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Date: 4/1/2026
Event: Long-Term Services and Supports Subcommittee Meeting

>> MATT SEELEY: Good morning, everybody, my name is Matt Seeley. I'm the chair of the LTSS subcommittee meeting. This is the April meeting of that subcommittee. So if you're here for that, you're in the right place. Pam, do you want to start?
>> PAM WALZ: (Indiscernible)
>> MATT SEELEY: All right. This is Matt again. I'm going to go through the house keeping rules. The meeting is being recorded. Your participation in this meeting is your consent to being recorded. Meeting is being conducted in person and as a webinar. We will end promptly at 1:00 p.m. To avoid background noise, keep devices muted and microphones off unless you are speaking. If you're attending the meeting in person, please keep background noise to an absolute minimum. The room is fitted with ceiling microphones that pick up everything. One of the chairs had report in person attendance. -- one of the chairs will report in person attendance. Remote captioning is available at every meeting. CART captioning link is on the agenda and in the chat. It is important for only one person to speak at a time. Please state your name before commenting and speak slowly and clearly so the captionist may capture conversations and identify speakers.
Questions and comments. Please keep your questions and comments concise and to allow time for everyone to be heard. Webinar attendees may submit questions and comments into the questions box in the GoToWebinar or use the raise hand feature to be put in the queue to speak live. Those attending in person should use one of the microphones and wait to be called upon to speak p the table top microphones are reserved for committee members. Microphones are limited so you may need to wait for the OLTL staff to bring one to you. The general public should use the microphone sitting on the table at the rear of the committee tables. Staff are available for assistance.
Microphones. Before speaking into a microphone, use the power switch on the top middle of microphone body to turn the microphone on. The switch should be pushed towards the end of microphone you speak into. When you are finished speaking, push the same button towards the bottom of the microphone body to turn the microphone off.
Public comments, time is allotted at the meeting agenda for two public comment periods. If you have questions or comments that were not heard, please send them to the resource account email found at the bottom of the meeting agenda and on the LTSS sub MAAC website. The emergency evacuation procedures. In the event of an emergency or evacuation, everyone must leave the building and is acceptable bale in the First Responders Plaza. OLTL staff will be available in the safe area in the front of the elevators to provide any assistance. Please see the back of the agenda for more information.
>> PAM WALZ: Matt, I fixed it. This is Pam. I joined twice. If you want me to do the attendance when it is time, I can do that.
>> MATT SEELEY: Sure. Okay.
>> PAM WALZ: Is that where we are? Should I do that?
>> SPEAKER: Yes.
>> PAM WALZ: Okay. Great. All right. So attendance. I know that Matt Seeley is present. And I am. Abigail Foster? Ali Kronley?

>> ALI KRONLEY: Good morning, I'm here. Andrea Costello?
>> ANDREA COSTELLO: I'm here.
>> PAM WALZ: Anna Warheit?
>> ANNA WARHEIT: Good morning, this is Anna.
>> PAM WALZ: Carol Marfisi? Neal Brady? George Fernandez? Ginny Rogers?
>> GINNY ROGERS: Good morning. Ginny is here.
>> PAM WALZ: Jay Harner?
>> JAY HARNER: Hi.
>> PAM WALZ: Kathy Cubit
>> KATHY CUBIT: Hi
>> PAM WALZ: Laura Lyons? Linda Litton? Lloyd Wertz? Lynn Weidner?
>> LYNN WEIDNER: Good morning. I'm here.
>> PAM WALZ: Michael Galvan?
>> MICHAEL GALVAN: Good morning, I'm here.
>> PAM WALZ: Michelle Garrett? Monica Vaccaro? Natalia Gomez?
>> NATALIA GOMEZ: Good morning, everyone, Natalia is here.
>> PAM WALZ: Good morning. Rebecca MacTaggart? All right. Has anyone else either joined or was unable to mute who wants to tell me that you're here? Okay. And just in case this wasn't said before, this meeting is being recorded. Your participation in this meeting is your consent to being recorded.
All right. I think that is the attendance for now.
>> MATT SEELEY: Over to you, Juliet.
>> JULIET MARSALA: Thank you, everyone. Good morning, and welcome back to the hybrid LTSS services and support subcommittee meeting. Great to see so many faces in the room here with me. I'll start off on the agenda with just a few updates from me. We'll do some public comments. Last meeting on the agenda, we separated out the H.R.1 updates as an agenda topic. We intend to keep that moving forward. There was no meeting between then and now so I'll do some general updates on H.R.1.
And then we'll go into presentation from my team, have a break, and do a discussion panel with the subcommittee members and our MCO partners on the CAHPS survey and have the last public comments.
So the agenda for my updates today, we'll do my usual procurement slide. We'll talk a little bit about the InterRAI, go over some general happenings and OLTL communications. Many folks should be very familiar with the slide, if we move forward a couple of slides. This slide. Folks should be very aware of this slide. There are no new updates on the CHC RFA. It continues to be in a stay. Services continue along the agreements that are currently in place with the three CHC-Managed Care Organizations. We'll go to the next slide.
You may recall that we talked about this quite some months ago about OLTL beginning the process of transitions from the InterRAI version 9 to version 10. That is predominantly mostly kind of animation systems update, but this are some questions that have been changed. There is no impasse on the Functional Eligibility Determination. As you know from the prior meeting, we had two individuals from the LTSS subcommittee meeting that has worked with the OLTL team looking over what the changes would be for the InterRAI, for folks not familiar with the InterRAI, it is one of the assessment tools that we use. We use the home care version and it has been in Pennsylvania since April of 2018, the inception over to the systems transformation. So like I said, it is mostly a software upgrade and not an assessment tool logic modification. We're not making any material changes to the eligibility determination that will change outcomes

from version to version.
The software development process has been completed. We are currently in the testing phase to include the software testing and data sharing testing amongst the different entities that need to be involved in the systems' connection. Training development is under way with the Dering Consulting Group, the vendor who has worked with us for many years on online training modules. Those are anticipated to be available in late June to all of the assessors to be able to ensure that they can complete the training prior to going live, and as I mentioned before, Kathy Cubit and Pam Walz are participating in the training review as the representatives from the LTSS Subcommittee. Go live was planned and is still planned for the beginning of July of 2026. I commend the team, MCO partners and vendors for all of your work in this area to make sure that we are still on time and on schedule to have that come online.
All right. So let's talk about some general happenings for the Office of Long-Term Living in our systems. And update from our policy team, we have submitted both the Omnibus Budget Reconciliation Act or OBRA waiver renewal and the Community Health Choices waiver amendment to the Centers For Medicare and Medicaid Services. The OBRA renewal was submitted to CMS at the end of March 2026 and CHS Waiver Amendment was submitted to CMS at the beginning of April 2026. CMS has has 90 days to approve, deny or request additional information and so we have that clock ticking.
During the public comment period, we received comments from eight different commenters for the OBRA waiver and 12 different commenters for the CHC waiver amendment. Once the renewal and amendment are approved, we will present the finalized changes at the future Long-Term Services and Supports subcommittee meeting.
Okay. Additional general happenings. So the Office of Long-Term Living, we have released the 2026 CHC agreement pending approval from CMS. So it is a draft.
It is not the final form, because it is still going through the commonwealth review process and pending approval from the Centers For Medicare and Medicaid Services. So we are looking for CMS's approval, denial or additional questions. We typically usually get a couple of rounds of questions before it is finalized, so that is kind of the process that we're in right now. This is a change, and is done at the request of our stakeholders who have asked us to publish it pending final form with the understanding that everyone understands it is still technically in sort of draft and changes could occur.
We also wanted to highlight from our bureau of Human Services and Licensing Team there that there free annual training for personal care home and assisted living residence administrators. We have them listed here on this slide. There is some that have occurred and some that are still to come. It seems here that the ones that have occurred are here and not the ones to come. So we will correct that on the slide to make sure that the free trainings that are still available for March, April, and May are listed. And we encourage the personal care home and assisted living residence administrators to take a look at that. It has gone off on the lister, so we do encourage you to take use of those free resources.
Moving into some recent communications, the first one is related to H.R.1, so on March 19th via the Listserv, we did release the slides that was shared and presented at the first DHS resolution implementation committee meeting which occurred on March 5th, as folks may know, our LTSS subcommittee members that representing this group on the H.R.1 implementation committee are Pam Walz and Rebecca MacTaggart. H.R.1 implementation updates and discussions will be a standing agenda item during future LTSS subcommittee meetings where Pam and Rebecca will be providing updates for this group in addition to taking recommendations, suggestions and questions from the subcommittee members back to the H.R.1 implementation committee and

certainly things that we hear during the public comment period.
So the H.R.1 committee is going to be fully integrated in all the MACC meetings and MA consider fC subcommittee meetings. Using the committee structure as it is intended to kind of provide advice and feedback on the process. This is the structure for the advisory committees to the Medicaid program and so these committees are sort of, and the representatives will kind of be the link back and forth.
The Department of Human Services has designated a resource account, which is on this slide, I will read it out. Ra-hspadhs-hr1 @pa.gov. So if you have questions or want to provide feedback related to the H.R.1 implementation, please feel free to use that resource account. It will go directly to the DHS team that is helping to support the H.R.1 implementation committee. Certainly you can always give feedback during our public comments on things that you would like to have us hear and bring up through the LTSS committee, and for questions and suggestions that you want to sort of relay to Pam and Rebecca, you can certainly still use the RA account for the LTSS subcommittee.
So additional information regarding H.R.1 implementation can be found on the Pennsylvania Human Services Helpers web page. The link is here, but you can also easily navigate to it by going to our DHSS website.
All right. Additional communications that I wanted to highlight that I'm really excited about is our VBP showcase. The value based payments showcase. So on March 17th, the Office of Long-Term Living, we released via our Listserv, we announced the launch of the application period for the Value Based Purchasing innovations showcase. This is being led by the National Managed Long-Term Services and Supports Health Plan Association.. they also hosted, I think, a very informative webinar yesterday about the value based program showcase. It is also in partnership with our CHC MCOs and I'm very grateful to them for working in partnership with us on this effort because I think it is sort of the first time that this has happened in. A subset of providers will be invited to present their ideas in person at a VBP Innovation Showcase in Harrisburg scheduled for Wednesday, August 12th, 2026. There is a brief application form that is available online, and all responses must be submitted by Friday, April 17th, approximately 16 and a half days to go to get the applications in. The webinar happened yesterday but if you have additional questions, certainly please email them to the MLTSS association at ino @mltss.org. This were some great questions and feedback at the webinar yesterday. I know the teams are looking at those, and I believe, I'll look at Montrell for affirmation, they will be putting out an FAQ in response to the questions shortly. They're being reviewed. Very excited about the participation, and really am looking forward to what is received.
As an update for folks here to kind of clarify the Office of Long-Term Living's role, our quality and assurance team will be taking a look at all of the applications for the purposes of giving some confidence that the applications will meet the medium or high-risk value-based payment models. That is what we're looking for if the showcase. Medium to high-risk. It must meet those standards.
My team will look at those applications to kind of say with some -- given it is the first time we might be seeing them, some reasonable confidence, not a guarantee to the MCOs, that we would look favorably on these as meeting the medium to high-risk criteria.
And then that are allow the MLTSS association and the CHC MCO and the selection committee which OLTL is not a part of the selection committee, to evaluate the applications in a competitive process for the final invitations.
And with that, I also have one last update. It came out yesterday, so hot off the presses and not on the slide is that the annual review process for our fee for service programs have started.

That went out on the Listserv to service coordinators. I want to have folks pay attention to that and get that process started so we can get all of those ISPs in and approved by the end of the year. Appreciate that.
We can go to the first public comment period and I'll hand it back over to Matt.
>> MATT SEELEY: Okay. Do we have any comments in the room?
>> SPEAKER: Good morning. Hi, I'm Lisa Tessler, I'm part of the disabilities counsel and I guess this is more of a question than a comment, and it is about the H.R.1 committee, so representing the intellectual developmental disability and autism committee, I wanted to know how members of the Isaac will be part of the H.R.1 discussions. Will the leaders, I've heard MACC is the avenue for discussions and report out with progress from the H.R.1 committee. When and how will the Isaac members be looped into the conversation? Will the H.R.1 leadership be reporting to Isaac coming to our meetings and asking for our input?
>> JULIET MARSALA: Really appreciate the question and the comment. I don't oversee the Isaac so I don't necessarily have the answer for you right now. I can certainly follow up with (name?) And Kathy Lynn Stutler with that and ask you to raise that up in the resource account so that the whole group that everybody has awareness. I don't have awareness into the resource account, but it is my understanding that all of the MACC subcommittees should have representation. I'm not on the Isaac, so I can't really speak to that. Do you know who chairs that?
>> SPEAKER: Okay. So which RA account would you like me to send this question to? The H.R.1 account?
>> JULIET MARSALA: Yes. Yes. And I will certainly follow up as well, but for a direct answer, directly to you, I would recommend that as well.
>> SPEAKER: Okay.
>> JULIET MARSALA: Thank you for raising it.
>> MATT SEELEY: Any other questions in the room? Paula or who am I asking?
>> PAULA STUM: This is Paula. I do have some questions in the question box. First question is from bill Herzog, he is asking who made the decision to wait until June to pay the bay pack to DCWs?
>> JULIET MARSALA: Let me make sure that I heard you correctly, Paula. You said the question was who made the decision in June to raise the maximum rate for direct care workers?
>> PAULA STUM: Let me repeat. Who made the decision to wait until June to pay the back pay to direct care workers?
>> JULIET MARSALA: Okay. I think that is a specific question for the CHC Managed Care Organizations. So I don't necessarily have the answer for specifically why June will be the date for the retroactive payments. It is most likely having to do with the manual claims reprocessing that needs to occur for that to occur. I don't know specifically. If anyone from the CHC MCO s would like to come up and address that, that would be great. If you don't have someone who can speak to that, we can certainly follow up and put it out after the meeting as we usually do. I'll take a moment to look at my audience.
We are currently working to unmute a CHC MCO representative so we can pull them over and answer that question for Bill.
>> SPEAKER: Hi, this is Frank (name?) From (Indiscernible). Can you hear me okay?
>> JULIET MARSALA: Yes, we can.
>> SPEAKER: Hi. Thank you for the question. The three MCOs worked with Tempest and decided that they were going to take all of the requests for increases in wages and then do a one time retro adjustment back to January.

>> JULIET MARSALA: Thanks, Frank. I do want to point out that certainly, you know, we wish we could have all of this in place much sooner than we have, but certainly we were at the mercy of the budget impasse. I know that seems like a long time ago, but that did take away six months from our ability to put this in plan and process. We do ask for folks' grace and patience because it is a complex process for implementation. We certainly have gone as fast as we can across both systems, so thank you.
Any additional questions?
>> PAM WALZ: This is Pam Walz online. Can I ask a question?
>> JULIET MARSALA: As a committee member, always.
>> PAM WALZ: Okay. Great. As we know, I think is the Senate energy sent a letter to Pennsylvania among other states inquiring about the possibility of fraud in waste and abuse and a response was due to them by March 13th. Did The Commonwealth respond and will the response be available for us to see?
>> JULIET MARSALA: Great question, Pam. We did send a letter to various states inquiring about the program integrity processes. Pennsylvania was very proud to have the opportunity to share what we do in Pennsylvania related to fraud, waste, and abuse, and our Bureau of Program Integrity operations and efforts and partnerships across the commonwealth to make sure that we are combatting fraud, waste and abuse in the programs. Pennsylvania, as you may know, is one of the leading states with regards to convictions around fraud, waste and abuse and we're certainly proud of that as well. It means that things working. People are reporting what they see, further emphasize that folks see something, certainly say something. It is incumbent upon all of us in this program. Every single person, to report any suspected fraud, waste, and abuse.
That continues to ensure that our efforts very vigorous.
There was a response that was sent back to the ENC by secretary Arkoosh in response to that letter. It isn't our intention to certainly publish what we can with the letter. However, at this point in time, usually when things go back and forth from us to the ENC, there additional follow up questions, so we are waiting for follow up questions to conclude so that we can kind of make any changes that we need to make, answer all of the questions we need to make, clarify things that may need to be clarified, and certainly will be intending to put that information out there. That is the intention, but great question. Thank you.
>> PAM WALZ: Okay. But you're planning to release is whatever the things that the commonwealth will end up doing as a response to the letter? Is that it?
>> JULIET MARSALA: At this point in time, it was an informational letter, not directing us to do or change anything. Like I said, we're proud of all of our program integrity efforts at DHS and certainly the CHC MCOs and their responsibility as well. There isn't any planned changes, really, to discuss.
It was a request for information.
>> PAM WALZ: Right. Okay. Thank you.
>> MATT SEELEY: Any other questions, Paula?
>> PAULA STUM: I do have a few questions. First, I do want to note that Bridget Lowry is on the line filling in for Monica Vaccaro and Laura Lyons has also joined the call.
A question from rob Latin. For the VBB showcase, do I understand correctly that providers chosen to present will do so in front of other providers?
>> JULIET MARSALA: So Paula, just for note, you're coming in and out occasionally. Was the question about reductions from the prior LTSS subcommittee?
>> PAULA STUM: Not this one.

>> JULIET MARSALA: Can you repeat it again?
>> PAULA STUM: Sure. For the VPB showcase, do I understand correctly that providers chosen to present will do so in front of other providers?
>> JULIET MARSALA: So my understanding for the VBP showcase for providers who would not like to present in front of other providers because the information is kind of proprietary, sensitive, confidential, secret sauce, the recommendation that you will likely see coming out of the FAQ is to please note that in other information the committee needs to be aware of.
So that is what my recommendation would be. I know that was a question that came up at the webinar, and the team is evaluating that, and I would look for a response on that FAQ that is coming out from the association.
Thank you for raising it.
>> PAULA STUM: This is Paula. I have another question from Jen yell Gleason. For the VBP showcase, the projects are asked to align with state defined LTSS value. Can you point us to where the state defines those value measures? Would that be in the draft 26CHC agreements?
>> JULIET MARSALA: Yes. Great question, Jenelle. I will point you to the draft 26 CHC agreement. And certainly, if you have additional questions or need additional clarification, I would encourage you to send the question to info @MLTSS.org.
Any other questions, Paula?
>> PAULA STUM: I have a couple of comments, but no additional questions.
So comment is from Bill Hertzog. The NRII tool is not the problem. The problem lies when the MCOs take the assessment and put it into their own tool to determine level of services, service care.
Next question is from Bill Hertzog, have the MCOs responded to the past reductions, questions, concerns from the last meeting?
>> JULIET MARSALA: I believe we captured the questions that were brought up in the chat at the last meeting. We sent those questions to the CHC MCOs for their response and I would direct your attention to the LTSS follow up items that was sent out via the Listserv where you would find the answers that were submitted in response to the questions captured at the last meeting.
>> MATT SEELEY: Are there any more comments?
>> PAULA STUM: This is Paula. One more comment. From Bill Herrtzog stating that do they know that the June date will cause problems?
>> JULIET MARSALA: We would need a little bit more detail about that, but certainly we appreciate the comment. I did see one question come in, Paula, if I can address it from Anna Warheit from the committee. She was asking about whether or not the VBP showcase will be open to the public. It will not. This is, you know, an activity and engagement through the MLTSS association. It not a public meeting. Thank you for your question.
>> MATT SEELEY: If there are no more comments or questions, can Brian and Steve be ready a couple minutes early?
>> JULIET MARSALA: There are a couple hands raised from committee members if we want. Paula, do you want to address the raised hands?
>> PAULA STUM: Natalia, you have been unmuted. Go ahead and ask your question, please.
>> NATALIA GOMEZ: This is a comment. A lot of times dealing with our participants and myself as a participant and an advocate. We hear a lot that the programs and systems are very complex and sometimes painful experiences, and based on that, I believe that when these dramatic changes and complex changes such as the one for self directed participants with the increase rate and the back pay, my comment would be that I believe it should have been

planned a little better to take into consideration the DCW sacrifices. They waited a long, long, long time for the increase that they're getting and on top of that, now they need to wait additional time to get the retro money.
For future references, those are things that need to be taken more into account and how we decipher how the payments will be. And I agree with Bill, there will be some issues with that.
>> JULIET MARSALA: Natalia, I appreciate the comments and certainly, if I had a magic wand, we would not have had a six month delay and a budget impasse and we would have an additional six months to rule out that change. We did not, so we are doing six months of work in about three or two.
So certainly appreciate that. We do make every effort to try to make every transition as smooth as possible. We, you know, also, you know, had a lot of questions related to the implementation. We had some asks received from stakeholder groups and DCWs about how the implementation would go forward, and certainly, you know, we do appreciate that there is always the difficulty with right and right now and we were put in a position to do right now. Just for things outside of our control.
It is always a great learning opportunity. We have learned a lot through this process. I think there is some really great innovations that have happened as well. I'll draw folks' attention to a form change that occurred across both of those programs where the common law employer can easily check a box that says pay my worker the maximum rate we can, right, to really simplify that process, so they don't even have to use a calculator. So there has been some great innovations along the way that were also able to have been implemented. I take your point very well, Natalia. Feel free to share that in this budget process as you educate and advocate for having budgets being timely. Thank you.
There any other questions or comments, Paula?
>> PAULA STUM: I have no other questions or comments. Thank you.
>> MATT SEELEY: Are Brian and Steve ready then?
>> SPEAKER: Hi, good morning, can everyone hear me okay? Thank you. Okay. Hi, good morning, my name is Brian MacDaid. I'm the director of the quality assurance division within the bureau of quality assurance and program analytics. One of the pleasures I have is over seeing with our administration and over sight of the cap survey to get the participant experience with the services that we provide, not only for CHC programs but also with the OBRA waiver as well. So with that, I will introduce Mr. Steve Kissner, who is our primary lead with the HCBS CAHPS survey. He will go over the aggregate review in regards to the results we have and after this morning's break, we do have some individuals each of the CHC managed care plans who are going to be attending here to do a fire side chat to answer your questions and concerns regarding their programs. So Mr. Kissner?
>> STEVE KISSNER: Thank you, Brian. We're doing things a little different this year. We're not going to be presenting the MCO percentages. We are just going to go at the state level and also at the CMS level along with OBRA. So our first slide is with the community response rates for the state response rate. It was at 5.5%. The survey completed 2,211 completed surveys, broken down was 788 from AmeriHealth. 702 from PHW and 721 from UPMC.
There were 42 completed surveys with OBRA. Their response rate was 8.1%. The Agency For Healthcare Research and Quality, which is AHRQ, they analyzed 36 surveys from 12 different states. Next slide, please.
Moving onto the language, we, this year, we had the limited English proficiency or LEP services applied to administer the 2025 survey. The data for the 2025 survey language, OBRA was at 97.62% for English and for Spanish it was at 2.38%.

For the community health choice, CfC, for English it was at 93.31% and Spanish was at 4.34%.
And then as you can see, we took the five top languages which included Arabic, Nepali, Russian, and I'm going to screw that one up. India. How is that?. Which were all below 1%.
Next slide, please. For the non-survey participation, we had the Deaf language barrier is less than 1% due to the LEP provision that we put in in 2025 with the CHC, it was below 1%.
It was at.8% and OBRA was at.86%. For the answering machine for 2026 for OBRA was at 62.54%. No answer was at 5.93. Busy was at 5.76%. Not qualified was 5.59%, and disconnected and non-working numbers were 5.42 number.
For CHC, answering machine was 60.96, no answer was at 9.84%. Busy was 7.61%.
Disconnected or non-working was at 5.99% and not available was at 3.98%.
Next slide, please. For the respondent characteristics. African American for OBRA was at 30%.
Non-Hispanic was at 85%. Female was at 32%. Age 65 was at 2%, and the high school grad and some college was at 84% for 2025.
For CHC, African American was at 38%, non-Hispanic was at 86%, female was at 67%. Age 65 was at 54%. And high school grad and some college was at 63%.
With the race, participants can select more than just one race, as a result of that, the category may exceed 100 % and should not be interpreted as mutually exclusively.
Next slide.
For OBRA for the health good and fair was at 43% for 2025. Mental health is at 61%. Lives alone is at 22% and urban is at 86%.
Compared from last year with OBRA, it was at 100 %, so it has gone down 14%.
CHC, for health it is at 57%, mental health is at 62%. Lives alone is at 54%. Urban is at 80%.
>> SPEAKER: Do you want questions now or later or --
>> BRIAN MACDAID: At the end of the session here, okay?
>> STEVE KISSNER: Okay. Going with the composite measures, the first one is staff listen and communicate well. The AHRQ as you see is at 2023 and 2024. That is the data from those particular years that we have handed if to CMS. Whenever you take a look at their chart book, it is approximately two years ahead, so if you took a look at the 2023, it was at the 2025 chart book and for 2024, that is at the 2026 chart book.
So for OBRA, it increased by 2% at 97%. For statewide CHC, it stayed the same along with the AHRQ. Next slide, please. Personal safety and respect.
With OBRA it decreased by 2% to 96% from 2024. For CHC, it stayed the same. For AHRQ, it increased by 1% to 95%. Next slide.
Service coordinator is helpful. For OBRA, they increased by 7% at 99%. For CHC, it is at 92%.
They decreased by 1. And then for AHRQ, they increased by 1% at 92% for 2025.
Staff is reliable and helpful. For OBRA, they stayed the same at 85%. For CHC, they increased by 1% to 85%, and for AHRQ, they increased by 1% to 86% for 2024.
Next composite measure, choosing the services that matter to you, for OBRA, they increased by 8% to 80% for 2025. CHC increased by 83% or excuse me, by 1% for 83% for 2025. And for AHRQ, they stayed the same.
Transportation to medical appointments, OBRA, they decreased by 2% for 2025. They are at 70%. CHC increased by 1%. They're at 80%. And AHRQ, they increased by 2% to 78% for 2025.
For planning your time and activities, for OBRA, they increased by 1% at 63%. CHC is at 60%.
They increased by 3% from last year and for AHRQ, they decreased by 1%. Just so you know, when we talk about the CHC, this is for all three MCOs, so this is the average for the three of them. I should have said that at the beginning. I'm sorry about that.

For the overall participant experience, for OBRA, they increased by 2% for 2025. For CHC, they increased by 1%, and for AHRQ, they also increased by 1% to 81%.
All things important to you, for OBRA, they increased by 10% to 63% in 2025. CHC increased by 2% to 70% in 2025, and for AHRQ, they stayed the same at 64% across the board. If you received care, rate your dental care, and we scored it from 9 to 10. So for OBRA, they decreased by 3% in 2025, and for CHC, they decreased by 2% for 2025.
Ability to do things in the community. For OBRA, it increased by 10% to 50% in 2025. For CHC, it stayed at 25% across the board for 2024 and 2025 and AHRQ, they also stayed the same for 2023 and 2024 at 31%.
Know how to report abuse, neglect, or exploitation, for OBRA, they decreased by 16% to 74% in 2025. For CHC, they stayed the same across the board at 86%.
Aware of housing rights and how to get information for preventing eviction and foreclosure, with OBRA, they decreased by 6% to 63% in 2025. In CHC, they stayed the same at 75%.
Know how to apply for SNAP benefits to help buy food. With OBRA, they decreased by 42% in 2025 from 100 % in 2024. With the CHC, they decreased also to 87%, by 3% from 2024, which was 90%.
Get appointment for counseling or mental health treatment as soon as needed. For OBRA, they decreased by 21% in 2025 from 71 to 50%. With CHC, they increased by 2% from 61 to 63% in 2025.
And then our sources, obviously, is the 2025CHC and OBRA Home Community Based Services and also the chart books, as I talked about earlier, and for the calculating response rates, it is done by the American Association For Public Opinion Research.
Now questions.
>> BRIAN MACDAID: Thank you for reading that to us.
>> SPEAKER: One of the things why the slides are read is for universal accessibility purposes. We do understand that the majority of the population here in the room may be able to read it for themselves, but that is part of best practice.
>> SPEAKER: We had a best practice. Thank you. If we can go back to the slide that reports mental health, well, actually, reports of physical health, there was a section there that reported mental health it is way back, maybe seven or eight. Yeah, that one. How was the determination reached, what questions get answered and don't get answered for mental health good slash fair for Community Health Choices to drop from 66 to 62% is of course, my interest.
>> SPEAKER: I'll take this. Yeah, just in regards to this, this is based upon the responses received by individuals that participated in the survey, their response, and essentially, this is a basic question as far as how the individual themselves would rate their mental health in that regard.
So essentially, the scoring is really a top box score nature in which they indicated that they were doing fine, they're well as far as meeting the parameters as Steve had reported, reporting they were in excellent health, very good health, or good and the other options were fair or poor. So essentially, we're reporting back as far as individuals reporting, indicating themselves when they participate in the survey to the surveyor what their -- how they feel, what their mental health capacity is at the time. So strictly based upon the individual's response to just the basic question of, you know, how would you rate your current mental health and well being.
>> SPEAKER: One question. Nothing else. Thanks.
>> SPEAKER: You're welcome.
>> SPEAKER: This is valuable data and I appreciate it. As advocates, the data would be meaningful at the individual PHC MCO level. Would you have that data somewhere for us to

look through?
>> SPEAKER: That is a great segue. This is Brian once again.
>> BRIAN MACDAID: We do have, as I stated at the beginning of the presentation, we do have representation from each of the plans who are definitely going be going into the level of detail per the committee's questions and interests as far as that discussion.
In the past, as Steve had pointed out, we have presented, like, the side by side breaking out, not just to stay aggregate, but this year, it was a change of pace per, I believe, some of guidance from the committee leadership, which to kind of give the opportunity for the plans to have, after this morning's break, to go into that level of detail as far as how they're seeing the data applicable to their plans as well as, probably most importantly, from your perspective, what are they going to do with the data per se as far as improving the services.
>> SPEAKER: As a quick follow up. Several of the measures did not meet the 86% goal. What happens to that at this point?
>> BRIAN MACDAID: I'm not trying to push this off to next person, but once again, the plans are definitely planning to address that as well, as far as what we refer to as areas of need or improvement plans, in which essentially, we'll be discussing that for this year and past year as far as areas of need in regards to what initiatives they are taking as a plan to address those concerns for participants to hopefully improve those numbers.
One of the things to know, we also see working with AHRQ which is great is we have the national baseline, where we can see where other states are having similar issues or concerns being expressed or provided by the responses they get from their participants. So I know our plans are doing an excellent job as far as addressing these concerns over the past several years. I think this is year seven or eight we have actually had the survey in place, but they definitely also have a great relationship working with each other and also with our team in regards to how they address those needs. So there is definitely a lot of effort being taken by the plans to address and identify concerns based upon the survey results and most importantly, the feedback that we're getting as far as the participants and their experience with the program.
>> SPEAKER: Thank you
>> SPEAKER: Any questions related to the MCOs and what they're doing. I guess we'll save until after the break. Are there any questions in the room?
>> SPEAKER: From committee members?
>> SPEAKER: We have three committee members who have their hands up.
>> MATT SEELEY: Paula or Pam, do you want to address those?
>> PAULA STUM: Matt, this is Paula. Kathy Cubit, you've been unmuted, if you want to go ahead and ask your question.
>> KATHY CUBIT: Thank you. This is Kathy, and I would like to ask a question that would be helpful for this afternoon's discussion. Could you identify if you found any outliers for any of the survey questions for the individual MCOs either on the positive or negative side since we're looking at numbers, composite numbers, it would be helpful to know if any particular MCO was doing well above or if there were an MCO, again, doing under what we're looking at the slides. Thank you.
>> BRIAN MACDAID: This is Brian MacDaid from OLTL. In response to that, part of our review, we do review and work with our contract monitoring team in regards to these responses that we receive as well as staff. And one of the things we do look at is when we do our analysis of plans to plans, we did -- we are pretty happy to say, well, you know, of course, there are some measures below 86. That is not always a good thing. When we see this year's survey, the decreases we saw were pretty balanced in regards to each of the plans, so the plans

themselves, hopefully, when they have the opportunity to present, you'll see those numbers being discussed themselves are on par with one another and most importantly, a lot of them are on par with, like we said, the results that we receive from AHRQ in comparison for the national as well.
So we didn't see anything that, like, made, like, a giant red flag for any specific plan. We saw very similar, as far as the fluctuations, increases or decreases across the board with the plans. A lot of that is attributed to a lot of the open communication that our plans have with us as well as between each other as we go through the course of the year of reviewing this information and data and their provision of responses.
>> KATHY CUBIT: Thank you.
>> BRIAN MACDAID: You're welcome. Are there any additional questions, Paula?
>> PAULA STUM: Hi, Matt. Natalia Gomez, you have been unmuted if you would like to ask your question.
>> NATALIA GOMEZ: I have some questions. One question is how are the participants, how are we chosen to how is one chosen to participate in the survey, and the other question is what is in place for -- to help you identify who are participants that you can send the right surveys to them?
>> BRIAN MACDAID: Those are wonderful questions. This is Brian again from OLTL. You actually beat me to the punch. I was going to end with this a little bit before we took our break, but we definitely encourage, just to answer your question quickly, we do do a basically, each of the advantage care plans and ourselves, in working with our vendor, in regards to administering the survey, there is essentially a random sample that is taken, a sampling, and essentially, we try to target the goal of targeted for each of the plans, we target 100 per plan which exceeds the 95% threshold which will be around 300 or somewhere. Nevertheless, we definitely target and make sure we have a valid sampling. From that, the administrator of the survey, they do numerous outreaches to our participants to definitely make sure that they have the opportunity or awareness to calling them.
We also have outreach letters, which go to, actually, all of participants for the plans in regards to letting them be aware that there is a potential survey coming.
We do that about a month in advance of the survey administration to bring awareness to the community as far as that the survey is going to be administered. And we definitely are very dependent on the individual participants themselves to actually answer the calls.
That is one of reasons why I believe that the disposition report regarding dropped calls, answering machines, and what not. That is also one of reasons to flow into your other question regarding the LEP. That is not identified before hand we do a blind sampling, so essentially the administer of the survey doesn't say, oh, only certainly languages or whatnot. That is really at the discretion of the participant once again, so when there is an outreach, we do hold the plans and ourselves, as far as the administration of the survey, if an individual is contacted and they happen to -- their primary language need is not English, per se, and they do require LEP services, that is put upon the survey administrator to arrange and provide the LEP to be able to administer the survey to the individuals using an LEP translation services and what not.
With that said, the reason why we want to push that is because several years ago, we noticed there was a lot of individuals, if you didn't speak English or Spanish, we didn't hear from you. And that is not fair. So we definitely want to make sure we include the LEP provision and we have definitely seen a significant drop per se as far as individuals who say they can't participate in the survey because of language barriers or even if they are hearing impaired. We took that as a challenge and it has been very successful and I know the plans, as well as our survey

administrator have been quite pleased with the responses or the response rate tied into having that availability LEP for individuals.
And I believe I answered both of your questions. Let me know if I did not.
>> NATALIA GOMEZ: Some what, but I guess we can have further discussion when it comes to the LEP population.
>> BRIAN MACDAID: Okay. This is Brian again. So in regards to the LEP population, once again, essentially, you know, we do provide the LEP services for the individuals to assure that they have full opportunity to participate in the survey. So once again, that is just very similar to how we do with the department as far as the availability and provision of LEP services for individuals. That is really just based upon the survey participants request for the service.
>> SPEAKER: Come on up to the table. Sorry. I apologize. Yes. You are a committee member. Come up to table.
>> MICHELLE GARRETT: Thank you. I wanted to ask a question with regards to the survey for medical transportation. I noticed that you don't have a service for non-medical transportation (Indiscernible) program and stuff, I was wondering why that is not added onto the survey.
>> BRIAN MACDAID: Hi. This is Brian MacDaid from OLTL. This is one of the survey questions that we do have information and we receive data on, however, I believe, if I'm not mistaken, the transportation is one of our composite measures. It is basically one of the composite measures which help us align with other states through the AHRQ as far as comparison. And also one of the composite measures which are used to do the overall satisfaction of the individual.
But we do review, as far as the transportation needs and one of the things is I don't believe it is a large concern, correct? But that information, yeah, I do apologize. We can do that as a follow up if you're interested in the specific numbers. We do have the data, today's conversations. I just don't want to make up numbers for you, per se.
>> SPEAKER: Can you review again what a composite measure is?
>> BRIAN MACDAID: . Will do. There are seven key questions administered by the CAHPS survey and identified by CMS to help us do a stream line to get a composite measure score or overall satisfaction for the participants, so we adhere to the guidance given to us by CMS in regards to the administration of the data analysis of the CAHPS survey. Those were the primary questions we saw at the beginning during the course of the presentation this morning. Hopefully that makes it clearer for everyone.
>> SPEAKER: We get kind of lonely at the table, Chell, I hope we come join us. There any other committee member questions online?
>> PAULA STUM: Hi, Matt. This is Paula. I have no other committee member questions.
>> MATT SEELEY: We have a question in the room.
>> PAULA STUM: Nothing from me online from committee members.
>> PAM WALZ: Actually, I had raised my hand. This is Pam Walz. This may be more of a comment than a question, but I always feel like the CAHPS survey kind of misses one of the things that we hear the most from our client which is that it is difficult to reach their service coordinators, and sometimes not really sure who the service coordinators are. It various reasons, I think, that people have trouble reaching the service coordinates. Some of the plans require you to call a main line. Others, you know, they can call more directly, but they're (Indiscernible), and coordinators with the CAHPS
>> MATT SEELEY: You're breaking up a little bit.
>> PAM WALZ: It asks if the service coordinators are helpful, but it doesn't ask can you reach the service coordinator if you need them. I don't know if there is any available CAHPS question or ability to change it a little bit that could capture it more.

I think that people find the service coordinators pretty helpful once they can reach them, but we hear over and over that they just can't reach them or don't know who they are.
>> BRIAN MACDAID: Good morning again, this is Brian MacDaid from OLTL. Just to respond to that, as stated a moment ago, that is one of the composite measures in which, in regards to overall participant satisfaction with the service coordinator. The composite measures testimony selves are actually individual questions asked during the course of the survey, and that also does include the one question in regards to are you able to contact your service coordinator as needed. So that is one of the measures which are blended into the overall composite measure regarding the service coordinator's delivery being found helpful, per se.
And we, looking real closely, we have individual data for that specific question, and once again, as a follow up, we'll be more than happy to provide that, but just to let you know, the overall numbers that we have are all actually between 94, or actually sorry, 92% and 97%. It is an average of 95% in the state and for OBRA, for that program, it is at 97.3%. So essentially across the board, we are finding that the service coordinators are being responsive in regards to the outreach for the participants, at least from the survey.
>> PAM WALZ: Thanks. It would be great to be able to see those individual numbers.
>> BRIAN MACDAID: Like I said, submit that as a follow up question and we'll be more than happy to provide that data to the group as a whole.
>> PAM WALZ: Thanks.
>> BRIAN MACDAID: You're welcome.
>> MATT SEELEY: I know Shauna has a question. You had a question first?
>> SPEAKER: Shauna can go first.
>> SPEAKER: Hi. I don't believe for a second that participants not having issues with non-medical transportation. I don't believe that for a second, because as a Center For Independent Living all I hear all day long is how people's right to go into the community is greatly negatively impacted by the transportation system as it is designed now through the MCOs. We are constantly hearing from people that they're only allowed to go into the community so many times per month, and it is kind of a great concern, especially when you see the community participation numbers at 25%.
I truly believe that people have given up on the current system as it is, and I wonder, there is a couple of things that I have been concerned about, and that is that because we're contracting transportation providers, people are often having to make transportation arrangements weeks and months in advance, and nobody can predict their life weeks and months in advance, and they're often not told. They might have made their arrangements two or three months ago and they're often not told until the night before whether they can go or not go. And even when they are planning to go, very often they're not provided transportation. They just don't show up
So one of the things that I wondered is that we're no longer using in our local communities our paratransit providers as vendors for the services, and I think that that has been a mistake because paratransit providers required by law to provide transportation within 24 hours of the request. However, contracted providers don't have that same requirement.
So I would like to see us, and I don't know who to go to regarding this, and Juliet, you may tell me to go to each MCO, and that is a very cumbersome process, so I'm hoping that you will go to each MCO and ask if we can go back to allowing consumers to use the local paratransit providers and get reimbursed for the transportation so that those consumers can go where they want to, when they want to, and not have to get their hopes up, and then have their hopes dashed. I'm only one center for independent living, but I hear it on a weekly basis from a multitude of people. What is the point? Every time I get excited about going on, something

happens and I can't go. So these are people that not going to answer your survey, because they feel very dehumanized by this process, and so I'm just asking us to rethink this, because I think it will help not only our transportation numbers, but it are help our community numbers as well. Thank you.
>> SPEAKER: Thank you, one of the beauties about being in person is we have the CHC MCOs here today and we can pin that and they can speak to that when they come up for panel questions as well.
A lot of great points, a lot of great points.
Well taken, Shauna, and certainly, you know, we did receive a lot of recommendations through the transportation work group and those draft recommendations as well. I'mnot sure if we received those transportation-specific comments via the BHC amendment comment period, looking over at the policy folks. It we have a lot of transportation comments? All right.
We will certainly note it here. I would encourage, any time there is public comment on any of the CHC waiver or renewal changes that represents a lot of the needs of participants also to take the opportunity in the future. My team certainly is making a note of that.
I would like to take a moment to say that, you know, we can certainly provide the entirety of the survey results and post them on our website or send them out via the Listserv so folks can have that data at your finger tips with the composite questions that then roll up into the larger questions. Certainly there is a lot of interest in getting down into the details and we want to encourage that transparency, so we will certainly take that back as a follow up and get that out via our Listserv.
Sound good? All right.
>> MATT SEELEY: One last question before we take our break.
>> SPEAKER: (Name?) With the united healthcare. I noticed earlier in presentation, you had a slide on languages spoken, and if I interpreted that slide correctly, there is a dramatic decrease in individuals who speak Spanish in terms of their participation rate. Was there anything changed in the administration of the survey that you can attribute that to or is it just for unknown environmental factors?
>> BRIAN MACDAID: This is Brian MacDaid.
No changes were applied as far as our sampling and once again, it is a random sample and we hope individuals answer, per se, and participate in the survey fully. It could also be due to the completion. So it is really dependent on the individual, the participant themselves of the survey and if they complete the survey fully to be able to be considered a complete survey by CMS guidelines, and then of course, the language reference would be part of the response or calculations.
In regards of the languages, once again, we do encourage the plans to diversify and make sure they reach out and include a large number, but sometimes we have seen that number fluctuate over the course of years and really, just, this is one of the variables that is very dependent on the participants and who actually participates in the survey.
>> SPEAKER: Have you seen it fluctuate that much? One of the numbers, good bit less than half of prior number. Was that an area of concern or just something you think is from the small sample size?
>> BRIAN MACDAID: Yeah. As far as, you know, sometimes it just depends on the actual sampling, once again, the individual requested as far as the assistance with the language, and their participation. There are some individuals which, you know, we have individuals who may be fluent both in Spanish and English. They participate fully in English and don't indicate they want to speak Spanish or need a translator and it will be documented as being administered in

English. So but once again, there is really no scientific answer, per se.
>> SPEAKER: (Indiscernible) looking for opportunities to (Indiscernible). Thank you.
>> BRIAN MACDAID: You're welcome. I just want to conclude one last statement for the ACBS CAHPS survey. Whether you're involved with the CfC waiver, we encourage you to fully participate in the survey when you're contacted. We encourage everyone so they have a voice. We want to make sure everyone felt like they would be heard because the survey, honestly, is only as good as the participants that fully participate in the survey. So the more you are willing to encourage individuals, grassroot effort, per se, we definitely stress for the participants, make sure that they're heard. When they receive the letter, be aware of it. Also, in regards to the contact letters that go out, there is opportunity encouraged for the individuals to be able to take initiative and actually call our survey administrator themselves and to participate in the survey, because we definitely, what is the old saying? The more, the merrier. We want to make sure everyone has every opportunity to be heard because everyone's experiences, especially critical in and highly important to all of us that are here to serve.
>> MATT SEELEY: On that note, we will take our break. 11:35. We'll be back. Fill up your beverages. See you then.
[Break]
>> SPEAKER: We're going to go into the discussion portion of the CAHPS survey results. Before I do that, we have two quick updates. For the Isaac representation on H.R.1 over the break, I was able to get an answer. And the answer is, so if Miss Lisa Tessler is in the room. This are two representatives. Those representatives are mark Davis and Francine Hogan. All right. The second update I have is that I made an error on my presentation about personal share homes assisted living residence administrators date. Those were not static dates. Those were the dates that those free trainings were released, so they are active and currently available. I wanted to correct the information from earlier this morning. I certainly, I guess, needed more coffee on that one.
Anyways, welcoming up to the table are MCO partners from AmeriHealth Caritas, Keystone First, PA Health and Wellness and UPMC Health Plan. I'm going to facilitate questions from the committee members at this point, digging additionally into the data about MCO-specific data you would like to learn about and/or strategies or actions they are taking in response to the CAHPS survey data. We just reviewed the overall aggregate, and as tradition has had it, I will randomly pick MCOs to respond unless there is a question directed to a specific CHC MCO.
Opening it up --
>> SPEAKER: Can I ask, if one of you responds, can all three of you are likely the same, can you just say all of ours are likely the same? You can skip the other two.
>> JULIET MARSALA: Or ditto is acceptable. If we want to be brief. All right. So this discussion is kind of scheduled to go through until 12:15, but certainly we can make adjustments as needed. So, again, this is the subcommittee working process and discussion and questions, opening it up to subcommittee members. Anything you would like to know from the CHC MCOs? It go ahead, Lloyd.
>> LLOYD WERTZ: You might have been around to hear my earlier question about the increase from those who rated themselves as being mentally healthy, but now being less than mental healthy, a little bit less, 66% to 62%. No further follow up questions. I wondered what the results were from each of your CHCs. I'm sorry, MCOs, and how you intend to address them if they are, if it are differences noted.
>> JULIET MARSALA: All right. Teeing it up randomly, let's go to PHW.
>> SPEAKER: Can you hear me?

>> JULIET MARSALA: Yes. You can introduce yourself, Marcus.
>> SPEAKER: My name is Marcus Hicks. I'm here representing PHC. I'm sorry. I'm just pulling up the data. So for ours and to match it up, Brian, for the (Indiscernible) they take the top two or it they take top three? Top two? So our rate would have been for excellent and very good, it would have been 22.3%. So at this point we're trying to work with our behavioral health team on some initiatives to work with our participants in the community. As far as specifics, I have to follow up with them to get some of the specifics that they're working on in terms of bringing that number up.
>> LLOYD WERTZ: So you're saying that people from your organization that were rated through these plans, these questions, rated 23% as being, their mental health being okay as opposed to the 66 or 62 that we saw?
>> SPEAKER: Based on that, unless I include excellent, very good, and good, which would be the top three box scores which would bring us up to 53.7%, which probably seems more accurate.
>> LLOYD WERTZ: Thank you, my heart is beating once again. It is still below where the overall rating is. Is there any guess as to why that is the case? Or if not, what is your plan to find that out?
>> SPEAKER: No guesses on my end. I don't want to pretend to guess, but I think our behavioral health team is working pretty diligently on some of the strategies in the background. So some of that operational on their end, and strategizing to make sure that they're actually touching base with the members in community and the people that are reporting that they're having issues with mental health. So --
>> JULIET MARSALA: Okay. Let's go to UPMC.
>> SPEAKER: Hi. This is Brian MacDaid from OLTL again. To clarify for the mental health, is the responses that were indicated as being good or fair, so Marcus, we just, when you said your first one, I wanted to make sure you had that opportunity.
>> SPEAKER: That brings us up to 61%.
[Multiple speakers]
>> MATT SEELEY: Can everybody online mute themselves?
>> SPEAKER: We heard about a 23% ranking. I'm not sure where that came from, but there was, I guess, excellent, good, fair, that average, the total up to 53%. Now we're hearing 61?
>> SPEAKER: What we see from CMS -- oh, sorry. For the question for that, we have excellent health, very good health, good, fair, and poor, so according to CMS and the way we calculate, we deal with good and fair. That is what we show up with.
As far as excellent health and very good health, we do not calculate that. And this is through CMS. That is what -- they're the ones that determine what we calculate and how we calculate this.
>> LLOYD WERTZ: Sorry, but that is the same question for health as is the mental health. I'm asking about mental health.
>> SPEAKER: They're both the same. So both mental health and health would be good and fair, and that is what we calculate it at.
>> LLOYD WERTZ: And do the calls go out to people who live in nursing homes as well?
>> SPEAKER: No.
>> LLOYD WERTZ: So people under the CHC program who are living in a nursing home don't get these calls and can't respond to their availability of mental health, which is not good.
>> BRIAN MACDAID: This is Brian again.
Once again, the survey regarding the home community-based services is for those in the

community.
>> JULIET MARSALA: There are other surveys.
This is based on the --
>> LLOYD WERTZ: When will we hear about that?
>> JULIET MARSALA: We can put that on the agenda. Matt, take a note. You have an agenda topic.
>> LLOYD WERTZ: I didn't know I was going to ask. Thank you.
>> JULIET MARSALA: Not to be forgotten, we have UPMC next.
>> SPEAKER: Hi, everyone, my name is Ashley. So for percentage for fair/good for us (Indiscernible)
>> SPEAKER: We cannot hear her. She needs to speak louder, please.
>> SPEAKER: Is it working? Sorry about that. My name Ashley from UPMC. The percentage for mental health rating for good and fair is 59.7%, so that is those two together. When we look at, just because Marcus brought this up as well, our excellent and very good, sorry, it is 25.4%. So what we do for our participants that do state that they are, that their mental health is not excellent or very good, our service coordinators do take a look and ask questions during each interaction that they have with the participants. If they notice, hey, how you feeling, you know, is anything going on? They make referrals to the behavioral health team. Those referrals usually result in at least tree providers that the participant can choose from with mental health as well. The ability for our participants to try to pull up numbers as I'm talking and it is not the easiest thing to do, so my apologies.
So the participants who do want mental health counseling and do ask for it, we have seen an increase over last year, being able to get the appointments as often as they wanted, so that is something that we're really excited to see. 67.5% of our participants that stated that they wanted mental health appointments, they were able to get that quickly, so that is a really great thing for those participants that, like we said, we do give three providers, they receive training on mental health. They receive -- they have the ability to attend a monthly discussion with a psychiatrist so they can ask questions, they can learn, so they have ongoing learning when comes to mental health. If a participant does need assistance, they can help them with it.
>> LLOYD WERTZ: Thank you very much. It very detailed and I appreciate that. So the appointments folks can get that, the 67%, 67.5% who can get the appointment in the community when they want it, those out patient appointments and include with a psychiatrist?
>> SPEAKER: They are given three providers, so it could be a therapist, it could be counseling, but they do get three options, whether it is telehealth, whether it is out patient. They're given at least three options to help meet their needs, and there is an additional, for these questions, we always give the always, but there is a small caveat for these questions where usually is also an answer, so I'm just going to pull that up just to give you an idea for -- so always and usually are percentages being able to get an appointment, usually and always is 81.9%. So a good percentage of the participants get the appointments pretty quickly.
>> LLOYD WERTZ: Thank you.
>> SPEAKER: Sure.
>> JULIET MARSALA: Okay. AmeriHealth cartus/Keystone First
>> SPEAKER: This is Marcy Cramer. I don't have the level of detail. Brian, do you have that for me? I have the 61% for those that got treatment as soon as they needed, but while we're talking about that, I'll go ahead and talk to you a little bit about what we do here at AmeriHealth. So our behavioral health unit is on staff, so the participants seeking behavioral health providers, we notice that they do better when services can be offered in the language of origin. So we actively

identify providers so we can connect them with providers that speak their native language.
So that is one thing. Another major effort that we have in place, we have a monthly report where we identify people that have a high patient PHQ9 score, which is a patient questionnaire that is scores on dpegs. The report also includes folks that are isolated, have unmet needs and each month we run that report and we identify participants who may be -- may benefit from behavior health services. We outreach to the service coordinators and participants and we talk with them, sometimes a three way. Confirm if they are receiving services and if they're not, we ask if they would like to receive services. When a participant wants to receive the services, our service coordinators and behavioral health staff help make that happen.
And then finally, and real important, our service coordinators are trained extensively on an annual basis. They're required to complete the zero suicide training, motivational interviewing, demand crisis intervention and trauma informed care.
>> LLOYD WERTZ: So you'll get back to us with the details?
>> SPEAKER: I can absolutely do that.
>> LLOYD WERTZ: Thank you very much.
>> SPEAKER: I have quick question then. 25%. You all know what I'm talking about. What kind of plan do we have to increase that (Indiscernible)? If you don't have plans already, you can bring it next time, but from what I understand from talking to Steve real quick, that number has never been any higher. The ability to do things in the community. 25%. That is just abysmal. I believe part of the program was get more people in community. Isn't that, like, the whole point of? So if possible, do you guys have any new initiatives, any new things? You don't have on spit them out right now, but if you can (Indiscernible) for next meeting or be prepared to talk about them next meeting, that should really start climbing. Back to you, Juliet.
>> SPEAKER: Just to follow up, Chell Garrett speaking. How will you capture the data for the non-medical transportation. That is part A.
Part B is will there be specific questions to address the patient concerns? Because it is not like a medical transportation, non-medical, to get back into the community, and there are a lot of concerns that needs to be addressed, so moving forward, how had you capture that data so you can rectify the situation?
>> JULIET MARSALA: All right.
Up first, UPMC.
>> SPEAKER: All right. I'm happy to talk about that. And I would like to kind of bring in Matt's question as well if I could. So we actually have a really robust plan for the community and getting our participants out. So last year during our meetings, our community engagement team asked, we went and presented and asked, what are your challenges? And the challenges we heard from our participants were non-medical transportation, getting out into the community but also community accessibility, getting into specific buildings, being able, even if they're able to get into the buildings, they may not be able to use the restroom. So just being able to get into different buildings, different restaurants, things like that is an issue.
The other issue we heard is that their health, because the question is are you able it get out always? And always is, as I segued into the previous question we talked about earlier, always is a very difficult line to meet. I don't always get to do what I want to do and I'm sure anybody can say that about any topic for themselves. It is hard to do what you want it do always. Getting into the community, we have community engagement team and they are amazing. I can't care about them enough. When a participant says they want to go into the community, that is a goal for them. They want social interaction. The SCs create a goal and the PCMCs and they work with them in order to help facilitate. They ask questions, they work with them, our community

engagement team has a list of resources that can be accessed by the service coordinators. They meet with them monthly. It is called our, I think it is Coffee Connections is what they call them. So they come and they talk about each region and what is happening so that they can invite the participants to that.
If there is a participant that has a challenge to get into the community, the community engagement team works as a concierge to help them. That team works almost as a focused, one-on-one, to find places and things that they can do out in the community.
>> SPEAKER: Can I interject real quick? While you decided it rope my question in, can you also rope in Shauna's question?
>> SPEAKER: About the transportation?
>> SPEAKER: About the problems with all of the transportation and having to reserve transportation a month ahead of time and all of that.
>> SPEAKER: Absolutely. If I forget, because I get on a tangent, please let me know and I will absolutely --
>> SPEAKER: Go ahead, go ahead.
>> SPEAKER: This my favorite example. A participant mentioned to one of our community engagement team members, Lauren, mentioned about fishing, and he has a power chair, and Lauren was able to find him a fishing spot that was accessible for his power chair. So finding areas and places that people can participate in the things they really enjoy is really important, and they work very hard with our participants.
So they work with 136 participants last year, who were part of the team, of the program. 49 participants so far. So it is expanding. Is growing, and they're working to get people into community.
For non-medical transportation, one thing we have told our participants, we understand it is an issue. We do ask, not for, like, months in advance. We ask two to three days in advance to let us know and it can be scheduled. I can tell you UPMC does ask for two to three days. I know that does not mean that the ride will go perfect. We work with paratransportation providers. And they do work with some of those providers, and we also offer reimbursement, so if someone happens to drive you somewhere, they, we do offer reimbursement for the trips, but I understand that is not all encompassing and does not fit everything. What we ask the participants to do is if you have an issue, let us know. We don't know sometimes until it happens a few times and let us know each time and we are work with those providers, the transportation providers to help solve the issue.
We will help find maybe, if you have a preferred provider, that you would rather use that provider than other ones. For participants go to church regularly or go to bingo or have dialysis or ongoing trip, we schedule that automatically for them, so it doesn't get missed. It doesn't get skipped. So kind of like everybody has auto refills like for the medications, they do that for the trips as well.
That is part of what we're working on to help fix this. I think I forgot something. Did I cover it?
>> JULIET MARSALA: I think the thing that was forgotten or maybe could utilize a little bit more coverage is to Chell's question about how will you be tracking data for improvement in the non-medical transportation.
>> SPEAKER: We do have, obviously, our grievances and people provide feed back, so we do work with providers that we know have issues. We work to fix those issues. Participants that have reports that they have more complex medical needs or they have more in depth transportation needs, we do work with the transportation providers to make sure that they can meet those needs.

There are participants that a part of that group that we focus on, so knowing that someone has the issue, we do, so the work we go to fix it, but if we don't know there is an issue, we can't fix it, but we're happy to work with them in order to do it, so we find out that the issues are there, so as long as we're told, we'll work to help fix them
>> SPEAKER: I imagine you also have data on trips completed and tripped cancelled. Is that what you're getting to, Chell?
>> SPEAKER: Yeah.
>> SPEAKER: I promise we'll get to the other MCOs. I know you're eager.
>> MICHELLE GARRETT: Even though you schedule your rides, you still show that you have the ride.
Then you call and you speak with a provider, but you don't get anywhere. You have to escalate it. Now, how are you going to capture that data so I don't have to escalate that concern?
>> SPEAKER: That is a fabulous question, and I do not have that answer at the top of my head. I know we have data, and I can talk to them and see how they handle. I know they work to escalate things, but you're talking real time, preventing, once you know somebody has had these issues, preventing it from happening again.
>> SPEAKER: This is my personal experience. Sometimes I schedule my rides ahead of time. And they still won't have a provider for me. I have to, like, call, and, you know, I keep calling, no response, the dispatcher will handle it. But then again, I have to call my coordinator now and are her reach out to her supervisor and reach out to her email whatever is in the MTM at the time, you know, to escalate the situation so I can get my ride.
It is kind of frustrating, so my thing is that how you going to capture that type of data? I mean, are you reaching out to the client, to patient, to find out their concerns and then you can compact everything and then reach out to the transportation providers?
>> SPEAKER: I just want to make sure I'm following.
You did reach out to the service coordinator, so they were made aware of issue, so it was escalated, so there is that tracking so they're aware. Normally that should then be escalated to where they're looking at the complaints and reaching out to the service provider and saying, hey, this is problem. I'm not a part of those conversations, so I can't give you the details, but I know that we do work with them and we work to make sure that participants don't have ongoing issues. There are ongoing issues, we definitely want to fix them.
>> MICHELLE GARRETT: Michelle Garrett again. This happened last year, and this was 2025. Now it is 2026 and it is, like, it is happening again. So it is something that is ongoing even though I escalate it to my coordinator, I escalated it above her. I have to go through the same process and reach out to the panel to get some type of assistance. It is ongoing for me, and I'm sure it is ongoing for a lot of other patients.
>> SPEAKER: That is absolutely frustrating. It definitely is. Can I ask, is it the same -- because I'm not familiar with MTM. Is it the same transportation people?
>> MICHELLE GARRETT: Yes.
>> SPEAKER: I'm not familiar with them. I don't have all of the answers and I will work to get at least what we do as the additional steps after we have had a conversation with a transportation provider that, hey, you didn't provide the service, we contracted with you, they were supposed to provide, what are the next steps in order to facilitate getting them back to where they're supposed to be.
>> JULIET MARSALA: Great, thank you. Great, Chell. AmeriHealth Caritas
>> SPEAKER: We have a lot of things going on with transportation. I'll cover as many as I can. I'll try to answer as many as I can and if not, we will follow up with you personally because I

know you belong with us.
So we thank you, Shauna, for bringing up the question about transportation as well. So as far as a reimbursement for our trips, we offer mileage reimbursement through MTM. You need just to call MTM before taking your trip and that can actually, the call can be made the same day. We also offer trips through Uber and Lyft for those who may want to use that level of transportation, so people, participants wanting to use Uber or Lyft can schedule those calls one day in advance.
For transportation, any of the concerns that we have, we encourage our participants to call their SC or file a formal complaint. We do track those complaints and I'll talk a little bit about that in a minute after I finish here.
So we appreciate all of the concerns about transportation, so we use the information that you provide to address the concerns and make improvements. Our leadership team meets with MTM on a monthly basis. We go through all of the complaints and try on troubleshoot with them. There times where we have to put providers on a corrective action plan and cases where they're not performing. So let me see.
We have a monthly group, a group that meets bimonthly with quality transportation complaints appeared grievances where we look at all of the complaints, the trends and track the trends and put interventions in place if there concerns or issues that pop up as we move along. We have that group to monitor on a monthly basis in addition to the transportation meeting each month. And we do have access, direct access call MTM or raise any concerns or issues. A lot of things that have gone on with transportation, if you to chat with me afterwards, I would be happy to talk with you.
>> JULIET MARSALA: And the community integration piece and strategies for improving that.
>> SPEAKER: Community integration and strategies, good question. A lot of what Alex said. Our manager of community outreach who is here with us today, back in the back there, she and her team out in the community all of time working with our participants, setting up activities, and working, and they're part of the PAC meetings. They have been successful at getting our participants in throughout all of the different regions. We take -- we give them calendars of events when we're at the PAC meetings for them to attend and our service coordinators work directly with our participants to help get them out into the community.
>> JULIET MARSALA: Great. And PA Health and Wellness.
>> SPEAKER: This is Marcus from PA Health and Wellness. As far as transportation, we make sure we have proper coverage for each of services. We do like to have a trip scheduled two days in advance but we do not deny any trips that are scheduled outside of that timeframe if it does come up.
At this point, we are looking -- we do semi annual trainings with the service coordinators to talk about the different modes of transportation and how to determine which mode of transportation best meets needs. We also are looking at establishing a process to proactively track MTA needs and when we identify a medical transportation request that has been denied. Will just continue to analyze our complaint data and call center escalations and putting action plans in place to improve those.
As far as community integration is concerned, my apologies. And then as far as community integration, we (Indiscernible) encourage attendance at the participant advisory committee so we can continue to get feed back and recommendations to improve. We are looking at shadowing service coordinators to identify different areas of opportunities in addition to that, service coordinators are actually entering the plan of care into our exchange. We're also looking at increasing documentation around activities and agreed-upon activities if terms of what the

participant is looking at. Looking at supplementing a check list to use during the participant interactions, and then included in that we'll be looking at things like next steps so we ensure we're identifying the appropriate next steps and agreed upon between the participant and the service coordinator.
>> JULIET MARSALA: Thank you. Subcommittee member Natalia, virtually.
>> NATALIA GOMEZ: Thank you so much for the opportunity. It is a lot of little concerns and things that I have as a participant and respect as an advocate. A previous question I wanted to ask, it was mentioned that a letter is sent to participants when the surveys are coming. Is it to all of participants and when is the letter sent? I've been a participant for over six years. I've never seen one of those letters.
With regards to the transportation, I would like to know, does DHS have a different policy and eligibility requirement for each county? Because every time I try getting medical transportation in my county, I don't qualify, and the reason given because is a car registered in my name. I was missing so much point to the point where my health network got involved and tried to get me transportation, and then one of the issues that we have in this area is the fact that if I want to go to my religious service at 7:30 at night, I can't depend on the non-medical public transportation because they stop at a certain hours, and my question is are the non-medical transportation or the medical transportation, there is a lot of obstacles as being mentioned with the previous panelist that is in person, and that is just a little tiny list of all of the obstacles that we have faced.
If I look, when I look on my service plan, nothing is ever talked about transportation, nothing is discussed about transportation because I guess some of the service coordinators, even though they may be excellent in their job, they assume that because you have a vehicle, there is no need to discuss the transportation I guess or to offer these things that are available. This is the first time that I hear that AmeriHealth offers Uber and Lyft transportation services. I don't know if it is for medical or non-medical transportation, but however, it sounds like service coordinators are responsible for so many things to educate a participant. It is interesting when I come to the meetings and hear all of the things that are in place and service coordinators being trained, but the information is not getting out to us, the participants, who are in dire need for transportation in a lot of places.
And my other question that I was going to state, hold on. Duel eligible participants have even more difficult situation to get transportation, and I don't understand why. I really don't understand why this is an issue with this.
And mileage reimbursement. When you do mileage reimbursement, I know all of the programs are cost containment and mileage reimbursement will probably be more -- less costly than using an Uber or a Lyft ride, but when you do your mileage reimbursement when gas is up almost $5 right now, that doesn't even make a dent for the people who drive you to these places. So --
>> JULIET MARSALA: That was a bunch of questions, so in the interest of time, I'm going to just step in for a moment, apologies, to let the MCOs start answering some of them. Because even I am going to have a little bit of difficulty remembering all of them to make sure that they stay on track. Is that okay?
>> NATALIA GOMEZ: That is fine. Thank you.
>> JULIET MARSALA: Okay. All right. AmeriHealth Caritas, you are up first.
>> SPEAKER: Okay. Hello. Marcy Cramer. A couple of different things, touching on the transportation. That ties in really well with your PCP, including all things important to you, so our service coordinators are being trained to make sure they ask that question to the participants whenever they make contact with the (Indiscernible) because we want to make sure that the

participants have everything in their service plan that they want. So our service coordinators are now required to have that 90-day telephonic outreach and then at least 180-day in person visit. So during those two touch points, we'll be asking those questions, and certainly transportation should be a part of that.
So if it isn't a part of your service plan, and you want it to be part of your service plan, don't hesitate to contact your service coordinator.
So with that said, for transportation, that is a huge part of your PCP including everything important to you, and another question. What other question can I answer for you?
>> JULIET MARSALA: Any consideration with regards to mileage reimbursement given the high cost of gas for you.
>> SPEAKER: I would have to get back to you. That is not my area.
>> SPEAKER: This is Marcus representing PA Health and Wellness.
Ditto getting back to you on the mileage issue.
At this point as far as the survey, is a random sample that would probably be why you didn't receive it. You were probably not in that random sample selection.
As far as the daily schedules right now we address our service coordination involvement by asking about trans -- by having them ask about transportation and we advocate the providers about the importance of incorporating the preferences when creating the daily schedule of care.
Again, miles, I'll refer back to making sure that participant advisory committee is making sure there is as much involvement as possible so we can get feedback there on any issues inclusive of transportation, and if you're having any issues, always just make sure to let your service coordinator know and loop them in as well so they can contact the appropriate parties and the appropriate departments within the health plan, so we can get it to the right people and can resolve the issue.
>> JULIET MARSALA: Thank you, Marcus. Ashley from UPMC?
>> SPEAKER: Not sure if the mic is going to work. With transportation being offered, that is something our SCs do have a conversation with similar to other MCOs during the PCSP creation, the person centered service plan.
So we do ask about it. From what I understand, there isn't an exclusion specific for participants who have a car or a vehicle. That is not something that we would deny because of that, so I just wanted to state that that is not something that we have.
I'm trying to remember the other questions.
>> JULIET MARSALA: How do your service responses go out?
>> SPEAKER: Same as the other MCOs, it is random, and the only ones ones who receive it.
>> JULIET MARSALA: I do see Pam, another committee member has her hand raised. Pam --
>> SPEAKER: Ashley, can you just follow up with the Lyft and Uber. When does that come into play? I've heard Lyft and Uber talked about a lot here.
>> SPEAKER: We also offer Lyft, for participants able to utilize service to get into vehicles. Is available during normal business hours.
It is also something that they can use after business hours and on weekends, so if you have a later appointment or doing something on the weekend, that something that I'll help them sign up with.
>> SPEAKER: And you pay the entire cost?
>> SPEAKER: Mm-hmm.
>> SPEAKER: Everyone at home hear that?
>> NATALIA GOMEZ: I want clarification on that. How do you make sure that the Uber and Lyft providers that are drivers that working with you have wheelchair accessible vehicle for us that

have power wheelchairs or wheelchair bound?
>> SPEAKER: That is -- it is kind of how I said, if you're able utilize the vehicles, so it is, unfortunately, not something that is universal like some of the other transportation options, but it also, as a participant who is able to use the Lyft vehicle can use the Lyft vehicle instead of using one of the other transport vehicles, that frees up that other transport vehicle for participants that would use a power chair or a wheelchair. It expands the options to free up other slots.
>> JULIET MARSALA: I'm feeling the reaction from the room. I would recommend that that discussions with Uber and Lyft about full accessibility will certainly be very important to keep continuing to move the needle towards universal access. So, Pam.
>> PAM WALZ: Hi, I would like to go back I think it was marsy Cramer from AmeriHealth response about community integration. She said that service coordinators with work with the participants to get them out into the community. Can you elaborate on that and tell us more about what the -- specifically what the service coordinators do?
>> SPEAKER: I believe that was for me from UPMC Ashley. Am I correct?
>> SPEAKER: No. AmeriHealth healthcare.
>> SPEAKER: I'm reading the question on the screen.
>> SPEAKER: Perfect.
>> SPEAKER: Hi, this is Marcy. I'm reading the question on the screen here, so elaborate on about what specifically the service coordinators do for community integration?
>> PAM WALZ: Yeah. (Indiscernible) service coordinators work with participants, can you elaborate on just specifically what do they do?
>> SPEAKER: Yeah, well, service coordinators obviously are in the community meeting the participants face to face to do their assessments and their care plans, so as part of the person-centered service plan, that is part of the plan self. We're looking to get people out into the community and what does that mean? It might mean different things to different people for maybe for religious activities or meet family and friends in the community.
>> SPEAKER: Are you saying the service coordinator meeting the individual at their house is meeting somebody in the community?
>> SPEAKER: No, no, no.
>> SPEAKER: All right. I just wanted to make sure you weren't saying that.
>> SPEAKER: Meeting somebody in the community is more like family, friends, and activities. No. Sorry. So the service coordinator's role is to help develop that plan to help you make those plans to get out into the community, whatever those plans may be. And it may look different for each participant as you know.
So they do their best to line things up so that participant is able to get out into the community. So it should be recorded as part of your PCSP. Maybe sure we're getting you to do everything you want to do out in the community and if you need any more information, I would have to go back to the service coordination crew and get you more detailed information.
>> SPEAKER: If I could just follow up, my question about the 25%, I think all three of you gave me abysmal answers. It doesn't sound like any of you have any plan to increase that 25% at all. Just a comment.
>> SPEAKER: All right.
>> SPEAKER: Actually, if I could follow up on the response to my question. That would be great to get additional information. It has been our sense from what we hear from our clients that service coordinators have heavy case loads and have a number of tasks to get through, and I don't get the sense that there is a lot of conversation happening around community integration, and I think it is even worse affected some of the time and task tools, keystone is the one I'm

most familiar with, have nothing in them for going out into the community, and because people often will need their aide to go with them into the community, that is a real problem. That is not part of time and task tool. And so ends up effectively, not being included in the service plan for people who need their aide to go out into the community.
But I would like -- I would love to get more information about that, because I don't think there is a lot of thoughtful conversation going around on asking people what they would like to go out into the community to do and how that could be facilitated.
>> SPEAKER: Thank you, Pam. Appreciate that. Just to kind of round out the panel, I think it is clear from the LTSS subcommittee meeting members that around this time next year, when we revisit CAHPS, they would very much like to both hear about strategies to improve community integration and to see those numbers increase meaningfully. Would that be fair Matt?
>> MATT SEELEY: Absolutely.
>> JULIET MARSALA: We'll close out the panel. We'll say thank you to the office of the long-term living team, Brian and Steve, and C had fC-MCO members, Ashley, Marcus, and Marcy. Sorry, I knew that.
So we'll excuse them from the table because, you know, certainly we understand there may be additional comments and questions related to the CAHPS. Our team will document those comments and questions and send them out for follow up because the panel is scheduled for this time, we're excusing them. We will send them out after the meeting as those follow ups, and okay to move into public comments?
>> MATT SEELEY: Yup. Thank you all. We'll start off with public comment in the room. Anybody? Shauna, go ahead. Are there any committee members online or in room that want -- that have questions?
>> SPEAKER: Ginny Rogers has her hand up.
>> GINNY ROGERS: Hey, guys, I've been really interested in the transportation conversation because I have also heard significant issues with access to transportation with regard to, especially time of days and limits for transportation. And I had in my mind, I think Matt, you raised it earlier, or somebody did, maybe Shauna, about the requirements of the ADA and the timing and so much of that, and I just, I think assumed that that was essentially happening just across the board, even with the subcontracted drivers.
So one, I want to say yes, encourage MCOs to continue with Uber and Lyft, but we have find a way to ensure that people who cannot use Uber and Lyft have the same opportunity to travel on a Saturday or an evening, even if if it means extending schedules of paratransit vehicles or whatever needs to happen to make more equal.
So I would like to say this is something that we need to continue to work on, and hopefully we'll continue to have this on the agenda for discussion. Thank you.
>> MATT SEELEY: Thank you, ginny. Any other committee members online? Go ahead, Lloyd.
>> LLOYD WERTZ: Thank you, Lloyd Wertz here. From last week's MACC, we learned that pretty much the only resource that DHS will receive for receiving commentary about how to deal with horrible resolution -- I'm sorry, H.R.1 is through the MACC. There are the subcommittees in the MACC. I'm wondering if we want to think about scheduling a brief time at future meetings where that could be called for and then shared with the folks who represent the LTSS subcommittee on the stake holder group, which I think are Pam and, no --
>> JULIET MARSALA: Pam and Rebecca MacTaggart and Pam Walz.
>> LLOYD WERTZ: That is the only way we can have some input into the DHSS plans to deal with possible service reductions. That may not be a bad way to deal with it.
>> JULIET MARSALA: Not the only way. Anyone can also submit a comment or feedback to the

resource account that goes directly to the H.R.1 team, but with regards to the LTSS subcommittee workings, certainly at every LTSS subcommittee meeting, there will be H.R.1 as a standing topic, you know, Catherine Settler is working to align the H.R.1 meetings with our meetings, so between last meeting and this one, there wasn't any activity for H.R.1 for Rebecca MacTaggart or Pam to really speak to except for the RA account, so I did that. But certainly, the subcommittee topics, the chairs, if you want more time to focus on a specific aspect of H.R.1, I would just recommend that you raise that up to Pam and Matt, and they can work with our team to make sure there is more time on this agenda to do that here. I know the other subcommittees are moving more towards a kind of working commmittee with more working time on different things and agendas and their agenda meetings. We're a little ahead of game, which I love. You know I love that.
So, you know, you'll see more opportunities in each of all of those. I would anticipate -- they're not my meetings, not my committees, but they would also have more working time and also welcoming folks to use our public comment period, time to comment and inform all of the committee members about anything related to H.R.1 that they're thinking about as well.
So all of those points are well taken.
>> LLOYD WERTZ: Good news. Thank you.
>> MATT SEELEY: There are two committee members online. Go ahead, Shauna, you're already here.
>> SPEAKER: I just need to go on record as saying a couple of things. One, I hope that we spend ample time throughout this year working together to ensure that the MCOs increase that 25%. I don't want to wait until next year and get the same percentage and have the same reasons behind it.
Two, one part of my comment wasn't addressed, at least while I was in the room, and I just want to ask, if we are paying for Uber and Lyft for folks that can access it, I want to point out that the only city I've been able to access an accessible Uber slash Lyft is New York City, so if we are paying for that for some participants, why can't we, as an accommodation, while we're working toward making Lyft and Uber more accessible, why can't we allow participants to have a budget where they can use the local paratransit system, because in Erie county, as an example, it is $3.50 one way to go where you want to go, and they have to pick you up within 24 hours of your request, and so to me, $7 is a whole lot less expensive than Uber and Lyft anyway. We're not allowing people to put in their budget that they can get a paratransit ride because they have to use MTM or CTS and we have heard here that it is not working very well, and I have story after story after story that can back that up.
And lastly, I guess I'm disheartened, because the services are meant to empower people with disabilities, to engage in their community and what I see is the actual effect is disempowering, because I have consumers tell me, as I said, in the hallway that the service coordinator put in the budget that they're only allowed on come to voices on Thursday and they have no other social interaction in the community and other consumers saying I have tried and tried and tried to get rides to go To family birthday parties, to go to family dinners, et cetera, et cetera, et cetera, and I think I'm going. I get all dressed, and then they never show up and I call and they say we couldn't find a provider.
So what happening is people are giving up.
They're feeling disempowered, and it really doesn't -- it is disheartening to know that what I hear here in this room and what I see in my communities is so opposite one another. We need to do something, and I think in the short run, one very simple thing would be to allow people to use their local paratransit system, and reimburse them before reimbursing mileage.

Why can't we reimburse paratransit.
>> JULIET MARSALA: Thank, you again, for the comment and suggestion. Do you want to go to --
>> MATT SEELEY: Thank you, Shauna. Lynn Weidner? Natalia Gomez, do you have your hand up still?
>> JULIET MARSALA: Go ahead, Lynn.
>> LYNN WEIDNER: I didn't know if you could hear me. My comment and question. I was wondering about a follow up to the wage increases and wanted to know if we had, like, a progress report on, like, how many participants have actually returned the wage increase forms and if we had a percentage of the universe of participants that actually are utilizing that.
>> JULIET MARSALA: I do not have any progress reports with regards to who answered the forms. That is not something we routinely look at. However, we can certainly put the question out to the CHC MCOs within their system and send their response out after meeting.
>> LYNN WEIDNER: Thank you.
>> MATT SEELEY: Natalia Gomez
>> NATALIA GOMEZ: I have a couple comments and wanted clearance on the surveys. I just want clarification that the letters only go to the participants that have randomly been picked, not to all of the participants.
>> JULIET MARSALA: The letters for the CAHPS survey only sent out to participants that are part of the randomized sampling process. That is the standard process for the CAHPS member experience surveys, so it does not go out to every participant. Goes out to the randomized sample.
>> NATALIA GOMEZ: Sounds good. Thank you for the clarification. And then moving to the transportation and the community integration, I am going to be agreeing with Shauna. In paper and in these meetings, these programs sound amazing, offering services to us to participate, but out here on the ground, in the real life, it is a totally, totally different story. So I will love, love to see or to hear what plan or what actions are the MCOs going to be taking or put into place to assist the service coordinator, because in every meeting that I have been so far, I hear a lot that is being expected for service coordinators to do. With regards to the AmeriHealth saying that the service coordinators, what were the words? The service coordinator are in the community, participating in the center plan talking to participants who develop their community integration. I have never, in six years I have been receiving these services, ever gotten an answer or gotten the assistance to do community integration. Number one, I'm in a tricky situation where I'm in, to the left is one county. To the right is another county. If I get medical transportation, they won't crossover to other county to take me to my PCP appointments. If I'm in my right, they won't go to Allentown to take me to my specialist. If I were to qualify. To this day, I've never been able to get medical assistance, never, ever, have I ever been offered.
And then when you do ask and you tell them about this, you don't really get an answer, so I would like to know, what is an MCOs planning to do to assist the service coordinator? I mean, they already have a crazy over load, case load. How is is it that they're going to be doing all of these? Because let me tell you, as amazing as my present service coordinator is, we have never had a conversation of community integration. We never had a conversation of transportation, and how it are these services out there for me, and I heard there a lot of training being done with the service coordinators when it comes to the mental health and the behavioral health --
>> MATT SEELEY: There are other questions. Can you try and narrow it down?
>> NATALIA GOMEZ: My most important question right now is what are the MCOs planning to

do to increase the timeline or time constraint for service coordinator to accomplish all of these tasks that is expected of them?
>> JULIET MARSALA: Thank you for the comments and the explanation and the question about the service coordination.
One of the things I would note is the CHC MCOs working to get the case load down to 50. That has been implemented in the agreement. Still early stages, still working towards that goal, still monitoring with the CHC MCOs.
That should hopefully reduce the time with regards to other kind of administration work, so that they can spend more time with participants doing person centered planning. More specifically to your question, and to, you know, your situation, it prompts me to remind every participant in this program that they can contact and should be able to contact their service coordinator at any point in time to have a person centered service plan meeting at their request. So it is not just once a quarter. If you want to meet with your service coordinator once a month, it is the right of the participant to make that ask and that have meeting. If there is a participant that goes, you know what? I just learned today about transportation. I just learned today that I can have these more in depth conversations about community integration, things that I want to do, and I need my SC to partner to make sure it is in the plan to the extent that I feel satisfied and I'm eligible for those services, a participant can call up the MCO and put in the person centered service plan, I want to meet with my SC once a month the I want meet with my SC every Friday. Is the participant's right to engage with their SC as often as they believe they need to in order to get a person centered plan that meets their needs and updated accordingly. I hope that is helpful.
I may sound a little amped up on that, but I hear it often that, you know, participants think that there is this expectation that they can only meet with their SCs when the SCs want to. And I just want to be absolutely clear, that is not the case. The participant drives that. If folks have difficulty getting more frequent visits with their SCs to be able to help them explore their goals and meet their goals, I definitely want to hear about it.
>> SPEAKER: I text my service provider all of time. She texts me back. I really don't need to see her. But anyway, Chell, you had a question.
>> MICHELLE GARRETT: Yes. Michelle Garrett. I don't have a question, just a statement I would like to say. It will be great to remove random from the syllabus letter so we can get a broader data collected. I think that is (Indiscernible) that we are not collecting the correct data to resolve the issue and we keep going around in circles trying to find a solution without the correct data.
>> JULIET MARSALA: I don't disagree with that statement. The randomized sampling to get the statistical responses, there is a significant cost with surveying. So, you know, that is why we do that sort of randomized sample of the population. It helps us to have a certain amount of cost to the surveying that is reasonable to do a systems level test. If we were to survey everyone, every year, it would take a lot of the dollars for direct services and throw them into administrative stuff. So it is really that balance between what can give us meaningful insight, broadly speaking across the system. If we survey everyone and still get the same 25% result, right, 25% is telling us this is an area we need to focus on.
I'm not sure surveying everyone in the program would kind of change that sort of red flag that this is what needs to be focused on. Your point is well taken. I wish we had the resources to survey everyone.
>> MICHELLE GARRETT: Can we encourage members to actually do documentation on complaints so those complaints can be recorded and used as part of the data collection for survey?

>> JULIET MARSALA: Not for the survey, but we absolutely do evaluate and collect data on reports and complaints and grievances, and to Shauna's comments, if they're working with a participate, I would encourage them with the issues to kind of help them take that step to do that sort of complaint, you know, to call the help line at OLTL, to also share in the moment, because we do look at that data. We have reported a data out to the subcommittee about the complaints grievance issue and topic areas.
Happy to do it at any point in time that you would like to look at it. So I did want to raise it up. All very good points.
>> MATT SEELEY: (Indiscernible)
>> JULIET MARSALA: Does anyone else have questions?
>> SPEAKER: I want sure if you were a panel member. Pam, any questions online?
>> PAM WALZ: (Indiscernible)
>> PAULA STUM: This is Paula. We do have questions and comments online. I do have folks that have had their hands raised for awhile, so where do you want to start?
>> MATT SEELEY: Any committee members?
>> PAULA STUM: No committee members from my end.
>> MATT SEELEY: Give us a couple and then we'll go into the room here.
>> PAULA STUM: Okay. From the questions, I have a comment from Anthony House and a question. So can presenter (Indiscernible) to the -- this goes back to the CAHPS surveys with Brian. Can the presenters share a bit about the implications of the data and the rationale for the way race was indicated and recorded?
>> JULIET MARSALA: I'm trying to see it, because I a little difficulty hearing you.
>> PAULA STUM: Anthony House, can the presenter share a bit about the implications of the data and the rationale for way race was indicated and recorded.
>> JULIET MARSALA: I think the presenters, I think Brian addressed that when he was commenting about how the surveys were presented, like, randomized sample and when the individuals were called and offered language line assistance and things of that nature, that data was part of that survey piece. We can certainly follow up to see if Brian would like to add anymore to that as a follow up. I know Mr. House did indicate he had to leave the meeting so we can follow up after meeting.
>> PAULA STUM: The next question or comment is from Brenda Dare. I can unmute her. Brenda, if you can unmute and ask your question.
>> SPEAKER: Thank you, everyone. It is really a comment. I have a couple of questions that are in the box and can be forwarded for follow up, but I want to make an urgent comment about the transportation situation. In allowing MCOs to partner with the Uber and Lyft but not requiring them to partner with local paratransit services, our state and this department are contributing to the discrimination that is ongoing against people who have mobility needs and cannot access these services. As a participant, I would absolutely demand that enforced contracts be had with all paratransit services. It is the only way to equalize, and it doesn't even really equalize, but it is the most equal solution that is possible now. Yes, MCOs should work with Uber and Lyft to make them more accessible, but we know that is a decades-long process in the making. Immediately, MCOs should be required to engage in contracts with all local paratransit systems. Thank you.
>> MATT SEELEY: Paula, any of the other comments in the chat, can we just forward on? Are there any active questions? In the interest of time.
>> PAULA STUM: Question from, this is Paula, question from Paul Ramar, has there been any discussion at the county or state level regarding the feasibility of expanding paratransit service

models beyond curb to curb, particularly for CHC eligible populations, in a way that would allow for cost sharing or system alignment, thereby reducing reliance on waiver-funded services for transportation related assistance.
>> JULIET MARSALA: Thank you for the question. So paratransit is a county by county service is typically run by counties for that. So what I can say is, you know, OLTL does not have jurisdiction over the counties and how they operate or even if they're willing to contract with CHC MCOs.
That is a county by county decision. What I can do, and would be happy to do based on this and other comments that we have received around paratransit and county services, is the Department of Human Services has a liaison to all the county commissioners, and I would be happy to raise these issues and questions and feedback up to her with regards to the county paratransit, the cross county travel, and other needs from the LTSS subcommittee and members at large that have commented today. And provide that feedback to her to engage with the county commissioners on behalf of DHS so she can also provide that feedback directly to those commissioners. So I'm certainly happy to do that.
>> MATT SEELEY: Thank you. Go ahead with your question.
>> SPEAKER: I'll be quick. So this for the MCOs. Maybe we can get -- I'm CJ. I'm a provider. I'm from the health network, my question is for the MCOs, because I know with OLTL and ODP, they can -- participants and the care givers can clock in and out of community without having to have a specific address in their profile whereas, I know some paras have taken back funds for not clocking in at an approved address. This is something has come up in some of the public policy meetings and things like that at the association. I was wondering, has there been any thoughts from the paras in addressing ODP of allowing visits as a compliant visit without a time sheet?
>> JULIET MARSALA: We'll send it to each of the payers, and request a follow up answer to your question to be sent out.
>> SPEAKER: Thank you.
>> MATT SEELEY: Any other questions online, Paula?
>> PAULA STUM: Hi, this is Paula. I have a question from Thadwell Robinson. Participants being told transportation needs to be on their care plan so they can't contact MTM directly unless service coordinators authorize transportation. Is that information correct?
>> JULIET MARSALA: We'll get that question sent out as well, specific to MTM. So we recognize that.
>> MATT SEELEY: Any others?
>> PAULA STUM: This is Paula. I have a question from Natalia Gomez. Can all three MCOs consider reimbursement of paratransit costs?
>> JULIET MARSALA: I think Natalia asked that of the three MCOs but we can request them to have a more formalized response as part of the follow up.
>> PAULA STUM: I have Bill Hertzog who has a couple of questions. I unmute you, Bill. Are you able to unmute, Bill?
>> SPEAKER: Can you hear me? I am now unmuted. Can you hear me?
>> MATT SEELEY: You're very low.
>> SPEAKER: Okay. Maybe. Let me just see. Maybe I can get closer to my microphone and I'll try to speak up. I just wanted to make a comment about the MCOs and how they are getting all of these questions from the committee and community and then they are responding and via the Listserv, which really nobody has any idea where that is at. All of these MCO questions seem like they're going under, so you can take them to the MCOs and they can respond. There is

never answers to the questions.
So I think the MCOs need to be more held accountable for some of these questions and concerns that people are raising, and when is OLTL going to put their foot down with the MCOs to quit trying to deny, deny, and delay our services?
When is this going to stop? Thank you.
>> JULIET MARSALA: Thank you for your comments, Mr. Hertzog. We are capture comments in chat as well that were there. With regards to the Listserv for the LTSS Listserv, I ask a member of my team to email you the steps on how you can register for the Listserv, information for accessing all of DHSS Listservs are online at the DHS web page, and certainly we can make sure that we get you connected. If need be and if the committee would like, we're always welcome to walk through and take time with a committee member to walk folks through how to sign up for our Listserv but we certainly do encourage folks to get connected to the Listserv, because that is where a lot of our information is disseminated. So Bill, happy to have a member of my team to connect with you.
>> MATT SEELEY: If I could, this is Matt Seeley. It sounds like you made a couple of generalizations there. If you have specifics or things that you really want to comment on, I would please ask you to submit them to that account or email directly so we can share some of those concerns on.
>> SPEAKER: Matt, I hear you, but we've already gone over a lot of those things. The questions have been submitted already in regards to reduction in services and in regards to the transportation issues. There are many issues, Matt, and just seems like nobody ever wants to deal with them. They just want to, you know, get it under rug, put it on a Listserv and nobody ever really gets any real answers.
>> MATT SEELEY: I can tell you that that is not true, because I see this document that Juliet gives me every month that says Randy contacted this person and solved this person's problem. I don't know what the problem is but I see that documented every month. So Randy is on the phone with a lot of people doing nothing.
>> SPEAKER: Obviously there has been this problem now since the MCOs have been in existence, so I'm just curious what is going to happen to make sure that these MCOs are providing the services to us participants in a timely manner? That is all --
>> MATT SEELEY: One thing I can suggest is you continue to be on the phone monthly at this meeting and hold their feet to the fire.
>> SPEAKER: I have.
>> MATT SEELEY: That is my suggestion to you right now, bill. With that, we're running out of time and I will entertain a motion to adjourn.
>> JULIET MARSALA: Bill, certainly appreciate it and transportation is a hot issue. It is one we continually work towards. I do have one caveat, though, and correction that transportation has been an issue way before Community Health Choices and the Managed Care Organizations. If I had a magic wand and could fix it through the office long-term living, I certainly would, but it is going to be an issue that requires a lot of cross agency support through our friends at PennDOT, the department of transportation, and also a lot of will from the representatives to help support what is needed with transportation infrastructure, but certainly OLTL will always make our efforts and continue our efforts to try and make progress where we can and where we have authority to do so.
>> MATT SEELEY: Gravy. Anybody want to adjourn? That takes, like, a committee member. Michelle says yes. We're adjourned. See you all next month.
>> SPEAKER: Thank you.

>> SPEAKER: Thank you.