

Third Thursday Webinar 5/19/2016

>>SPEAKER: Good afternoon everyone. Welcome to the third Thursday webinar. I'm sorry we're running a few minutes late. We're working out some technical difficulties because our studio is en route from moving one place to another. My name is Jennifer Burnett and I'm deputy secretary for the office of Long Term living. I wanted to start out with housekeeping issues. We have taken a screen shot of an example of the attendee interface. You should see something that looks like this on your desktop in the upper right hand corner. The left is the go to webinar viewer. To the right is the control panel where you can ask questions. And where you can ask questions and select the audio mode. If it is a control panel -- at the control panel, if it's closed and you just see the red rectangle. Click on the arrow the expand. You're listening in using your computer speaker system by default. If you prefer to join over the phone just select telephone in the audio panel and the dial in information will be displayed and you can call in. Everyone is placed in listen only mode except for our presenters today. And you will be able to hear the webinar presenters. But you will have an opportunity to submit text questions to today's presenters by typing your questions into the question panel of the control panel. You may send in your questions at any time during the presentation. We will collect these and address them during the Q and A session at the end of today's presentation. So with that, I'd like to move to, again, this third

1:30-3:00pm Office of Longterm Living Transcript

Thursday webinar is going to cover information about the HCHC and our update. We'll also be covering information about what we're doing with readiness review. And as well as some of the foundation meetings we have been working on. And finally, the bulk of our presentation is going to be covering the -- what's happening with our independent enrollment broker. If you could hold on for just a second, I'm making sure we're not having any technical difficulties.

(Pause).

>>SPEAKER: Sorry about that. We were trying to -- it didn't

look right to me so I had to put you on hold. I want to start out with some our updates and then turn it over to Jenny Rogers who is the bureau director here at office of Long Term living, and participant of operations and she is going to lead us through the presentation on the independent enrollment broker. So starting out I want to talk about the procurement. And where we are with the procurement for community health choices managed care. Those proposals were due on Monday May 2nd at 2 p.m. and we have a team of reviewers reviewing all the proposals that did come in. There's a lot of interest. We have a number of proposals that were submitted. And 14 managed care organizations actually submitted proposals to us so we're really excited about that. The department really does believe that competition is actually good and we'll end up with some good solid proposals.

We are planning to notify the selected offers by the beginning of July. And that will signal the beginning of our contract negotiations with selected officers.

Some of CMS authorities we're under taking starting off with NIPA which is the three way with the government and dual special needs plans.

We are -- as I said in past webinars we are using the NIPA contract to enhance coordination between Medicare and Medicaid and community health choices. It will take time. But our NIPA contract is a solid way of being able to coordinate and require coordination between Medicare and Medicaid.

The NIPA agreement was posted for public comment and we're in the process of reviewing the comments and updating the agreement.

Next we'll talk briefly about the draft community health choices waiver. It is currently posted for public comment on the community health choices web page. You navigate to the web page through our website through the Department of Human Services home page which is WWW.VHS.PA.GOV. Once you're at the home page of VHS on the bottom left hand side you click on CHC and go and look for waiver application under related topics on the right side of the screen. It was released on April 22nd and the comment period closes on May 23rd. Comments may be submitted in a variety of ways and more information can be found on the waiver application page. So we can walk you through how

to send comments to us.

Although we received only a few comments to date we anticipate more comments toward the closing of the document and usually in the last two days we get the biggest volume of comments coming in.

We have set aside 3 solid days with a team of people to review and organize and analyze all those comments and we're looking forward to getting feedback from the community and stakeholders because we believe that it makes a better product. Next I'll talk about readiness review. We are working closely with our partners in the office of medical assistance programs who are actually -- the folks in office and medical assistance programs are currently gearing up to do the readiness review for the health choices procurement. So we are shadowing those staff and learning from them and we are looking at all of their models and their forms, their processes et cetera and we're also taking a look at a number of similar documents from similar states that currently do MLTSS so there's a wealth of information that our readiness review team is kind of putting together to be able to ramp up our readiness review process. We do the L map staff has been training our folks, people that are working on readiness review. And we also have a chance to shadow them as they go through readiness review for the traditional health choices NCO's.

And talk about briefly foundation. We have been working with Pennsylvania collaborative and had several meetings in southwestern Pennsylvania where community health choices is rolling out in 20. And through several foundations in the southwestern part of the state they continue to mobilize the local community and have put together, for example, they sponsored an MCO meet and greet with local folks from the 14 counties in southwest PA. So they're pretty far along in doing that. The second meeting we held was several weeks ago with Montgomery county. So thinking ahead to 2018, we're starting to do the same thing in the southeast part of the state and we're going county by county to the five counties in southeast Pennsylvania. So we had Montgomery health sponsored a number of weeks ago and we had one in Chester county on Monday, I would say about 75 people at that event. And it was a nice mix of advocates, center for independent staff, area agency on ageing

staff and providers and consumer advocates. We have one scheduled for tomorrow in Delaware county. It's from 10 to 1 on Friday May 20th. And that will be sponsored by the independence foundation. And the location for that is Delaware county community college which is in a large auditorium at the academic building which is out at Delaware county community college on media Kline road. That's another opportunity for people in Delaware county to learn more. We also have one scheduled for Friday June 3rd from 10 to 1 as well in bucks county. And that will be held at the commissioners meeting room in bucks county administration building which is at 55 east court street. And lastly for southeast we have our Philadelphia meeting sponsored on June 13th. More details to be decided on that one. I don't have a location. But Monday June 13th is the time we're doing it. I wanted to make sure folks were aware of that. We did do an announcement from secretary Dallas and secretary os born a few weeks ago after we received the 14 bids for managed care for community health choices. And that announcement actually lists out the 14 bidders. So you can find that as well on our CHC website.

With that, I'm going to turn it over to ginny rogers who is going to host discussion about Pennsylvania independent enrollment broker.

>>SPEAKER: Good afternoon. We put together for you today a three part presentation. We wanted to talk more about the independent enrollment broker. Current activities. We also wanted to talk a little bit about changes that are going to be occurring with the role of Maximus as our independent enrollment broker. So I would like to introduce to you Barbara SULTR. She will be going through a presentation and gives you more information about Maximus and experience with the population and also the role they had in Pennsylvania for the last several years and their experience. Following that presentation is going to walk us through our current, and I'll talk about our on going process with the advent of community health choices. Barbara you are going to start. Are you here?

>>SPEAKER: I am here.

>>SPEAKER: I can hear you.

>>SPEAKER: Okay. Good.

>>SPEAKER: I believe you can now get started.

>>SPEAKER: Okay. Thank you so much for the opportunity for presenting about Maximus today. I am the national market lead for Long Term services and support. In that capacity I have had the great pleasure of being able to travel across the country and to meet with a number of states who are doing the dual eligible process with CMS and have had a chance to learn a lot about what works well and what can be improved in some of these projects.

So if you can -- can I move the slides? Okay great. So today I'm just going to give a brief over view about Maximus as a company. I'm going to talk a little bit about our experience with Medicaid managed long term services and supports and the dual eligible program and briefly touch on our various projects in Pennsylvania. Next please

So we are focused almost exclusively on health and human services. We have been in business over 40 years. And have over 16 thousand employees worldwide. We operate programs for the Medicaid and CHIP programs in 19 states. And do nine of the eleven projects that are part of the federal alignment demonstration for Medicare/Medicaid eligibles or commonly referred to as the dual eligibles project. We are one of the largest independent benefit review organizations. We do a great deal of work for the Medicare programs and do Medicare appeals for part A,C, and D. Most importantly from the perspective of our work in Pennsylvania we are totally independent, free of all conflicts of interest. We are a publicly traded company which requires a great deal of transparency in terms of any financial relationships. Of which we have none with any of the managed care plans. By law under the balanced budget act. Next slide please.

So just to give you a quick over view of our health services. We help people navigate and choose health plans in six of the state based health insurance exchanges. We also provide the same type of choice counseling and customer support for the federal health benefit exchange. As I mentioned, we do 11 of the dual projects in which we do very in depth choice counseling for persons with disabilities. And persons who are ageing who are dually eligible for both Medicaid and Medicare. Across the global in the last year we have performed over 800,000 assessments. Next slide please.

So what this does is talk a little bit about what Maximus core competencies are. We spend a great deal of time providing customer support centers, particularly for the Medicaid population, but we also do it for populations that are enrolled in panels. Welfare to work programs. And other human services programs. We have a number of state through eligibility support. For example in Texas we perform eligibility support services for a number of health and human services programs. We do provide a management in which we work with providers to get them credentialed and provide customer service support for providers who work for the Medicaid program. In the long term silver citizens support world. We do a range of things. Outreach and education. Financial eligibility for the long term care program. In the Kansas clearinghouse one of our biggest areas of business is doing conflict free independent assessments. Both level one screening. But also more detailed, we do the independent assessments and the MDS HC assessment for persons seeking home and community based services in several different states. So we do this conflict free assessment in 24 different projects.

And then we do automated asset verification and eligibility validation and verification again in a number of states. Next slide please.

So just to emphasize the work that we do, in the enrollment space, it includes providing customer support center. In Pennsylvania we do both the enrollment for individuals who are Magi or what we call the typical Medicare population. But as the independent enrollment broker provide support and help people enroll in select providers. Now for the fee for service and long term services and support. We have enrollment information system. We provide application tracking and document management. We do intensive choice counseling for folks and help them select providers. Do renewals and outreach and education and in many states we develop and perform customer satisfaction surveys. Next slide please.

So I wanted to focus today a little bit on our experience which is significant in serving the elderly population and serving persons with disabilities. We perform, as I mention the independent enrollment broker functions in Pennsylvania for the under 60 Medicaid waivers and since this year we have been

expanding to include the ageing waiver. So we have been helping folks in that target population.

In New York State we operate the conflict free evaluation and enrollment center. And we do a variety of things, including choice counseling, and performing assessments of people, the elderly, persons with physical disabilities. We have been enrolling people into managed long term services and supports in New York for over 10 years. The program was optional for quite a while. It has now become mandatory since 2012. And we are assisting the state with that mandatory enrollment going forward. We also support the duals in New York State.

We operate the social security administration's national ticket to work program in which we assist persons with disability identify and prepare for employment and we help link them with employment and provide the services they need to help them gain reemployment that they wish to have as part of the ticket to work program.

Additionally we provide a significant number of health assessments for persons with disabilities in the United Kingdom. We run the United Kingdom's program for work and pensions. A program that is very, very similar to the social security administration program.

So as you can see we have been working in Texas as the enrollment broker, enrolling the elderly and persons with disabilities into the star plus program since 1998. So we have quite a bit of experience working with this population. Next slide please.

So just to give you a good idea of what we actually do in Pennsylvania. I'm going to go through this very quickly because you'll get the details in the follow up speaking. But we do operate a customer support center which is based in Harrisburg. We do assist consumers seeking nursing home transitions a go into the nursing homes and speak with those looking to move into the community. We have a field staff located throughout the state of Pennsylvania that provides enrollment brokers that go into the home and perform intake visits. And provide conflict free choice counseling and we collect and process and most importantly follow up over documentation. So for example, when the providers need to send in their certification on nursing homes that will support the Pennsylvania 600 form, we follow up

with the providers and make sure that that information is provided in a timely fashion.

We work very closely with the AAA's for the level of care determination and again with the providers for returning the forms that are needed. We also follow up with the county and state offices in terms of making sure that the financial eligibility determination is done and we are proud to say that we are working to be able to do all of this within 60 days. So next slide please.

In New York State, we have the conflict-free evaluation and enrollment center for New York State residents. We work across the state with residents seeking home and community based long term care services. We are working with individuals with physical disabilities. We are expanding the program to include individuals now with intellectual and developmental disabilities. And will be eventually moving to said populations with serious mental illness. We do both the screening. We do centralized scheduling of assessments. We do unbiased choice counseling. And we do in-depth assessments of these folks.

Our call center in New York processes requests of 14 different languages. In New York all of our assessment staff are registered nurses. The assessments we do across the country we staff them according to state requirements. So in some states we have all registered nurses doing assessment. In some states we have social workers doing assessments. So it varies from state to state based upon the requirements. And as you can see, in just the last year we have done 32,000 assessment appointments. Next slide please.

So one of the things that has been a source of great learning for Maximus is our dual alignment demonstrations. The dual demonstrations. We assist the state of California, Colorado, Illinois, Massachusetts, Michigan. In each of the states the alignment works some what differently. But we have had the opportunity to work very closely with the state ship programs. The programs that provide assistance to the Medicare population. We have worked very, very closely with the 1-800 Medicare call center across the country. We have a monthly call in which the centers for Medicare/Medicaid services and our state clients in each of the states, and the Maximus projects to have all worked together in this monthly call to discuss best

practices. And how we can make these financial alignment demonstrations better. How we can communicate better. Our center for health literacy is currently doing individualized survey calls to each one of the projects to talk about how they are working with individuals who have opted out of the demonstration to get them to re-think this. And to become more likely to select an integrated plan.

So we have developed a specialized script. And outreach materials and we are working with each project to understand better what works well, what could be improved on in terms of working with the dual population. What we have learned to far is that the feedback early on is incredibly important. Working with the advocates. Working with the individuals themselves very early on. Working with the providers, very early on is really important.

So I think what Pennsylvania is doing is absolutely the most important thing, bringing people into the process early on and communicating as much as possible. Next slide please.

So just a quick over view of our commitment and involvement in the state of Pennsylvania. We have been the independent enrollment broker working with your population with disabilities since 2010. Working with the Pennsylvania enrollment assistance project. And we have worked with healthy Pennsylvania to help launch the Medicaid expansion. Both the private coverage option and new program since 2007. Our ascend division recly acquired from Maximus, working with the office of developmental programs and again we have eligibility appeals operation very close to Scranton in which our federal position performs appeal for the family facilitated exchange.

So we have a long history of partnering with Pennsylvania and look forward to working with you in the roll out of the southwest. If you have any questions, I'm more than happy to answer.

>>SPEAKER: Barb, this is Jinny, after the presentation if you can hold on, that would be gre. I would like to introduce Amy, she is enrollment broker who is operationally working the closest with Maximus and in the enrollment broker functions in Pennsylvania. Amy?

>>SPEAKER: Good afternoon. This is Amy High. I am the contract manager for independent broker at the office of long

term living. I was asked this afternoon to provide information on the current process that is completed for enrollment through the home and community based programs. And the functions of the IEB.

They're responsible for facilitating the eligibility and enrollment waivers and office of long term living. This includes the three -- there are three areas of eligibility a person must meet.

>>SPEAKER: I was just -- hopefully this is better? Hopefully (audio issues).

I was told you had difficulty hearing me. Hopefully this is better. I'm going to backtrack a little bit to ensure everybody could hear me. The independent enrollment broker is responsible for the process, to receive services through the office of long term living.

There are three pieces of eligibility for enrollment into the program. Clinical eligibility is determined by the level of care determination completed by the local areas on ageing and completed by independent physician.

Program eligibility they confirm to ensure that an individual meets a specific target population for a waiver program, they're looking to enroll in. An example of that would be for the independent waiver program, an individual must be assessed to have a physical disability with functional limitations and the third eligibility is the financial eligibility piece. The IEB is responsibility is to ensure the paper work is completed for the county assistance office to complete the determination.

The current process for an individual with the independent enrollment broker is the first step would be that the IEB is contacted by the applicant. If the individual is -- if the IEB determines that the individual is currently receiving MA benefits. If the individual is receiving MA benefits currently they begin the process of determining the next eligibility pieces of the enrollment. If the individual is currently not enrolled in medical assistance, the IEB provides the Medicaid application to the individual and upon receipt of that completed application, they begin the next steps of the enrollment process.

Following, when the application begins the IEB immediately

contacts the local area of ageing request level is completed and sends to physician for the identified applicant to complete that form.

Upon completion of the level of care determination and receipt of the physician certification, if the individual is determined to meet the level of care for the waiver programs, the IEB schedules a home visit with the applicant. During the home visit the IEB completes a needs assessment which is currently of the CMI and determines the waiver program that will best meet the needs of the individual.

If the individual is determined to -- after determining the eligibility and which program will best meet the individual's needs and confirming eligibility they submit the 1768 to the county assistance office to complete the financial eligibility determination. Once the financial eligibility determination is received from the county assistance office, the IEB completes the enrollment and provides the enrollment information to the selected service coordination agency.

And just to note, I did not mention earlier, during the in-home visit the choice of the service coordination provider is discussed and offered during that visit. Once the information is provided to the selected service coordination agency the enrollment is considered complete.

Our next slide is to provide some background information in regards to recent changes and process improvements with the enrollment eligibility process. As many of you are aware, we did begin in emergency procurement with the independent enrollment broker beginning March 1st, 2016. This contract provided some process changes from the previous contract which includes the requirement to complete an application within 60 days, the code of regulations requires the individual receive within 90 days but the requirement of the IEB is 60 days to ensure individuals receive services in a more timely fashion. Also the new process includes additional contacts or touch points that the IEB is required to provide to the applicant so they are aware at what point in the process they are during each step.

Also the order in which the eligibility is determined has been updated. The previous process required additional visits for the applicants. And currently with the new process that

began March 1st. The first visit an applicant will receive is the application by the local area on ageing. The fourth requirement is that the IEB was required to develop and maintain a website. For the independent enrollment broker, the website is PAIEB.com. This website officers information on the eligibility and enrollment process including the steps to provide documents. There is availability to provide online referral and a principle referral form has been posted. Recent updates include the physician certification can be obtained off the website as well as applicants are provided an enrollment number when the application begins to go on the website to check the status of their application via the website as well. An applicant can contact an IEB as well. But the ability to track on the website has also been added.

And the final improvement has been strengthening requirements for nursing home transitions the IEB will offer choices of nursing home transitions providers in their area as we make changes to that program. Also as Barbara mentioned earlier, the new procurement includes the enrollment of the ageing waiver. The enrollment process for the ageing waiver transitioned effective April 1st from the area agencies on ageing to the independent enrollment broker. We are aware -- we are currently going through a transition period. OLTL continues to work with the IEB to address the call volumes and the referral time lines that we have been receiving concerns based on. The IEB is addressing those issues. Some of the areas in which they are addressing is they have added additional staff and offering over time to ensure things are processed timely. Also to work through the transition and to address and provide clarification the office of long term living, the IEB are meeting biweekly with T 4A to address concerns we are receiving.

That is the current process for the IEB and I'm going to hand it over to Jinny Rogers to discuss the IEB community health choices.

>>SPEAKER: Thank you Amy. So we do have a lot of information here. And I wanted to proceed now in talking about what it's going to look like with the advent of community health choices. And how the roll out process is going to work.

So our next slide shows basically waiver configuration with

community health choices. I will just describe here the three columns. In the middle column is what we're calling obviously the current configuration of the Medicare waiver programs. And on the right side for the community health choices zones you'll see individuals who are in the COMMCARE independence, ageing care and waivers will be transitioning to health choices in the southwest zone. Those in the OBRA waiver, they'll receive a certification prior to the roll out and if they end up being nursing facility eligible they will be served in community health choices waiver. If they're NFI they would remain in the OBRA waiver. For individuals across the rest of the state in the nonCHC zones, individuals who are currently being served in a COMMCARE waiver but live outside of the west zone will be moved to the independence waiver. That waiver has amendment being added to it that COMMCARE provides to make that transition.

Folks who are attending care and ageing will remain in those waivers and also in OBRA waiver at the current time. So for on going enrollment for individuals who are actually people that are already part of the long term care population, or who are seeking long term care services. So individuals will contact the independent enrollment broker through their toll free number or via e-mail. So the broker is going to help participants apply for long term services and support through the community health choices program. As described earlier individuals must still meet certain eligibility criteria such as financial eligibility and clinical need. Again, the enrollment broker is going to schedule and have a clinical eligibility determination for applicants completed in their home, hospital or nursing facility, where ever they are.

That information, physician certification assist in identifying if those applicants are going to need long term services and support. Also the IEB will help facilitate completing the Medicaid application which is sent to the county assistance office. If needed they may reach out for additional information if needed. Once those things are done applicants will be notified if they qualify for long term services and support.

So one of the changes is when the applicant meets with the independent enrollment broker, they're going to receive choic

counseling. So the IEB will present the options for that person's zone. So one of the things we were talking about is applicants should think about their health care and long term service providers they currently have. And those who participate in each network and any additional services that the MCO might offer. All individuals for long term services will be offered the choice of community health choices or the life program. If the person chooses the life program the IEB will make a referral to the program then the life program will outreach to the applicant.

All community health choices participants will be notified annually so they know that we continue to have a choice of MCO plans and or the life program. Where ever it exists if it exists in their area.

If applicants are unable or do not make a selection before their eligibility is determined then they will be auto assigned to an MCO. Another good piece of this is if somebody wants to change their MCO they have that option to do so at any time. The other thing that I think is a positive for people who are looking for long term services is the coverage is going to begin the day following the date that they're determined eligible. So the MCO will contact the individual to select a service coordinator. The service coordinator will work with the person to develop a service plan and service providers within the MCO network.

For individuals who do not have or do not believe they have long term services and supports needs, they have some options here. They can apply online at the compass website. There's a 1-800 number or apply by mail or in person by visiting a county assistance office. In order to qualify for community health choices, somebody who does not have long term services must be on Medicare and financially eligible. So the county assistance office has the role to determine if the person is financially eligible and they may contact that person for additional information.

Once the pieces of that process have been done then the Department of Human Services will let that individual know if they qualify. That person then will have to work with the IEB to choose the MCO that will provide coverage. The IEB is going to send the individual information about selecting an MCO. And

same thing, the person will be asked to think about their healthcare provider, what they're seeking in providers and what's available in that MCO's network and potentially any additional services that the MCO might offer that would be attractive to that person. If the person does not make a selection they will be assigned to an MCO and the person can change their MCO choice at any time. Then the IEB will send the individual a letter with the date that their MCO coverage will begin.

So that is probably a very fast explanation of what to expect in the future. Some of the work that I just described in terms of the additional role of the enrollment broker going forward will include some changes that we have to make. We have received a number of recommendations from stakeholders about our current process and about things going forward that we want to think about for the future independent enrollment entity or broker. Some of the tasks that are required now due to the advent of community health choices, the IEB is going to have to expand it's operations in order to be responsive to people calling about plan choices. They will be required to send certain notices to participants that are enrolled. They will need to develop a website portal. The current enrollment entity has done this but it will be need to be expanded to include information about MCO's and provider networks of the MCO's and the ability for an individual to go on there and make a choice of an MCO plan using that website portal.

In addition to that some other activities such as making referrals to alternate service providers and ensuring that the individual is having more of a warm hand off to alternate service providers to ensure that if they have eligibility for other programs or services that that is available to them.

And we're also currently working on a number of other items also going to require significant IEP changes to make sure plan selections is captured and sent to the CAO.

So those are our primary changes that we wanted to bring to you today. I know that we have a number of questions regarding this presentation and I'm going to hand it back to Jen Burnett for answering questions.

>>SPEAKER: Okay. Hi. This is Jen Burnett again. First of all I want to thank Amy and Jinny for doing this presentation on the

independent enrollment broker and what our future looks like with an independent enrollment broker. There's a lot going on. We are in a period of transition right now with taking on the ageing waiver. And we're really anticipating that this is going to enable the area agencies on ageing to have a significant role in community health choices going forward.

I want to talk briefly. I have a slide up here that talks about -- this is how you can participate and ask questions and we have received a number of questions already and I will be getting into them in a minute. But just as a reminder you can still submit questions through the question panel. If the control panel is closed and you just see the red rectangle click on the arrow to expand it. That will expand the question box by clicking on the X in the question box. Type the question into the question box.

Our first question is here and then I'm just going to pass it on to -- oops. Do we have Q and A on this? We also have a resource account that many questions come into if you prefer to use that e-mail you can use that as well.

For start I'm going to start with the first question we received which is, there were several questions asking about the PowerPoint whether it's going to be posted where they can find it. Also we got started about 9 minutes late so I apologize for that for any confusion that might have caused. We were having technical difficulties with our arrangements in the studio in the office.

The first question, I am owner of DME company, will my company transition over automatically with a new MCO or do we have to reenroll with them. As always thank you.

All providers will have to contract with managed care organizations. We have been very transparent in putting up the information about what managed care companies have applied to us. So you'll need to have a contract with managed care. One or more managed care organizations. Delaware county community college tomorrow, is that a managed care meet and greet? No it's not a meet and greet although we anticipate Delaware county will have a meet and greet in the future. But it's more of an over view. Like a CHC 101. You're welcome to come to it. If you have been participating in the webinars you'll probably know most of the information that will be covered. It's a great

dialogue. The foundations are trying to engage local communities to support and help us get the word out and get people enrolled in that kind of thing once it comes to that.

Can you repeat the meeting details for Montgomery county?

Yes, I can repeat it but we will be posting it on our website as well. And more information on the community health choices website. I don't have -- we'll get Delaware county. I left it in my office. Sorry guys.

Next question, will Maximus have to meet individuals with consumers enrolling in the new community health choice program or will enrollment mostly be done through the mail. Maximus or the service coordinating entities?

>>SPEAKER: Hi, this is Jinny. So in our future role with community health care choices we are not anticipating that the enrollment entity will meet with individuals their home for for community health choices. They will be providing the information about the health plans. It is not expected that the service coordinators will be providing the MCO options to individuals. Although, certainly we're hoping that service coordinators are familiar with managed care and can address issues or certainly refer participants to other areas. For individuals in the program across the state, before we completed the community health choices or OBRA or Act 150 program there will be requirement for in home visit for individuals going through that application process for those two programs.

>>SPEAKER: Thank you. The question about Montgomery county, wasn't it? For Delaware county tomorrow, at the Delaware county community college 10 to 1 o'clock at the Delaware county community college academic building in the large auditorium. 901 south media line road. 19063. There is an RSVP to this. I'll give you that right now, it's ATORREGOSSA@independencefoundation.org.

The next question, since the onset of the independent enrollment broker doing enrollments for the ageing waiver how many consumers have been enrolled in statewide and how many have had their service begin? Because this is such a new process that information is still being compiled. We have approximately -- we have obviously 60 days to complete the enrollment. That's part of the requirement. We haven't even been doing this for 60 days so there are over a thousand that

are in flight and already started and I'm not really sure how many have actually been enrolled and have actually had their services started. But we'll be looking into that and tracking it closely.

How is the IEB pulling a randomized list of service coordinating providers to give to the consumers?

>>SPEAKER: For service coordination choice, for the ageing waiver the -- the IEB is pulling the available report that is in the sans data base and providing a randomized selection of that for individuals when they meet during the in-home visit. For the other home and community based waivers, the list of qualified providers is obtained through compass.

>>SPEAKER: Okay. Thank you Amy. The next question, why is there not priority given to nursing home transition consumers for enrollment?

>>SPEAKER: I'm not sure I understand the question. We do have a process in place so that individuals who are going through the nursing home transition process are actually working -- we have internal staff that are working with NHT coordinators and staff here to work to expedite transitions and remove barriers that people may be having in that process.

>>SPEAKER: This is another question. Thank you. I just completed a prior conference call this afternoon dealing with governor WOLF's program. Will Maximus be participating in this and if so what will each entities role be. This is a long term living initiative we are participating with the secretary's office and they are in the lead of the employment first initiative and office of long term living held a focus group earlier today in which we had a number of participants and got a lot of good information about the world of employment for people with disabilities and we will be using that group in an advisory capacity.

Should we be calling Maximus now?

>>SPEAKER: Hi, yes you should be calling Maximus now. There were some directions, for example as an individual processed prior to the 1st the AAA was to complete the enrollment. I don't know the specifics on this particular case, but the individuals prior to April 1st were to be sent to the enrollment broker. So I hope that answers the question.

>>SPEAKER: What will the IEB do to ensure that individuals with

unseen deficits and poor insight into the extent of how their deficits impact their functioning are assessed in a way that truly picks up on these issues? To date Maximus has had individuals identifying persons with cognitive deficits without an appeal having to be filed. Is there a plan to do something different?

>>SPEAKER: This is an issue we had a great deal of conversation about as we look at our assessment tools and talk about those discussions around cognitive deficits. We do believe that there is some work that we can do to further address it. Both in training, ensuring that that information is in forefront. That somebody who is presenting and talking about if there's a way that, for example, prior to clinical eligibility determination that the assess may potentially know that this person is presenting with a cognitive deficit. This information would be helpful to that assessment process. We are talking about it. I don't think there's necessarily any way to be completely foolproof about it. If you are working with anybody who may not necessarily represent themselves or they're not the best respondent in terms of what their particular issues are, that we encourage family members or other support that know the person to participate in these assessments for services.

>>SPEAKER: Can I jump in?

>>SPEAKER: Okay. Barbara wants to say something, hold on a second. Put her on speaker. Go ahead Barbara

>>SPEAKER: Okay thank you. The other thing that I want to mention is since Maximus acquisition of ascend management integrations that specialize in working with the intellectual developmental population, developmental disabilities, we have staff with certified capabilities working with these populations and it's certainly something that in terms of specialized training that we could provide to our staff and would be happy to work with the state in addressing this issue and also putting resources that are specifically trained in this capability to work with our staff.

>>SPEAKER: Thank you Barbara. Next question, the advance meeting and meet and greets are representatives from the life program included on the panel? And or is information being conveyed about the life program option under community health choices. There seems to be lots of confusion on the part of

providers how the life program fits in.

The life program has been included at all of the community foundation meetings that I mentioned earlier. The ones happening tomorrow and in the coming weeks on June 3rd and then again in bucks county and Philadelphia June 13th. Certainly those meetings that occurred in Pittsburgh and recently in Montgomery and Chester county earlier this week a life representative comes and talks about life model as part of the panel presentation we do on all of the providers that are -- the number of different provider types that we are talking about in the context of long term services and supports. Further more life will remain an option. There will be two alternatives. Mandatory community health choices managed care or the life program for people age 55 and older. So for those who are nursing facility clinical eligible. So life is definitely going to continue to be an option. The independent enrollment broker has had a training on life and we continue to make sure they are aware of and know where to refer if an individual decides to go with life.

Will be area agency on ageing be able to provide service coordination? Yes. It's actually the reason why we have moved the ageing waiver with enrollment and why we're going through that transition right now to move the ageing waiver enrollment to Maximus. Area agency on ageing will be able to contract with managed care organizations. I know that many have already begun conversations with managed care organizations and they'll be able to contract with them to provide service coordination and other services that the area agencies on ageing have been offering through other resources as well for people who are on Medicaid. I'm thinking of things like fall reductions, those kind of things. There's lots of opportunities for areas o ageing to have a role here.

Let me find another question here. Does Maximus enrollment counseling include educating consumers and answering questions about estate recovery? Do you track the number of people who do not enroll because of estate recovery? That is a question, I'm not sure. Hold on, let me see.

>>SPEAKER: My response about estate recovery is provided with the information packet that is received. But I don't believe that Maximus or the enrollment broker themselves is providing

any guidance or counseling to the individual about estate counseling or estate recovery. And we do not keep statistics specific to estate recovery being one of the reasons for someone not making it through the process.

>>SPEAKER: Thank you Jinny. There seems to be a lot of problems with the transition and entity of enrollment. Will there be meetings with the area agencies on ageing We have had regular meetings were Maximus and DHS and areas on ageing. Those are scheduled and happening. And areas on ageing that they include -- those are happening on a biweekly basis and we're getting a lot of good feedback from them that's helping us as we move through this transition that we're going through right now

Is there a way to print the slides? The slides will be posted through our website as will the recording of this webinar. Those get put up on the website and we have an archive of every one of the third Thursday webinars and they're up on our website. Look for it at the CHC website.

What is being done to improve the communication process with seniors? Automated calls are not productive and are delaying with process. We're concerned this will happen when the community health process contacting seniors about their choices and choosing managed care organizations.

>>SPEAKER: Yes we have actually heard a lot of feedback about some of the calls. There are automated calls being made to remind people about appointments and let them know for example that the enrollment broker is trying to reach them. And the feedback has been that many people were not familiar enough with this process and have been kind of -- it's been off putting especially my understanding is to seniors.

>>SPEAKER: Okay thank you Jinny. Next question. What happens -- if they receive a referral for the life program? If they receive a referral to the life program and Jinny articulated this as well, Maximus or independent broker will contact life and make a referral to life to make sure that person gets started in the process of enrolling in life.

What happens to individuals who are 60 to 64 years old and not on Medicare but in the ageing waiver program once health choices start. They're not dual eligibles but receive waiver services.

In addition to the dual eligibles we are enrolling every Medicaid participant who are in either nursing facilities or in any of the five waivers that we operate here at office of long term living. They will all be going into community health choices. So just like all of the other waiver participants that may not yet have Medicare they will go into community health choices.

With consumer's ability to change choices at any time, what is in place to ensure consumers do not lose services in the transition. Brain injured consumers will not be able to understand waiting for the managed care organization to review and authorize services.

Long term services supports we will not change how we authorize them. That will continue to go through service coordinator. They will authorize them on the service plan so I don't anticipate there will be a loss of services in the transition. That being said, we are going to be putting into place numerous safeguards to assure that people aren't losing services that are necessary for them to live independently. One of our goals in this whole program is to increase opportunities for community based living. So we certainly don't want consumers to be losing services and then ending up not being able to continue to live independently in the community.

We have a number of things we're going to be doing in terms of making sure there is a regional opportunity for people to get information and to provide us with information on a monthly basis. We're working with the health funders on standing up some kind of a regional presence and start with the southwest. We don't want to see that happen. And certainly not waiting for managed care organizations to review authorized services. It's the service coordinator that will be met.

I'm reading through all the questions we have so far. And I'm pretty close -- there's one about nursing home transition. Which is, could you please discuss the strengths and nursing home transition requirements. I'll give that to Jinny

>>SPEAKER: Yes, in some of the experiences and recommendations that have over the last several years, there was a recommendation made that especially for people who will be eligible for money, we wanted to make sure we were capturing all the individuals who could potentially go through that process.

We have combined the information that relates specifically to money follows the person. When the enrollment entity or the broker visits an individual who is in a nursing facility and going through the transition process, that the broker actually will present the person with the informed consent information, they'll talk about money follows the person and the quality of life survey information. So that documentation will be collected by the broker and saved in the data base and in addition we have also strengthened the program because we have specific requirements about the enrollment broker reaching out to a nursing home transition coordinator to make referrals and make sure at a certain point along the way that the IEB is reaching out to make sure the person still wants to transition and there's a connection with a coordinator. Those are some of the primary areas we strengthened in that program.

>>SPEAKER: Thank you Jinny. Does the service coordination agency need to finish the CMI in the initial ISP planning process. The IEB only completes a shortened version. If so are all the agencies doing this?

>>SPEAKER: Identified in the enrollment procedures. It's provided to the service coordinator in the enrollment packet. The service coordinator is to complete the full CMI in the development process and enter it into the service plan for the ageing waiver that would be the sans data base. And for the other waivers it would be the designated areas in the service plan. Another question is what is the application start date. The IEB doesn't enter consumer in the system until they touch base with the consumer. When does the 60 days begin. The application start date is for individuals that are currently not enrolled in medical assistance is the date that the IEB receives the signed 600 notification or compass that it was electronically submitted by the applicant. Or for individuals that are currently enrolled in MA it is the date that the IEB confirms with the applicant that they wish to apply and pursue labor services.

>>SPEAKER: Thank you Amy. Here's another question. Do current waiver participants need to reapply and another determination made for eligibility. The answer to that is no. What criteria will be IEE use to determine which home and community based program best meets the consumer needs?

>>SPEAKER: This was information that comes directly out of the waiver program. So for example, an individual must have a diagnosis, medically determine traumatic brain injury. The person would have to meet with the enrollment broker or to assign somebody to that waiver program.

>>SPEAKER: They will need to contact managed care organizations in order to continue providing those services through the programs.

>>SPEAKER: For the foundation sponsored meetings and others is there something we can view updated information surrounding public information efforts to current participants. We don't have anything per se right now but that's a good suggestion and we'll see if we can put together something to keep people up to date. We're moving into this whole communicating outwardly effort and you'll be seeing more coming up. But we'll save that one for that.

UPMC for you. Will that change? Yes, with roll out choices a consumer could be in the waiver and also be in something like UPMC for you. Not necessarily that one

Notes