeting, which is next Thursday, and we will also be diving and looking at 2026 as far as some of the areas we may want to focus on and looking at other administrative things as well. So more to come, but I will stop there and see if there are any questions.
>> SONIA BROOKINS: Any questions for Joe? In the chat? Okay.
>> ELISE GREGORY: No questions in chat at this time.
>> SONIA BROOKINS: Thank you. Thank you for that report, Joe. Appreciate it.
Next, MA Bulletins, Eve.
>> EVE LICKERS: Yes, ma'am. So good morning. Everyone. We had a number of bulletins that have been issued since the last meeting. So, the first 99-25-07, it is Medical Assistance Program Fee Schedule Revisions that was issued and effective on November 13th, and basically it was advising providers of updates that we've made to the fee schedule. There were adding of codes, end dating of codes, and making some prior authorization adjustment, some limitation adjustments based on provider requests and also clinical review. We also had MA Bulletin 01-25-30, it was Updated Sterilization Consent Form, the MA 31, it was issued on November 14th, effective on November 14th. So, this just was advising providers that the consent form had been updated. The only change that was made was the date and that extends the date on the form until July 31, 2028. No other changes made to the document. And that is to align with the federal MA 31 as well.
Well, they don't call it the MA 31 but the consent form, we aligned our consent form with theirs. So, MA Bulletin 35-25-01 is the School-based Access Program Provider Handbook, so we have issued an updated handbook that encompasses a number of changes that have happened and are applicable to the school year. It was issued on November 18th, and also effective on November 18th, except as otherwise noted in the bulletin. The next bulletin

was 99-25-43, and that is Targeted Case Management Services for Eligible Juveniles enrolled in Medical Assistance prior to the release from incarcerated setting. This to advise providers of billing instructions on how to bill for the services for physical health and behavioral health, and this coverage was required by section 5121 of the Consolidated Appropriations Act of 2023. We issued a bulletin earlier in year on February 18th of 2025, to advise providers of this coverage. This was after a lot of work within Department and between DHS and DOC (Department of Corrections). A lot of collaboration, so this bulletin was issued on November 20th and effective back to October 12th, 2025.
In addition to these bulletins, there were 39 pharmacy bulletins that were issued regarding prior authorization. Since the last meeting. Three of those bulletins are related to prior authorization of obesity treatment agents, so just so that you're aware. All of these updates are on the DHS website at What is New at OMAP or in the bulletin search. For anything that you want to look at a little closer, they're on the website. Thank you and have a great holiday season.
>> SONIA BROOKINS: All right. Thank you for that, Eve. Any new and old business?
>> JOE GLINKA: Sonia, I had a question with respect to public comment, are we not allowing for public comment in this meeting? Has there been a change?
>> SONIA BROOKINS: I will see on the agenda what we can.
>> JOE GLINKA: And, you know, I should have said earlier, I wanted to wish everybody a happy holiday season.
>> SONIA BROOKINS: Yea, well, well any public.
>> MARY HARTLEY: Can I comment? I'm sorry. I'm on the committee. Can I comment first?
>>SONIA BROOKINS: Sure.
>> MARY HARTLEY: This is Mary Hartley. Hi everybody, first, I wanted to thank the Department of Human Services. It is really nice to be able to thank you. We have been getting your, what is it now called? The Human Services Helpers from the PA Department of Human Services. I think that language, the way that the language is expressed is very easy to understand and communicate out, and I just think it is critically important, especially given all of the very complicated things we have going on right now, but if you haven't, if anybody on the call or in the audience hasn't signed up for or isn't sharing the Human Services Helpers from the Pennsylvania DHS site, I would strongly encourage you to use it. It is long awaited. Thank you.
>> SONIA BROOKINS: Thank you for that. Anything else public? Thank you. So, we'll fix that coming in the new year, but for me, I just want to take the time out before we adjourn this meeting to thank everyone for participating this year and look forward to working with all of you next year, and wishing everybody a happy holiday, Merry Christmas, and a Happy New Year and we'll go from there. So, can I have someone to adjourn the meeting?
>> DEB SHOEMAKER: Deb Shoemaker, motion to adjourn.
>> JOEGLINKA: Joe Glinka, second.
>> SONIA BROOKINS: All in favor?
>> MEMBERS: Aye.
>> SONIA BROOKINS: So, move it. Merry Christmas to you all and be safe.

>> UNIDENTIFED MEMEBER: Have a happy holiday.
>> UNIDENTIFED MEMEBER: Thank you.
>> UNIDENTIFED MEMEBER: Thank you.