

**PENNSYLVANIA
DEPARTMENT OF AGING**

LONG-TERM CARE COUNCIL

EST. 2015

Meeting Minutes

Meeting:	Pennsylvania Long-Term Care Council
Date:	Thursday, April 16, 2020
Start & End Time:	10:00 a.m. to 11:30 a.m.
Location/Format:	WebEx Meeting w/ Dial-In Option

Council Members in Attendance

Insurance Cmmr. Jessica Altman (Designee: Emily Holladay)*	Anne Henry - <i>Nonprofit SNFs</i>	Kenneth Potter, Esq. - <i>PA Bar Association, Elder Law Section</i>
Eric Beittell - <i>LTC Insurance</i>	Lydia Hernandez-Velez - <i>Consumer Advocacy</i>	Nicole Pruitt - <i>Adult Day Centers</i>
Sen. Michele Brooks (Designee: Janelle Lynch)*	Nancy Hodgson, PhD - <i>Academic Research</i>	Mike Sokoloski - <i>Homecare</i>
Janice Cameron - <i>PA Council on Aging</i>	Sec. of Health Dr. Rachel Levine (Designee: Susan Coble)*	Sec. of Aging Robert Torres <i>Council Chair</i>
Brig. Gen. Anthony Carrelli (Designee: Darryl Jackson, MD)*	Robert Marino - <i>Caregiver</i>	Kimberly VanHaitsma, PhD - <i>Academic Research</i>
Sen. Maria Collett (Designee: Tom Holroyd)*	Joyce McClary - <i>LTSS Nurse</i>	Lon Wible - <i>Area Agencies on Aging</i>
Rep. Gary Day (Designee Shannon Walker)*	Diane Menio - <i>Caregiver</i>	Robin Wiessmann (Designee: Gelene Nason)*
Rep. Pam DeLissio	Sec. of Human Svcs. Teresa Miller (Designee: Kevin Hancock)*	Margie Zelenak - <i>Assisted Living Residences & Personal Care Homes</i>
Shona Eakin - <i>LTSS Consumer</i>	David Nace, MD - <i>LTSS Physician</i>	Heshie Zinman - <i>Consumer Advocacy</i>
Sec. of Transp. Yassmin Gramian (Designee: Danielle Spila)*	Shane Nugent - <i>For-Profit SNFs</i>	
George Hartwick III - <i>County Commissioners Assoc. of PA</i>	Vini Portzline - <i>LTSS Consumer</i>	

*Attended on member's behalf

Council Members Not in Attendance

Mark Gusek - <i>LTC Managed Care</i>	Matt Yarnell - <i>Consumer Advocacy</i>
Samella Hudson-Brewton - <i>Senior Community Centers</i>	

PDA Staff in Attendance

Margaret Barajas, State Long-Term Care Ombudsman	Carolyn Green, Legislative Director
Stephanie Cole, Executive Assistant	Robert Heinlen, Finance Bureau Director
Maria Dispenziere, Deputy Legislative Director	Steve Horner, Deputy Secretary
Glenda Ebersole, Policy Director	Kevin Longenecker, Aging Svcs. Bureau Supervisor
Jack Eilber, Deputy Communications Director	Chuck Quinnan, Council Executive Director
Faith Haeussler, PA Council on Aging Exec. Director	Sasha Santana, Executive Secretary
Karen Gray, Communication Director	Barbara Valaw, Quality Assurance Bureau Director
Denise Getgen, Director of Protective Services	

Committee Members & Guests in Attendance*

Pam Auer, Center for Independent Living of Central PA	Lori Gutierrez, Department of Health
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Carl Berry, PA Providers Coalition Association WC	Jennifer Hale, Department of Human Services
Peter Blank, PA Department of Health (DOH)	Jennifer Haggerty, PHA WC
Jeff Blume, PA Department of Labor & Industry WC	Terri Henning, PHA
Art DiLoreto, PA Association of Area Agencies on Aging (P4A) WC	Jeff Iseman, PA Statewide Independent Living Council
Katie Dotto, PA Homecare Association (PHA)	Laura Ness, Bayada Home Health Care WC
Jennifer Ebersole, Alzheimer's Association	Rebecca May-Cole, P4A OC
Carl Feldman, DOH	Dylan Lindberg, PA House of Representatives
Christine Filipovich, DOH	Kate Routledge, The Hospital & Healthsystem Association of PA QC
Erika Fricke, PA House of Representatives	Pete Tartline, PA Health Care Association (PHCA) WC
Kathy Gillespie, Clearfield County Area Agency on Aging QC	Linda Walker, Central Susquehanna Intermediate Unit AC
Jennie Granger, PA Department of Transportation	Lou Wolkenstein, The Investment Advisor QC

OC = Outreach Committee; AC = Access Committee; QC = Quality Committee; WC = Workforce Committee

*Only the attendance of guests who logged into the meeting via the WebEx platform was able to be captured as the dial-in option did not provide for this option.

Meeting Minutes

#	Discussion Items	Summary
1	Welcome	<p>Secretary of Aging Robert Torres opened the meeting by welcoming members and guests and expressing his gratitude for everyone's efforts in serving the long-term services and supports needs of older adults and individuals with disabilities during the COVID-19 pandemic. Council Executive Director Chuck Quinnan shared the following updates and information:</p> <ul style="list-style-type: none"> • The Long-Term Care Council's (LTCC) remaining open seat for a consumer advocate representative has been delayed due to the pandemic, but an appointment is expected to be made in late April/early May. • Adoption of the council's February 13 meeting minutes will be postponed until the June 4 meeting. • I created two documents - COVID-19 State Agency Quick Links and COVID-19 LTCC State Agency Contacts to assist council and committee members with COVID-19-related questions.
2	COVID-19 Commonwealth Updates	<p>PA Department of Aging (PDA) – Secretary Torres provided the following updates regarding PDA's COVID-19-related efforts:</p> <ul style="list-style-type: none"> • PDA has had representation at the Pennsylvania Emergency Management Agency's Commonwealth Response Coordination Center (CRCC) since March, which has proven helpful in trouble shooting issues that arise within the aging community. <ul style="list-style-type: none"> ○ For example, there were two instances where the food supply sources for older adults were shut down because of employees testing positive for COVID-19. <ul style="list-style-type: none"> ➤ We were able to quickly run this through the CRCC and mobilize volunteers for meal delivery for seniors in one case and in the other provide options to an Area Agency on Aging for an alternate meal supplier. • The department has been holding weekly meetings with the 52 Area Agencies on Aging to answer questions, share information,

		<p>and receive feedback on issues that are happening on the ground throughout the state.</p> <ul style="list-style-type: none"> ○ Updates and information/resources are also shared with the AAAs throughout the week. • PDA has issued numerous COVID-19-related guidance to the area agencies to provide flexibility for Aging Services programs, including OPTIONS, Caregiver Support, and Domiciliary Care to ensure the safety of staff and program participants. <ul style="list-style-type: none"> ○ For example, OPTIONS assessments and reassessments may be completed by phone rather than face-to-face. • Our Protective Services (PS) Program is still operating, but to maintain safety and social distancing, we have recommended that face-to-face visits only occur when there is imminent risk of physical or bodily injury or sexual abuse. <ul style="list-style-type: none"> ○ For other types of reports, such as financial exploitation, etc., we have encouraged PS workers to do as much work virtually and over the phone, including requesting medical and health records. • To alleviate anxiety and reduce how often a PACE Prescription Assistance Program beneficiary must go to the pharmacy, PDA's PACE Program has temporarily suspended its refill requirement, which stipulates that 75% of a prescription drug must be used before a refill can be ordered. <ul style="list-style-type: none"> ○ The only exception is for Opioids and controlled substances, which are being handled on a case-by-case basis. ○ The PACE Program is also ensuring that the delivery option is available for older adults in the program. <ul style="list-style-type: none"> ➤ If a pharmacy does not provide delivery, members on the PACE Program team will help consumers locate a pharmacy in their area that can deliver. • The department has launched an online COVID-19 resource guide to help older adults easily find useful information related to their health, safety and well-being. <ul style="list-style-type: none"> ○ The guide provides older adults, their families, and caregivers with information on a variety of subjects, including meals, prescriptions, protective services, scams, and how to stay active and connected. • The Pennsylvania Council on Aging (PCoA) recently conducted a statewide survey to assess the status, needs, and interests of older adults during the COVID-19 outbreak. <ul style="list-style-type: none"> ○ The survey, which was conducted in both English and Spanish, drew more than 3,700 responses from older adults across Pennsylvania and included check-off questions on food access, public risk factors, and social connection, as well as an open-ended question in which respondents could share their general observations, thoughts, and concerns. ○ The PCoA is in the process of summarizing the results and will be issuing a report soon.
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- I participate on a weekly call with the Administration for Community Living to receive COVID-19-related updates at the federal level, share information, and hear from other states on their experience and responses to the pandemic.
- In addition to the *Coronavirus Preparedness and Response Supplemental Appropriations Act*, Congress has passed two more supplemental COVID-19-related bills to date.
 - The second bill, which is referred to as the *Families First Coronavirus Response Act*, provided \$250 million to provide meals for older adults across the nation.
 - Pennsylvania's portion, which was driven by an intra-state funding formula based on our population of older adults, was \$10.2 million.
 - The third supplemental titled the *Coronavirus Relief and Economic Security (CARES) Act*, which contained the stimulus money, provided \$955 million to support Older Americans Act programs.
 - Pennsylvania's portion is expected to be around \$34 million.
- Yesterday, the department submitted an application for a \$3 million federal grant for the Aging and Disability Resource Center (referred to as the PA Link) to support the operations and capacity of the aging and disability network, increase coordination of efforts, and provide critical access to services for those populations most at risk of COVID-19.
- The PA Link also recently conducted a COVID-19-related survey of its partners and received nearly 700 responses.
 - The purpose of the survey was to collect information on how they are operating, what changes have been made, needs, and potential gaps in services.
 - The survey results will provide the PA Link with important information for future decision-making.
- As mentioned at the council's previous meeting, the department's State Plan on Aging is due this year as we are nearing the end of our four-year cycle.
 - What we are experiencing with the COVID-19 pandemic is providing us with a fresh perspective on a lot of different issues, which will help inform how we draft the new plan.
 - The federal government has extended the deadline for the completion of the plan from July 1 to September 15 as a result of the pandemic.
 - The department is working directly with the Area Agencies on Aging (AAAs) in developing the goals, and we recently completed the objectives.
 - As we complete the different portions, we are sharing them with the AAAs for their review so that they can incorporate them as they see fit into their local plans.
 - The next phase of the plan will be developing strategies for the objectives.
 - Part of the State Plan on Aging process requires the gathering of public input.
 - Given the current challenges, we will be soliciting input on our draft plan through the department's

website and by holding a virtual session(s) like how this meeting is being conducted today.

➤ I am hoping to have a draft plan to present at the council's June 4 meeting.

- PDA in partnership with AARP Pennsylvania is working on a project to increase social connectiveness in long-term care facilities as residents are increasingly isolated due to COVID-19 visitation restrictions.
 - We are also engaging with universities that are interested in working with us to address social isolation, and the PCoA continues to focus on this issue as well.
 - The hope is that this work will translate into meaningful changes during the pandemic and beyond.

Department of Transportation (PennDOT) – PennDOT Deputy Secretary of Multimodal Transportation Jennie Granger provided the following COVID-19-related updates:

- Public transportation was determined an essential service, so although our transportation providers have limited service, they are working to get people to life sustaining jobs and protect passengers and those who are operating the rails and buses.
- On PennDOT's website, under "Public Transportation," there is map with links for each county if residents have questions regarding the operation of a specific transportation center/provider.
 - Some fixed route agencies have temporarily implemented free fares and rear boarding to limit interaction with drivers and passengers to stop the spread of the virus.
- Shared-Ride is also still running.
 - Some transit agencies have altered their service areas and other requirements, including the allowance of same-day services, fare policies, service area restrictions, etc. to help people get to doctor's appointments and obtain medications and other essential services.
 - Some transit agencies are also requiring drivers and passengers to wear face coverings to help prevent the spread of the virus.
- All transit agencies have upped their cleaning and sanitation activities.
 - They are following the Centers for Disease Control and Prevention guidelines regarding cleaning and working to enforce social distancing.
- We are trying to discourage "joy riders" (e.g., those who are taking transit to get out of the house during the pandemic) as these services are meant for life sustaining types of trips.
- In response to statewide COVID-19 mitigation efforts, PennDOT has extended the expiration dates for driver licenses, identification cards, learner's permits, persons with disability placards, vehicle registrations, and safety and emission inspections.

PA Department of Health (DOH) – DOH Executive Policy Specialist Lori Gutierrez provided the following COVID-19 updates on behalf of Deputy Secretary for Quality Assurance Susan Coble who had a last minute conflict:

- In terms of the latest statistics, there were 26,490 cases of COVID-19 in Pennsylvania as of yesterday, with cases in all 67 counties, and 647 deaths to date.
 - 111,094 negative tests have been completed.
 - DOH releases updated numbers every day around noon.
- As Secretary Torres mentioned earlier, the Pennsylvania Emergency Management Agency (PEMA) activated its Commonwealth Response Coordination Center (CRCC) in March.
 - In addition to participating at the CRCC, DOH's Emergency Operations Center has been in full swing.
 - It is a separate section at PEMA, which works on response coordination.
 - ❖ This is where our epidemiologists and public health preparedness staff are housed.
 - DOH is in continual communication with our federal, state, and local partners and is working to keep our health care providers, businesses, and education providers updated with latest information.
- The U.S. has the highest case count worldwide and things are evolving rapidly.
- As of yesterday, there were approximately:
 - 3,400 licensed ICU beds in Pennsylvania
 - Nearly 39% of those beds are still available, but that number is frequently changing.
 - 5,000 ventilators available across the state in the health care system
 - Close to 70% of those ventilators are still available but, again, the number is rapidly changing.
- Before the COVID-19 response, DOH had approximately 1 million N95 masks available to assist frontline responders and health care workers.
 - To date, we have pushed out nearly 2.6 million N95 masks and continue to receive more from the federal stockpile.
 - This week, we are pushing out personal protective equipment (PPE) to long-term care facilities.
 - We are working with industries that may have these supplies available in order to increase our PPE and ventilator capacity.

Ms. Gutierrez also provided an overview of the COVID-19-related resources on DOH's website www.health.pa.gov, which includes among other things:

- Information from the Centers for Disease Control and Prevention

- Information on symptoms and testing
- Pennsylvania specific data (e.g., the numbers of cases, case count by county, cases in long-term care facilities, the age range to date, etc.)
- Guidance for providers and facilities
- Information for older adults and people with disabilities

Department of Human Services (DHS) – DHS Deputy Secretary of Long-Term Living Kevin Hancock provided a [PowerPoint presentation](#) on the Office of Long-Term Living’s COVID-19 updates and actions. The following is an overview of Deputy Secretary Hancock’s presentation:

- OLTL’s top priority is minimizing potential service interruptions and provider capacity issues.
 - Ahead of that, our main focus is ensuring that program participants and providers’ staff are kept as safe as possible through whatever means we have to support the Department of Health (DOH) in their infectious disease control efforts and with the work that providers are doing to maintain the health and safety of their participants and staff.
 - To minimize potential service interruptions and provider capacity issues, OLTL has engaged in direct communication with participants and the Community HealthChoices Managed Care Organizations (CHC-MCOs) to review available services and direct outreach to providers regarding life-sustaining services in the program.
 - The three life-sustaining services that must be identified are nursing facility services, personal assistance services, and in some cases, residential rehabilitation.
 - ❖ We also have focused heavily on key services to support the life sustaining services such as home-delivered meals to ensure there is as little interruption with these services as possible.
 - Some of the service disruptions that have occurred are likely due to participant choice (e.g., not wanting the direct care worker to come into their home) and staffing issues.
 - Personal protective equipment (PPE) has been a priority, and OLTL has been working with the CHC-MCOs and providers to identify and acquire sources of PPE.
 - We have also been working with DOH on its distribution of PPE and focused on communicating the needs of the long-term services and supports system.
 - OLTL’s primary focus has been on the participant-directed direct care workforce (e.g., those who work directly for CHC and OBRA participants), as these individuals would have to acquire PPE on their own and are not in a

position to know how best to obtain these supplies.

- ❖ OLTL has been working with Public Partnerships, LLC (PPL) on outreach and distribution of PPE to the participant-directed direct care workforce when we have it available.
- Our next focus is nursing facilities and home care agencies, as they have more resources to obtain PPE although everyone is constrained in the current environment.
- The CHC-MCO COVID-19-related priorities include activating emergency response protocols and maintaining operations to the best of their ability.
 - All three CHC-MCOs have emergency protocols in place, and they have been able to maintain operations without interruption, which includes member services call center and provider information.
 - They are conducting ongoing check-ins with participants to ensure that participant back-up plans are in place in the event of a service disruption.
 - If they identify that a back-up plan is not executable, those individuals are prioritized for additional services as needed to ensure that their health and safety considerations are addressed.
 - The CHC-MCOs are also distributing COVID-19 resources, including fact sheets, safety information, and behavioral health resources to participants.
 - Behavioral health resources are an important component of this as we know that individuals are dealing with a great deal of stress during this crisis.
 - ❖ This information is being provided to the entire CHC population, including the dually eligible individuals who are not nursing facility clinically eligible.
- In addition to assisting with the distribution of PPE, PPL has been a great partner in identifying the needs of the participant-directed direct care workforce and with identifying potential gaps in services.
 - PPL has been working with OLTL and the CHC-MCOs with compiling a variety of different resources, including FAQs.
 - They have also worked with direct care worker representatives on needed training to help direct care workers navigate the infection.
- The LIFE program continues to operate although the 58 LIFE centers were ordered to close due to the pandemic.
 - However, LIFE providers are able to continue utilizing their clinic and therapy spaces at the centers to provide necessary medical and therapy services to their participants.
 - The LIFE program has been much more focused on home care services (e.g., offering personal assistance

services) in addition to home-delivered meals during this time.

- The Independent Enrollment Broker, Maximus, has had to adapt its daily operations, and its call centers are operating more from home than they were previously.
 - In March, its call center in Chicago had a presumptive positive individual which required it to move the entire operation to quarantine.
 - During this time, they adjusted quickly and while there were a few hiccups with having to move to a voice mail system, they were able to ensure that questions and requests were addressed.
 - ❖ Maximus ended up enrolling more individuals in the month of March than February.
 - Since the quarantine ended, Maximus' call center is once again able to take live calls.
- We have been working with our federal partners to identify program flexibility via different types of authority, including the 1915(c) Appendix K and the 1135 waivers.
 - The Centers for Medicare and Medicaid Services (CMS) has been encouraging states to use these authorities to be as flexible as possible with the delivery of services.
 - OLTL has requested 1915(c) Appendix K and 1135 waivers from CMS to decrease procedural and regulatory burdens for providers during the COVID-19 pandemic.
 - Specifically, the changes outlined in Appendix K provide flexibilities for the CHC-MCOs, service coordinators, and providers as they work with participants who may be facing a disruption in services due to COVID-19-related issues.
 - These flexibilities will not apply to all participants and should not be considered broad changes that must be implemented.
 - The Appendix K changes have been approved from March 6, 2020 to June 30, 2020.
 - ❖ The duration of the approval may be extended depending on the length of the declared emergency.
 - The flexibilities outlined in Appendix K should be evaluated on a case-by-case basis in coordination with the service coordinator and CHC-MCOs.
 - Revised Appendix K guidance, which is currently going through a review process and will contain more specific information about some of the flexibilities, will be released on the OLTL listservs and includes questions that can be utilized to determine whether requests and authorizations will be covered under Appendix K.
 - For all waiver services, services may not be reduced on the person-centered service plan (PCSP), except when requested by the participant or their representative.

- ❖ However, it is possible that not all services on the PCSP will be delivered during the emergency.
- Providers should be given flexibility to ensure delivery of crucial, life-sustaining services and – if necessary – delay less crucial services such as laundry, changing linens, etc.
- The CHC-MCOs may need to identify and prioritize services to participants with critical issues and simultaneously allow for missed shifts for participants who have adequate informal supports or less-critical issues.
- Some temporary changes outlined in Appendix K include:
 - ❖ Permitting PPE to be considered specialized medical equipment and supplies on a participant’s service plan and be a billable service
 - ❖ Spouses, legal guardians, and powers of attorney may temporarily serve as a paid direct care worker provided scheduled workers are not available due to COVID-19 and the participant’s emergency backup plan cannot be implemented
 - ❖ Flexibility in the approach to reporting incident management and provider documentation and in the completion of person-centered service planning, comprehensive needs assessments, and annual reassessments
 - ❖ Exploration of retainer payments for different types of providers
 - ❖ Allowing modifications to provider qualifications and service settings for adult day services, residential habilitation, and structured day habilitation
 - ❖ Remote provision of cognitive rehabilitation, behavior therapy, counseling, and structured day habilitation

- Information on the topics I covered today are available on the [DHS COVID-19 webpage](#).

PA Department of Military & Veterans Affairs (DMVA) – DMVA Chief Medical Officer Dr. Darryl Jackson providing the following overview of DMVA’s COVID-19-related efforts:

- DMVA had begun COVID-19 preparation planning prior to the first confirmed case in Pennsylvania on March 6.
 - Part of our initial preparation was to set up visitor signs in the lobby of our six veterans homes to prevent visitors with symptoms from entering.
 - This protocol is part of DMVA’s typical flu pandemic plan, so we were able to implement this immediately.

- We also set up a Bureau of Veterans Homes (BVH) brainstorming team, which included BVH Director Andrew Ruscavage as the lead for operations and me as the clinical lead.

- We determined there were four major issues that needed to be addressed: planning, supplies, training, and personnel.

Planning

- As part of the planning, we sat down and reviewed the risks related to the COVID-19 pandemic, which included reviewing our flu pandemic plans to ensure that they were adequate for COVID-19.
- One of the first things we did was to establish a command center at headquarters that is staffed seven days a week to respond to questions from the veterans homes.
- We also assessed the adequacy of personal protective equipment (PPE) and began trying to order as many supplies as possible, which was challenging due to the increased demand.
- During the second week of March, we had our maintenance staff construct guard shacks so that we could screen employees outside of the veterans homes to avoid contamination.
- On March 12, DMVA restricted visitation at our veterans homes and limited admissions for those exposed to COVID-19 as part of the process to protect residents.

Supplies

- In addition to ordering PPE (e.g., masks, gowns, gloves, face shields, etc.), we also attempted to order as many pharmaceuticals as possible (e.g., Ibuterol, steroids, IV fluids, and cough syrup), but like PPE, availability was limited.
- Among other things, we were also concerned with getting more liquid disinfectants as we now needed to clean high-touch areas much more frequently.

Training

- We provided staff with introductory training on COVID-19; retraining on precautions and isolations, donning and doffing PPE, user seal and fit testing of N95 respirators, and IV administration if residents become hypotensive; and with information on mental health maintenance.

Personnel

- We are working to mitigate staff shortages, getting people back to work who were exposed to COVID-19, maintaining morale, and preventing staff from getting COVID-19.

PA Insurance Department (PID) – PID Deputy Legislative Director Emily Holladay provided the following COVID-19-related update:

- Insurance has been deemed an essential business, but in-person sales have been suspended.
- The main message that the PID is communicating to our regulated entities during the pandemic is to provide flexibility.
 - Examples of this include extending grace periods, waiving late fees, offering payment plans, and assisting affected policyholders to ensure that their policies do not lapse.
- The following is a timeline of major events that have transpired during this time period:
 - On March 11, insurers collectively agreed to cover COVID-19 testing.
 - All major health insurers providing comprehensive medical coverage in the commonwealth will cover medically appropriate COVID-19 diagnostic testing and have committed to waiving any cost-sharing.
 - ❖ These insurers include Highmark, UPMC Health Plan, Geisinger, Independent Blue Cross, Capital Blue Cross, Aetna, CIGNA, United Health Care, Pennsylvania Health and Wellness, and Oscar.
 - Additionally, some insurers have also announced that they would waive cost-sharing for COVID-19-related treatment.
- On March 16, Governor Wolf sent a letter to the federal government requesting a special enrollment period for underinsured and uninsured Pennsylvanians due to the COVID-19 outbreak.
 - We had to request this because Pennsylvania is still on the federal government platform until we transition to a state-based exchange in 2021.
 - Unfortunately, the federal government decided not to pursue the path of a special enrollment period specific to COVID-19, but that does not mean individuals cannot still qualify for a “regular special enrollment” by going to www.healthcare.gov.
 - ❖ An example of a special enrollment qualifying events not related to COVID-19 would include losing your health coverage (e.g., someone who loses their job and their employer-sponsored health coverage), among others.
- On March 21, PID issued [Bulletin Notice 2020-03](#) to communicate the department’s expectations for health insurers and other regulated entities pertaining to COVID-19.
 - Among other things, the bulletin urges health insurers to:
 - Review their internal processes to ensure that they have clear and accessible information available on their website
 - Staff their consumer service lines accordingly

		<ul style="list-style-type: none"> ➤ Review their telehealth agreements ➤ Verify their network capacity to ensure that they can handle an increase in the need for COVID-19-related healthcare services <ul style="list-style-type: none"> ❖ If insurers lack network capacity, they should cover out-of-network services at an in-network rate. • Additional PID COVID-19-related bulletins can be found on PID’s “Active Department Notices” webpage. • PID has a consumer services hotline (1-877-881-6388) individuals can call if they have questions about obtaining insurance, their current insurance coverage, or filing a complaint.
3	<p>COVID-19 Q & A for Council & Committee Members</p>	<p>The following is a recap of additional information and clarification provided by the Pennsylvania Departments of Aging (PDA), Health (DOH), and Human Services (DOH) during the Q and A portion of the meeting.</p> <p><u>Personal Protective Equipment (PPE)</u></p> <ul style="list-style-type: none"> • The mail system has been the primary method by which Public Partnership, LLC (PPL) has distributed PPE to participant-directed direct care workers. • The payment of PPE as part of a participant’s person-centered service plan would apply per the revised Appendix K Waiver guidance DHS is requesting. <ul style="list-style-type: none"> ○ DHS will disseminate information to providers so that they know how to submit for payment through the Community HealthChoices Managed Care Organizations with the appropriate billing code(s). <ul style="list-style-type: none"> ➤ It was noted that this information would be shared with the council as a follow up once it is available. • This week, DOH’s Emergency Operations Centers will be pushing out more PPE to long-term care facilities, with supplies going to each individual facility. <p><u>Skilled Nursing Facilities</u></p> <ul style="list-style-type: none"> • DOH will soon be releasing staffing guidance and resources for nursing home facilities during the COVID-19 pandemic, including information that addresses training and certification of nurse aides. • DOH has received positive feedback from both internal and external stakeholders regarding its partnership with ECRI to provide infection control and prevention assistance to long-term care facilities. • With the suspension of nonemergency inspections due to the COVID-19 pandemic, DOH continues to respond to complaints reported to its online resource account and hotline. <ul style="list-style-type: none"> ○ Once received, complaints are directed to DOH’s various field offices, who follow up directly with the facility using a variety of methods, including video technology to view the inside of the facility if necessary. ○ In-person inspections are still being conducted if the complaint is of a critical nature, etc.

- DOH Deputy Secretary for Quality Assurance Susan Coble noted that she receives daily updates on the special focus nursing home facilities in the commonwealth.
 - To date, she noted that these facilities have not had a lot of positive COVID-19 cases, but that the department continues to closely monitor their status.

Personal Care Homes & Assisted Living Residences

- DHS' Office of Long-Term Living has partnered with the Jewish Healthcare Foundation (JHF) and the seven regional health systems (Temple University, University of Pennsylvania, Penn State Hershey Medical Center, the Wright Center, University of Pittsburgh Medical Center, Geisinger, and the Allegheny Health Network) to establish the Educational Support and Clinical Coaching Program (ESCCP).
 - The program provides COVID-19-related trainings and technical assistance to personal care homes and assisted living residence staff.
 - The need for this assistance was identified given that many of these facilities do not have access to the clinical staff that is more typical of nursing homes.
 - The educational support component of this program includes weekly webinars hosted by the JHF and clinical coaching by the health systems.

Additional comments

- A concern was raised regarding the process for obtaining PPE.
 - It was noted that it is unclear who healthcare-related stakeholders need to contact for their PPE needs (e.g., the regional health care coalitions, the Pennsylvania Emergency Management Agency, etc.).
 - DOH Executive Policy Specialist and LTCC designee Lori Gutierrez explained that she would share this concern with her leadership and provide follow up information on the PPE distribution and prioritization process.
- It was noted that the issues highlighted in the Long-Term Care Council's April 2019 direct care worker blueprint report have been exacerbated by the COVID-19 pandemic and that long-term care providers need flexibility to quickly hire staff, including the federal criminal history background check requirement.
 - On this point, Secretary Torres noted that he is sensitive to this issue and while the Department of Aging has not waived the federal background check requirement, it has provided greater flexibility for meeting the 90-day provisional hiring requirement.
 - He also explained that the department is working with DHS to clarify any confusion regarding criminal history guidance that was issued for personal care homes and assisted living residences.
- A question was asked whether home and community-service participants have been transferred to nursing facilities due to service interruptions.

		<ul style="list-style-type: none"> Deputy Secretary of Long-Term Living Kevin Hancock explained that OLTL is working with the Community HealthChoices Managed Care Organizations to obtain hard data but noted the anecdotal evidence so far suggests that more people are leaving facility-based care during the COVID-19 crisis to receive services and supports at home as opposed to the reverse.
4	Open Session	There were no public comments during the open session portion of the meeting.
5	Adjournment	The meeting was adjourned at 11:30 a.m.

New Action Items

#	Action Item	Actionee(s)	Deadline	Status
1	PPE distribution and prioritization information	Lori Gutierrez & Chuck Quinnan	ASAP	Completed
2	PPE billing information for person-centered service plans	Jennifer Hale & Chuck Quinnan	ASAP	Completed