January 14, 2019

DAWN: We are just waiting on our presenter who is here but not in the room.

Thank you all for coming. I hope you helped yourselves to lunch and drinks and snacks. Kathy long made the cookies. Thank you Kathy. I want to welcome everybody to the center for independent living of central PA.

The host -- this event is hosted by our wheels in advocacy group led by marked wards here in the front.

I'm Dawn Marron and I help with the group and the advocacy as well as information and referral here at the CIL. I provided you some handouts. We got the calendars for the CIL's 2019 activities and wheels in motion activities. I invite all of you and the people you serve to participate in said activities.

If you have not been here before the restrooms are down the hallway and by entrance B. Feel free to come and go. Our main reception room is down the
hall and to the right off of entrance C. Today we are pleased to as our guest representatives from the company MAXIMUS. The independent enroll broker IEB. We invited them for two main reasons first to explain the process of enrollment as it currently exists to provide information to agency and getting the word out to the right people now and in the future.

That is why you are all here.

And the second is to show how the process is changing in our region which has already started in the Pittsburgh area and the Philadelphia side of the state and is coming to us in 2020. So for our agenda, our speakers will start with an overview of MAXIMUS and their role in the sign up of waiver. I asked them to take a brief detour and explain waiver. Even though a lot of you know what that is there are still some of us who use the term a lot, maybe not fully understanding it and the details really do matter.
Then we will take a look at the transition of our current system of waiver and the fee for service to the new law of managed care organizations also known as MCOs. We have a lot to cover but I invite you to ask questions. I'm expecting this to be interactive. We are taping the session and providing questions. When you have a question raise your hand and I'll call on you. If you don't have a microphone in front of you. Brenda, who is in the back waiving her hand will bring one over. Please speak as clearly as possible and slowly for the transcriptist and then if you use an acronym like I did in my intro, please explain what it means. I don't want anybody to be left behind. With that said, I am pleased to turn over the presentation to our speakers Joan Landis and Christine Bish. A warm welcome for them please.

JOAN: I'm Joan I'm the community relations manager or the IEB. I have been with the project since it began. We
took over the under 60 waivers the enrollment process in 2010. I was one of the original enrollment brokers. In April of 11 -- can everybody hear me. There you go. Is that better. Hello. Is that better?

In April of 11, I was promoted to the enrollment broker supervisor on the eastern side of the state. For six years of the project, I did supervise the enrollment brokers in. April of 2016 is when we added the aging waiver enrollment process to our repetatur of waivers.

SPEAKER: I don't think you are on the Mike yet.

JOAN: I have to be eating it I guess. So then in April of 11, I tend to be loud enough any way but I was the supervisor and then when we started the outreach program in October of 20 -- let's see -- 16 is when we started with three enrollment brokers to work with the AAAs directly to deal with some of the issues we were having and the growing
pains we were having and making sure cases got through and didn't get stalled and then we have grown into I have 11 coordinators across the state and one supervisor who is in Pittsburgh and we primarily work with the AAA and CIOs and some CIL personnel, people who are advocates work with consumers, agencies that reach out to us and ask for a status update on specific cases. We have a research and support team which is in house and we manage a lot of the real difficult cases in terms of tracking them and making sure they don't get lost in the process. Generally, we are the first line of defense after the call center and if a case needs to be taken to the research and support level, we will do that. So I'm going to let Christine introduce herself and she is going to do the PowerPoint. It talks about the current process for waivers and the under 60 waivers as well as the aging waiver and the current fee for service process and talk about how C H C is
going to change some of the criteria.

CHRISTINE:

JOAN: C H C is community health choices.

CHRISTINE: I'm Christine. Is this working. All right. I'm Christine Bish. I know a lot of faces in here because I was an enrollment broker for this area since 2010 when we started. So I have been all throughout central PA as enrollment broker and now as outreach coordinator. So I'm going to go over a brief PowerPoint and just to as an overview and then we will do questions and answers and feel free to interrupt at any point though because I am going to kind of breeze through it and I forget because I know it so well to like slow down.

DAWN: Can everybody see the screen okay. Do we need to dim the lights.

SPEAKER: I can't see at all.

DAWN: Everybody except Kathy.

SPEAKER: I didn't mean it like that. If you are counting on people to
SPEAKER: Kathy is not the only one.

SPEAKER: It might be helpful to dim the lights a little bit.

CHRISTINE: Dim them in front. There is that good.

All right. So this just is explaining our goals for the PA IEB program is to assist people with disabilities and those over the age of 60 apply for home and community based programs and services.

We refer to those as waiver programs.

To provide a choice to all consumers applying for HCBS programs.

To create one process for enrollment into HCBS process for the entire state and to provide quality enrollment services for the Commonwealth of Pennsylvania.

So those are what we are striving for.

SPEAKER: Could you explain
what HCBS stands for.

CHRISTINE: It stands for home and community based services at the top there. But can I use HCBS going forward.

SPEAKER: Home community.

CHRISTINE: Home and community based services.

SPEAKER: Okay thank you.

CHRISTINE: These are the programs for which we enroll people in. The independence waiver. OBRA waiver. Attendant care waiver act 15 and aging waiver.

So the first four there are for people 18 to 60. And then aging waiver for 60 and up. I'm going to go through each of those waivers briefly to describe those.

This is a description of the independence waiver. So this is a program where, like I said, people who are 18 to 59. They have to a physical disability that -- and have substantial functional limitations in three or more
major life activities such as capacity for independent living, mobility, self direction, learning, understanding and use of language and self care.

So those are the things we look at for the independence waiver.

So eligibility for this. You need to be a citizen or permanent resident. You have to be a Pennsylvania resident ages 18 to 59 and you also have to be nursing facility level of care. And, of course, financially, you have to qualify for, you know, within the established limits through the county assistance office.

Any questions on the independence waiver. Yes.

SPEAKER: How come it is only for ages 18 and 59.

CHRISTINE: Well, this is for ages 18 to 59. Once you are 60 and older and need the services you would go into the aging waiver.

SPEAKER: What if --

SPEAKER: Can you use the Mike please.
SPEAKER: I'm sorry. Hello. Okay. I'm only asking because I have an eight year old daughter and she is blind in her right eye and I see that is for independence. So this is not for --

CHRISTINE: No. This wouldn't -- no. Well, of course, she would have to be at least 18 years old.

JOAN: There is a program called EPSDT which stands for early prevention system screening -- early prevention screening -- is it periodic. Early periodic screening D diagnostic T testing. EPSDT for under 18 that Medical Assistance will help you with. So if you would call the 800 number for Medical Assistance, you could ask for a special needs case manager and they should be able to hook you up with any services that you need.

CHRISTINE: Okay. There are certainly other programs out there.

SPEAKER: Can you be school aged and still be -- oh, hello. Can you still -- can you be school aged and
receive this waiver. It says 18 but we have students --

CHRISTINE: Sure. Some kids are -- people are under 21 in school and still in high school. Yes. That doesn't -- that doesn't matter if they are in school or not.

Any other questions about the independence waiver? Did you want to say something.

JOAN: The other thing that I wanted to talk about is the Medical Assistance financial guidelines for these waivers. You cannot make more than 2250 per month in income. And you cannot have assets of more than 8,000 dollars. Those are the waiver guidelines that the Medical Assistance office looks at to be eligible for these services.

CHRISTINE: This is the description of the OBRA waiver. So this is for people who are, again, 18 to 59 and their disability manifested before the age of 22 and are likely to continue indefinitely. And also result in
substantial functional limitations. Again, has to be three or more of these major life activities, capacity for independent living, mobility, self direction, learning, understanding and use of language and self care. They cannot have an intellectual disability or major mental health disorder as a primary diagnosis. And that goes for all of the waivers that we work with. So they have to be physical disabilities. And again, the same eligibility as far as you need to be a citizen 18 to 59. You can be what they call intermediate care or other related condition level care for this by your doctor. And again, income and resources within the guidelines.

JOAN: This is the waiver that kind of is a grey area in terms of the Office of Developmental Programs the ODP waivers which cover the intellectual disabilities the MHMR offices or ID offices. So a lot of time are born with CP and as they get older and have more difficulties. Things that are
developmental disabilities as they get older oftentimes have more physically. Some consumers who receive ODP services sometimes come to our waivers. It just depends. The state on occasion will look at autism for this waiver as well in the current fee for service basis because I believe the autism waiver is on a waiting list. So on occasion, depending upon the actual functional limitations, the state may approve somebody with autism for the waiver but just depending upon the specific issues.

CHRISTINE: This is the attendant care waiver. This is a little different. It is for people 18 to 59 and have to be mentally alert and have -- your physical impairment needs to last a continuous 12 months or may result in death. Ability to manage your own care but assistance is required to complete functional limitations of daily living. So self care and mobility. So you physically need to have to require help but you have to be
able to manage your care. Nursing facility level of care and again, income within guidelines. Any questions on that? On the attendant care.

DAWN: I have a quick -- not even following my own guidelines here. I have a quick question on residency. If somebody moves from out of state, how long before they are considered a Pennsylvania resident?

JOAN: I believe once they have a legal address, they are a resident. Now, if someone came here from another country, there is a five year period that we will look at. We actually do the research and support team that is one of the cases we will follow if there is someone planning to move here and let us know ahead of time and we can try and coordinate it. They can get some services in place.

DAWN: Thank you.

SPEAKER: I have a question. If someone has -- wow, you really do have
to be close to this thing. She wasn't lying when she said you almost have to eat it.

When someone has a major disability, say blindness but they also have a mental health issue where they are in and out of State Hospitals and so forth, and they are not all that stable. How do you determine what is the most severe disability. For this person, it would be mental illness because she has been blind since birth how do you do that.

JOAN: Those are difficult cases. The Office of Long-Term Living. OLTL, they are the office that pays us to do what we do and they are the ones that determine what we do and how we do it. So cases that are more detailed like that. We will -- there are a lot of people that have depression and different mental health disorders.

SPEAKER: No. No. This is way worse.

JOAN: If there is physical
disabilities, there is a fine line between the office of developmental program waivers and our waivers. So the mental health generally has to be managed well under medication and that it is stable and then we will look at the physical disabilities. So in a case like that, we have the state review it.

SPEAKER: Excuse me. People on the call are having a hard time hearing you all. If you could speak up a little more. I would appreciate it.

JOAN: Okay.

CHRISTINE: This is the act 150 program. We also enroll in the act 150 which is a program and it is not a waiver but it is similar to the attendant care waiver. You know, you must be nursing facility level of care and be able to manage and direct your care but financially, if you don't qualify for the Medicaid through the waiver program, then we will look at the act 150 program for you.

JOAN: And the act 150 program,
there may be a fee, a weekly fee for service. It depends on income. And medical expenses. And so there are people that have under 2250 per month in income but might have a 401(k) out there for $100,000 so that might disqualify them but they would not end up having a fee because their income is below the level. It is the only income that is considered when looking at the fee on a weekly basis. I have had people pay $5 a week and then people who have income so high that are paying for the service. It just varies. If someone is considered in the act 150 they should not shy away that there could be a fee. But in a lot of cases, there isn't. It is an asset out there disqualifying them versus their actual income.

CHRISTINE: Any questions on that?

Okay. So those programs were for people, like I said between 18 and 59. Now, this is the aging waiver that is for people 60 and over. So for this waiver,
you need to be, you know, a Pennsylvania resident over the age of 60 or 60. And be nursing facility level of care, again, and, of course, need the financial guidelines for the waiver. So this is the aging one. Any questions on the aging waiver?

JOAN: And with the aging waiver, the only thing that we consider, we had talked about the 60 waivers whether someone needs a great deal of assistance with personal care or whether they have a mental illness. There are other things that we look at besides the nursing facility clinically eligible so the under 60 waiver. So the over 60 the only thing we look at is if the doctor says the person is nursing facility eligible and the level of care that is done by the local area on aging. If they say they are nursing facility eligible. There is no additional criteria. If someone is receiving under 60 waiver and the independence waiver and the attendant care waiver. Once they turn 60 they have
the option to stay in the waiver they are in or transfer into the aging waiver. It depends on which waiver has more services or services more honed into what their needs are.

SPEAKER: I have two questions. I ask you to please repeat the 401(k) info and also, with the act 150 how sameless if the process if someone does not qualify for the waiver, act 150.

JOAN: For the act 150 program when we are out doing our assessment in the field, we will talk to that person about act 150 and ask them if they are interested in that should they disqualify financially. If they say yes, the second we get the denial from the county assistance office and they do have to fill out a Medicaid application and go through that process before we will consider the act 150 program. There are a lot of people out there that don't necessarily want to fill out that application but it is a must in order to be considered for act 150. As soon as we
get that denial from the county assistance office, we will then go back to the state, Office of Long-Term Living and ask them to evaluate for act 150. It is not too long of a process. It may be an additional couple of weeks. Once we get that approval it is the same process. Now, what I said about the 401(k) is if somebody has an asset like that, they worked and they had a retirement program and they have a 401(k) out there and it is for say $100,000 -- if it is more than 8,000, that is going to disqualify them for the waiver and we will then look at act 150. But that asset will not affect whether they pay a fee or not. It is only their income, minus the monthly medical expenses that will determine if they have a weekly fee and that fee, just also, that fee will never be more than the cost of the program to serve them. So if they have an income that qualifies them to pay a large fee and they only have two hours of service a week, they are never going to pay for than two hour service of
cost if that makes sense.

SPEAKER: Thank you.

JOAN: You are welcome.

CHRISTINE: Okay. So this slide explains how to apply, how to start a referral. And I'm going to get into that a little bit more any way down the road here but for now, this explains our toll free number you can call. You can fax. You can go to our website and I would like to show you guys the website at some point if I can today. Try to go through that because there are a lot of good printables on the website that might be helpful.

You can also e-mail referrals. And you know, anybody really can make a referral if you have, you know, a family member or a friend and you would like to refer them, you can. If it comes from a third party like that, we will attempt and contact the consumer to confirm that they do want services before we move forward. So but it can -- anybody can make a referral. Any questions?
DAWN: How many people in this room are doing these kind of referrals or helping people to apply for waiver? One, two, three, four, five, six, seven -- eight -- about 15 people maybe.

JOAN: We will get a little more into that and the details.

CHRISTINE: This is just a brief overview of delayed enrollment. It is a little different. So when somebody is maybe in a nursing facility and transitioning into the community or from the E P S D T program or some other program like O D P waivers, we make them through a similar process really the big difference is the county assistance office piece will be dealt with once they are in their community in the home.

JOAN: And the other issue with some of these there is a date that needs to be coordinated. If someone is coming from the life program to us or vice versa, they already have waiver but they want to go to the life program, it has to be coordinated at the first of the month. So
that is a specific date that we need to work that out and the life program is another option for people, which we can talk about a little bit down the line and it is and in house life program, nationally it is known as PACE but in this state it is known as life and there are life programs in many of the counties in the state, not every county has a life program yet but it is an option for people who want service.

CHRISTINE: I'm going to skip over this for right now.

JOAN: Okay.

CHRISTINE: I'll come back: All right. Dawn printed out the steps to apply and I think everybody has a paper of that and we give this to all of our consumers. I was just going to kind of explain that, the steps at this point it is just the five point -- not five page. Five steps. So I was just going to kind of explain that a little bit so that everybody understands what the process is to get enrolled.

So, of course, step 1 is contacting
us. At that time, you know, as long as you, you know, there is a desire by the consumer to apply for waiver, we have to look and see about the Medical Assistance piece, if they have Medical Assistance, we don't need them to apply but if they don't have Medical Assistance, we need an application in order to start this process. So we need to have the PA 600 completed right away if you don't have Medical Assistance already.

Any questions on that?

The second step is filling out the -- did I do that wrong? Well, okay. I combined step 1 is the contact. Step to is completing the Medicaid application, if you don't have Medical Assistance.

So once we receive that Medical Assistance application or once it is confirmed that you already do have Medical Assistance, then we immediately request a physician certification form by your doctor and a level of care assessment by the Area Agency of Aging
in your county. And that gets requested immediately.

SPEAKER: How long do they have -- how long does it take -- how long do you wait for a response from them? Like, what is the longest period of time that you would, you know, give them.

JOAN: You are reading my mind. That is what I was going to talk about. The biggest thing that stops us from getting an application quickly is that physician certification form.

DAWN: And it has to be that particular form, right.

JOAN: Yes. We are asking that -- it is on our website that we will try to review the website but there is a printable downloadable physician certification form that you can print and that is the biggest problem. That is one of the things my outreach team is starting to try to do is to reach out to the health networks and to the doctors. The problem with the physician certifications
is it has to be very precise and has to be complete. So if it gets filled out and we don't have the doctor's license number or if the ICD 10 codes are not listed, they can write the disability but they have to match -- --

SPEAKER: What is that.

JOAN: There is a state book of codes that match every disability. If you had a stroke, there is a code, if you have MS, there is a code but they have to include those ICD 10 codes that go along with the disability. It has to be complete information. Do you have a question.

SPEAKER: Yes. There is a question on line. Can the LOC be done at the same time as the MA application is being reviewed.

JOAN: LOC stands for level of care but it is actually, LOC is the old term for L. CD which is level of care determination. But there are agencies that sometimes can do that. If somebody needs help filling out an MA application,
they can contact their agency. Their own Area Agency of Aging. Those agencies usually have either apprise counselors available and person centered planning. There is a link if they look up the link 800 number which I don't have available right now but there are at every aging office, there should be personnel that can help them do that. It doesn't always necessarily happen at the level of care determination visit but they can assist with that.

SPEAKER: Thank you.
JOAN: What was I --
CHRISTINE: You were talking about the physician --
JOAN: After, I believe, after 15 days, we start contacting them again, we resend it. We will leave a case open for 86 days until we get that physician -- as soon as we get it, if we have everything else we need, we will move the case forward but we will hold the case open for 86 days. We are held accountable for a 90 day turn around from the state. So
we rely heavily on the doctors to make that happen. We rely on the AAAs. The AAAs have 15 days to get the level of care determination done and sent back to us from the date of our referral to them.

So, you know, those are some of the constraints that we are under. Like I said, that physician certification is the biggest thorn in our side. I'm hoping to get out to some of the medical personnel to get that handled. One of the biggest issues that if you are helping someone apply or applying yourself or taking that physician certification to a doctor, it must be signed by a licensed M.D. or DO. It cannot be signed by a physician's assistant. A C RN P I'm not exactly sure what that stands for. It has to be an M.D. or a DO. It can't be one of the other personnel that helps --

SPEAKER: Registered nurse practitioner.

JOAN: I think you are right. Or registered -- so we have to, again, we will
have to ask for a new one and say this is the problem, can you please redo it. So if we can get it correct from the get go, that makes it so much better.

CHRISTINE: Yes?
SPEAKER: What happens to the customer?
DAWN: We got another question.
SPEAKER: So if the certification is not filled out properly, do you guys reach out to the doctors or is it the consumer's responsibility.
JOAN: If the consumer calls in, we will let them know what we are waiting for but we will reach out to the doctor several times throughout the process to try to get one.
SPEAKER: But it is always a good thing for the consumer to call the doctor.
JOAN: Always a good thing for the consumer to follow up. Absolutely. The one thing about what we do is we are processing 12 to 15,000 applications on a daily basis. There are 12 to 15,000 in our tunnel or whatever you want to
call it on a regular basis. So the more outside help we can get in making sure we get what we need the better. It is definitely good for the consumer to let the doctor know what we are looking for. I think that is it.

CHRISTINE: Okay. So back to step 3, again, resend the physician certification form to the doctor and to a request for the assessment to the Area Agency of Aging. So -- did you have a question.

SPEAKER: What happens to the customer while they are waiting for all of this.

JOAN: Unfortunately, they are waiting for the service to kick in and be approved. If the 86 days roles around and we have not gotten that physician certification yet, our case and our system will be closed and a denial sent telling them we did not get the proper paperwork. The good thing to know about that, if we then get a good physician certification and use it, we will
start up where we left off. So if we have a level of care determination from the Office of Aging that is sitting there and we can get the physician certification in to match it, we will move the case ahead to where it -- to where it stopped. The only thing that does is it just changes the technical application date of start, you know, the application start date.

SPEAKER: I'm worried about the people who are waiting. I know of a gentleman who is in this room, was getting services with an aid and then moved to another state for a few months and moved back and it took eight months to get it back. Do you have any idea why that happened.

JOAN: It might have been the doctor's -- I mean, without specifically looking at that case, I wouldn't know if it was a Medical Assistance application or if it was the physician certification, you know, it may have been something that we did it in error which is why my team exists. It could be many many things.
SPEAKER: But how many people -- what is really honest to goodness, what is the average waiting time for customers.

JOAN: I am honestly not sure. Like I said, we are processing 12 to 15,000 applications. There are a lot of them that get stalled or we didn't get what we need or have to monitor them. There are plenty that get through within 60 days. One of the other big pieces which we will get to is the county assistance office. We will get to that stop.

SPEAKER: Go there.
JOAN: We will get there.
SPEAKER: Oh, I'll tell you about county assistance office. My husband was in a nursing home and I had to do the Medical Assistance for a bed hold and he died before they approved it. Don't tell me about county assistance and how fast they are.
JOAN: I wouldn't say they were fast.
SPEAKER: I wouldn't either. Okay. I'm done.

CHRISTINE: Step 3 after we secure the physician certification form and the level of care assessment, then we go out. There is an enrollment broker that goes out. We call to schedule that assessment with the consumer and we have an enrollment broker go out and meet with them. We complete what is called a C M I and just care management interview is what that means.

So we do an assessment at that time and that is the -- what we refer to when you are talking to us, they will say you need two assessments the first one is the Area Agency of Aging and the second one is with the enrollment broker. So we do that once we have the PC and the L. CD forms.

Once we go out, that day, we do paperwork and that is when we submit the -- what it is called a Pennsylvania 1768 form to the county assistance office so that the county assistance office
when we go out to do that assessment that day, they are going to get the 1768 to prompt them to start to process the Medicaid piece and then that is when it goes to the county assistance office.

JOAN: And they technically have 30 to 45 days to do that. Oftentimes it takes longer and we are working with the state and the county assistance offices to try to get things moving a little bit more quickly. Because we are held to that 90 day standard and oftentimes because of the PC and the physician certification or waiting for the approval we end up going over and getting in trouble. So one of the things that can H-E-M up the program. If someone filled out a Medical Assistance application, if they did not include back up documentation at the time they completed it, the county assistance office may very well send a letter saying we need this additional information to be able to evaluate an approval or denial. If someone is waiting, they need to keep an
eye out for the mail and keep out for a letter from the county assistance office. They often want a lot of documentation. Sometimes they want five years of bank statements.

SPEAKER: Yeah, they do.

JOAN: Some counties even want pages of a new MA application completed even if the person has Medical Assistance. So we are only required to ask for a Medical Assistance application if we cannot find them in the system at all. So basically, one of the first steps going back to the beginning that we will look at if somebody applies, we will go into the county system, we have access to that and see if they have Medical Assistance. Now, there are some codes that do not qualify the person automatically. So if you hear somebody say but I have Medical Assistance and now they want an MA application, it possibly could be that they have what we call a spend down category where they have some assets
but they are just over the line so the county assistance office is working with them to spend down money each month in order to qualify. There is the Medical Assistance for working disabled program. M-O-D-. So there are some categories that may not automatically translate to our waivers. So we might need an M A application but if we see a good code in the system, we will not ask for a new M A application but there are some counties that want a partial one completed. There may come a letter from that agency saying we need this, you know, these papers filled out and this application filled out and we don't require that up front if they have a good code. That is some of the things, usually the county assistance office, if they are looking for additional paperwork will give 30 days to get that in. So it behooves people to start collecting things ASAP because they want documentation verifying everything they report. And if they don't report certain
things the county assistance office will find it.

DAWN: I know we are going to talk about modes of communication. Did you have a question on that.

SPEAKER: Well, I actually had a question in regards to what is a better process. Should they go through the county Medical Assistance application first? Just to speed up the process or should IEB be the first step in terms of waiver services?

JOAN: If somebody applies for Medical Assistance through the county assistance office, they are going to review that application for straight M A. They are not going to consider the disability and they are not going to consider the waiver limits. The 2250 and the $8,000 in assets that I mentioned are strictly waiver limits. They look at a much lower level of income and assets. I think it is 2000 in assets and 1,000 in income for Medical Assistance. It behooves the person to go through us
an send the application to us. Even if they have an application open with us and waiting for that application, it needs to go into compass so we are alerted that they did it or come to us. Because if it goes to the county assistance office, we won't know they got it. So we will wait for that. So it is important that we get that M-A application. And people can apply on line because we are connected with the system. If we get a paper application, we actually enter it into compass when we get it and if somebody is filling out an application on compass for Medical Assistance, if they are interested in the waiver services in home, they must check a box that says HCBS or waiver services. There is an indicator so make sure that people are looking for that.

SPEAKER: So it is not automatic, they have to indicate that.

JOAN: Because I believe in the compass system, it asks what services you are looking for. Food stamps, home
and community based waiver services, Medical Assistance. So make sure that that gets checked and we get an indicator saying it is there so we can move forward.

CHRISTINE: All right. So once we get the -- we get paperwork telling us that somebody is either financially eligible or ineligible and that is once we get that that they are eligible, the county assistance office is completed with their processing, that is when we will submit and enroll that person. It gets turned over to the service coordination agency at that point and submitted either into H-I-C-S-U-S which I don't know what that stands for or Sams and I don't know what is it a stands for.

JOAN: State database where all of the other 60 waivers and O-D-P waivers and any reporting that has to be done and billing has to be done it is H-C-S-I-S.

SPEAKER: Home and community services information system.

JOAN: I was going to try and think
about it.

DAWN: Take a chocolate for that one.

JOAN: Sams is the aging database that we work in. Anybody know what that one stands for: I don't either but that is the aging office data business that we enter plans in. We do a basic care plan and turn the case over, do a final mailing to the service coordination agency that is chosen which is done at the visit we do. We give the Applicant choices and they can choose three agencies and go with the first one unless they deny the case and then it is up to them to figure out services, how many hours are needed, what services they qualify for and then they have to get that service approved by the state. They are supposed to be there to see the consumer and start that process within 10 days, ten business days of us giving them that final mailing.

DAWN: I have a question about -- I keep making sure that this is on or not. I
have a question about the list of agencies that are provided. My experience with that is that it is a very long list. And that may or may not be active -- have these agencies active in the coverage area in which they need the services. So how do we help people narrow that down.

JOAN: One of the whole reason this program was started back in the day is because they wanted consumers to have choice and not be a bias choice in any way. We are responsible to make sure -- my enrollment brokers are trained in any way shape or form to sway the Applicant's decision.

DAWN: I don't want them to sway it but I want the services to be available.

JOAN: If they are on the compass list, the under 60 waiver, the under 60 service coordination list is in compass and we pull that up on the computer and so that to them. If they want a printed copy we can have it mailed to them. They should, if they are in the system,
the state updates that system. Their main office might be in Pittsburgh but they somehow some way do do service in Delaware County. Now if somebody wants a local agency, they need to ask us those questions. If you know somebody that is applying for service, if they are already working with an agency. When my enrollment brokers come out, I don't supervise them and still call them mine. When our enrollment brokers come out to the home and that visit is happening, that is when people need to say, hey, my cousin works with agency, my brother knows this agency. I have been working with. As long as they are leading us, if they ask us, you know, is that a local agency, then we can respond with an answer but we can't say well, you might want to choose an office that is close to you. As long as they kind of guide us with the questions then we can answer them but we have to be very careful about that. Oftentimes there is an agency sitting there with them. One
of the things my enrollment brokers are charged with, even if that agency is sitting there saying choose these three -- a lot of time the provider agencies are with them saying choose one of these three. We have to make it clear to them there is a list of 97 choices. In the Philadelphia and surrounding counties, it is 97 choices around it.

In the more rural areas, it is less.

SPEAKER: I have one and agency out of Pittsburgh once and when my person left for whatever reason, they could not help me because they didn't have any other people serving in this area. So I had to go to another agency. And all I would have to say is I reenrolled in the program recently and I was given five sheets of numbers and I would like to think there has got to be a better way for the consumer to pick an agency. Because if you are given five sheets of numbers, it is pretty overwhelming.

JOAN: I agree. It can be very cumbersome for the Applicant.
Especially if they have no knowledge. If you are somebody who knows somebody applying for service, you know, it behooves them to start from the get go to try to find out if there are people they know and what agencies they use, if the aging office -- I know they have to be careful about recommending. If there is somebody that you know that is already receiving services, it is very -- it is difficult having been an enrollment broker to present that list and honestly, there are better agencies out there than others. I worked with some really good agencies and not be able to say, I think you should choose. It can be difficult but at the same time, we don't want to sway the choice. One of the reasons this was put in place is because back in the day, there were different agencies in every county that did enrollments but they also did service. So other agencies were given a fair choice because I actually did intakes in Berks and Schuylkill County before this change
happened and my agency also did service. So when I say what agency do you want to provide your service, they would say do you do it. I would say yes, we do and they would say I want you. So it didn't give the other agencies the opportunity to serve. So that is one of the reasons, you know, that was done so that, you know, the enrollment was one piece of the process and service coordination was another piece. Financial management for those who choose to hire their own attendants, which is another choice that they can make is somebody who is applying for services can either have an agency serve them once they are approved for service, they can have somebody from that agency to come in provide the bathing dressing and do their hours or they have the option to hire somebody they know, cousin, aunt, uncle friend or somebody working with them that they trust and don't have to have a stranger coming into their home. So they have that
DAWN: We had another question.
SPEAKER: So I heard you say that some agencies are attending this independent enrollment broker visit. I'm hearing more and more often personal assistance agencies are attending this visit and trying to sway people to choose one service coordination agency over another. I'm wondering how this isn't a conflict of interest.

JOAN: It is and we talk to the state about it on a regular basis. Honestly, we have been accused of being the ones to do it where people have said I know MAXIMUS can't offer choice and they are giving a list of three agencies to choose. That is not us. If that consumer or Applicant had that list when we showed up, somebody else gave it to them and that is what I was saying when my enrollment broker goes in there if that agency is sitting there, I have had some enrollment brokers ask that person to leave. It is obvious the consumer is
feeling pressure and they get really upset when my enrollment broker has to say, you may want this agency but I have to make you very aware of the fact that there are 96 other choices and you can change your choice at any time. They also say if at any time you want to change your choice, you can call us over the phone to change it. That gives the Applicant out in that moment to say I'll take them and then call later and say I don't want them and we document that. There is a pressure out there and we do talk to the state about it a lot.

DAWN: I was at the Office of Long-Term Living M-L-T-S-S meeting, which David is going to tell me exactly what that means.

SPEAKER: Managed long term services and supports.

JOAN: I knew the long term services and supports.

DAWN: I call it the M-A-L-T-E-S-E meeting. The people from the life program were saying that they were
going to these assessments alongside the Area Agency of Aging so they could do the -- it was a more streamlined process so the person didn't have to go through the assessments twice and I saw that as a huge conflict but on the record, the office did not.

JOAN: Yeah. In terms of life, that is another -- that is another choice in terms of -- it is like a fourth choice coming up.

DAWN: Does everybody know what the life is.

JOAN: Living independence for the elderly and it is basically the national P-A-C-E program but in this state we call it life.

SPEAKER: Their doctors, their everything. They schedule everything.

JOAN: It is and in house network, basically, which for some it is actually a really good thing because they coordinate all of your services. They have, you know, you have your primary physician through them and they have a
day program. If you need to see your doctor, you see them there. For some, it has got a big social element. For some it is a really good program. For others, it is not necessarily the best for them but we actually have been working with the state to make sure life is out there. We let the consumer know if they were 55 and older that was a choice. It wasn't necessarily offered as a true true choice so we are trying to make it more known to consumers that that is out there and yes, it is -- it is an interesting relationship. Like I said, I didn't know -- I call the AAAs. They haven't shown up -- when I say I-B-A, intake assessment which is what we do our second visit. I have known agencies to be there but not necessarily life. But yeah, there is -- there is that element of the pressure and the state is aware of it. It is just difficult to try to monitor it because there are so many different agencies.

SPEAKER: I have a question. How much -- how much support could
someone get to even fill out this application if they could not read or write print or have access to the Internet.

   JOAN: The M A application or --
   SPEAKER: Any of -- any of this stuff. This sounds like a whole lot of work especially for somebody who does not have the ability probably to do it themselves, forms.

   JOAN: We do rely heavily on support systems, families, friends, a lot of the AAAs are working with seniors. We are working currently with the state in trying to -- for the last eight years we became a processing machine where all of the other advocacy -- help consumers through the process and made sure we got all of the paperwork. We are now talking to the state that IEB can help and make it user friendly. We are doing a lot of translating documents to other languages. We have video phone in place for anybody that needs A-S-L. There are things we have put in place to help people who have additional issues
but it is difficult in terms of the case management piece. Especially for those who cognitively are not aware. When we took over the aging waiver, we ran into a lot of issues with one of the reasons we ask for that consent, if it is a third party referral is we were running into a lot of people who maybe hospital social worker referred them or their niece seems to think they need service or, you know, there is an agency out there that called and said they needed service because they spoke to them today. If it is a third party referral we were running into a lot of people we would get to the piece where we need the MA application and reach out to them or we would get to the point where we were coming to the home to schedule the visit, like, who are you? What do you want? I'm not interested in service. A lot of the aging population, did work, does have assets and income and are not interested and we were getting halfway through the process for them to say we are not
interested but we have the other half of the aging population that doesn't have a lot of supports and they have cognitive problems. We have worked with the state and the aging offices and enhanced the referral form. So if somebody sends us a referral form and a consumer has signed it and there's authorized representatives listed on that, we will talk to those people. We have to be very careful because of some of the issues you are speaking about with other agencies. We are real stringent upon the H-I-P-A-A and we have had agencies call in and saying they are so-and-so and are not and we have gotten in trouble. We have to T-O-W the line. If a person is an authorized representative on the case we will talk to them in place of the consumer or Applicant.

SPEAKER: Do you need a Power of Attorney.

JOAN: Not always. If they say they are, we need the legal paperwork. What is that? I was just going to say if
somebody -- if the consumer calls and says verbally or signs the referral form saying they want this person listed as authorized rep, we will put them in the system and talk to them.

DAWN: I want to stay on the issue of communication for a minute. Marsha who runs our deaf blind program wasn't able to be here today and she sent a couple of questions. She wants to know are numbers obtained about how many individuals that contact the IEB are deaf, hard of hearing, blind or deaf blind.

JOAN: I don't know. That is not a statistic I have but I can go back and ask the management. I'm sure we probably could.

DAWN: And when in the process is this information obtained from the person applying for services.

JOAN: We try to obtain it as quickly as possible. It is in our scripting if they call in. Our C S Rs Customer Service representatives know to ask certain questions are there any language
barriers do they have special needs and that kind of thing but we also rely heavily on any agency or personnel that are referring that person to let them know the issues exist or the Applicant themselves if they can call in and report that.

DAWN: Okay. And what if the only communication method for a person applying for services is e-mail or text messaging. Can that be accommodated and how.

JOAN: E-mail I believe we do accommodate.

CHRISTINE: You mean to make a referral.

DAWN: To start the application process.

CHRISTINE: The e-mails for referrals we have it here and on the website. P-A-I-E-B at MAXIMUS.com.

DAWN: And one follow-up for that if a person is identified as blind, is the paperwork still mailed for the application.
JOAN: I believe it is. And at that point, you know, if we need to somehow work with somebody, we could do that.

DAWN: And is there something to tell them that this is important paperwork that has come in the mail that they need to have somebody read it to them.

SPEAKER: No.

JOAN: I was just going to say probably not.

DAWN: Can we put something on it.

JOAN: If we have talk it had to them on the phone and we can try to keep a status update with them that way and say this is coming, but, you know, I don't know that we do that. And again --

SPEAKER: I always tell people.

DAWN: Go ahead.

SPEAKER: If I'm looking for something and I talked to somebody on the phone and I want to scan it when it comes here and all of that, pay really big attention to it right away because it is necessary, I just said don't send me that
thing without a big piece of scotch tape on the flap. I can feel that and I know this is for me.

JOAN: That is good to know.
SPEAKER: Yeah. Do it.
SPEAKER: Let me jump in for a minute. I worked for MAXIMUS and being deaf, everything I communicate through e-mail and you can talk that back to Marsha and consumers and staff at MAXIMUS all through e-mail and they were accommodating through that and a recently with Chris B-O-R-T-Z up in, you know, a couple of the language services staff there and they are working to provide braille paperwork there and applications upon request. So if that is requested by somebody who needs that. Often, they are going to accommodate that. I don't know where they are with that but I brought that up with the alternative formats.

SPEAKER: You are going to waste the money having braille because most of the people going blind are older and
cannot learn braille and cannot read the Grade II braille which is what you are going to produce. The best thing would be going audio. You can work with the C-A-R-N-E-G-I-E library in Pittsburgh. They can put it on a cartridge. Anybody who cannot read or hold a print book for any reason is eligible to get the free --

SPEAKER: They can waste their money but they can provide the braille paperwork.

SPEAKER: No. If you want to waste money, go ahead.

JOAN: We are working on both.

SPEAKER: You are going with the C-A-R-N-E-G-I-E library and getting people the cartridges. Everybody who cannot read a print book or hold a print book is eligible for this free -- they call it machine. It is a Federal, you know, it is by the Federal Government. They are awesome and it would just be a real good way to have all of the information that even the caretakers agencies should, you know, have some basic
information on there. John Joan that is good to know.

SPEAKER: They can make daisy forms you can skip by heading so they don't have to log through what they don't want to hear. You can scan your eye down to the next heading. If it was a days is I file, they can go down by hitting a button.

DAWN: I'm feeling some restlessness in the room. Let's get some information on that to e-mail out to everybody that is here. Then we can share with the people.

SPEAKER: I have another question on line. What is their role with C H C enrollment.

JOAN: We are getting there.

SPEAKER: You are getting there.

JOAN: That is the next topic.

DAWN: Let's talk about that.

Open the door.

JOAN: I just want to reiterate about the alternative needs. We are working very closely with the state like
Melissa said. With the braille, we translated into five different languages. We are really striving, video phone and making sure there is a video phone for those who need A-S-L. The state has recognized and we are working on all of that. The case management piece is difficult. If somebody needs somebody sitting there with them to make sure things are happening, you know, we generally don't do that case management piece. Some of the enrollment brokers are better than others. Melissa was one of them. The surrounding counties in Philadelphia are doing four visits a day and it is difficult for them to have the time to do the case management piece. So that is put to bed. C-H-C.

SPEAKER: Can I just say one thing about that? If people call in, if consumers call in to the area agency, they can request PC C, person centered counseling and the PC C people can help them with forms and filling out all of that sort of stuff.
JOAN: Right. Most AAAs have a person centered planning team of people that are helping over the phone and in person to do those applications. There is a national link number that every county should have a link office to be able to, you know, help with that and also other services that may be needed are available.

So in light of what we just talked about, that is the current fee for service the way things are done in this area now.

The two main ways it is going to change is C H C stands for community health choices and it is a waiver funded by Medical Assistance. It is the C H C waiver for long term services. And we still need to collect that physician certification and a level of care determination and we still do the visits in the community, the AAA will still do their piece. So none of that changes with C H C. What does change and the application process doesn't either. If somebody needs long term services in
their home and they don't currently have them. They need to go through this application process called C H C waiver. What does change is what we look at. Like I said, the under 60 waivers currently, we look at all of those other things, do they need personal care assistance, do they have a mental health disability, you know, there are other criteria we look at that even if somebody is determined to be nursing facility clinically eligible, they still may be denied if they are under 60. That all changes with the C H C waiver. Just like the aging waiver, the only thing come the first of the year in 2020 in this area that we will be looking at is the nursing facility eligible piece. Did the doctor say they were nursing facility clinically eligible and did the AAA, the Area Agency of Aging say they were nursing facility clinically eligible. If they'd they will be determined eligible for the waiver. So all of the services that each waiver provides separately will be rolled into the
C H C waiver and then it will be up to the M C O to determine what services that person is eligible for. The other piece that changes is we will not be offering service coordination choices. So it goes from 97 choices to three and life. It goes to four choices.

The difference is currently, in the fee for service programs, the service coordination agency does the service plan and figures out how many hours of service the person needs and bills the state directly. Now, the MCOs will be responsible for coordinating that service and creating a service plan. For the first six months there is what we call a continuity of care period. Anyone who has services in their home will remain the same for the six months with the agency that is serving them now and within that six months the MCOs take a look at those agencies and decide if they are going to continue to work with them and evaluate service plans and that kind of thing. This has happened in the
southwest and we just rolled out the southeast, Philadelphia and surrounding counties. So we have been involved -- we continue to do that waiver application. That piece doesn't change and we have been involved in helping the transition. So my team and I did a lot of nursing facility visits to try to bring in that population because that is a little bit different with C H C now. Prior to this, the Medicaid paid directly for a nursing facility stay and it wasn't -- it was a long term service. It wasn't part of what we did. Now C H C covers nursing facility residents as well. Whereas they never had service coordination before, they will. They will choose an M C O and that M C O will provide a service coordinator to that nursing facility resident and checkup on them and see if they want to move into the community and provide services they may or may not need. Just have -- have that case management piece that wasn't there before.

SPEAKER: You said that it is
income based. Like I had a sister who was in a nursing home before she died three years ago. When they are in the nursing home for a period of time they take the SSI or whatever assistance they are receiving. Do they get that income back when they are eligible to go into these places where they got the income from. If the nursing home is going to take the income from them before they move out.

JOAN: If they are remaining in a facility, that is between the facility and the consumer. I don't know how that works. If they are moving out into the community, from the facility back into the community I believe the income goes back to them, absolutely. It will follow them into the community and be theirs to manage.

SPEAKER: I have a question on line. Does the IEB help people achieve C H C and the life program. Do they give them information on each.

JOAN: Yes. We have actually
been enhancing what information we give for life. We have a script now that the enrollment brokers are required to let people know if they are 55 and older that life exists in what areas. They sometimes can call the life if the consumer is interested. We will do a warm transfer and we can give them the number to the local life and they will call. We will continue our application until we hear from that Applicant that we have chosen to go with life. We are enhancing. We have been working with the state a great deal. Our C S Rs the Customer Service representatives that answer the phone have been really coached and trained to mention life and we are working really hard to make sure that that is also put out there as a choice.

SPEAKER: One more question. I don't know if this is an area. What are the 32 services available on the C H C. Is it 32.

JOAN: I'm not sure how many services are available.
SPEAKER: It is a lot.
JOAN: Off the top of my head, I don't know them. And some of the services -- each M C O is required by the state to provide the same services across the board. But then some of them have additional services or, you know, trying to get people to choose them but I mean, it is P A S services which is personal attendant services. A lot of -- there is therapies, some -- the older waiver have residential services so I imagine there may be residential and adult daycare.
SPEAKER: So the best solution is to go to the M C O website.
JOAN: And even O L. T L. Websites. We have a website too. Enroll C H C.com.
SPEAKER: That is even easier.
SPEAKER: Say that again.
JOAN: Enroll C H C.com.
SPEAKER: Thank you.
JOAN: Absolutely. It will list we manage that website as well. It will list
all of the services available. And again, just to mention, in terms of what services are available under any of these waivers whether it is C H C or the current fee for service waivers that we just talked about, each waiver -- I mean, each service within that waiver had specific criteria that need to be met. So it is up to the agency that is serving them and providing that service to evaluate, do you qualify for the personal emergency response system. Do you qualify for therapies or, you know, that kind of thing. There is specific criteria for each one.

CHRISTINE: Do you have a question.

SPEAKER: Is that standard or criteria set by the MCOs or is it set by the state or is it both.

JOAN: I believe it is the state.

SPEAKER: The state.

JOAN: Absolutely.

SPEAKER: I have two questions. Can you define nursing home care and
can somebody be referred prior to their 18th birthday in preparation for turning 18 and if so, what is the time frame.

JOAN: Nursing facility clinically eligible is determined by the Area Agency of Aging. The basic description of that is that someone needs to meet the same level of care in their home that they would in a nursing facility. So a lot of times, I would say to someone, you know, if I was an enrollment broker and deny them for service because they might have had, you know, COPD or asthma and they got short of breath and they didn't understand why they didn't qualify, why the Office of Aging didn't find them to be eligible, they found them to be N F I nursing facility ineligible, you basically have to have the same needs. Is it a good possibility that you are going to end up in a facility if you don't get the services at home. That is the whole purpose as to why these programs were started was it is a lot better quality of life for people with disabilities to stay at
home and be taken care of people by people that know them and love them, have community outings and that kind of thing. In terms of just having a better life and it also costs the state a lot less money. It is comparative services. Are you going to end up sort of in a facility. Do you need the same level of care. Now, what the Office of Aging looks at, it is a 14 page report that they look at. It is based on medications, on, you know, the actual disability, how physically disabled you are, lots of different things they look at. In terms of 18, yes, we will start an application about three months prior because we try to have something done. We ask that you start three months prior to the 18th birthday and those cases do get coordinated. If they are already receiving services, those cases will be coordinated and the start date -- their services basically remain intact. It is the funding piece that get change but we coordinate that date on the 18th birthday. DAWN: Other questions? Can
you tell us a little bit more about some of the hiccups that you have found in the transition process.

JOAN: We have had some trouble with some of the N-H-T stuff. Nursing home transition. So the MCOs have been charged with having their own nursing home transition coordinators and I think it slow on the up take to make that happen. We run into a bunch of issues to transition not knowing what agency is responsible for what and who is supposed to do this or supposed to do that. There were issues with that in the southwest. The southeast has a strong N H T presence. So I think the three M C Os are decree knowledgeable and they know that it is a big issue in this area.

DAWN: I have this.

CHRISTINE: Never mind. You don't have to do that. It was a sign-in sheet. I wanted to pass around.

JOAN: Dawn is going to give us a copy of hers. N H T was a big hiccup that is slowly getting ironed out. We did
start a little too late in the southwest. So when we started the roll out in the southeast in the Philadelphia and surrounding counties. We started sending flyer as a lot sooner to let people know. We are running into, you know, we really want consumers to make that choice in terms of which M C O they want to work with. However, a lot of people are lackadaisical and don't pay attention until they are auto assigned. I think a lot more are auto assigned than they would like. We have done a lot of outreach --

DAWN: In defense of people who are getting these flyers, some of them are not in the correct language and some of them might not be in the correct way of -- that they need to communicate. But also, as we experience today, people who work in the field, we still don't quite understand what MCOs. Waivers blah blah blah mean and it is really difficult unless it specifically says, you know, do this by this date or bad things will
happen that -- to make it understandable that this isn't just more junk mail.

JOAN: And I say that because one of the things you have been doing the outreach in the facilities and that comment was geared more toward the facilities because a lot of the social workers, you know, had said to us that the residents in the long term facility if it is not going to affect me financially and I don't have to pay anything else and my services stay the same, that is fine.

SPEAKER: Who cares.

JOAN: In the community, I do think it can be confusing. There are several different ways. They can call in and make their choice, on line or over the phone. The only caveat to choosing your M C O on line, you already have to have M A in order to be able to make sure choice on line. If you are somebody who is waiting for Medical Assistance to be approved, you can't make that choice on line until you have been approved. We send what we call advance plan
selection packets so we can get that enrollment form ahead of time so when M A is awarded, or approved, then we have it in the system already. We have captured it in advance. It was a good thing that we did, you know, people were auto assigning November 15th but after that, if he choose before 12/21 they still would have their choice take affect before the first.

SPEAKER: I very well another on line question. Go ahead. Jeff, I will get you afterwards.

SPEAKER: Some of us heard in the southwest there were challenges with home modifications getting access to those. Can you tell us about any adjustments that have been made in the southeast and going forward on that issue.

JOAN: Honestly, I think I have heard the same thing. Because we do the enrollment piece, I'm not 100 percent sure that I have that information. I do remember hearing that it was an issue
and it is something that the state was working on, you know, how it has been enhanced or made better in the southeast, I'm not sure. I'm sure that the state has been reached out, you know, to those agencies to make it a little bit better. But in terms of my knowledge about it, we do the enrollment piece and the rest of that is handled by the service coordination agencies and/or MCOs.

SPEAKER: It would be the same on durable medical equipment too.

JOAN: Absolutely.

SPEAKER: Okay thank you.

SPEAKER: I think I understand this question. When we are told we need something that we know is incorrect or we can't get the information we need by IEB staff, who do we call?

JOAN: You can call the call center and have it escalated to a supervisor. If it is a case that needs to be tracked, you know, we will get that to the research and support team. There are cases that in our system are already designated that
the research and support team is handling them and then warm transferred to that team. Because they are a small team and so inundated with cases that they track we don't necessarily hand the information out. We kind of get the information to them if they need it. Agencies and advocates, NHT coordinators, A-A-As, C-A-Os, can reach out to my outreach coordinators. Again, we have to follow the HIPAA laws as to who they will and will not talk to if they are listed as a representative on that case or not but they can do that.

SPEAKER: Thank you. I guess a follow-up question would be from me any way. How do you know it is signed representative.

JOAN: The consumer needs to verbally tell us over the phone. We can get the signed referral form where that information was listed. And we will put it in the system. We have part of our system, there is a couple of different fields where it will list authorized
representatives.

SPEAKER: So a three way could do it.

JOAN: Absolutely. We count on them a lot. Something you just reminded me too, we are working on adding to our referral form. It doesn't currently have any check boxes or any identifying information for anyone that needs language services or the A S L. Or, you know, blind, any additional needs and we are working on changing our referral forms to include that and then we will include that form in the final mailings to pass that off to whatever agency is going to serve the consumer.

SPEAKER: Thank you.

SPEAKER: Yeah. A group of people met with the governor a couple of weeks ago to express that they are having problems in certain areas of the roll out. And they are meeting with his representatives to try and get these problems ironed out.

JOAN: We do meet regularly with
the state and we did what we called best practices and also lessons learned from the southwest to translate to the southeast. We are in regular meetings with all kind of different advocacy and State Representatives my supervisor. The program manager of our program is always going to the Committee meetings and working with the state offices and trying to make sure we are covering all basis.

DAWN: I know everybody who came here today had a question to ask. Go ahead.

SPEAKER: What do I do with a Mike. You guys handled the auto enrolls.

JOAN: If someone does not make a choice, they get auto enrolled but I believe the state does that we don't.

SPEAKER: Okay.

JOAN: We might look at a hierarchy and -- I need to double-check that question because we might look at the hierarchy if we haven't got a choice and choose based on that. I think the
state does most of the auto enrollments.

SPEAKER: My follow-up was what mark was talking B I understand the southeast, the second zone, whatever, a larger percentage of people auto enrolled and to their dissatisfaction. And I'm just -- you probably wouldn't have numbers of how many people were auto enrolled and how many people subsequently reswitched, whatever.

JOAN: I do think like I alluded to that we do run into a lot of people were auto assigned the November 13th date and then we started getting a lot of correspondence and enrollment forms in between the 12/21 date and when we sent that letter saying you were alleles auto assigned people sent in a choice.

SPEAKER: Did you notice it was higher in south West than southwest.

JOAN: Yes. And the south West is a larger number of people. I always said Philadelphia is its own state. We have 60 enrollment brokers across the state and 30 are in Philadelphia.
SPEAKER: I have another question. Go ahead in the back. 
SPEAKER: I think it is important to note that even if you are auto enrolled that you are able to change whenever. There is no open enrollment period. It can change as often as once a month. 
JOAN: Thank you. That is true. Right. The date of -- the effective date may be either the first of the next month or the first of the prior month based on when you requested that change but yes, you can change your mind as many times all want and at any time. 
SPEAKER: That percentage of auto enroll is indicative of something else in terms of marketing and notifications more so than preference. I'm not worried about that. They can choose whoever they want to choose. If there is a higher rate of enrollment, there is a more systemic problem. 
JOAN: I will ask some questions about that but I don't have the numbers. 
JOAN: She is following up.
SPEAKER: I would like to follow up to your comment.
SPEAKER: Following up to my follow-up.
SPEAKER: I think that has been one of the lessons learned that in the southwest, there wasn't as much communication out to the community ahead of time. One thing I'm aware that they are doing is participant education sessions out in the community. So they contracted with aging well PA who has put on in person question and answer here is the presentation throw me your questions and we will answer them.
SPEAKER: Which M C O do you work for.
SPEAKER: I don't.
SPEAKER: I'm kidding.
JOAN: The state also had listed -- the state O L. T L. had done a lot of the community based meeting as well and we did a lot of outreach and I went and worked with social workers and we hadn't had everything up and running in
the southwest. We didn't do any of the nursing facility outreach out in the southwest but we did a great deal of it in the southeast. We did improve and lesson learned but I will ask the questions about the auto enrollment.

SPEAKER: That leads to this question so let me ask it real quick. What do you feel we need to do to prepare for the C H C in this area.

DAWN: We as agencies?

SPEAKER: All consumer, participant, I believe.

JOAN: I think just the awareness piece of what is coming and understanding what it means. I think we are going to be doing more and more of these forums to try to get the word out to get the word out what it is about and how it affects the consumer in terms of waiver criteria. I think in the long run, having three or four choices versus 97. And once the system is rolled out and ironed out. One of the things that I would like to bring about is for those of
you who have working with nursing home transition a lot, anyone currently that had services at home, long term services at home and ends up in a facility, if they are there longer than six months they have to reapply. So it is cumbersome if they had a stroke and needed the rehab and were there for 18 months and then suddenly they have to reapply for those home and community based services. Once someone has an M C O and receiving long term services at home, if they end up in a facility, the M C O should be able to follow them back and forth and flip the switch on and off. Nursing facility home nursing facility home and we should not have to get involved. The only time we will get involved in that, is if a nursing home ineligible, someone has Medicaid and Medicare but did not have long term services in their home, if they end up in a facility because they had a stroke then they will have to apply for the C H C waiver but once they are approved and
have services in their home, again, they don't have to reapply for that six months. The MCO should be able to follow them. That is one of the hiccups that we have had. The MCOs didn't realize that they would be able to do that. That is one of the things that we worked out but we should not have to get involved.

DAWN: Anybody else wait Kathy.

SPEAKER: Thank you. I would just like to ask a quick question as a consumer on behalf of my son. So at this point, this has not rolled out into this area but it is coming and we will receive notification and ample time to be able to select, hopefully, to be able to select one of three managed care options? Correct?

JOAN: Correct.

SPEAKER: So the time frame where we should be starting to look for information coming in about this, can you give us an idea of when that would be.

JOAN: Start looking in I believe
July. In the southwest region the state started with flyers started in September and advance plan selection packets that we talked about. In the southeast we started a month and a half earlier trying to notify that it was coming and I suspect that we will do the same in this area that come July -- it starts out with a flyer from the state saying this is coming and then after a few weeks we do the advance plan select packets that has a comparison chart with what services are provided and if someone has Medicare, they want to consider what Medicare services they have. Medicare does not change but you might want to coordinate the M A choice and it will have an enrollment form and where do you go to enroll.

SPEAKER: A little self promotion. If you sign up for the newsletter and alerts, we are going to doing a lot of information sent out to people as a roll out here early and that would be a good way to stay in tune with what happened.
SPEAKER: We have the videos.
SPEAKER: Can you repeat?
CIL-C-P dot O-R-G and you can go and sign up for alerts and the newsletters and there are, like, there is a lot of information on M -- C H C and managed care.

SPEAKER: Okay great. Thank you very much. Thank you.

JOAN: And I do think this area is actually going to end up with more information, more outreach, more agency and advocacy agency being out there trying to get the word out. I think we benefit in the long run from the lessons learned in both of the other regions.

SPEAKER: No doubt.

DAWN: So we have invited David to come in September and he had actually doesn't know the dates of this yet to talk about the MCOs and the choices and the process but specifically about appeals. And how when decisions are made at all of these different steps --
SPEAKER: Who is David gates.
SPEAKER: You know who says.
DAWN: From the PA health law project and a member of our board.
SPEAKER: He is a member of our board. Else very important advocate and leader with the disability right network and very familiar with healthcare.
SPEAKER: I'm sorry health law project.
DAWN: It is really important to understand that as these decisions are being made that it is -- you know, we live in a system that allows checks and balances. So every single step of the process has an opportunity for appeal. It is just a matter of how many days and who you contact. So if you get a decision or you find that you are working with somebody who got a determination that they just really don't understand why this happened, you know, you can contact the advocates in this room and help them through this process because of the, it is missing paperwork or a
certification from the doctor that went missing or -- I see this a lot where people are being called to make appointments who really don't answer the phone ever. And they are seeing unfamiliar phone numbers and they are not getting the call -- they are not actually making the appointment and they don't understand why the process is taking so long and it is because they have not answered the phone to make the appointment for people to come to their home. Okay?

JOAN: I want -- thank you that reminds me of something. One of the reasons we asked to be called PA IEB is not MAXIMUS all of our mail has the PA IEB log respond it and the caller ID we do R-O-B-O calls like every other agency. We do three R-O-B-O calls and then we do personal calls where somebody is on the line but the number that is coming across the caller ID is 800, 8885504227, 877. That number up there. 8775504227 or the caller ID is going to say P-A-I-E-B or P-A-E-A-P. So.
SPEAKER: E-A-P.
JOAN: It is the call center that actually does the enrollment for regular MA. It stands for assistance program. What is the E.
CHRISTINE: I forget. I want to say enrollment.
JOAN: Yes, it is enrollment assistance program.
SPEAKER: As a follow-up, where are the MAXIMUS offices.
JOAN: Our main office is in Harrisburg. All of the remote staff work from their home. I live in reading and work in Berks County. I go to the office on a regular basis. Christine works in Harrisburg. Any enrollment work from home. Outreach coordinators work from home. Where all of the paperwork is processed is in Harrisburg and that is where our program director is, any of you know the name Mary stone road. She is our Deputy Director.
SPEAKER: Thank you.
JOAN: You are welcome.
SPEAKER: Are you implying there is no office hours.

JOAN: Am I implying that. Ask Dawn, I think she has gotten e-mails from me at 2:00 a.m. for us remote staff and we being a manager. No. There is pretty much no office hours. Technically, we work 8:30 to 5:00 but many of us work many more hours than that.

DAWN: More questions?
SPEAKER: It is 2:18.
DAWN: We did good. Okay.
JOAN: I hope this is helpful.
DAWN: Final comment.
JOAN: We are going to be out doing these things. If you know of any agency that want to hook up and do an outreach session like this advocacy agencies, we worked with some of the agencies that work with like I said, we did a Russian -- we went to a Russian day program to work with those day program consumer today's let them know what they need to be looking for.
We are trying to get out there with any agency. I have been working with Philadelphia health access network. Erin, I forget her last name.

SPEAKER: Nine houseer.

JOAN: We had a conference call this morning. We are really trying to reach out to get out there. My e-mail address, if you have a contact like that may want to schedule something. My e-mail is Joan J-O-A-N, M as in Marie, L-A-N-D-I-S at MAXIMUS.com.

SPEAKER: Also, just for everybody's information. This video webinar will be found on the CIL CP website along with the official transcript.

DAWN: I want to thank everybody wore coming and all of your good questions and participation today. If you could please fill out the surveys and leave them on the table as you are leaving out by the front, that would be very helpful for us going forward. I really hope to see you again at any of our other activities and anybody who would like to
say for a brief wheels in motion meeting, we will do that now probably about 15 minutes worth.

JOAN: Thank you very much for having us.