

>>> During the month of June went to 6 different locations around the state and did health public listening stations and asked for comments.

Had over 800 participants and got a lot of feedback on the discussion document.

I mention that because of feedback we received on that discussion document provided in the, it was used quite, in quite a robust way in the what was just released yesterday. The concept paper.

So yesterday, again, at bottom we released concept paper, commonwealth proposed components and MTL.

We're asking for comments in the next 30 days, and hope people will provide us with good ideas.

Breaking down the concept pair, there are 5 big buckets, introduction that gives you the background and vision in the program goal. And we have a section that we call participants consideration that provides more details on all of the things that are going to touch participants. Everything from eligibility to enrollment of services.

Third component. Are the breakdown managed care component, mail out details, moving forward with procurement and welcome comments on that in the more details section.

And we talk about state core and, trying hard to be in as much communication with state core as possible and offer opportunities to give us feedback.

And last section, talks about, (Inaudible) as well as, regions and timelines. We're going back a slide, apparently we were muted during a time period.

I'll go through this slide again quickly, I apologize for this. Governor Wolf did a press conference where he announced plans for improving programs services Pennsylvania vulnerable citizens in the office of long-term living, the most vulnerable

citizens are those individuals with physical disability and older Pennsylvanians.

In June, for the next month and a half we received over 800 comments.

Held 6 listening sessions across the commonwealth and all of that feedback that we received during that time period, provided us with tremendous amount of information, built in for and used for the concept that we did yesterday.

Again, the concept paper is, can be found if not looking at it, if you haven't seen the, it can be found at DH website, there is a button the website you can hit that says, says community HealthChoices and take to our website where the concept paper a located.

We have 5 goals.

First goal enhancing opportunities for community based living. This is important goal for us and it is one that we are committed to, one of the Hallmarks why we're doing community HealthChoices and o excited about the fact that the name that we decided upon is community HealthChoices. Because really, puts the spotlight on the fact that we are working towards providing more services in community.

We entered through the process, will have improved person service planning, more community based living options, become available, we're hoping that in this concept paper, comment period people give us ideas what they might be and in addition to our services that we provide, we look for ideas in even innovation and hoping that people come forward with new ideas for really supported people and their preferences and, areas that people might care about for example, employment, we really welcome communities how we actually achieve that. We'll be building performance incentives into the program into our quality oversight and payment policies and hope by doing that we stimulate a wide and deep array.

Second goal is to strengthen the long-term services and support.

Includes Medicare and Medicare. This better coordination of Medicare and

Medicaid help services and long time services support. Really, system easier for people to use, and easier for participants to use and easier for those who provide the services to be able to do so. And we, do believe this will result in better quality of life, improved health outcomes, improved safety for people and equally important to all of them and, wrapped up in this is the well-being of participants in program.

Our next goal, goal 3, enhance quality and accountability. Our community, community HealthChoices, managed care organizations we will expect them to be accountable for outcomes for our populations and people that we serve and community HealthChoices, we want them to be responsible -- for overall health and long-term services for the whole person. Quality of life and quality of care, in addition to that, experience of care will all be measured and -- we want to make this a transparent process. We might get participant information to make informed decisions through the process and giving them enhances access. We want to advance program innovation, I talked earlier about the idea of innovation and services.

We want to have more creativity, innovation in the program, so that, both providers and managed care organizations can work toward expanded an increased community housing options, improving and enhancing long-term services for direct care workforce, enhancing the quality of the work that they do while also enhancing their work experience. We want to expand use of technology, we think this is critical as we moved into managed care environment, technology is going to be really important in our system.

We also want to expand employment among participants who have employment goals. So employment and access to employment. Particularly with younger people with disabilities, but we hear more that seniors want to work, we want to consider employment as a goal as well as we think about program innovation. And the last, area that we are, for community HealthChoices, increase

efficiency and effectiveness of our program. We anticipate community HealthChoices will increase the efficiency of health care and long-term services by reducing, preventable admissions to hospitals, reducing unnecessary admission to emergency departments, by improves people's outcomes, if they do end up in a rehab, nursing facility for rehab, that they don't get stuck there, and we want to make sure we do community based services as much as possible.

We plan on doing a lot of managed care organizations with health promotions, around primary care and home and community based services and access to these really 3, 3 critical, goals within community HealthChoices is going to be front and center to what we're doing with community HealthChoices.

Next slide, I'm going to let Kevin,

>>> Thank you, -- (Inaudible) perspective of program participants, includes eligibility enrollment. And means the people who are eligible for the program. Cover benefits and coordination of benefits. The structure and provider network.

Chronically impaired, participants and comprehensive services.

>>> The program is designed for those who currently reside in nursing facilities who say is paid for by medical assistance. Includes those individuals receiving services with living waiver, or community based waiver and over the age of 21, individuals under the age of 21 currently receiving services in a long-term living community based waiver will be grandfathered into that transition into the program. And also be for Medicaid only conference for those receiving or need for long-term services and individuals with full Medicare and Medicaid conference. Individuals normally referred to as eligible and those eligible in need of long-term care services and support.

This population does not include (Inaudible) will be carved out of Community HealthChoices. And program will include, I'm sorry not include the state

veterans (Inaudible). Eye individuals included, will, (Inaudible) and, --

>>> The sound is static yi.

>>> We will have a type of what we're calling intelligence (Inaudible) it help people into managed care organization or MCO.

If a person is enrolled any a special needs planner, -- the person would be assigned into a (Inaudible) community health choice plan that would match with their special needs, Medicare advantage special needs plan. The program is going to include existing services such as health benefits specified in the state plain. And also long term services available either in the state plan or home community base services.

>>> Additional services, available to program include modification and this program, continue to offer -- that would include the agency model where, agencies involved in working the efforts of participants or in the way they interact with their personal care assistant. Would also include the what we call consumer directed model. The individual participants, -- and also going to continue, the Services My Way program, the Services My Way program allows for authority, for the individual participant that extends beyond consumer -- consumer direction.

Will continue to offer array of services -- transition.

>>> A little more detail about provider network standards and also (Inaudible) care. The community HealthChoices program, plans to follow the HealthChoices standard, that includes, services associated hospital, specialty clinic, trauma center, facilities for (Inaudible) and neonatal, orthodontist. Physicians, pharmacy, emergency transportation, rehabilitation, nursing facilities, health providers, (Inaudible).

Provider networks must be designed to be able to import all the different choices available of that service mentioned. Community HealthChoices are required to cover medically necessary services, additional network capacity.

And, and discuss continuity and care, bear with me one second --any willing qualify employer will included in the MCO, participating waiver, provide for 6 months.

And individual who's are currently residing in nursing facilities, at the time when, (Inaudible) area, into the Community HealthChoices program, have option to continue to reside in nursing facility for in different period.

Quality assurance and comprehensive services. We planned within Community HealthChoices, with the way the plan interacts with provider, key component we'll measure, accessibility, available of appropriate services for within the network and, the and quality of care -- other -- standing access to affordable accessibility houses.

Integrated employment, development of long-term services for direct service workforce and (Inaudible) use of technology.

Again, mentioned all of these areas are, goals of community health choice program, we're calls comprehensive services an looking for build in associations with these services with CHO's across the state.

We'll, use the suggestions as we continue to work with the managed care organizations and, the providers in the development program.

Network requirements. -- as you see on the slide, network plan includes, for developing network with the plan include network adequacy, maintenance, contract negotiation, selection, provider and training, important part of program, and we want to make sure providers participating have a strong understanding of participation in managed care program and with managed care plan. And looking forward to expanding opportunities for training for participants so they understand the benefits of program pry for them. Continuity of care provision, provision for transition into CHC, and on going transition, in the appeals process and protocols associated with, what need to do to appeal service that, they believe necessary for

their care, and, quality management, record keeping, and some key changes that we would see in the way that network developed, that, the CHRH organizations will be evaluated on ability to perform these standards as part of the agreement.

Participants in a given region, whether the services are rendered is something we will look at closely.

There's a lot of detail and all referencing in the concept paper and looking forward to comments.

We want to have people participating in the webinar, ability to hear components of program and offer suggestions as we close out the webinar.

Quality assurance, to cover quickly, improving health and functional, and doing all we can to prevent deterioration and decline. The MCO's, we'll have, quality management department that's within the construct of the program itself and, expected at this point that they will be a required, to establish and maintain same quality associated with quality and long-term service support in addition to any quality features they may have for the fiscal health services and, must be designed for it. And improve accessibility, available and quality of care provided. And we want -- (Inaudible) innovation as well.

Some points, we were planning, part of our management, planning to (Inaudible) profiling, improvement projects where ever possible, also, focusing on pre convenience standards including MCQA accreditation and, -- to ensure our quality standards are being met by insurers and providers.

So, with that being said, we'll move into, hand back over to Jennifer, what we've done.

>>> Thank you so much, Kevin that was a quick walk through of our 50 page document, thank you so much.

We have been an hour left here and I'll do a few more slides and then open up for questions, we're hoping that you started submitting your questions as

we've gone through and we will just be reading them off, and, attempting to answer them, once we can answer we will, the ones we want we'll get back to you.

So the engagement process, I mentioned this earlier, we really are working hard to have this a public and open process and committed doing so. We also welcome your feedback on additional ways that we can engage stakeholders in a more meaningful way.

These are the things we've done so far that we have committed to, but this is not the end of story, we welcome additional ideas how we get feedback.

I'll start with the public meeting.

There's a check on that box, because we did the 6 listing sessions across the state. there are additional opportunities have public meetings as we go forward and I will give you an example of one of a meeting process that we have engaged with the collision that representing seniors across the state. We have been doing community conversations and going around the state, in Philadelphia, these community conversations what we're doing, senior groups have brought, have identified and they've helped us, and identifies places around the state where seniors may go, senior centers, senior high rises, nursing facilities, adult center, these are places that seniors are likely to go and last week in area in Pittsburg, and today in Philadelphia, when this coalition came to us with this idea, we said, sure we'll go out and talk with senior beside that.

Although the check is there it's always ongoing process we're committed to. The next could column is webinar, third Thursday, we established. This is third Thursday, and, we will continue to conduct those for as long as their needs. We anticipate, really hopeful you're providing us with feedback on what you would like to be covered in those third Thursday webinars, today we've kind of naturally been using them as ways to communicate with you about the public about, our -- where we are in the process and giving you feedback from where we have come so far and our

anticipated next steps. That's been happening naturally, but we also welcome any kind of topics that you think people who are attending webinars might want to hear. B we're doing special interest webinars when asked and they're focused on specific topics.

At the end of the month I believe we're doing a webinar with provider credentialing. That's the things we're thinking about in terms of special interest webinar.

We have open feedback, we're developing, the first one how to -- we're using Community HealthChoices mailbox. RA-fen (Inaudible) at PA.gov mailbox. And so that's how we're sort of receiving feedback, but also trying to do something that's a little more focused on key program documents as we (Inaudible). An egg will be in the future as we start developing materials to inform participants, we will likely want to get feedback on those kinds of documents, possibly doing focus groups but attempting to figure out how to get feedback and how to make these documents useful, user friendly.

Last column is advisory group (Inaudible) that committee of the medical assistance advisory committee, federally required advisory committee process for Medicaid. That's is met one time. They're meeting tomorrow and after that we have our schedule of dates published on the DHS website and acceptable through the (Inaudible) website.

We are also convening topics specific advisory group as they come up, that will be important to us, as I mentioned materials that speak to consumers and -- there are other topics, specific advisor group that's we anticipate and welcome your ideas what those might look like and the, last advisory group that's I want to talk about here and this again, is an opened process, so if we're missing the boat on anything -- please, get that feedback to us.

We will be building into our -- our procurement for the managed care

organization, which will be coming out later this year, we'll be building into a requirement that the managed care organization convenes and participant advisory committee. That's important to us. That's something we learned not only from other states but in talking to some of the managed care organizations, something they find useful is to find (Inaudible) advisory group.

Next slide, really talks about, timeline, I am going to go back to Kevin and go through the regions and then talk about our specific timeline.

>>> Thank you, so the next event, for this program is release of RFT, this point planning to release the RFT for the Community HealthChoices MCO's November 2015. That will begin the process of, developing the program for this statewide roll out. As mentioned in, discussion documents, planning to do a pre phase roll out. First of which will be southeast, 14 counties, health choice in January 2017 and we'll have, second phase in southeast, and that 2018 and third base is remainder of state, January 2019. While we're rolling out these phases, there are 11 events taking place, include, working with the managed care organizations, (Inaudible) provider network, also working with providers to educate as much as possible, the meeting and transition, make sure that they understand all of the choices that are made available to them and, what they will need, for their community hell choice MCO's, very active next 4 years, next event half we receive the comment from the concept paper in October and after we, incorporate them, request for proposal in November, 2015, we're actually then, (Inaudible) managed care organizations and setting up their network and make sure that participants, go smooth as possible.

This map represents the different zones as mentioned. The 14 counties -- counties in southwest is the first phase, to the far right, the 4 sorry 5, sub eastern counties in blue, represent the second phase.

And red, green and dark blue, represent the third phase. These zone are

(Inaudible) that they are right now and vision of program wants to be in alignment with the physical outlay, with geographic configuration as much as possible. We hope will achieve that goal.

Key dates, more specific dates, for your information, key dates included in the concept paper, mentioned October 16th date, trying to, concept paper (Inaudible) November --

>>> Not working?

>>> I'm going to bring up the dates,

>>> What slide are we on.

>>> Bear with us for one second.

>>> Here we are. Sorry about that.

So we're going to be releasing tentatively scheduled for November 16th 2015, these are tentative, we're expecting to accept, accept questions on November 25th. Have pre proposal conference December 2. And answer technical questions either from the proposed conference, we have deadline in January. Rest the date are tentative in relation to roll out and we're expecting continued work through these dates to meet enrollment date. With that being said, we're leave thing open for questions at this point.

>>> So we have, several questions already submitted but we welcome you to submit additional questions, as we go through these question that's may prompt you to ask additional questions, how do they -- type them in as mentioned in the beginning, there's a cue for you to type them into and we'll receive them.

Our first question.

How do you reconcile the goals of the program while remaining conflict free which is the backbone of the current program for so long?

>>> I would say that the goals of the program are very much reconciled with the idea of conflict free. It is one of our goals and certainly something that CMS

has been promoting, we the state are promoting the whole idea that things are conflict free, and that is truly one of our goals within how we're doing, Community HealthChoices.

>>> I would add, there's opportunity in the managed care configuration to enhance opportunities for providing conflict free services and we'll take every opportunity to do that, it's part of program design.

>>> The concept paper is silent on the definition of what is needed be for services, how will, the, final rule be incorporated if at all into the definition of community base services, for example assisted living does not qualify for A (Inaudible) setting.

We use current definitions and dusting them off and making improvements as we he reconcile them with the final CMS final rule that came out last year, we'll really be focused on making sure that we are in alignment with that final rule, that final rule is something, is something that the state values as we believe that, people should be living in the most integrated setting, and, therefore, we, we'll be using our current services definition to the extent we can, but we'll be making changes to some of them so that final rule is really respected well in the new service definition.

The question about assisted living does not qualify as (inaudible) setting.

I would Pennsylvania is unique position, we have, does equal for ABS setting, if you look at our current assisted living regulations, you will see much alignment with the characteristics that are laid out in the preamble of the rule and I this think there's a lot of opportunity for Pennsylvanians, the fact that our assisted living regulations really help us in terms meeting those regulations, those regulations.

>>> What is your concept of o how or what, (Inaudible) will form assessment and service coordination. I will start by saying those 2 activities will not be provided by the same organization. That is, that is a conflict free, as the concept paper mentioned, our assessment, when I say assessment what I mean by that is, is

our clinical eligibility assessment. Clear on the concept paper that will be performed by a conflict free entity. Our service coordination, turn service coordination over to you.

>>> Managed care organizations, service coordination's the managed care organizations will be overseeing coordination services, under umbrella of services measured in and paid for by the managed care organizations. So entities that currently provide service coordination with contract, contract with managed care organization services, -- the another type of assessment discuss \$, is needs assessment. It's, in Community HealthChoices model. Unlike clinical eligibility. Needs assessment managed by the managed care organizations as well.

>>> Eligibility -- will adults who have dual eligibility and long-term services and (Inaudible) needs and understanding facility clinical eligible, and are not currently served in the ODP system --

>>> The way that, very good question, the way the is going to structured, individuals are, eligible for ODP service or program, they're going to be carved out community health services.

If they're eligible for services, if even not receiving services by an optimal development program, they are eligible for services and, they would be carved out the program. So it depends on the individual themselves, individuals needing long-term serves and support. Regardless of diagnosis, may be, Community HealthChoices depending on their needs. It's a good question, and good follow up question, and depend open truly on the needs of the individual. The participant of the program, of specific population and going to be determining whether eligibility will be for Community HealthChoices, thank you.

>>> (Inaudible).

>>> We have questions, can adults over 55, who have dual eligibility in LTSS needs and (Inaudible) not dig sis and not currently served in ODP system, and

choose life service model. What's different about this question, the question related to life service model. Some of the HealthChoices, LIFE Program, called the (Inaudible) it currently designed for people who are over the age of 55. And, nursing facility clinical eligible. They, they, the type of enrollment for this population is generally like program. Again, why Community HealthChoices, depending on needs of individual, it's going to be participant specific, good question. And, people (Inaudible) have a specific way that they want us to have this articulated in program itself, we would appreciate the comments.

Generally it's if their eligible for (Inaudible) developmental program or waiver, they would be carved out of the program. Thank you.

>>> Okay, concept paper, references financial determination, but, thus explain waiver income qualifications that is 300% of the federal poverty level will be removed to create a level playing field between (Inaudible) and institutional care. Could you clarify with income over (Inaudible) would be eligible, under community HealthChoices.

>>> Our current thinking is yes, the 300 probably will still be a lied to program with people who would be enroll anything the program (Inaudible) and rationale behind that, emphasize how much community bases services, what, we are submitting this concept paper to center for Medicare and Medicaid services and they may weigh in on that program and looking forward to hearing their comments as well as your comments as we continue to go through that direction.

>>> Under CHC who will be responsible to the 3 target groups for people in need of applying for nursing facility services. Several different entities, they include, certainly hospitals, discharge planners, nursing facilities, and, agencies on aging, in our current, we haven't, we aren't anticipate changing that but welcome comments on what you recommend in terms of improving our (Inaudible) process. We have spent the last several years, a lot of times with the centers for Medicare and

Medicaid services who are work to go make improvements in the PASR process, we'll roll out a new PASR enrollment form I believe that's in January, so making improvements prior to the roll out of Community HealthChoices and I believe we're going to conduct a number of webinars in the next few months that you'll be hearing more about.

That's specific to the new, evaluation form. PASRID is the area, that we're looking for feedback on who should be completing that.

Under CHC people in nursing facility continue to receive specialized services.

>>> Yes, required by law, if so by whom. We welcome your communities, it potentially we can provide them through Medicare organizations or we could, managed care organizations to pay for them, or potentially subcontract for special services in, as we do in our one of 3 offices.

And that's long-term living.

>>> The cost of are -- support clarification will be in place -- (Inaudible) going to require a shared model, coordination and required managed care organizations to work with, community service coordination providers.

We are not going to require managed care organizations to do that, but it certainly is a possibly that's in the best interest of managed care organization if they contracted with the service coordination entity, so, I would recommend that those entities, be, communicating with, developing relationships with, managed care organizations that are in their region.

>>> Are current service coordination entities, considered providers, and the cost of paper definition of provider when discussing 6 month continue waiver the services.

>>> At this point is seems managed care organization will be engaged in initial stage R stages of developing the service plan for R participants as quickly as

possible.

Care provision, will be working with existing entities to, (Inaudible) we would love to receive comment from service coordination (Inaudible) to be able community to provide them for these programs. That in this, in the transition we would love to hear from FTE's on how they would want to relationship to work, contract provider for managed care organization.

>>> Managed care organizations will need to be familiar with the scope of practice when it comes to nonmedical personal care, this will be necessary when enhancing quality and accountability. We could not agree more, that is going to be a very important part how we measure our quality, measure quality within the managed care environment and we would recommend that the commentator, provide us with any details, suggestions for the areas that they should be familiarizing themselves in that scope of practice, expectation. Or standards. So, please, provide us more details, suggestions on how that a managed care organization would be able to do, incorporate that and be familiar with that.

Just to confirm from day one for each region, will every Medicaid approved resident, residing health care nursing program, be enrolled in C.

>>> Yes, enrolled in Community HealthChoices from day one.

>>> August 20th webinar it was announced requirements document currently to CMS for public comments, has the document been submitted to CMS, yes. If so, is the document that was submitted one and the same document that is concept for public comment yesterday.

>>> I believe, yes, it is. I believe August 20th webinar we were still anticipating 2 documents, requirements document and concept paper, that has gone into one document but much more detailed concept people we issued yesterday. If there's confusion, requirements document and concept paper have been combined into one document and that was what was submitted to CMS, it's not the same

document as concept paper, will the document -- so I already answer that's.

OLTL plan to release information received from the discussion document and include information about what recommendations were rejected and why.

>>> At this point we have not released detailed information on the comments it received through our discussion documents, but we are, working through completing process to potentially recommend they be issued, if these are important to you, I would recommend that you submit those recommendations to us through the RA mailbox.

>>> What will happen at that 6 months.

>>> So depending on the question relates to con fin knew it of care period. 180 days, individuals will continue to receive continuity of care, with their providers during that time period.

During that 6 month planned period unless providers that are currently providing services for individuals do not contract with the MCO's, with them, the participant is enrolled, those individuals would be transitioned to contract provider with manager. Individuals, (Inaudible) to our residing in a nursing facility, (Inaudible) in the Community HealthChoices, is, residing in nursing facility, they will be able to have access to (Inaudible).

>>> Will MCO's be prevented from providing services to.

>>> MCO's will be required to provide through a subcontract a both home health and home care, these are key services under our home and community based delivery system and these services will not be going away, they will not be providing those services themselves as a managed (Inaudible) organization, but they will be, contracting to provide those services. That's what managed organizations do, but those services will not be going away, those are foundational services in our home (Inaudible).

>>> What will happen after that?

>>> I'm not sure, the question is, MCO's will be prevented from providing services? I think that's JEN has answered the question, they are core services for Community HealthChoices.

>>> MCO should accept all providers that meet the deadline and not have a blackout enrollment as many do now, and that we have seen in many states, when will be done to protect the hundreds of businesses of being shut out.

>>> So, managed care organizations there will be ample opportunity for providers to contract with managed care organizations. Managed care organizations and it will be a framework of standard that managed care organizations will need to follow to ensure their building a network of qualified and quality providers to program. I am not sure that I understand the term -- blackout for this program -- especially in the beginning of the stages of the program, there would be expect station, they will be aggressively looking for build up network with qualified providers.

Qualified providers have responsibility to work with managed care organizations to present themselves as viable entity for participation in the program. The point of managed care is to build up and expand access services in the best possible -- participants should be serve receiving.

And they will know what's required them and work with contract providers to make sure that goal is achieved.

>>> What is structured day habilitation. This is a service provided primarily to participants in home and community based waiver that services people with brain injury. It is a, I'm probably not the best person to describe it, my understanding is and we can get more specific definition and accurate definition perhaps, my understanding is that it is a similar to adult day service people go to structured day provider, and they learn life skills. They are, in a particularly important for the brain injury community, they are taught the kinds of life skills they may have gone away during, because, as I result of brain injury, so they're re-taught

things like you know, operating within the context of opening and closing refrigerator to the things that we do on eye regular basis that we take for granted.

It is a day program that is structured to teach and to kind of reintegrate people with grain injury back into the community.

>>> Supported employment is a service that is provided so that people with disability can go to work and they can go to work in integrated setting regular work. It may involve supporting people to you know get to work, once at work to assist them, in their work functioning, perhaps when I was in a former position I had somebody who used supportive employment and they did coaching of the individual that was in supportive employment. It's really to help people with disabilities who may need extra support to function in a work environment.

>>> Continuity. Is meant to ensure managed care organizations have ability to manage network of their development. So if -- most likely if contractor provider, (Inaudible) managed care organization and come to terms with appropriate rate structure for the services, then I think that question would be resolved. If, if, the managed care organizations part of this model have the ability and the control over the network they're developing, but also interested very much and very much interested in recruiting qualified providers and coming to terms with appropriate payment structure, as long as providers in manager care, come to terms, that will be answered through the negotiation process.

>>> Has the state decided who will be designated as the assessment entity for Community HealthChoices, if so, who.

>>> The state has not decided -- we welcome community on that, although one thing we decided it was a be a conflict free entity.

>>> Can you, please, provide more specific clarity on conflict free.

>>> Conflict free, really for the state and our understanding from CMS is that the services that are provided are not in conflict with oh, services that are

provided. And an example might be somebody who is enrolling someone into a service program, say health home agency is the same entity as the home health agency, that would be example of conflict. So we want to have I a separation of roles as we move forward into Community HealthChoices.

>>> Why is there such a rush for implementation when admittedly you all said this is aggressive.

>>> We are, we are very interested enrolling is out over the next 4 years, 3 years, start anything 2017, ending in 2019. We, while we believe, I know I personally, I don't think, I do think we have a lot to do in a short period of time but I think and in talking to our partners in state government who have done a lot of work to roll out, HealthChoices and behavioral HealthChoices, that it's doable. We believe support of partners and government that have a lot of experience in the area of managed care that a doable timeframe.

>>> I would add, add it may seem like a long timeframe, but we're building a lot of infrastructure, and building from a lot of other states, and we know it's doable.

>>> Concept paper still lacks a lot of needed detail and leaves questions unanswered. Gives much of the development to managed care organizations, without consumer input. Some of concepts identifies aren't mentioned in the concept paper, for example, awe (Inaudible) once is benefit begin, how will meaningful stakeholder be used -- before I go on to this next question I'll answer the first question.

>>> If you see that concept identified in the discussion document that aren't mentioned in the concept paper but are important to you, you urge you to submit them. Much of what we did in the concept paper was based on feedback in the discussion document process. So if you see anything that you think, saw in the original discussion document but omitted, please, submit them to us, and we will

reconsider them.

Having provisions then abandoned. (Inaudible).

>>> If you look at the, we've been doing a lot of analysis on both proposed CMS regulations in this regard as well as, in the feedback we received, I don't know that the world (Inaudible) services is not called out in the new concept paper, but I don't think the actual idea of ombudsman can do has been abandoned completely, we have a lot of participant protection, we do have our long-term care (Inaudible) which we continue to be part B, made available to those people who are living in settings that those services are available to you. I would not say it's been abandoned, I guess we just didn't use this term.

>>> Right, point out, that service itself, you, would like comments, submit comments that -- and some ways does not duplicate services that currently exist in the entire service environment. That's something we would be very grateful to receive and to move forward in the program. Thank you.

>>> Once the procurement begins how will meaningful stake hold input be uses, or utilized.

>>> The concept paper you see before you does lack, really significant details, but it leaves opportunity opened for continued dialog and input on what the community and Pennsylvanians want to see in it. We did not want a lock ourselves in and part of reason, the concept paper has still, still has room for comment and we have made a lot of decisions in that regard. So we, urge you to continue to provide us with the details that you would like to see as we move forward with the procurement. Once the procurement process begins we're under our procurement process rules and do you want to say more about this? We do go through a block out period once we start engaging in that process.

>>> Right. The concept paper is a program designed document, for public comment. Does provide opportunity to provide specific details of the

framework, or suggestions in way the framework can be I improved. When we get to the actual construct and draft contract, that enters in the realm what we need to do for the (Inaudible) I'm not a lawyer, but we have a prescription on the way we can communicate within that process. When we get to that level of detail, there are limitations on public comment. So, the document designed to really facilitate that dialog with our of our (Inaudible).

>>> The procurement process typically means the end (Inaudible) to make any stakeholder's requested changes.

There should be one other opportunity for stakeholder's to provide meaningful input.

>>> We'll take that under advisement.

>>> On behalf of meals on wheels, can you give us overview how local programs and provides will be impacted.

>>> We view Community HealthChoices as opportunity for local providers and urge you to reach out to and managed organizations in your airing area and begin conversation about the service you provide, we view this as an opportunity.

>>> Well managed care organize be allowed to, (Inaudible).

>>> The answer to that is yes?

The (Inaudible) 3 statewide fiscal manage entities and/or services, it does not state, but I assume one independent enrollment entity statewide, why not regional, wouldn't that be more efficient and effective.

>>> Unfortunately we are in active determent features, not in a position to be able characterize the outcomes of that pros at this point. The 3, speaking of since not in procurement yet, the goal of the 3 statewide (Inaudible) is to provide choice for participants. Clear requirement in finance management and service program is have regional presence. When we talk about regional presence we're talking about opportunity (Inaudible) we received a lot of that feedback through

listening sessions and through stakeholders and looking for every opportunity to ensure management service provider has presence that people can access directly and also provide opportunity for our, 4 o our participants have choice.

>>> (Inaudible) we have about 10 minutes left for the webinar and questions continue to come in. I was pointed out, a suggestion, a question that I kind of, view as suggestion -- will there be a webinar on the comments to the concept paper, I think that's a good idea, and I think that might help us as we, as you hear we will not get to your questions because we have a boat load of them in the next 10 minutes. So if your question so not answered here, it will be answered on the next webinar, we will, perhaps take under advisement the idea of doing special webinar on concept of comment's paper so we can get that in the timeframe of receiving comments.

>>> When does the enhanced (Inaudible) earned through manage (Inaudible) person.

>>> That's unrelated to Community HealthChoices better say, but it does end at the end of calendar year, 2019.

>>> Will intelligence assignments include life as option.

>>> Good question, community health program is mandatory program, LIFE Program will not be part of the intelligence assignment. It won't be. The intelligence assignment will be more, people with life options, it's voluntary program, will be an option, (Inaudible).

>>> What is the (Inaudible) for long-term services, that means going forward.

>>> That is posted on our, it's monthly, and it is posted on our website, the person who asked that question, I do have your e-mail and I will make sure that I send you the link to that.

Make a note of it here.

>>> Will all (Inaudible) of healthy consumers be included in managed Long-term Services and Support program.

>>> We'll have to research that. I have, a strong feeling the answer to that question -- we will respond to the person that is asking that question, with a specific answer.

>>> When does commonwealth plan on releases RFP, -- (Inaudible).

>>> Planning at this point on releases professional proposal tenancy live, tentatively, roughly same time releases request for proposal for Community HealthChoices November 2015.

>>> When and where can we download these slides.

>>> These are be posted to Community HealthChoices website. And I believe, -- in 72 hours.

>>> I would say a week.

>>> These slides and transcript will be posted within the next week and on the Community HealthChoices website.

Okay. We have repeat question, because we were not clear, I guess the audio is not clear.

>>> Audio is not clear on answer to eligibility with consumers of over 300% --

>>> Up the eligibility limits at this point the plan as far as, approval of plan this point.

(Inaudible) will still be using 300% of the, of the eligibility, so, financial eligibility and currently for how many how many community bases services will remain the same. Again, this is contingent of approval from Medicare and Medicaid services and this, is focused on, supporting effort of the program to be emphasizing community home services.

>>> Looks like we missed one question.

If managed organization tried to contract with existing service coordinating agency will the state deny the managed secure program for the.

>>> I don't understand the question, so I'm going to make assumption that -- that, -- what, you're asking, whether or not, (Inaudible) organizations develop a plan that is a plan developed by the prior service coordination entity, will the commonwealth deny that plan. At this point the managed organizations as part of their program they're going to be managing the plan, so managed care organizations will be entity determine what plan is appropriate for the participant along with the participant's team. So collaboration, and the assumption, with coordination (Inaudible) provide service coordination is the plan to develop that service plan entity, (Inaudible) static, -- team, and if that's plan is appropriate that plan will be acceptable, not something by managed care organization.

I'm hope I answered that question.

>>> I think, what you're asking is, if you decide, if the managed care organization decided to contract with an existing service coordination entity or agency, the managed care organization could certainly do that. Same thing that Kevin talked about holds true, and the question is will the state deny managed care organization plan for service coordination if their plan was to use service contract with the service coordinator we would not deny in a, that's up to the managed care organization. We sort of took 2 angles there. We have 3 minutes going through a couple more and we will have to, go through the rest of these questions and, post them on our website.

-- when and where will we be able to download these files. Again, off our website, in the next week.

What roll will the existing service coordinators play in managed long-term care support.

>>> I think we talks about service coordination entities should reach out

to managed care organizations and talk about the work they do, but there is a roll in continuity of care.

>>> So the existing service coordinate willing entity will be part of (Inaudible) process and that will be a conversation wen the service coordinator entity and managed care organization.

With the role, of entity in general and Community HealthChoices, I think, viewed as central component to the way Community HealthChoices will be administered by the managed care organizations and, terms of coordination will continue to expand in way to coordinate service as cross spectrum for participants (Inaudible).

>>> Just one clarification for those individuals lo looking for copies of the slide, at the bomb tomorrow of webinar screen, there's a box that says handouts.

If you click on that box, the slides are there, you can either print or save them from that place as well.

>>> Okay, great, thank you.

>>> How can we ask intelligent questions when we just got the paper today.

>>> We are, it times wise it just turns out we issued the concept paper yesterday and webinar, we decided to use the webinar in order to (Inaudible) walk the public through, what's in the concept paper. We expect to receive questions and comments for the next month, there is a 4-week comment period, anybody can submit questions to us, and it, the times is just turns out that it was released yesterday and this webinar opportunity was today. Because there was a third Thursday and we didn't get our clearance to actually publish the paper until yesterday.

>>> I think the questions we've received so far have been quite good. We appreciate that very much.

>>> We had comment, -- we have this room until 3 o'clock, it is a state facility and we've been ordered to respect the people that are coming into this studio next, we're going to have to end here at 3 o'clock. We will regroup and, take a look at all of the questions and figure out the best way to respond to them, while we have this comment period opened and you'll be hearing from us at we take a look at all of the questions and figure out how to continue the conversations so I want to thank you very much for participating today, and I want to thank folks for the robust questions, number of questions that we got and for your interest in helping us get this right. Thank you so much, goodbye.