October 7, 2026 Long-Term Services and Supports (LTSS) Subcommittee Meeting Follow-Up Items

Assigned to the Department of Human Services, Office of Long-Term Living (OLTL)

1. **Regarding Participants Entering Home and Community-Based Services (HCBS),** subcommittee member Ali Kronley asked at the July LTSS meeting how many consumers are entering the HCBS system with an agency provider already identified as opposed to a referral from a doctor. Juliet responded that this question will be sent to the Managed Care Organizations (MCOs) to answer, but she would also like to discuss this with her team to see if OLTL may be able to get a more accurate answer for Ali. OLTL is able to engage with the Pennsylvania Independent Enrollment Broker (IEB) and may be able to get a better sense of folks coming in for the process already identifying some of those things or we may not.

   Erin Slabonik, Acting Director of OLTL Bureau of Coordinated and Integrated services, responded that the IEB does not have any reliable data and OLTL will work with the Community HealthChoices (CHC) MCOs to determine whether they have any data available.

2. **Regarding Participant Support,** attendee Sherri Kelly stated in the chat that she needs to speak with someone regarding her son who has a CHC waiver and has been failed by it. She said his case has been with the Office of Developmental Programs (ODP) and OLTL.

   OLTL is working with ODP to provide an individualized response to Sherri Kelly.

3. **Regarding Participant Support,** attendee Colleen Tomko asked in Chat if someone from OLTL could reach out to her.

   OLTL has reached out to Colleen Tomko and will provide an individualized response directly to Colleen.

The following responses were provided by Laura Deitz, Director of BHSL Division of Adult Protective Services (APS):

4. **Related to Participant Complaints,** attendee Jeff Iseman asked in the chat at the September LTSS meeting if APS can say roughly how many or what percentage of complaints are related to OLTL HCBS consumers.

   OLTL is reviewing the data from Liberty, APS Contractor, and will provide a response as soon as possible.

5. **Related to the Administration for Community Living (ACL) Final Rule,** subcommittee member Kathy Cubit asked in the chat during the September LTSS meeting what, if any, changes need to be implemented for Pennsylvania to comply in 2028 with ACL's Final Rule establishing the first federal regulations for the APS programs. Do you anticipate the need for any legislative changes?

   OLTL is awaiting a response from the ACL and will share it as soon as possible.

6. **Related to the 2024-2025 Annual Report for APS,** as a follow up to the response provided in October, Vice Chair Pam Walz asked what are the kinds of situations in which an MCO might be identified by the reporter as a perpetrator.

   Reports of Needs are accepted and may list any person as an alleged perpetrator of an alleged abuse that meets the definitions as defined in the APS statute to constitute abuse. APS then conducts investigations to determine if the allegation can be substantiated but does not investigate to determine the perpetrator.

Referred to the Department of Human Services (DHS), Office of Medical Assistance Programs (OMAP):

7. **Related to reducing Health Care Dollars,** attendee George Gilmer asked in the chat if the Department has looked to help fast track islet cells infusions to reduce the impact of diabetes that spent one quarter of the health care dollars as this has been noted of curing at least Type 1 Diabetes.

   Sally Kozak, Deputy Secretary for OMAP responded that DHS will cover allogenic islet transplant (infusions) if the service is medically necessary for the individual. However, medical indications for allogenic islet transplant are narrow.

   Allogeneic islet transplantation is no longer purely experimental – in the U.S. it transitioned to a Food and Drug Administration-approved cellular therapy (Lantidra/ donislecel, CellTrans) in June 2023 for adults with type 1 diabetes who cannot reach target HbA1c because of recurrent severe hypoglycemia despite intensive diabetes management. However, it is important to note that alternative cell sources (stem cell–derived islets, xenogeneic/porcine, encapsulated grafts) remain investigational.

   <u>Allogenic Islet Transplant Alone- Core Indications:</u>
   Type 1 diabetes complicated by recurrent severe hypoglycemia, impaired hypoglycemia awareness, and/or excessive glycemic lability despite optimized intensive insulin therapy, pumps, and continuous glucose monitoring under specialist supervision.

- **Typical selection: C-peptide negative (<0.3 ng/mL), T1DM duration >5 years, age ~18–65, with ≥1 severe hypoglycemic episode/year and documented hypoglycemia unawareness.**
- **Addressable causes of hypoglycemia/lability (malabsorption, adrenal insufficiency, alcohol use) should be excluded and technology-based approaches attempted first.**
- **Islet-after-kidney (IAK) / simultaneous islet-kidney - patients with T1D who have received or are receiving a kidney transplant and are already on immunosuppression—here the risk-benefit favors transplantation even without unstable diabetes, and IAK confers improved glycemic control and probable protection against recurrent diabetic nephropathy.**

Candidate selection is strict as allo-islet grafts require lifelong immunosuppression to prevent allo- and autoimmune rejection, so it is reserved for patients in whom the benefit (elimination of severe hypoglycemia in >90%, HbA1c <7% in ~77%, ~50% insulin independence at long-term follow-up) outweighs immunosuppression risk.

Autologous Islet Transplantation (TPIAT)
A distinct, non-experimental indication: islets isolated from the patient's own pancreas and reinfused during total/subtotal pancreatectomy for chronic/recurrent pancreatitis, to prevent or mitigate surgical diabetes—no immunosuppression required.

- **Relative contraindications / poor candidates: detectable C-peptide, high insulin requirement (>0.7–1.0 U/kg/day), BMI >26–30 kg/m², HbA1c >10%, significant renal dysfunction, HLA sensitization, untreated cardiovascular disease, and significant comorbidities. Patients with high BMI or high insulin needs are often better served by whole-pancreas transplant.**

Assigned to the Community HealthChoices (CHC) Managed Care Organizations (MCOs):

8. **Related to the PA 600 (Application for benefits form),** attendee Amy Thomkins asked in the chat if the updated PA 600 will be provided in paper form to the Service Coordinators (SCs). Pam Walz responded that this is probably a question for the CHC-MCOs about what they are going to share with their SCs.

AmeriHealth Caritas (AHC)/ Keystone First's (KF) Response:

AHC/KF made outreach to Amy Thomkins from All Abilities, Inc. and confirmed that the PA 600L form was last updated in March 2026 and was available on the Commonwealth of PA's website. ACH/KF provided a link with

the current version of the form to All Abilities, Inc. on October 19, 2026. Additionally, on October 19, 2026 all SCEs were sent the location of the current version of the PA 600 form via email. The SCEs were informed if the MCO is in receipt of updated forms in the future, direction on how to access the updated forms will be shared with the SCEs via email communication.

PA Health & Wellness's (PHW) Response:

Yes, PHW will ensure that our SCs receive the updated PA 600 and have access to the form for use with Participants, including a printable version for situations where a paper copy is needed.

UPMC's Response:

The UPMC CHC Eligibility Specialists work closely with our Participants to assist with renewal applications electronically. Electronic filing allows for more streamlined processes with the County Assistance Office. However, if a SC Entity needs a paper copy of the PA 600L form, they can access the most up to date version of the application on the COMPASS website.

9. **Related to Community Integration,** attendee Pamela Silver stated in the chat that she sees a lot of Participants who are unable to access their community due to the need for transportation and home modifications/ Home Accessibility Durable Medical Equipment (HADME) to get out of the house. What are the MCOs doing to improve access to these services?

   AHC/ KF's Response:

   To improve accessibility to transportation services, ACH/KF has formed a Community Integration Workgroup with SCs, Service Coordination Leadership, and a director of transportation services to discuss issues, identify root causes and to strategize on means to address barriers related to transportation. The MCO is working with our transportation providers to address Participant reported concerns and identify any trends with the issues Participants experience. The SCs were provided training on assisting Participants with transportation resources during the month of September. Community Integration and barriers surrounding transportation will continue to be a training topic during ongoing monthly Service Coordination trainings.

   To improve accessibility to home modifications/HADME, the SCs have received training on home modifications/HADME services available to Participants through the CHC waiver. The SCs were trained on submitting timely referrals when needs are identified. The home modification/HADME

process is monitored for progress on a weekly basis by Home Modifications/HADME and Service Coordination leadership.

PHW's Response:

PHW recognizes that community integration is not possible if a Participant cannot safely get out of their home or access reliable transportation. Our approach is focused on identifying these barriers during the assessment and person-centered planning process, and connecting Participants with the appropriate covered services and supports. Our Community Integration improvement strategy specifically includes coordinating transportation and other needed supports, monitoring barriers, and measuring whether transportation or accessibility barriers are being resolved.

We are also reinforcing education and processes around Home Adaptations and HADME. Home Adaptations can address permanent accessibility barriers in the home, while HADME can include items such as stair glides, metal ramps, wheelchair lifts, and ceiling track lifts. Our SC training and reference materials specifically address these benefits and how needs should be reflected through the Participant's assessment and person-centered service planning process.

UPMC's Response:

UPMC SCs work with the Participant to identify barriers to meeting their goals and will work to address identified needs including transportation, home modifications, HADME, Durable Medical Equipment and coordinating with other payors and community resources.

10. **Related to Community Integration,** attendee Shoana Eaken asked in the chat if Participants will be encouraged to have their attendant accompany them in the community. This is a barrier and the assumption that Participants have informal supports is false. The expectation to use informal supports is also a barrier.

AHC/ KF's Response:

The SCs at ACH/KF discuss with Participants during assessments and plan of care reviews the ability for direct care workers (DCW) to accompany Participants into the community for assistance with activities of daily living.

PHW's Response:

Yes, Participants should be supported in accessing their communities in a way that reflects their individual assessed needs. Personal Assistance

Services (PAS) under the CHC Waiver are specifically intended to provide necessary assistance, cueing, or supervision, as identified in the service plan, to help a Participant integrate more fully into the community.

UPMC's Response:

As part of the Person-Center Planning Process, UPMC SCs talk to Participants about their needs in meeting their goals, which may include DCWs accompanying Participants into the community for purposes related to PAS, such as shopping in a grocery store, picking up medications and providing assistance with activities to otherwise engage in activities in the community.

11. **Related to Community Integration,** attendee Pamela Silver asked in the chat specifically to UPMC if they can share more about the types of support the Community Integration Team is providing. Are they just helping Participants find leads for community programs or are they working with Participants and SCs to access relevant waiver services (i.e. troubleshooting stalled requests for non-medical transportation, home modifications, and HADMEs to get them out of the house.)

UPMC's Response:

The Community Engagement Team supports Participants through Community Connections by connecting them with community resources that align with their interests and goals. When additional Participant needs are identified, the team refers them to the appropriate SC for follow-up.

12. **Related to Community Integration,** attendee Cindi Hager asked in the chat that they should assume that each time Community Integration is added to a Person-Centered Service Plan (PCSP), the SC contacts the PAS provider. She stated that they should both be contacted at the same time since tasks require that in reality.

AHC/ KF's Response:

ACH/KF appreciates the feedback from attendee Cindi Hager from Access Abilities. The SCs and providers are encouraged to maintain open and ongoing communication regarding Participants' needs regarding Community Integration goals.

PHW's Response:

PHW agrees that coordination among the Participant, SC, and applicable providers is important when developing and implementing a community

integration goal. When Community Integration is added to the PCSP, the SC should consider the Participant's existing formal supports, including PAS, and determine how those supports relate to the Participant's identified community goals and needs. PHW documentation expectations already require formal and informal supports to be reflected within the PCSP.

However, we would not want to establish an assumption that adding Community Integration to the PCSP automatically requires the PAS provider to be contacted in every case. The appropriate coordination should be based on the Participant's individual needs, goals, authorized services, and the role each provider will have in supporting that goal. Where PAS is necessary to support the Participant's community activity, coordination with the PAS provider would be appropriate to help ensure the plan can be implemented successfully.

UPMC's Response:

UPMC CHC includes information about what the assessed need is in the authorized service that is transmitted to providers through a Home Health Agency. The Participant's PCSP is made available to providers through the UPMC provider portal when Participants select that option. If the Participant chooses to not share their PCSP, providers still have access to the service note in the authorization.

13. **Related to Participant Transportation,** attendee Pamela Silver asked in chat specifically to PHW about how it is planning to track progress on transportation as a barrier to community integration. She also asked if PHW has set up measurable targets for increased utilization of non-medical transport.

PHW's Response:

PHW plans to track transportation as part of our broader Community Integration improvement strategy. Our measurement approach includes monitoring whether Participants have documented community-integration interests or goals, whether they are connected to community resources or activities, whether they report participating in a chosen activity, and specifically whether identified transportation or accessibility barriers are addressed. We will also monitor year-over-year Participant experience through HCBS Consumer Assessment of Healthcare Providers and Systems.

At this time, PHW has not established a specific numeric target for increased utilization of Non-Medical Transportation. Our focus is not simply increasing transportation utilization as a stand-alone measure, but ensuring Participants who have an identified transportation need or community-integration goal can

access the appropriate transportation support. Non-Medical Transportation under CHC must be tied to an individualized need and objective identified in the Participant's PCSP.

14. **Related to Participant Transportation,** attendee Lauren Alden stated in the chat that transportation is the biggest issue they've seen. The CHC-MCOs mentioned some reviews of transportation vendors and education for them. Lauren asked if the CHC-MCOs could give more details about the transportation piece of the Community Integration Program.

    AHC/ KF's Response:

    Transportation plays an integral part with encouraging and supporting Community Integration. Participants who express or have identified transportation needs are made aware of their eligibility to receive non-medical transportation services through the LTSS CHC waiver program. SCs are educated on how to refer Participants to the non-medical transportation services, incorporate those services into the PCSP, and submit service authorizations accordingly. AHC/KF maintains communication with transportation vendors and provides education to the vendors as needed.

    PHW's Response:

    PHW recognizes transportation as a key component of successful community integration. Our current strategy includes strengthening transportation education for SCs and Participants, so they better understand the transportation options available to support community activities, employment, volunteer opportunities, senior centers, faith-based activities, wellness programs, and other person-centered goals.

    PHW also provides transportation education as part of SC training. Recent training materials include Non-Medical Transportation and specialized transportation, and PHW guidance reinforces that when transportation is needed to support an identified activity, the need and associated goal should be reflected in the PCSP.

    UPMC's Response:

    UPMC CHC recognizes that dependable transportation is a critical component of the Community Integration Program because Participants cannot meaningfully engage in their communities if they do not have reliable access to transportation. UPMC CHC efforts include regular meetings with our transportation vendor and providing education to reinforce expectations around reliability, responsiveness, and the unique needs of CHC Participants.

The goal is not simply to ensure that a ride is available, but that transportation is dependable enough for Participants to confidently access community activities, appointments, employment, social opportunities, and other services that support independence and community living. Continued oversight of transportation vendors and education on Participant needs are therefore important elements of the broader Community Integration strategy. UPMC CHC also offers variety of transportation options such as monthly passes, subscriptions, mileage reimbursement, in addition to single rider trips.