

**PENNSYLVANIA
DEPARTMENT OF AGING**

LONG-TERM CARE COUNCIL

EST. 2015

Meeting Minutes

Meeting:	Pennsylvania Long-Term Care Council
Date:	Thursday, August 29, 2019
Start & End Time:	9:00 a.m. to 2:19 p.m.
Location:	The Pennsylvania Governor's Residence

Council Members in Attendance

Insurance Cmmr. Jessica Altman (Designee: Emily Holladay)*	Brian Hudson, Sr. (Designee: Gelene Nason)*	Rep. Thomas Murt Designee Erin Raub also attended
Eric Beittell - <i>LTC Insurance</i>	Samella Hudson-Brewton - <i>Senior Community Centers</i>	Dr. David Nace - <i>LTSS Physician</i>
Sen. Michele Brooks (Designee: Janelle Lynch)*	Kathleen Kleinmann - <i>LTSS Consumer</i>	Shane Nugent - <i>For-Profit SNFs</i>
Janice Cameron - <i>PA Council on Aging</i>	Cmmr. Ted Kopas - <i>County Commissioners Assoc. of PA</i>	Vini Portzline - <i>LTSS Consumer</i>
Brig. Gen. Anthony Carrelli (Designee: Andrew Ruscavage)*	Ray Landis - <i>Consumer Advocacy</i>	Kenneth Potter, Esq. - <i>PA Bar Association, Elder Law Section</i>
Sen. Maria Collett (Designee: Tom Holroyd)*	Sec. of Health Dr. Rachel Levine (Designee: Susan Coble)*	Nicole Pruitt - <i>Adult Day Centers</i>
Representative Pam DeLissio	Robert Marino – <i>Caregiver</i>	Acting Sec. of Aging Robert Torres Council Chair
Mark Gusek - <i>LTC Managed Care</i>	Joyce McClary - <i>LTSS Nurse</i>	Matt Yarnell - <i>Consumer Advocacy</i>
Lydia Hernandez-Velez - <i>Consumer Advocacy</i>	Diane Menio - <i>Caregiver</i>	Margie Zelenak - <i>Assisted Living Residences & Personal Care Homes</i>
Nancy Hodgson, PhD - <i>Academic Research</i>	Sec. of Human Svcs. Teresa Miller (Designee: Jennifer Hale)*	Heshie Zinman - <i>Consumer Advocacy</i>

*Attended on member's behalf

Council Members Not in Attendance

Anne Henry - <i>Nonprofit SNFs</i>	Sec. of Transp. Leslie Richards (Designee: Emma Lowe)
Holly Lange - <i>Area Agencies on Aging</i>	Mike Sokoloski - <i>Homecare</i>

PDA Staff in Attendance

Stephanie Cole, Executive Assistant	Chuck Quinnan, Council Executive Director
Maria Dispenziere, Deputy Legislative Director	Sasha Santana, Executive Secretary
Glenda Ebersole, Executive Policy Specialist	David Toth, Director of Policy & Legislative Affairs
Patrick Lally, Project Manager	

Committee Members & Guests in Attendance

Alison Beam, Governor's Office	Daniel Kleinmann, PA Health & Wellness OC
Norris Benns, PA Health & Wellness	Rebecca May-Cole, PA Association of Area Agencies on Aging OC
Carl Berry, PA Providers Coalition Association WC	Katie Merritt, PA Dept. of Military & Veterans Affairs (DMVA)
Jeff Blume, PA Department of Labor & Industry	Laura Ness, Bayada Home Health Care WC

Sandra Curlee, Long Term Care Insur. Specialist AC	Lisa Robinson, My Independence at HOME WC
Jennifer Ebersole, Alzheimer's Association	Kate Routledge, The Hospital & Healthsystem Association of PA QC
Kailee Fisher, Pennsylvania House of Representatives	Missy Shupe, Long-term care nurse
Jennifer Haggerty, PA Homecare Association (PHA) WC	Angela Stateler, DMVA
Michael Hale, PA Department of Human Services (DHS)	Linda Walker, Educators, Inc. AC
Maria Maletta Hastie, LIFE Geisinger OC	Drew Wilburne, DHS
Teri Henning, PHA	Anne Yanikov, PA Health & Wellness
Jeff Iseman, PA Statewide Independent Living Council	

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

Meeting Minutes

#	Discussion Items	Summary
1	Welcome	<p>Council Executive Director Chuck Quinnan opened the meeting by welcoming members and guests.</p> <p>Executive Residence Staff Manager Juli Bossert went over the emergency evacuation protocol for the residence, and Mr. Quinnan provided the following updates:</p> <ul style="list-style-type: none"> ▪ Councilmember and Quality Committee Chair Kathleen Kleinmann will be resigning from the council as she will be retiring as CEO of Transitional Paths to Independent Living at the end of September. ▪ I recently spoke at a Community Conversations forum hosted by the Healthcare Council of Western Pennsylvania on the council's direct care worker blueprint report and have been asked to speak about the report at upcoming meetings of the Southwestern Pennsylvania Partnership for Aging and the Maryland Regional Direct Services Collaborative. ▪ We are continuing to work with the Governor's Office on identifying a candidate for the council's academic research vacancy and welcome any suggestions that members may have on filling this slot.
2	Introduction of Members & Guests	Members and guests introduced themselves, and Secretary Torres joined the meeting after arriving from an earlier meeting.
3	Approval of June 12, 2019 Meeting Minutes	A motion was made by Matt Yarnell and seconded by Lydia Hernandez-Velez and the June 12, 2019, meeting minutes were unanimously approved.
4	Commonwealth Updates	<p><u>Department of Aging</u> – Secretary Torres provided the following updates:</p> <ul style="list-style-type: none"> • The recently enacted fiscal year 2019-2020 state budget includes an additional \$2.8 million in funding for protective services. <ul style="list-style-type: none"> ○ The department is in the process of reviewing proposals made by the area agencies on aging (AAAs) to ensure that the funding is used to increase capacity and enhance the delivery of protective services. ○ Secretary Torres clarified that the \$2.8 million is in addition to the \$2.1 million received for protective services in the previous budget, for a total of

approximately \$5 million in new funding over the last two years.

- It was noted that the AAAs had originally requested \$8 million in additional funding for protective services, but that they are conducting a comprehensive review of other needs to determine priority for future funding requests.
- In July, the third and final meeting of the Grandfamilies Workgroup was held with a focus on education and child care.
 - The previous two meetings focused on health and human services and legal issues.
 - The workgroup has assisted the administration in bringing greater attention to the struggles faced by grandparents raising grandchildren, and, as a result, the department is exploring ways to better support these grandparents.
 - In terms of legal issues, the department is engaged in discussions with the Advisory Council on Elder Justice in the Courts, Supreme Court Justice Debra Todd, Superior Court Judge Paula Ott, and others regarding training for judges in order to raise the level of awareness and sensitivity around the challenges confronted by grandparents raising grandchildren.
 - These conversations are ongoing, and the department will continue to work on elevating the issues confronted by grandparents in this role.
- The department recently decided to terminate an Alzheimer's-related federal grant after Music and Memory, an organization that was to provide a primary service component of the grant, folded.
 - Person-centered training for the AAAs will continue, and the department is examining opportunities for other evidence-based programs to fulfill what was going to be provided under the grant.
- At the Pennsylvania Council on Aging's (PCoA) July meeting, members received a presentation by Governor Wolf's Deputy Chief of Staff Sam Robinson on the governor's Restore PA initiative.
 - Given the PCoA's interest in social isolation and telehealth and telemedicine, they also heard from representatives from the University of Pittsburgh Medical Center, the Lebanon VA Medical Center, and a managed care organization who discussed their efforts related to telehealth/telemedicine and the importance of having broadband to ensure that seniors and others can access those services equitably across the commonwealth.
 - Discussion also included emergency preparedness and how Restore PA would address infrastructure needs as older adults are disproportionately impacted during emergencies.
 - After a robust discussion, the PCoA voted to endorse the governor's Restore PA proposal.
- On August 1, members of the Alzheimer's Disease and Related Disorders (ADRD) Task Force and department staff took training

to become Dementia Friends and additional training to be designated Dementia Champions.

- Dementia champions are able to train people in their communities to become Dementia Friends.
- This training is part of the ADRD's goal of getting Dementia Champions in every county in Pennsylvania.
- A few weeks ago, the department's director of protective services made a presentation to the Pennsylvania Commission on Crime and Delinquency's (PCCD) Victim Services Advisory Committee regarding the department's interest in obtaining a victims of crime act grant.
 - The presentation included an overview of the protective services landscape and how the grant funding would be utilized to support protective services.
 - The department will be making a formal grant presentation to the PCCD in November.

Department of Human Services (DHS) – Jennifer Hale, Director of the Office of Long-Term Living's (OLTL) Bureau of Policy and Regulatory Management, provided the following updates regarding Community HealthChoices (CHC), the fiscal year 2019-2020 state budget, and the renewal of the CHC home and community-based waiver:

- DHS is preparing for the third and final phase of CHC, which will begin on January 1, 2020, in the remainder of the state (the Lehigh/Capital, northwest, and northeast regions).
- The following are some of the outreach and communication activities that DHS is conducting for participants and providers in these regions:
 - In early July, participants were sent an initial touch-point flyer, which outlines the upcoming rollout of CHC, and a flyer on the LIFE program.
 - On August 1, 2019, OLTL's education and outreach vendor, Aging Well, sent out a flyer with information on the participant listening sessions.
 - There are 72 participant listening sessions scheduled for the third phase and they are scheduled for the first week of September through November.
 - Registration is currently open and over 1,000 individuals have registered so far.
 - This week participants will also begin to receive the first round of pre-transition notices and enrollment packets.
 - One of the things that we are doing a little differently this time for participant listening sessions is having staff from the independent enrollment broker attend the sessions so that they can provide information and clarification to participants, including choice counseling to assist with reviewing plan selection.
- DHS is also requesting that service coordinators participate in online training and conduct a "meaningful contact" with participants on their caseload, either in person or by phone, to share what they learned in the training.

		<ul style="list-style-type: none"> • November 13, 2019, is the last day for advanced plan selection for participants. <ul style="list-style-type: none"> ○ After November 13, 2019, participants will be auto assigned. ○ December 20, 2019, is the last day to make a plan change in order for it to be effective on January 1, 2020. <ul style="list-style-type: none"> ➤ Participants can change their plan at any time, but changes do not go into effect until the first day of the next month due to dating rules. • DHS identifies if someone has a language preference through the client information system and sends materials in their preferred language. <ul style="list-style-type: none"> ○ Materials are translated into the top five languages and available on DHS’s website. • DHS will be renewing the 1915C CHC waiver, which is the community-based part of CHC and contains all home and community-bases services. <ul style="list-style-type: none"> ○ The current waiver is set to expire in June of 2020, so the department’s goal is to renew the waiver early and have it go into effect on January 1, 2020, to align with the CHC agreement with the MCOs. ○ In order to meet this goal, DHS must submit the waiver to the Centers for the Medicare and Medicaid Services (CMS) by October 2, 2019, of this year as CMS requires a 90-day review period. ○ DHS published a notice in the Pennsylvania Bulletin that outlines the changes to the waiver and initiated a 30-day public comment period. • As Mr. Quinnan mentioned previously, the recently enacted fiscal year 2019-2020 state budget includes a 2% increase for personal assistance services, effective January 1, 2020. <ul style="list-style-type: none"> ○ This is an across the board increase as it applies to both the agency and participant-directed model.
5	PA Link to Aging and Disability Resources	<p>Patrick Lally, Project Manager of the Department of Aging’s Aging and Disability Resource Office, gave a PowerPoint presentation on the Pennsylvania Link to Aging and Disability Resources (referred to as the PA Link). The following is a recap of additional information and clarifications Mr. Lally provided during his presentation and in response to questions:</p> <ul style="list-style-type: none"> • The PA Link, referred to federally as Aging and Disability Resource Centers, is an integrated network of partner agencies (e.g., AAAs, centers for independent living, community action agencies, veterans’ organizations, etc.) who collaborate to serve as single entry points for individuals (older adults and those under 60 with a disability) needing long-term services and supports (LTSS). • There is no income requirement to utilize PA Link services, and services are open to the family members and providers of individuals needing support. <ul style="list-style-type: none"> ○ The definition of an individual with a disability includes those with younger onset dementia. • Key responsibilities include: <ul style="list-style-type: none"> ○ Information, referral, and assistance

		<ul style="list-style-type: none"> ○ Person-centered counseling <ul style="list-style-type: none"> ➤ There are approximately 350 trained counselors who provide this service. ○ Benefits counseling and application assistance <ul style="list-style-type: none"> ➤ This includes assistance with the PA 600 L financial eligibility application for Medicaid LTSS. ○ Community outreach and education ○ Transition support (e.g., transitioning between LTSS settings, from high school to college for students with disabilities, to civilian life, etc.) <ul style="list-style-type: none"> ● The PA Link is part of the “No Wrong Door” initiative and is comprised of 15 service areas (serving multiple counties), which are organized into four regions. <ul style="list-style-type: none"> ○ Each service area has a lead coordinator and an oversight committee, which is comprised of partner agencies. ● The goal of the PA Link is to eliminate confusion for individuals, their families, and caregivers in learning about and accessing LTSS by providing objective information and empowering people to make informed decisions. ● The PA Link has a statewide call center, which is open from 8:30 A.M. to 5:00 P.M. five days a week. <ul style="list-style-type: none"> ○ The call center receives approximately 1,400 calls a month. ○ Calls and messages left after hours are returned the next day. <p>In response to requests for additional information, Mr. Lally noted that he would provide Mr. Quinnan with the following to share with the council:</p> <ul style="list-style-type: none"> ● The number of individuals the PA Link has assisted with the PA 600 L during the last fiscal year ● Historical data on the call center’s volume
6	Games of Skill	<p>Alison Beam, who recently became the governor’s deputy chief of staff for the health hub agencies, addressed the council regarding the proliferation of illegal gambling machines, which are being marketed as “Pennsylvania Games of Skill.” Deputy Chief of Staff Beam explained that these games are a direct competitor to the Pennsylvania Lottery and the senior programs it funds, and noted that the passage of legislation (Senate Bill 710 and House Bill 931) to address this issue is a high priority for the administration. She concluded her remarks by welcoming the council’s support with this endeavor.</p>
7	MALTSS Enrollment Services	<p>Jennifer Hale, Director of the Bureau of Policy and Regulatory Management for the Department of Human Services’ (DHS) Office of Long-Term Living (OLTL), provided a PowerPoint presentation on DHS’ efforts to reform and streamline the enrollment services process, including services provided by the independent enrollment broker (IEB), for Medicaid long-term services and supports (MALTSS). The following is a recap of Ms. Hale’s presentation:</p> <ul style="list-style-type: none"> ● On March 22, 2019, DHS released a concept paper – referred to as a request for information (RFI) – outlining various aspects of the enrollment process that it would like to change.

- There was a 30-day public comment period for the RFI.
 - 38 commenters submitted feedback for a total of 495 comments
 - Comment themes focused on, among other things, conflict-free enrollment and choice counseling, the in-home visit process, consolidation of clinical eligibility functions, and the physician certification process, etc.
- OLTL reviewed the submitted comments for consideration in the draft request for application (RFA), which was released on June 28, 2019, with a 30-day public comment period.
- OLTL is in the process of finalizing its review of those comments for consideration in the final RFA, which is targeted to be published at the end of September.
 - Entities wishing to serve as the IEB will have 45 days to respond to the RFA.
- During this process, OLTL evaluated several key areas for improvement in the enrollment services process, along with strategies for reform, including the following issue elements:
 - Issue #1 – Multiple entry points and lack of case management
 - Improvement strategies – requiring one in-home visit be conducted at the onset of the process and the assignment of case managers to assist participants with completing the LTSS application.
 - ❖ During the home visit, the case manager will talk to the participant about the PA 600 L (financial eligibility application) and be available to assist them with getting the required documents and starting the application process in COMPASS, etc.
 - ❖ The case manager would also be the single point of contact for the participant as they navigate the enrollment process and have questions.
 - Issue #2 – Fragmented clinical eligibility process
 - Improvement strategies – consolidate the functional eligibility process by having the case manager complete the functional eligibility determination during an in-home visit and assist participants, if needed, with obtaining the physician certification.
 - ❖ The RFA also includes measures for improved communications with county assistance offices and reporting metrics to ensure compliance.
 - Issue #3 – Limited community partnerships and referrals
 - Improvement strategies – requiring the IEB to have a regional community-based presence, case managers to be regionally-based, and ensuring conflict-free enrollment and choice counseling, which is a federal mandate
 - Issue #4 – Customer service and quality improvement

		<ul style="list-style-type: none"> ➤ Improvement strategies – The RFA includes communication touch points for case managers and required timeframes in which they would have to meet certain milestones for initiating follow up with participants. <ul style="list-style-type: none"> ❖ In terms of enhanced accountability and quality control, the RFA includes additional reporting and performance measures that were part of the public comment process. <p>During the question and answer period, Ms. Hale provided the following additional clarification:</p> <ul style="list-style-type: none"> • Enhanced accountability and quality control mentioned under issue #4 includes financial penalties <ul style="list-style-type: none"> ○ The IEB is subject to service-level agreements and performance measures that it must meet and monitoring sanctions for failure to do so. • The four issue elements discussed in her presentation were further flushed out through the public comment period. • In-home visits by case managers at the onset of the application period will begin at the end of September.
8	CHC Participant Experience	<p>Michael Hale, Director of the Bureau of Fee-for-Service Programs for the Department of Human Services’ (DHS) Office of Long-Term Living (OLTL), provided a PowerPoint presentation on the process for evaluating the Community HealthChoices’ (CHC) participant experience. Mr. Hale filled in for Wilmarie Gonzalez, Director of OLTL’s Bureau of Quality Assurance and Program Analytics, who had a death in her family. The following is a recap of Mr. Hale’s presentation, which focused on the two methods currently being utilized to evaluate the CHC participant satisfaction: 1) the Home and Community-Based Services (HCBS) Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, which is administered by the CHC managed care organizations (MCOs), and 2) surveys conducted by the Medicaid Research Center at the University of Pittsburgh’s Health Policy Institute. Although not the focus of his presentation, Mr. Hale also noted that the MCOs are required to have a CAHPS Health Plan survey conducted annually.</p> <ul style="list-style-type: none"> • <u>HCBS CAHPS</u> <ul style="list-style-type: none"> ○ The CAHPS survey is a consumer assessment of healthcare providers and systems. ○ CAHPS data was collected in the southwest region for 2018 and is currently underway in the southeast (SE) and southwest (SW) zones for 2019. ○ In addition to the main survey, questions also address supplemental employment and Pennsylvania-specific items such as person-centered service plans, transportation, housing, dental, etc. ○ The initial HCBS CAHPS survey for the SW zone was conducted from August 23 through September 25, 2018, and had a 13-29% response rate across the CHC-MCOs.

		<ul style="list-style-type: none"> ➤ A total of 708 surveys were completed over the telephone (400 was the target number), with each MCO completing the following number of surveys: <ul style="list-style-type: none"> ❖ 305 from PA Health and Wellness ❖ 260 from AmeriHealth Caritas ❖ 143 from UPMC for Community HealthChoices ○ DHS approves any survey-related communications, including the survey tool itself, to ensure accuracy and to meet the department’s objectives. ○ In the future, additional questions will be added on housing (e.g., the type of housing utilized by participants, who resides in the household with the participant, etc.) and employment in order to identify any gaps. ○ For the 2019 HCBS CAHPS surveys in the SE and SW zones, the MCOs will be required to conduct 200 surveys a piece in each region for a total of 1,200 surveys overall. <ul style="list-style-type: none"> ➤ The 2019 surveys are being conducted from August 1 through October 31, 2019, with survey findings due to OLTL by November 15, 2019. • <u>Medicaid Research Center (MRC)</u> <ul style="list-style-type: none"> ○ The Medicaid Research Center is conducting a seven-year multi-method evaluation of CHC until 2024. <ul style="list-style-type: none"> ➤ The MRC has collected information from providers, area agencies on aging, centers for independent living, state ombudsman programs, and other entities that are part of the long-term services and supports system. ➤ The MRC has provided recommendations for improving communications with participants and providers, which OLTL has incorporated into the rollout of CHC in the SE zone and the upcoming rollout in the remainder of the state (Phase III). ➤ OLTL has identified gaps around behavioral health services via some of the survey results and will be working to ensure that those connections are made in the next rollout. ➤ The Medicaid Research Center held 18 participant focus groups in the SE zone from January to May 2019. <ul style="list-style-type: none"> ○ Feedback included confusion regarding whether participants could keep their primary care physician and whether doctors would accept Medicaid, concerns with higher out-of-pocket costs for some prescription medications and paying out-of-pocket for transportation, and uncertainty over who to call with questions.
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		<ul style="list-style-type: none"> ➤ Baseline interviews for the rollout of Phase III will be conducted in the Fall 2019, with focus groups commencing in the Winter 2020. <p>During the question and answer period, Mr. Hale noted that he would follow up with Mr. Quinnan to provide the council with responses to the following questions and requests for information:</p> <ul style="list-style-type: none"> • Enrollment characteristics for the entire HCBS CHC program • Does each MCO hire their own entity to conduct the HCBS CAHPS survey? • Please describe the formula used for determining the number of surveys to be completed for both 2018 and 2019 HCBS CAHPS surveys. • Can HCBS CAHPS survey results be broken down individually for each MCO? • Can HCBS CAHPS survey results be broken down by individual providers?
9	<p>Council on Reform & Vulnerable Populations</p>	<p>Drew Wilburne, Executive Director of the Council on Reform (CoR), explained that the CoR was created by Governor Wolf on July 31, 2019, via executive order for the purpose of studying best practices related to the health, safety, and welfare of vulnerable populations and making recommendations to improve their support and protection. Mr. Wilburne noted that vulnerable populations are defined as children, adults with disabilities, and seniors for purposes of the council's work and include various subpopulations. The following are highlights of Mr. Wilburne's overview of the CoR:</p> <ul style="list-style-type: none"> • The council is comprised of 25 voting members and 11 nonvoting members. • The CoR's focus includes recognition and consideration of various subpopulations. • The following values will be integrated into the work of the council to ensure that research is comprehensive and recommendations are fully vetted prior to their release: <ul style="list-style-type: none"> ○ cultural competence ○ person-centered approach ○ community engagement ○ context and awareness ○ trauma-informed ○ workforce empowerment • In approaching its work, the CoR will: <ul style="list-style-type: none"> ○ review previous recommendations made by oversight/advisory bodies, including the Long-Term Care Council's (LTCC) <i>Blueprint for Strengthening Pennsylvania's Direct Care Workforce</i> ○ evaluate the effectiveness or progress of implemented recommendations ○ determine if any recommendations that have not been implemented are still applicable ○ meet with partners, ad-hoc committees, and subject matter experts for their insight ○ recommend additional reforms intended to further protect both vulnerable populations and all Pennsylvanians

		<ul style="list-style-type: none"> ➤ The council will approach this effort from three perspectives: prevention and diversion, protection and intervention, and justice and support. • The CoR will be soliciting stakeholder input until September 18, 2019, and the council must deliver its recommendations to the governor by November 1, 2019. <p>Mr. Wilburne noted that he would provide Mr. Quinnan with the link to the webform so LTCC members can submit their feedback and recommendations to the CoR before the September 18, 2019, deadline. He also noted that the CoR has ad hoc committees, which provide additional opportunities for participation.</p>
10	Lunch	
11	Retirement Recognition	Secretary Torres presented councilmember Kathleen Kleinmann with a congratulatory letter from Governor Wolf on her upcoming retirement.
12	Planning Session	<p>After lunch, Secretary Torres opened the council's planning session by discussing a strategic planning session recently conducted by the Department of Aging's management team in which they identified strengths, weaknesses, threats, and opportunities. For example, he explained that the department is interested in maximizing partnerships and collaborations to diversify funding opportunities, simplifying processes, and measuring outcomes through analytics and data collection. Secretary Torres also noted that while the Lottery is one of the department's greatest strengths, the illegal gaming devices that Deputy Chief of Staff Beam discussed pose a serious threat to Lottery-supported programs for older adults at a time when the demand for services and supports is increasing. This segued into a robust discussion by the councilmembers regarding barriers and issues impacting the long-term services and supports system (LTSS) and consumers' ability to access needed services and supports and remain in the community. Items discussed included:</p> <ul style="list-style-type: none"> • Lack of comprehensive non-discrimination protections for LGBTQ residents <ul style="list-style-type: none"> ○ It was noted that Pennsylvania is the only state in the northeast that does not prohibit discrimination based on sexual orientation and gender identity and expression. • Affordable housing <ul style="list-style-type: none"> ○ Discussion included community living models <ul style="list-style-type: none"> ➤ Secretary Torres mentioned that the Department of Aging has a shared housing pilot program that is expanding into additional counties. ➤ It was also noted that DHS considered a shared living model several years ago for older adults and individuals with physical disabilities. • Transportation • Social isolation <ul style="list-style-type: none"> ○ This was discussed from the standpoint of "elder orphans," LGBTQ older adults and individuals with disabilities, and those from culturally diverse backgrounds. • Suicide prevention • Direct care workforce

- Equipping the LTSS workforce to meet the needs of consumers with multiple chronic and complex conditions, including social and cognitive issues, and coordinating care models
- Timeliness of the Medicaid LTSS appeals process
- Determining cost implications (e.g., emergency room visits, hospitalizations, placement into a higher level of care, etc.) of delayed services and supports
- Illegal gambling machines and impact on the Lottery and senior programs
- Lack of public awareness regarding the need to plan for future LTSS needs and lack of awareness regarding available programs and services until facing a crisis
- Expanding Act 150 to seniors via a sliding scale
- Evaluating the OPTIONS Program
- Increasing Medicaid reimbursement rates for skilled nursing facilities (SNFs) and home care
- SNF staffing ratios
- Shortage of not only direct care workers but nurses in residential, home, and community-based settings, and physicians in geriatric medicine, dementia assessment, and post-acute long-term care
- Extending Medicaid coverage to assisted living
- Increasing the state personal care home supplement
- Fraud and abuse

It was also noted that it would be helpful to have a presentation on the cognitive decline and caregiver data that the Department of Health collected as part of the Behavioral Risk Factor Surveillance System survey. Councilmembers also emphasized the importance of exploring public/private partnerships in examining future issues and priorities, as well as the need to ensure that the council remains focused on solutions that simplify processes, systems, communications, etc., for consumers.

While the council did not select a longer-range priority/focus at the meeting, it did vote to take the following actions:

- Send a letter to the General Assembly urging support and passage of legislation (House Bill 931 and Senate Bill 710) to combat the illegal gambling machines which are being marketed as “Pennsylvania Skill Games”
- Send a letter to the General Assembly urging support and passage of legislation (House Bill 1404 and Senate Bills 224 and 614) to provide comprehensive non-discrimination protections for LGBTQ residents
- Send a letter to the Council on Reform urging support of the Long-Term Care Council’s *Blueprint for Strengthening Pennsylvania’s Direct Care Workforce* and highlight the minimum wage recommendation and provider payment strategy, including a recommendation that cost models be developed to help inform policymakers and move this recommendation/strategy forward.

A motion to act on the aforementioned actions list was made by Councilmember Matt Yarnell with the understanding that the letters

		<p>would be shared with the full council for their review prior to being disseminated to the General Assembly and Council on Reform. The motion was seconded by councilmember Dr. David Nace and unanimously passed via a voice vote.</p> <p>Both Secretary Torres and Mr. Quinnan noted that they would structure the October meeting around some of the issues and themes raised during the planning session to help the council decide on future longer-range priorities.</p>
13	Open Session & Announcements	There were no public comments during the open session portion of the meeting.
14	Adjournment	The meeting was adjourned at 2:19 p.m.

New Action Items

#	Action Item	Actionee(s)	Deadline	Status
1	The number of individuals the PA Link has assisted with the PA 600 L during the last fiscal year	Patrick Lally & Chuck Quinnan	ASAP	Completed
2	Historical data on PA Link call center volume	Patrick Lally & Chuck Quinnan	ASAP	Completed
3	Enrollment characteristics for the entire HCBS CHC program	Jennifer Hale & Chuck Quinnan	ASAP	Completed
4	Clarification regarding whether each MCO hires their own entity to conduct the CAHPS survey?	Mike Hale & Chuck Quinnan	ASAP	Completed
5	Description of the formula used for determining the number of HCBS CAHPS surveys to be completed for both 2018 and 2019	Mike Hale & Chuck Quinnan	ASAP	Completed
6	Can HCBS CAHPS survey results be broken down individually for each MCO?	Mike Hale & Chuck Quinnan	ASAP	Completed
7	Can HCBS CAHPS survey results be broken down by individual providers?	Mike Hale & Chuck Quinnan	ASAP	Completed
8	Send members link to webform to submit feedback and recommendations to the Council on Reform	Drew Wilburne & Chuck Quinnan	ASAP	Completed