

**PENNSYLVANIA  
DEPARTMENT OF AGING**

# LONG-TERM CARE COUNCIL

EST. 2015

## Meeting Minutes

<b>Meeting:</b>	Pennsylvania Long-Term Care Council
<b>Date:</b>	Wednesday, February 13, 2019
<b>Start &amp; End Time:</b>	10:00 a.m. to 1:58 p.m.
<b>Location:</b>	Pennsylvania Farm Show Complex & Expo Center, Keystone Conference Center

### Council Members in Attendance

Insurance Cmmr. Jessica Altman (Designee: Emily Holladay)*	Cmmr. Ted Kopas - <i>County Commissioners Assoc. of PA</i>	Shane Nugent - <i>For-Profit SNFs**</i>
Sen. Michele Brooks (Designee: Ryan Dellinger)*	Ray Landis - <i>Consumer Advocacy</i>	Vini Portzline - <i>LTSS Consumer</i>
Janice Cameron - <i>PA Council on Aging</i>	Holly Lange - <i>Area Agencies on Aging</i>	Kenneth Potter, Esq. - <i>PA Bar Association, Elder Law Section</i>
Brig. Gen. Anthony Carrelli (Designees: Maj. Gen. Eric Weller & Andrew Ruscavage)* (Both served as designees during different parts of the meeting)	Sec. of Health Dr. Rachel Levine (Designee: Lori Gutierrez)*	Nicole Pruitt - <i>Adult Day Centers</i>
Representative Pam DeLissio**	Joyce McClary - <i>LTSS Nurse</i>	Mike Sokoloski - <i>Homecare</i>
Anne Henry - <i>Nonprofit SNFs</i>	Diane Menio - <i>Caregiver</i>	Acting Sec. of Aging Robert Torres Council Chair
Lydia Hernandez-Velez - <i>Consumer Advocacy</i>	Sec. of Human Svcs. Teresa Miller (Designee: Dep. Sec. Kevin Hancock)*	Matt Yarnell - <i>Consumer Advocacy</i>
Brian Hudson, Sr. (Designee: Gelene Nason)*	Rep. Thomas Murt Designee Erin Raub also attended	Heshie Zinman - <i>Consumer Advocacy</i>
Kathleen Kleinmann - <i>LTSS Consumer</i>	Dr. David Nace – <i>LTSS Physician</i>	

\*Attended on member's behalf

\*\*Participated in Council meeting via teleconference

### Council Members Not in Attendance

Dr. Mario Cornacchione - <i>Academic Research</i>	Samella Hudson-Brewton - <i>Senior Community Centers</i>
Tim Coughlin - <i>Assisted Living</i>	Robert Marino – <i>Caregiver</i>
Sen. Art Haywood (Designee: Liana Walters, Esq.)	Sec. of Transp. Leslie Richards (Designee: Emma Lowe)
Nancy Hodgson, PhD - <i>Academic Research</i>	

### PDA Staff in Attendance

Stephanie Cole, Executive Assistant	Chuck Quinnan, Council Executive Director
Maria Dispenziere, Deputy Legislative Director	Sasha Santana, Executive Secretary
Faith Haeussler, PA Council on Aging Exec. Director	

### Committee Members & Guests in Attendance

Jennifer Baumgardner, PA Department of Labor & Industry (L & I)	Rebecca May-Cole, P4A <b>OC</b>
Norris Bennis, PA Health & Wellness	Laura Ness, Bayada Home Health Care <b>WC</b>

Carl Berry, PA Providers Coalition Association <b>WC</b>	Tawanda Peterson, PA Housing Finance Agency (PHFA)
Art DiLoreto, PA Association of Area Agencies on Aging (P4A) <b>WC</b>	Lisa Robinson, My Independence at HOME <b>WC</b>
Diane DiMuria, HHAeXchange <b>QC</b>	Mark Rosenstein, Stevens & Lee
Christine Filipovich, PA Department of Health	Kate Routledge, The Hospital & Healthsystem Association of PA <b>QC</b>
Kathy Gillespie, Clearfield County Area Agency on Aging <b>QC</b>	Jacqueline Rowe, PA Department of Human Services <b>WC</b>
Maria Maletta Hastie, LIFE Geisinger <b>OC</b>	Todd Updegraff, L & I
Vick Hoak, PA Homecare Association <b>WC</b>	Linda Walker, Educators, Inc. <b>AC</b>
Daniel Kleinmann, PA Health & Wellness <b>OC</b>	Lou Wolkenstein, The Investment Advisor <b>QC</b>
Amanda Kloehr, PA Health & Wellness	Margie Zelenak, PA Assisted Living Association <b>OC</b>

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

### Meeting Minutes

#	Discussion Items	Summary
1	<b>Welcome</b>	<p>Acting Secretary of Aging Robert Torres opened the meeting by welcoming members and guests and noting that he looks forward to working with the Council in his new role.</p> <p>Council Executive Director Chuck Quinnan went over housekeeping items (e.g., emergency evacuation protocol, Wi-Fi password, etc.), introduced Council members Representative DeLissio and Shane Nugent on the conference line, and provided the following updates:</p> <ul style="list-style-type: none"> <li>• Representative Thomas Murt, the new Majority Chair of the House Aging and Older Adult Services Committee, has been appointed to serve on the Council as his caucus' representative, replacing Representative Tim Hennessey, who is now the Majority Chair of the House Transportation Committee.</li> <li>• Janice Cameron was recently appointed to the Council by the Governor as the new <i>Pennsylvania Council on Aging</i> representative.</li> <li>• We are working with the Governor's Office on filling the <i>Long-Term Care Insurance</i> and <i>Long-Term Care Managed Care</i> vacancies on the Council and expect to have appointments made soon.</li> <li>• The meeting packets for both Council and non-Council committee members contain the agendas and handouts for the committee breakout meetings.</li> </ul>
2	<b>Introduction of Members &amp; Guests</b>	Members and guests introduced themselves. Representative DeLissio joined the meeting in person.
3	<b>Approval of December 6, 2018 Meeting Minutes</b>	A motion was made and seconded, and the December 6, 2018, meeting minutes were unanimously approved.
4	<b>Commonwealth Updates</b>	Acting Secretary Torres and designees from the Departments of Health, Human Services, and Military and Veterans Affairs provided the following updates:

**Department of Aging – Acting Secretary Torres**

Governor's FY 2019-2020 Budget Proposal

- The Department of Aging's House Appropriations Committee budget hearing was held on Monday, February 11.
- The Governor's proposed budget for the department is level set except for a \$2.8 million increase to support the area agencies on aging (AAA) network with older adult protective services, which has seen an increase in demand over the last four years.
  - This amount is in addition to the \$2.1 million increase that was approved in the current fiscal year budget.

Office of Inspector General's Report

- With regard to older adult protective services, the Office of State Inspector General released a report on January 8 on its investigation of the department's Protective Services Office, which began in May 2017.
- Prior to its release, the department had already been working on addressing several of the issues that were highlighted in the report by:
  - Issuing policies and procedures to standardize how reports of needs are categorized across the AAA network.
  - Increasing the level of monitoring.
    - We have increased the frequency of site visits to make sure that any deficiencies or issues being experienced by the AAAs are remediated.
  - Examining protective services training, both in terms of content and frequency.
    - I will be meeting with Temple University, the entity that provides our protective services training, to discuss the training program and possible areas of improvement.
    - In addition, the Attorney's General Office has an academy for investigators which I learned about when I was at the Department of State. While it is primarily focused on law enforcement, there are components that I believe could be beneficial to our investigators, so I will be looking into this further to see how we might take advantage of this opportunity going forward.
- We also continue to evaluate areas where additional policy clarification or technical assistance may be needed to support the AAA network and ensure that any issues are addressed in a timely manner.

**Department of Health (DOH) – Executive Policy Specialist Lori Gutierrez**

Governor’s FY 2019-2020 Budget Proposal

- The Governor’s proposed budget requests \$23.5 million for DOH’s Bureau of Quality Assurance (QA), which is a 2.2% increase over the current fiscal year.
  - QA is responsible for ensuring the delivery of quality healthcare in most inpatient and outpatient settings and facilities. The bureau also approves building, engineering, and construction plans for healthcare facilities.

2019 Priorities

- The Secretary of Health has outlined the following four priorities for this year:
  - Combatting the opioid epidemic
    - Our department is involved in many aspects of helping to combat this epidemic.
  - Emergency preparedness
    - Ensuring that our agency is equipped to appropriately respond in the event of a disaster or a public health emergency.
  - Addressing maternal and child health
    - We have several initiatives, including a newly convened maternal mortality review committee to review maternal deaths, identify root causes of preventable deaths, and develop strategies for prevention.
  - Improving nursing homes
    - We continue with the restructuring of civil monetary penalties (CMPs) to increase facility care safety.
    - We are continuing to work on draft long-term care (LTC) facility licensure (nursing home) regulations and hope to have them submitted to the Governor’s Office by the second quarter of this year.
    - We will be participating with the Auditor General when he comes back to revisit the department’s oversight of nursing homes.

In response to questions on CMPs, Ms. Gutierrez clarified that the department is restructuring the actual penalties and how best to apply them and noted that the department is not seeking any changes to the Health Care Facilities Act. She also noted that she would provide Chuck Quinnan with additional information for the Council on the draft LTC care facility licensure regulations.

**Department of Human Services (DHS) – Deputy Secretary of Long-Term Living Kevin Hancock**

Governor’s FY 2019-2020 Budget Proposal

- The majority of state funding for DHS goes to supporting the Medicaid Program (referred to as Medical Assistance in Pennsylvania).
- The Governor’s \$12.99 billion budget request for DHS includes:
  - \$4.08 billion for physical health services
  - \$3.32 billion for long-term living services
  - \$2.12 billion for intellectual disability/autism services
  - \$1.32 billion for children, youth, and family services
  - \$863 million for mental health and substance abuse services
  - \$530 million for administration
  - \$487 million for early education and learning
  - \$273 million for financial supports and other supports

2019 Goals for Office of Long-Term Living

- Continue monitoring implementation of Community HealthChoices (CHC) in the southeast zone (Phase II) – which began on January 1, 2019 – to ensure that there is no risk of interruption of participant services or provider payments.
  - We are working with the managed care organizations (MCOs) to ensure that any issues are addressed in a timely manner.
    - An example of a service interruption could include a participant who does not receive their personal assistance services because of a missed shift. In addition, an interruption of provider payment could result from a situation in which the service authorization does not contain the correct hours of services approved for the participant.
  - The issues experienced in the southeast zone to date have been minimal due in large part to the lessons learned from the southwest (Phase I) implementation.
- Begin shifting in the southwest zone to “steady state operations” where we will focus on some of the long-term operational goals for CHC, such as providing services for people in the community – which is the primary goal as it reflects the preferences of participants – and nursing home transition.
  - We will be working with the CHC-MCOs on this goal, not the least of which is focusing on nursing home transition and exploring options for payment mechanisms (e.g., value-based purchasing) to incentivize this objective.
  - In addition to community-based supports and nursing home transition, other goals of the program include employment and housing.
- Preparing for the rollout of CHC in the remainder of the state (Phase III) on January 1, 2020.
  - Phase III is approximately three times the geography of any of the other zones and is heavily rural, with a larger population than the southeast zone.

- Phase III comprises most of the state, including the northern tier, northeast, northwest, central, and southcentral counties, as well as the Lehigh Valley.
- Challenges with rural service delivery have existed since the beginning of the long-term care system in Pennsylvania, and the hope is that CHC will provide innovation in addressing some of the geographic and population challenges in this phase.
- We believe we are in a good place to begin the launch but welcome any suggestions on how best to get the word out.

CHC Participant Plan Selection to Date & Phase III Population

- Southeast Distribution
  - AmeriHealth Caritas, which is known as Keystone First in the southeast, has 52% of enrollments.
  - PA Health & Wellness, which is the Pennsylvania subsidiary of the Centene Corporation, has 24% of enrollments.
  - UPMC CHCs has 24% of enrollments as well.
- Southwest Distribution
  - UPMC CHCs has 53% of enrollments.
  - PA Health & Wellness has 27% of enrollments.
  - AmeriHealth Caritas has 19% of enrollments.
- None of the plans have a dominant presence in the remainder of the state, with the exception of UPMC in the northwest around Erie with the HealthChoices Program, so it remains to be seen how plan selection will unfold in Phase III.
  - The majority of individuals in Phase III (99,887 out of 143,004 as of late 2018) are dually eligible for Medicare and Medicaid but not in need of long-term services and supports (LTSS).
  - As of late 2018, there were 14,609 dual eligibles receiving LTSS in the community, 4,089 non-dual eligibles receiving LTSS in the community, 23,323 dual-eligibles receiving LTSS in nursing facilities, and 1,096 non-duals receiving LTSS in nursing facilities.
    - The nursing facility population percentage is much greater in Phase III compared to either the southwest or the southeast zones.

Deputy Secretary Hancock provided the following additional details/clarification in response to questions:

- While provider development will be the biggest challenge in Phase III given the rural geography, the CHC-MCOs can do some unique types of contracting with providers in ways that DHS could not under fee-for-service that will hopefully provide incentives for additional providers to participate in the Medicaid Program.
- Another challenge in Phase III is communication with participants who live in rural areas.
  - To meet this challenge, DHS is focusing on participant, as well as provider, communication in Phase III from both an urban/suburban and rural perspective.

- The Office of Long-Term Living will present data to the Council in the future regarding the impact (e.g., bending the cost curve) of CHC on the increased demand for LTSS as a result of the state's changing demographics, etc.
- The Departments of Health and Human Services have a responsibility to ensure that the three CHC-MCOs have adequate provider networks to support participants, and the MCOs must continually demonstrate that they are meeting the terms of their agreements for network adequacy.
  - With regard to nursing home transition, the MCOs must either perform these services in-house or use contractors, such as centers for independent living.
    - If the MCOs are not meeting the terms of their agreements, DHS can intervene and issue a corrective action plan. However, providers must also meet the standards in their contracts with the MCOs and provide quality services.

Deputy Secretary Hancock also noted that he would provide Chuck Quinnan a copy of the [PowerPoint presentation](#) detailing his updates to share with the Council.

**Department of Military and Veterans Affairs (DMVA) – Major General (R) Eric Weller**

Governor's FY 2019-2020 Budget Proposal

- DMVA is funded to do three things as it relates to veterans:
  - Administer the state's six veterans' homes
  - Perform outreach to highlight benefits available to veterans
  - Administer state benefits programs specifically for veterans
- The Governor's proposed budget for the upcoming fiscal year requests a \$1.6 million increase for veterans' homes.
  - This includes funding for the following initiatives: active shooter training, tuition assistance for nurse aide training, leadership training, and a pilot study on the development of adult day care at the Southeastern Veterans' Center.

Other Initiatives

- DMVA has an LGBTQ Training Program at our veterans' homes that we began after receiving a briefing from SAGE two years ago thanks to Council member Heshie Zinman.
- To address demand and reduce wait times, we are shifting to a certain extent from personal care to more skilled care at the veterans' homes.
  - Three homes will still have personal care, but all six will provide skilled and dementia care.
- Equipment upgrades/modernization (e.g., wheelchairs, beds, etc.)
- Working with the Governor's Office of Administration on our hiring practices
- Identifying services and organizations in the community to assist veterans with severe mental health issues (e.g., traumatic brain

		<p>injury, post-traumatic stress disorder, drug and alcohol dependency, etc.), homelessness, etc., so we can do a warm hand-off when we are unable to serve someone in our facilities.</p> <ul style="list-style-type: none"> <li>○ There are a lot of services and supports available for veterans outside of the DMVA but not an organized flow of information, so we are working to highlight these services and enhance awareness.</li> <li>● We are working with other state agencies as part of the Governor's Advisory Council on Veterans' Services. <ul style="list-style-type: none"> <li>○ We have committees on aging, employment, and the judiciary with regard to incarcerated veterans, suicide prevention, mental health, women veterans, etc.</li> </ul> </li> </ul> <p>Major General Weller provided the following additional information and clarification in response to questions:</p> <ul style="list-style-type: none"> <li>● The LGBTQ Training Program is not only for our employees but for the residents of veterans' homes. <ul style="list-style-type: none"> <li>○ The initial phases of training have been completed, and we are setting up reoccurring training.</li> <li>○ We are also currently rewriting our policies and procedures, non-discriminatory clauses, application processes, etc., to make them more user friendly to the LGBTQ community, as well as working with Secretary of Health Dr. Rachel Levine on other ways we can be supportive.</li> </ul> </li> <li>● DMVA is working with the Department of Corrections in relation to incarcerated veterans. <ul style="list-style-type: none"> <li>○ We are part of a team that goes to the state prisons to speak to these inmates about veterans' services they can access once they are released.</li> <li>○ Other team members address other issues such as employment. The hope is to extend this outreach to the county prisons.</li> </ul> </li> <li>● We are also working with the Unified Judicial System of Pennsylvania to help them find more mentors for the Veterans Courts, which assist veterans charged with crimes who are struggling with addiction, mental illness, etc.</li> </ul>
5	<p><b>Overview/Discussion of Draft Committee Direct Care Worker-Related Recommendations &amp; Strategies</b></p>	<p>The committee chairs presented a brief overview of their draft recommendations and strategies and solicited feedback from the Council members.</p> <p><b>Access Committee</b> – Chair Mike Sokoloski provided the following overview of the committee's recommendation:</p> <ul style="list-style-type: none"> <li>● The committee is recommending the establishment of a standardized core training and credentialing system for direct care workers, which provides career pathways throughout the continuum of long-term services and supports (LTSS).</li> <li>● Recommendation strategies include the formation of a training advisory workgroup to develop a model training curriculum and career pathways, partnering with the Community HealthChoices Managed Care Organizations and LTSS providers to pilot test the curriculum/pathways, exploring potential funding sources to</li> </ul>



assist with the cost of training, establishing a loan and/or grant program under the Pennsylvania Higher Education Assistance Agency for those who commit to work as a direct care worker for a certain period of time, etc.

There were no questions from the Council members.

**Outreach Committee** – Chair Ray Landis explained that the committee’s recommendation follows a two-prong approach by:

- Calling for the creation of a statewide public awareness campaign and targeted events to both emphasize the need to recruit and retain more workers and the value of these professionals.
  - Recommendation strategies include forming a consortium of LTSS stakeholders to facilitate the creation of the campaign, including securing needed funding, and organizing a statewide direct care worker day and a “Take an Elected Official to Work Day” to inform public officials of the timely nature of the issues confronting the direct care workforce.

There were no questions from the Council members.

**Quality Committee** – Chair Kathleen Kleinmann noted that the committee has two recommendations, which focus on:

- Expanding the availability and coverage of technology supports for both direct care workers and long-term services and supports (LTSS) participants by improving the dissemination of information on technology applications and providing greater investment in existing state supported programs.
  - Strategies include requiring the CHC-MCOs to submit annual plans to the Department of Human Services on their efforts to implement technology to support direct care workers, expand the availability and coverage of assistive technology for LTSS participants, collect data to measure the impact of technology, etc., and enhance the strength of current state assistive technology programs by allocating additional state funding in the budget to TechOWL and the Pennsylvania Assistive Technology Foundation (PATF), which runs the Assistive Technology Lending Library and leverages low or no interest loans and grants to help consumers access assistive technology, respectively.
- Implementing incentives to encourage college students to enter the direct care workforce and for students and others to provide informal supports to older adults and those with disabilities.
  - Strategies include loan forgiveness, tuition assistance, academic credit, etc., for nursing or other health-related college students who commit to work as a direct care worker for a certain length of time; housing stipends for

students who are vetted and reside with an older adult or person with a disability in exchange for helping out with instrumental activities of daily living; and tax credits for individuals who assist neighbors with services such as lawn care, snow removal, etc.

In response to a question, Chuck Quinnan provided the amount of funding proposed in the Fiscal Year 2019-2020 state budget for the TechOWL and PATF line-items, as well as the funding amounts for these line-items over the last ten fiscal years.

**Workforce Committee** – Chair Matt Yarnell noted that the committee is proposing three core recommendations, which focus on:

- Establishing a minimum starting wage of \$15 an hour for all direct care workers, with annual increases indexed to inflation going forward. It was noted that the committee still has to determine the timeframe for implementing the increases and recognizes that provider reimbursement rates need to go up with the wage increases. In addition, Chair Yarnell highlighted that the 2007 report *Addressing Pennsylvania's Direct Care Workforce Capacity: Primary Recommendations for Quality Jobs and Quality Care* called for a \$12 an hour minimum wage for direct care workers by 2010.
  - Strategies include holding legislative hearings to educate lawmakers about the direct care worker crisis and the importance of appropriating additional funding in the state budget to help raise wages, reinvesting savings from value-based purchasing models implemented as part of Community HealthChoices (CHC) into the workforce, etc.
- Implementing standardized data tracking, reporting, and training of workforce quality indicators across long-term services and supports (LTSS) settings.
  - Strategies include establishing a uniform data collection reporting system on key workforce quality indicators (e.g., wages, turnover, worker injury rates, consumer and employee satisfaction, etc.) by initiating pilot projects with the CHC Managed Care Organizations (MCOs) and using the lessons learned to determine how best to collect workforce data from other entities providing LTSS through other state-funded or administered programs.
- Requiring integration of direct care workers into person-centered planning teams by providers and health plans.
  - Strategies include making this a requirement of the commonwealth's contracts with the CHC-MCOs and as a condition of licensure for all LTSS providers.

A concern was raised regarding the fact that the committee's minimum wage recommendation only includes direct care workers and not other types of LTSS employees. In response, it was noted that the recommendation is in line with the current charge (priority) of the

		<p>Council and the committees, which is to focus specifically on recruitment and retention of direct care workers. It was also recognized that the recommendation strategy language should be broadened to include enhanced reimbursement for LTSS providers who receive other types of state-supported payments, not just Medicaid.</p>
6	<b>Working Lunch w/ Committee Breakout Meetings</b>	<p>The committees met for a working lunch to consider the Council's feedback on their draft recommendations/strategies and to make any necessary revisions and fill in gaps, etc.</p>
7	<b>Committee Breakout Reports</b>	<p>Committee chairs provided the following reports on their breakout meetings:</p> <p><b>Access Committee</b> – Chair Mike Sokoloski provided the following report:</p> <ul style="list-style-type: none"> <li>• The committee made a few minor revisions (e.g., expanded the training curriculum criteria and revised wording regarding diversity and cultural competency) and will be scheduling a conference call in the near future to vote on the recommendation.</li> </ul> <p><b>Outreach Committee</b> – Chair Ray Landis provided the following report:</p> <ul style="list-style-type: none"> <li>• Our committee also made some revisions. For example, we removed language in one of our strategies pertaining to the “Own Your Future Campaign,” as it did not seem relevant to our recommendation. We also decided to include a date certain for the creation of the consortium and to have the Governor or his designee take the lead in its formation. Lastly, we tweaked one of recommendation barriers pertaining to the lack of public awareness on the role of direct care workers. We will revise our recommendation document accordingly and have a conference call to take a vote.</li> </ul> <p><b>Quality Committee</b> – Chair Kathleen Kleinmann provided the following report:</p> <ul style="list-style-type: none"> <li>• We made a few word tweaks to our recommendations and will also have conference call to finalize the edits and take a vote. The committee spent most of its time discussing the Workforce Committee's direct care worker minimum wage recommendation.</li> </ul> <p><b>Workforce Committee</b> – Chair Matt Yarnell provided the following report:</p> <ul style="list-style-type: none"> <li>• The committee had a robust conversation, particularly around the need for provider rates to keep pace with raising the minimum wage for the direct care workforce. As a result, we will be adjusting the wording in our recommendation to clarify that point more directly and expand the language to include state payments outside of Medicaid as well. In addition, we discussed the timeline for getting to \$15 an hour, but we did not reach a conclusion, so we will continue the conversation. Lastly, we decided to condense the minimum standards under the data</li> </ul>

		<p>collection recommendation as well as include a timeframe for this recommendation. Similar to the other committees, we will schedule a conference to finalize our revisions and vote on the recommendations.</p> <p>Chuck Quinnan explained that he will be working with the Outreach Committee on drafting the narrative that will accompany the recommendations and packaging everything together, so it is ready for a vote by the full Council at the April 18 meeting.</p>
8	<b>Open Session</b>	There were no public comments during the open session portion of the meeting.
9	<b>Adjournment</b>	The meeting was adjourned at 1:58 p.m.

**New Action Items**

#	Action Item	Actionee(s)	Deadline	Status
1	Provide members additional information regarding the Department of Health's draft long-term care (nursing home) facility licensure regulations	Lori Gutierrez & Chuck Quinnan	ASAP	Completed
2	Provide members Deputy Secretary Hancock's <a href="#">PowerPoint presentation</a> regarding his updates on DHS' 2019-2020 proposed budget, OLTL's 2019 goals, and the rollout of Community HealthChoices	Dep. Sec. Hancock & Chuck Quinnan	ASAP	Completed