

- EDUCATING PROVIDERS ON CHB.

WE HAVE A PRETTY FULL AGENDA TODAY.

I WILL BE GIVING AN UPDATE ON CHC.

I EN -- I AM JOINED BY OUR DIRECTOR OF QUALITY WHO WILL PROVIDE INFORMATION ON OUR CHC EVALUATION PLAN AND I'M HAPPY TO ANNOUNCE THAT WE'RE JOINED BY DAVID GATES WHO IS WITH THE PENNSYLVANIA HEALTH LAW PROJECT AND HE WILL GIVING -- BE GIVING US AN UPDATE AND INFORMATION ON THE ASSESSMENT.

PERSONS PLANNING PROCESS ALONG WITH GRIEVANCES AND APPEALS INFORMATION.

BREVE WE GET STARTED, I WANTED TO GO OVER A FEW HOUSEKEEPING ITEMS IF FOR THE WEBINAR.

JUST FOR EVERYONE'S INFORMATION, A COPY OF THE POWERPOINT IS AVAILABLE IN PDF FORM IN THE LANDOUTS SECTION OF THE TAB ON THE RIGHT-HAND SIDE.

AGAIN, JUST A REMINDER THAT EVERYONE IS IN LISTEN ONLY MODE SO IF THERE ARE QUESTIONS OR COMMENTS, WE ASK THAT YOU SUBMIT THE QUESTIONS AND COMMENTS IN THE QUESTIONS BOX ON THE RIGHT-HAND SIDE OF YOUR SCREEN.

WE WILL GO AHEAD AND GET STARTED.

FIRST, JUST TO GO INTO THE CHC LAUNCH UPDATE.

THE 2017 FOCUS WAS ON THE CHC SOUTHWEST LAUNCH.

WE ARE AT THIS POINT CONSIDERING THE LAUNCH OF THE FIRST PHASE SUCCESSFUL.

IN TWENTY WE'RE ALSO FOCUSING ON THE CHC SOUTHEAST IMPLEMENTATION.

WE'RE CURRENTLY PREPARING FOR A JANUARY 1ST, 2019, LAUNCH.

FOCUSING ON COMPREHENSIVE PARTICIPANT COMMUNICATION.

A ROBUST READINESS REVIEW PROCESS.

PROVIDE RE COMMUNICATION AND TRAINING.

PRETRANSITION AND PLAN SELECTION FOR SOUTHEAST PARTICIPANTS.

AND INCORPORATION OF LESSONS LEARNED FROM THE SOUTHWEST IMPLEMENTATION INTO OUR APPROACH AS WE MOVE FORWARD.

THIS SLIDE JUST GIVES YOU A SNAPSHOT OF THE SOUTHWEST POPULATION DISTRIBUTION.

AS YOU CAN SEE, A MAJORITY OF THE POPULATION IS NFI GOLD.

THIS NEXT SLIDE REPRESENTS THE PLANNED DISTRIBUTION, AMERIHEALTH CARITAS HAS 19%.

PENNSYLVANIA HEALTH AND WELLNESS, 27% AND UPMC COMMUNITY HEALTH CHOICES IS 54%.

AND THERE'S NOT REALLY BEEN A CHANGE OVER THE LAST SIX MONTHS SO I KNOW PEOPLE HAVE PROBABLY SEEN THESE NUMBERS BEFORE.

IN ORDER TO PUT CONTEXT BEHIND THE NEXT FEW SLIDES, I WANTED TO NOTE THAT IN MAY THE CONSUMER --

WAS HELD IN THE SOUTHWEST REGION.

IT WAS AN OFF SIGHT CONSUMER SUB MAC AND IT WAS HELD AT THE ALLEGHENY DOWNCY ASSISTANCE OFFICE.

PRIOR TO THE AFTERNOON SUB MAC MEETING, OLCL HAD THE OPPORTUNITY TO PARTICIPATE IN A CONSUMER LISTENING SESSION.

THE DISCUSSION WAS EXTREMELY VALUABLE TO OPL AND PARTICIPANTS WHO ATTENDED GAVE IMPORTANT FEEDBACK ABOUT THEIR EXPERIENCES WITH CHC TO DATE AND FEEDBACK THAT WILL HELP US FORM THE PROGRAM MOVING FORWARD.

SO OVERALL, THERE WERE THREE MAIN THINGS FROM THE LISTENING SESSION.

THE FIRST PARTICIPANTS EXPRESSED CONCERNS ABOUT THE END OF THE CONTINUITY CARE PERIOD.

THE CONTINUITY OF CARE PERIOD IS A SIXTIES-MONTH PERIOD --

SIX-MONTH SPURRED DESIGNED TO EASE THE TRANSITION FROM THE PRIOR FEE FOR SERVICE PROGRAM TO MANAGED CARE BY CONTINUING

EXISTING HOME AND COMMUNITY BASED SERVICES CONTAINED IN THE INDIVIDUAL SERVICE PLAN.

SO THERE WAS A LOT OF CONCERN EXPRESSED ABOUT PRIOR SERVICES AUTHORIZED BEING CUT BY THE CHC MANAGED CARE ORGANIZATION.

WE HAVE NOT BEEN NOTIFIED THAT THERE WILL BEEN ANY CUTS TO SERVICE PLANS OR THAT THERE'S A PLAN TO CUT SERVICE PLANS.

OLTL WILL BE FOCUSED HEAVILY ON MONITORING NOTIFICATION REQUIREMENTS, SERVICE PLAN CHANGES, SERVICE DENIAL NOTICES, AND COMPLAINTS AND GRIEVANCES THROUGHOUT THE CONTINUE NEWTY OF CARE PERIOD AND WILL CONTINUE HEAVY OVERNIGHT AFTER THE PERIOD OF CARE ENDS.

AND THE CNC NCOS PER AGREEMENT ARE REQUIRED TO SUBMIT REPORTS ON ALL SERVICE PLAN AGREEMENTS AS WELL AS INFORMATION ON DENIALS, APPEALS, AND GRIEVANCES.

WE'LL BE USING THOSE MECHANISMS TO REALLY MONITOR THIS PROCESS THROUGH THE CONTINUE NEWTY OF CARE PERIOD.

-- CONTINUITY OF CARE PERIOD.

THE SECOND THEME THAT WE HEARD FROM THE LISTENING SESSION WAS A LACK OF TRAINING AND INFORMATION BY SERVICE BOARDS ON THE PERSON CENTERED PLANNING PROCESS.

CHC IS A PROGRAM AS IN THE PREVIOUS FEE FOR SERVICE PROGRAM REQUIRED THAT ALL LONG TERM HOME AND COMMUNITY BASED SERVICE PLANS BE DEVELOPED WITH THE GOALS, NEEDS, AND PREFERENCES OF PARTICIPANTS AS THE BASIS OF HOW THE PLANS WERE DESIGNED.

PAR PISS AT THAT POINTS EXPRESSED THAT SERVICE COORDINATORS RELIED TOO HEAVILY ON THE ASSESSMENT TOOL TO DETERMINE SERVICES NEEDED AND DID NOT CONSIDER OR TAKE INTO CONSIDERATION THE OUTSIDE RESPONSES FROM PARTICIPANTS AND THEIR FAMILY MEMBERS.

IN A MEANINGFUL WAY.

SO TO ADDRESS THIS OLTL HAS TAKEN SOME STEPS BY REQUIRING ALL THREE CHC MCOs TO SUBMIT A DETAILED TRAINING PLAN ON THEIR APPROACH AND PERSON CENTERED SERVICE PHILOSOPHIES.

TO DATE WE'VE RECEIVED ALL PLANS AND THEY'VE SUBMITTED THOSE TO US AND WE'RE CURRENTLY REVIEWING THEM AND EVALUATING THOSE TRAINING PLANS.

AND OF COURSE WE'LL EXPECT THE CHCMCOs TO IMPLEMENT THEIR TRAINING PLANS ON PERSON CENTERED PLANNING.

AND THE THIRD THEME WHICH IS NO SURPRISE I KNOW THIS HAS BEEN TALKED ABOUT A LOT ARE CHALLENGES WITH TRANSPORTATION.

PARTICIPANTS STATE THATTED ACCESS TO NONMEDICAL TRANSPORTATION AND NONEMERGENCY MEDICAL TRANSPORTATION HAS BEEN COMPLICATED WITH THE IMPLEMENTATION OF CHC AND SOME OF THAT IS BECAUSE PREVIOUSLY, PARTICIPANTS WORKED WITH THEIR SERVICE COORDINATORS WHO FACILITATED AND COORDINATED THANKSGIVING FOR THEM AND THE CHCMCOs USE A TRANSPORTATION BROKER WHICH IS CAUSING SOME CONFUSION.

WE CONTINUE TO WORK WITH MCOs ON TRANSPORTATION ISSUES INCLUDING EDUCATION.

SOME OF THE PROVIDER FEEDBACK THAT WE HAVE RECEIVED ARE COMMUNICATION CHALLENGES WITH THE MCOs THAT AT TIMES HAVE RESULTED IN DELAYS OF PAYMENT.

OLTL WHEN THEY BECOME AWARE OF SUCH DELAYS IN PAYMENT HAVE WORKED QUICKLY TO RESOLVE THOSE ISSUES.

ANOTHER IS THE NONMEDICAL TRANSPORTATION ISSUE.

AND, AGAIN, THE OFFICE OF LONG TERM LIVING ALONG WITH THE MCOs AND SAFE BORDERS ARE ADDRESSING TRYING TO ADDRESS SOME OF THE ISSUES AROUND TRANSPORTATION.

OTHER AREAS ARE REFERRAL PROCESSES.

SOME EXTERNAL SERVICE COORDINATORS ARE GETTING REFERRALS FROM THE MCOs DIRECTLY AND NOT THROUGH HHA EXCHANGE.

OR BY PHONE OR FAX.

AND ANOTHER ISSUE IS PROVIDERS NOT RECEIVING DURATION FREQUENCY AMOUNT OF SERVICES AND PROCEED WITH GENERAL PERSONAL ASSISTANCE SERVICES WITH THE REFERRALS.

SWITCHING GEARS TO THE SOUTHWEST CONTINUITY OF CARE IS THE CURRENT AREA OF FOCUS.

TO DATE, THIS IS JUST AN UPDATE ON THE SERVICE COORDINATION TRANSITION.

UPMC WILL BE OFFERING LONG TERM CONTRACTS TO TEN EXTERNAL SERVICE COORDINATORS.

THEY WILL BE EVALUATING ALL OTHER SERVICE COORDINATION AND ENTITIES ONGOING.

PENNSYLVANIA HEALTH AND WELLNESS WILL BE OFFERING LONG TERM CONTRACTS TO FOUR EXTERNAL SERVICE COORDINATORS AND HAVE NO INTENT ON TERMINATING CONTRACTS WITH ANY OTHER EXTERNAL SERVICE COORDINATOR AT THIS TIME AND AMERIHEALTH IS ALSO -- NOT BEEN NOTIFIED OF ANY INTENT TO TERMINATE CONTRACTS AT THIS TIME.

>> THAT GOES FOR THE NETWORK PROVIDERS AS WELL FOR CONTINUITY OF CARE.

THE CHC MCOS HAVE NOT NOTIFIED OF ANY NETWORK PROVIDER TERMINATIONS INCLUDING HCBS PROVIDERS, NURSING FACILITIES, AND PHYSICAL HEALTH PROVIDERS INCLUDING IN NETWORK AND OUT OF NETWORK PROVIDERS.

WHAT CAN PARTICIPANTS EXPECT AT THE END OF THE CONTINUITY OF CARE PERIOD?

A COMPREHENSIVE NEEDS ASSESSMENT.

ENGIEJ IN THE PERSON CENTERED PLANNING PROCESS.

AND ISSUED A REVISED PERSON CENTERED SERVICE PLAN.

AND I BELIEVE DAVID GATES HAS SOME GREAT INFORMATION THAT HE'LL BE SHARING WITH EVERYONE LATER ON IN THE PRESENTATION.

>> MOVING TO ANOTHER AREA FOCUS WHICH IS THE SOUTHEAST IMPLEMENTATION.

AS WE MOVE FORWARD WITH THE SOUTHEAST IMPLEMENTATION, WE'RE INCORPORATING LESSONS LEARNED FROM THE SOUTHWEST.

SOME OF THOSE LESSONS ARE EARLIER STAKEHOLDER ENGAGEMENT OPPORTUNITIES.

ENHANCED COMMUNATION MATERIALS AND TRAINING.

MORE EDUCATION AND COMMUNICATION ON CONTINUITY OF CARE.

MCO PROVIDER TRAINING AND OUTREACH TO OCCUR EARLIER AND MORE OFTEN.

EARLIER OBRA ASSESSMENTS.

EARLIER DATA CLEAN UP AND EARLIER PRETRANSITION NOTICES.

HOW WE APPLY SOME OF THESE LESSONS LEARNED ON THIS SLIDE WILL BE PRESENTED FURTHER ON IN THE PRESENTATION.

THIS SLIDE REPRESENTS THE SOUTHEAST POPULATION.

THESE ARE NUMBERS THAT I THINK PEOPLE HAVE SEEN BEFORE AND ARE GETTING USED TO.

THIS IS THE SOUTHEAST POPULATION BROKEN OUT BY COUNTY.

SO THE SOUTHEAST IMPLEMENTATION FOCUS, AGAIN, IS COMPREHENSIVE PARTICIPANT COMMUNICATION, FOCUSING ON A ROBUST READINESS REVIEW WITH THE CHC MCOs.

PROVIDER COMMUNICATION AND TRAINING.

PRETRANSITION AND PLANNED SELECTION FOR THE SOUTHEAST PARTICIPANTS.

AND OF COURSE THE INCORPORATION OF SOUTHWEST LESSONS LEARNED.

TO EXPAND ON SOME OF THE FOCUSES AND LOOKING AT HOW SOME OF THE LESSONS LEARNED WERE OR WILL BE APPLIED, WE STARTED THE ASSESSMENTS EARLIER AND THEY'RE NOW 94% COMPLETE.

I BELIEVE THAT'S AN UPDATE FROM THE LAST THIRD THURSDAY WEBINAR.

FOR THE PARTICIPANT COMMUNICATIONS PLANNING, WE ARE CURRENTLY WORKING ON AN ONLINE PARTICIPANT TRAINING AS A RESULT OF A RECOMMENDATION THAT WAS MADE AT THE MLCS -- MLTSS SUB MAAC.

WE'RE LOOKING TO SEND OUT THE INITIAL TOUCH POINT FLYER IN MID JULY.

I WILL TOUCH ON PROVIDER OUTREACH AND EDUCATION.

WE HAD PROVIDER SESSIONS IN THE SOUTHEAST JUNE 4TH THROUGH 28th IN PHILADELPHIA COUNTY AND CURRENTLY THIS WEEK THERE ARE PROVIDER EDUCATION SESSIONS OCCURRING IN THE SURROUNDING SUBURBAN COUNTIES OF PHILADELPHIA.

PARTICIPANT COMMUNE OCCASION, AN AWARENESS FLYER.

WE'RE NOW FIVE MONTHS PRIOR TO THE IMPLEMENTATION FOR THE SOUTHEAST THAT WILL BE JULY OF TWENTY.

THE AGING WELL EVENTS PARTICIPANTS WILL RECEIVE INVITATIONS FOR EDUCATION EVENTS IN THEIR AREA.

AND, AGAIN, FOR THE SOUTHEAST, THAT WILL OCCUR IN AUGUST OF 2018.

NOTICES AND PACKETS ARE MAILED FOUR MONTHS PRIOR TO THE IMPLEMENTATION AND ARE SCHEDULED FOR AUGUST OF 2018.

AND SERVICE COORDINATORS WILL BE REACHING OUT TO THEIR PARTICIPANTS TO INFORM THEM ABOUT CHC IN SEPTEMBER OF 2018 AND NURSING FACILITIES WILL BEGIN TO HAVE DISCUSSIONS ABOUT CHC WITH THEIR RESIDENTS ALSO IN SEPTEMBER, 2018.

>> FOR THE SOUTHEAST COMMUNICATION, AGAIN, I BRIEFLY TOUCHED ON THIS.

SESSIONS WERE HELD IN JUNE AND TODAY IN CHESTER, DELAWARE, MONTGOMERY, AND BUCKS COUNTY.

A WEBINAR WILL BE HELD JULY 23RD AND ALL THE ONLINE TRAINING HAS BEEN UPDATED.

JUST AS A NOTE WE'VE BEEN RECEIVING REALLY POSITIVE FEEDBACK ON THE PROVIDER SESSIONS THAT OCCURRED IN HAD THE SOUTHEAST.

WE HAD A GREAT TURNOUT.

ALL OF THE COUNTY SESSIONS I KNOW WERE FULL AND PROVIDERS DEFINITELY CAME PREPARED WITH GREAT QUESTIONS WITH HELPED SET THE TONE FOR A GOOD DIALOGUE THROUGHOUT THE SESSION.

>> THAT KIND OF WRAPS UP THE UPDATE ON CHC THAT I HAD FOR EVERYONE.

I WILL NOW TURN IT OVER TO MS. GONZALES FOR INFORMATION ON THE CHC EVALUATION PLAN.

>> THANK YOU.

GOOD AFTERNOON, EVERYONE.

ALWAYS A PLEASURE TO PARTICIPANT IN THE THIRD THURSDAY WEBINAR.

THE NEXT TWO SLIDES THAT I'M GOING TO COVER HAVE BEEN INFORMATION THAT WE'VE ALREADY SHARED AT THE MLTSS COMMITTEE.

MAYBE A MONTH OR SO AGO.

I'M JUST GIVING YOU SORT OF AN UPDATE OF WHERE WE'RE AT.

DEFINITELY WE ARE STILL ON PLAN WITH THE EVALUATION PLAN SO FOR THOSE OF YOU WHO HAVEN'T HEARD ABOUT THE COMMUNITY HEALTH CHOICES EVALUATION PLAN, IT'S BEING CONDUCTED BY THE MEDICAID EVALUATION CENTER OF THE UNIVERSITY OF PITTSBURGH.

WITH OVERSIGHT AND QUALITY ASSURANCES FOR THE MANAGED CARE ORGANIZATION.

MRC AND THIS IS JUST THE ACRONYM FOR THE RESEARCH CENTER.

WE'VE BEEN INVITING THEM AND PARTICIPATE IN A LOT OF DIFFERENT ACTIVITIES THAT WE HAVE PLANNED ONCE LAUNCHED WENT INTO EFFECT IN THE SOUTHEAST, I'M SORRY, IN THE SOUTHWEST, THESE LISTENING SESSIONS WERE HOSTED BY THE JEWISH HEALTHCARE FOUNDATION.

WE'VE ALSO INCLUDED THE MRC TEAM IN SHARING OUR CURRENT FEE FOR SERVICE PROGRAM NOT ONLY A PROGRAM OVERALL BUT ALSO SHARED WITH THEM A LOT OF OUR PROCESSES SO THAT THEY UNDERSTOOD HOW OUR SERVICE PROGRAM HAS BEEN OPERATING FOR THE PAST COUPLE OF YEARS.

WE'VE ALSO ENCOURAGED THEM TO REACH OUT TO THE MANAGED CARE ORGANIZATIONS DIRECTLY WHICH THEY HAVE.

AND WE'VE ALSO INVITED THEM TO PARTICIPATE IN MANY OF OUR DISCUSSIONS WITH THE DUAL SPECIAL NEEDS PLANS WHICH ARE THE PLANS THAT OVERSEE THE MEDICARE SIDE OF SERVICES FOR OUR POPULATION.

SO HERE'S A YEAR IN REVIEW FROM LAST YEAR OF WHAT'S HAPPENED.

MANY OF YOU PARTICIPATED IN NOT ONLY THE DEVELOPMENT AND DESIGN OF THE PLAN BUT WE RECEIVED A LOT OF STAKEHOLDER INPUT IN



MANY OF THE THEMES THAT CAME OUT OF THOSE FEEDBACK IS YOU CAN SEE IT ON OUR WEBSITE BUT IT TALKS A LOT ABOUT MAKING SURE THAT THERE IS CLEAR COMMUNICATION BETWEEN CONSUMERS AND PROVIDERS AND THAT THERE IS THAT ONGOING DIALOGUE BETWEEN THE MANAGED CARE ORGANIZATION AND STILL HAVE CONSUMERS AND PARTICIPANTS AND PROVIDERS HAVE A CONNECTION TO AN OTL.

THE TEAM CONDUCTED VERY KEY INTERVIEWS FOR THE PAST YEAR OR SO AND IN PARTICULAR HAVE MET WITH AGENCIES ON AGING AND ALSO INCLUDED CONVERSATIONS WITH CENTERS FOR INDEPENDENT LIVING, THE CILS.

THEY MET WITH MALE PROVIDERS, SERVICE ENTITIES.

THEY'VE MET WITH MANY OF THE PROGRAMS ACROSS THE STATE.

MODIFICATION AND TRANSPORTATION PROVIDERS.

ADULT DAILY LIVING CENTERS.

THEY'VE ALSO TALKED TO FOLKS IN SENIOR CENTERS.

OBVIOUSLY WE HAVE A VERY ROBUST ADVOCACY ARM HERE IN PENNSYLVANIA SO MANY OF THE ADVOCACY ORGANIZATIONS HAVE HAD DIALOGUE AND CONVERSATIONS WITH MRC.

THEY HAVE BEEN INTERVIEWED WITH THE HOME CARE AGENCIES AND NURSING HOMES AND HEALTHCARE PROVIDERS.

VERY IMPORTANT FOR US TO HAVE AS PART OF THE DIALOGUE ARE LIFE PROVIDERS.

THEY IS BEEN A PART OF THOSE KEY EMPLOYMENT INTERVIEWS AND FINALLY AS I MENTIONED BEFORE, MAKING SURE THAT THE MRC HAD ACCESS TO THE CURRENT MCOs OPERATING UNDER THE COMMUNITY HEALTH CHOICES PROGRAM.

SOME OF THE OTHER THINGS THAT I THINK THE MRC DID THAT HAS HELPED US AS WELL HAS BEEN THEY'VE BEEN DOING THAT.

THAT'S GOING TO CONTINUE.

THAT'S ONE OF THE KEY ACTIVITIES THAT WILL OCCUR FOR THE NEXT SEVEN YEARS AND IT'S IMPORTANT TO NOTE THAT A LOT OF THE INFORMATION BEING GATHERED BY THE INDEPENDENT EVALUATORS HAS BEEN REALLY HELPING US AND TODAY WHEN YOU HEARD SOME OF THE

LESSONS LEARNED THAT WE EXPERIENCE IN THE SOUTHWEST AND HOW WE WANT IT INCORPORATED IN THE SOUTHEAST, A LOT OF THE INFORMATION THAT ALSO HELPED US GATHER THAT KIND OF INFORMATION AND REALLY ENHANCE OUR APPROACH TO THE SOUTHEAST HAS BEEN SOME OF THE INFORMATION THAT HAS BEEN GATHERED VIA THE EMPLOYMENT INTERVIEWS AND FOCUS GROUP THAT THE TEAM HAS PROVIDED.

SOME OF THE OTHER STUFF THAT THE MRC HAS ALSO DONE AND WE'RE IN THE MIDST OF REVIEWING THAT AND SHARING AN UPDATED REPORT IN AN UPCOMING MLTSS MEETING IS WE DID SOMETHING VERY NEW AND THAT'S BEEN IMPLEMENTING SURVEYS BOTH FOR PARTICIPANTS AS WELL AS CAREGIVERS AND PROVIDER SURVEYS AND SO WE'RE IN THE MIDST OF REVIEWING THAT AND HOPE THAT IN AN UPCOMING MEETING WE CAN PROVIDE YOU WITH THOSE RESULTS.

BUT I WILL TELL THAT YOU THE SAME OR REOCCURRING THEMES DON'T.

MAKING SURE THAT THERE ARE CLEAR COMMUNICATIONS FOR OUR PARTICIPANTS AND PROVIDERS RECEIVE THE RIGHT TRAINING AND THEY HAVE ACCESS DIRECTLY TO THE MCOs AND OBVIOUSLY TO THE OTL BECAUSE THEY ALL WANT TO DO A GOOD JOB WITH PARTICIPANTS RECEIVING SERVICES.

VERY NEW TO US NOT ONLY BECAUSE AT OLT WE'VE BEEN MANAGING A FEE FOR SERVICE PROGRAM BUT ONE OF THE THINGS THAT THE MEDICARE RESEARCH CENTER HAS DONE FOR US HAS REALLY HELPED US IN IF OUR CONVERSATIONS WITH THE MANAGED CARE ORGANIZATION IS REALLY ANALYZING THE ADMINISTRATIVE DATA AND WHAT THAT REALLY MEANS IS LOOKING AT THE HISTORICAL DATA THAT WE'VE BEEN COLLECTING THROUGH THE YEARS BOTH IN THE MEDICAID SIDE AS WELL AS IN THE MEDICARE SIDE AND ALSO DATA THAT'S BEEN COLLECTED BY INDIVIDUALS LIVING IN NURSING HOMES.

WHAT WE CALL THE MVS DATA.

THAT HAS HELPED US -- MDS DATA.

THAT HAS HELPED US UNDERSTAND NOT ONLY THE PEOPLE WE'VE BEEN SERVING IN THE FEE FOR SERVICE BUT IT HAS HELPED US TO BETTER UNDERSTAND HOW WE CAN FOCUS ON THE FOLKS NOW BEING SERVED UNDER THE MANAGED CARE UMBRELLA AND HOW WE CAN MAKE SURE THAT THE MCOs ARE IMPROVING SERVICES AND CARE FOR OUR PARTICIPANTS.

AND SO NOW THAT WE'RE IN THE SECOND YEAR OF ACTIVITIES, I MENTIONED THAT THERE ARE GOING -- THERE ARE SURVEYS ALREADY CONDUCTED.

WE ARE IN THE MIDST OF REVIEWING THOSE AND PROVIDING SOME FINDINGS SO WE HOPE TO SHARE THAT WITH YOU ALL AT AN UPCOMING MEETING.

FOR THOSE OF YOU WHO CAN'T MAKE IT, OBVIOUSLY WE'LL MAKE SURE THAT WE SHARE THOSE SAME FINDINGS AT AN UPCOMING THIRD THURSDAY WEBINAR AS WELL.

THE INTERVIEWS WILL CONTINUE.

THEY'RE VALUABLE AND IMPORTANT TO US AS WE COLLECT -- AS THE MRC TEAM COLLECTS INFORMATION AND SHARES WITH US IF THERE ARE CONCERNS OUT THERE OR IF THERE'S ANYTHING THAT WE NEED TO IMPROVE UPON.

I THINK THE FOCUS GROUPS WILL CONTINUE OF COURSE BECAUSE THAT'S ALSO ANOTHER WAY FOR MANY PROVIDERS AND PARTICIPANTS TO TELL US THEIR STORIES AS WELL.

THE ONE THING THAT'S NEW THAT'S GOING TO BE THIS YEAR IS THE IMPLEMENTATION OF A NURSING HOME SURVEY AND WHAT THIS IS GOING TO DO IS BE ABLE TO ALLOW BOTH NURSING HOME PROVIDERS AS WELL AS RESIDENTS THAT ARE LIVING IN NURSING HOMES AGAIN SHARE THE FEEDBACK OF THINGS THAT WE WANT TO MAKE SURE THAT THEY UNDERSTAND THE COMMUNITY HEALTH CHOICES IS COMING THAT COMMUNITY HEALTH CHOICES MANAGED CARE ORGANIZATIONS ARE BEING RESPONSIVE.

DO THEY UNDERSTAND THE PROGRAM?

DO THEY KNOW THAT IT'S COMING?

DO THEY KNOW WHO TO CONTACT IF THEY HAVE QUESTIONS OR NEED INFORMATION ANSWERED.

SOME OTHER THINGS THAT WILL CONTINUE IS RIGHT NOW THE SOUTHWEST THEY DO CONTINUE HOLDING COMMUNITY EVENTS AND THAT WILL CONTINUE AND SO WE WANT TO MAKE SURE THAT, AGAIN, A LOT OF THIS INFORMATION THAT MANY OF THE PARTICIPANTS AND PROVIDERS SHARE, WE CAN CONTINUE REVIEWING AND COLLECTING AND ENHANCING AND STRENGTHENING THE COMMUNITY HEALTH CHOICES PROGRAM.

AND OBVIOUSLY THE ONE THING THAT WILL CONTINUE FOR US IS ANALYZING THAT ADMINISTRATIVE DATA TO NOT ONLY HELP US ON SOME OF THE CHRONIC DISEASE AND AND INFORMATION THAT I THINK THE MCOs ARE COLLECTING BUT BE ABLE TO COMPARE IT TO MAKING SURE HOW PARTICIPANTS WHO ARE NOW BEING SERVED ON COMMUNITY HEALTH CHOICES HOW THEIR LIVES ARE BEING IMPROVED IN THE MANAGED CARE ENVIRONMENT.

WITH THAT, THANK YOU.

>> THANK YOU.

JUST THE NEXT COUPLE OF SLIDES JUST PROVIDE SOME INFORMATION ON KEY RESOURCES.

THIS SLIDE OBVIOUSLY OFFERS THE INFORMATION FOR THE THREE CHC MANAGED CARE ORGANIZATIONS.

AND THIS SLIDE OFFERS INFORMATION ON THE CHC LISTSERV.

IF YOU HAVEN'T SIGNED UP IT'S A GREAT WAY TO STAY INFORMED AND RECEIVE INFORMATION ABOUT CHC.

THE COMMUNITY HEALTH CHOICES WEBSITE IS ANOTHER GREAT WEBSITE TO FIND INFORMATION ON THE PROGRAM.

YOU CAN E-MAIL COMMENTS OR QUESTIONS TO THE RA ACCOUNT ESTABLISHED HERE AND THERE'S ALSO THE OLTL PROVIDER LINE IF YOU HAVE QUESTIONS OR COMMENTS AS AN A PROVIDER AND THE OLTL PARTICIPANT LINE.

>> WE DO -- WE HAVE A FEW QUESTIONS AND A FEW COMMENTS.

ONE OF THE COMMENTS WE RECEIVED IS JUST TRAINING OF PARTICIPANTS CANNOT TAKE PLACE IF THEY DON'T HAVE ACCESS TO THE INTERNET.

THIS IS VERY TRUE.

I THINK THAT THE TRAINING THAT WE WANTED TO PROVIDE ONLINE WAS TO BE SUPPLEMENTAL TO THE EDUCATION AND OUTREACH THAT WILL BE DONE IN AUGUST WITH PARTICIPANTS.

NOW APPLICANTS ATTEMPTING TO BE PROVIDERS, HOW WILL THEY BE AFFECTED BY THE MCO CHANGE.

I'M NOT SURE I FULLY UNDERSTAND BUT I BELIEVE THIS PERSON IS ASKING IF THEY'RE CURRENTLY IN THE PROCESS OF BECOMING A MEDICAID PROVIDER AND THEY HAVE AN APPLICATION WITH THE DEPARTMENT.

YOU CAN STILL REACH OUT TO THE MCO AND I WOULD KEEP IN CONTACT WITH THEM BECAUSE ONCE YOUR APPLICATION IS APPROVED, YOU WOULD BE ABLE TO MOVE FORWARD WITH CONTRACTING THE AN MCO.

WE HAVE SOME OTHER -- WE HAVE A COUPLE OTHER COMMENTS BUT WE'LL WAIT HERE A MINUTE TO SEE IF WE GET ANY QUESTIONS BEFORE WE TURN IT OVER TO DAVID.

>>> HI.

A QUESTION CAME IN.

WHO WILL BE ASSISTING IN THE SURVEYS IN PARTICULAR.

THE SURVEY THAT'S PLANNED FOR THIS YEAR FOR NURSING HOME RESIDENTS?

I GUESS IT'S A QUESTION AND SORT OF A COMMENT.

WHO IS ASSISTING THE SURVEY.

HOPEFULLY NOT A NURSING FACILITY STAFF.

AND THAT'S ABSOLUTELY CORRECT.

THE EVALUATION PLAN IS REALLY INDEPENDENT AND IF WE CAN THINK OF ANYTHING THAT THE EVALUATION TEAM IS DOING IS GOING TO BE INDEPENDENT OF WHAT DHS AND WHAT ANYONE ELSE IS DOING.

THEY DO HAVE INTERVIEWERS AT THE MED CARE RESEARCH CENTER WHO ARE TRAINED WHO KNOW HOW TO DO SURVEYS SO THE RESEARCH CENTER WILL BE CONDUCTING THOSE SURVEYS DIRECTLY.

THANK YOU FOR THE QUESTION.

WE JUST GOT A QUESTION ON HOW WILL YOU MAKE SURE ELIGIBLE CONSUMERS ARE AWARE OF THE LIFE OPTION.

SO I KNOW THAT WE PLANNED TO SEND A LIFE FLYER OUT DURING THE END OF THE CONTINUITY OF CARE PERIOD TO ALL ELIGIBLE -- ALL INDIVIDUALS WHO WILL BE ELIGIBLE FOR LIFE AND THE FLYER WILL ALSO

GIVE THEM INFORMATION ON THE LIFE PROGRAM AND LET THEM KNOW THAT THIS IS AN OPTION TO THEM.

IN ADDITION, THE IEB ALSO OFFERS INFORMATION ON THE LIFE PROGRAM AS AN OPTION WHEN PEOPLE ARE APPLYING FOR THE VARIOUS PROGRAMS.

THOSE ARE THE ONLY QUESTIONS THAT WE'VE RECEIVED THUS FAR SO IN ORDER TO BE RESPECTFUL OF TIME, I WANT TO MAKE SURE THAT DAVID HAS ENOUGH TIME TO GET THROUGH HIS MATERIAL AND ALSO TAKE QUESTIONS AT THE END.

SO I WILL NOW TURN IT OVER TO DAVID GATES FROM THE PENNSYLVANIA HEALTH LAW PROJECT.

>> THANK YOU.

I WANT TO THANK LONG TERM LIVING FOR THE OPPORTUNITY TO PRESENT THIS INFORMATION INFORMATION.

AS PART OF OLTTL'S ONGOING COMMUNITY HEALTH CHOICES WEBINAR SERIES.

OUR PRESENTATION QUITE FRANKLY IS TARGETED TO PARTICIPANTS AND PEOPLE WORKING WITH THEM SO SOME OF THIS MAY SEEM A LITTLE SIMPLISTIC BUT WE REALLY WANT TO GET THE MESSAGE OUT TO THOSE FOLKS WHO ARE IN COMMUNITY HEALTH CHOICES AND THOSE FOLKS ARE WORKING WITH AND ADVISING PEOPLE IN COMMUNITY HEALTH CHOICES ABOUT THE CHANGES THAT ARE COMING UP.

SO FIRST A DISCLAIMER.

THE INFORMATION I'M GOING TO PROVIDE IN MY PRESENTATION IS PROVIDED BY THE PENNSYLVANIA HEALTH LAW PROJECT WE'RE AN INDEPENDENT NONPROFIT PUBLIC INTEREST LAW CENTER BUT IT'S BASED ON COMMUNITY HEALTH CHOICES AGREEMENT AND -- HOWEVER ANY ADVICE AND SUGGESTIONS CONTAINED IN THIS PRESENTATION AND WE HAVE A COUPLE COMES FROM THE HEALTH LAW PROJECT AND MAY NOT REFLECT THE OFFICIAL POSITIONS OF THE OFFICE.

SO COUPLE OF ACRONYMS THAT PROBABLY MOST PEOPLE ARE AWARE OF BUT I HAVE LEARNED OVER THE PAST TO BE CAREFUL ABOUT USING ABBREVIATIONS AND ACRONYMS SO CHC, COMMUNITY HEALTH CHOICES.

MCO, MANAGED CARE ORGANIZATIONS.

THAT'S YOUR HEALTH PLAN UNDER COMMUNITY HEALTH CHOICES AND THERE ARE THREE.

AMERIHEALTH CARITAS, PENNSYLVANIA HEALTH AND WELLNESS.

AND UPMC.

AND THEN THE LAST ACRONYM AND WE TRIED TO NARROW IT DOWN TO JUST THREE IS PCSP, PERSON CENTERED SERVICE PLAN.

WE'RE GOING TO TALK ABOUT THAT IN A MINUTE BECAUSE THAT'S REALLY VERY IMPORTANT.

AS MENTIONED, WE'RE AT THE END OF WHAT'S CALLED THE CONTINUITY OF CARE PERIOD WHICH MEANS THAT THE THREE MCOs WILL NOW BE REVIEWING THE ASSESSMENTS AND PERSONAL CARE SERVICE PLANS TO DETERMINE WHAT IF ANY CHANGES THEY WILL MAKE TO PARTICIPANTS SERVICE PLANS TO THE SERVICES THAT FOLKS HAVE BEEN RECEIVING UP UNTIL NOW.

SO THIS PROCESS IS REALLY CRUCIAL FOR PEOPLE WHO ARE ENROLLED IN COMMUNITY HEALTH CHOICES.

SO I WANT TO SPEND SOME TIME TALKING ABOUT FIRST THE COMPREHENSIVE ASSESSMENT AND THEN THE PERSON CENTERED SERVICE PLAN.

AND THE PROCESS BY WHICH THESE ARE DETERMINED.

SO THE ASSESSMENT.

THE ASSESSMENT IS A SERIES OF QUESTIONS -- ASSESSMENT IS A SERIES OF QUESTIONS.

IT PROVIDES -- IN DEVELOPING YOUR PCSP.

IT'S USED BY THE MCOs WHEN THEY DETERMINE THE TYPE AND AMOUNT OF SERVICES THAT THEY'RE GOING TO APPROVE.

THAT'S STARTING JULY WHEN THE CONTINUITY OF CARE PERIOD ENDS.

SO THE ASSESSMENT PROCESS IS THAT THE SERVICE COORDINATOR WILL ASK A SERIES OF QUESTIONS -- A SERIES OF QUESTIONS FOCUSED PRIMARILY ON HOW MUCH HELP YOU NEED TO DO CERTAIN TASKS.

THE SERVICE COORDINATORS ARE REQUIRED TO USE THE SAME BASIC SET OF QUESTIONS REGARDLESS OF WHICH MCO YOU'RE IN, THAT'S A QUESTIONNAIRE, RAI.

IN ADDITION THE MCOs HAVE DEVELOPED ADDITIONAL QUESTIONS ON THEIR OWN BECAUSE THERE ARE CERTAIN DEFICITS IN THE INTRA-RAI.

SO THE MCOS MAY HAVE ADDITIONAL QUESTION THAT THEY WILL HAVE THE SERVICE COORDINATORS ASK.

SO THE FIRST IMPORTANT THING IS WHEN YOU HAVE THIS COMPREHENSIVE ASSESSMENT DONE, IT'S IMPORTANT WHEN YOU'RE ANSWERING THESE SPECIFIC QUESTIONS, YOU WILL BE ASKED TO ANSWER IN TERMS OF THE HELP THAT YOU NEED TO PERFORM VARIOUS TASKS EVEN IF YOU ALREADY HAVE HELP.

SO IN ANSWERING QUESTIONS, YOU WANT TO THINK ABOUT THIS AS IF YOU HAD NO HELP AT ALL.

EVEN IF YOU HAVE HELP FROM YOUR FAMILY BECAUSE THE POINT IS TO TRY TO GET TO HOW MUCH HELP DO YOU NEED.

THEN WE CAN SORT OUT LATER THROUGH THE PERSON CENTERED SERVICE PLAN HOW MUCH OF THIS AND HOW THIS IS GOING TO BE PROVIDED THROUGH THE MCO.

ALSO WE SHOULD THINK ABOUT HOW LONG IT TAKES YOU TO DO CERTAIN TASKS.

LIKE DRESSING, BATHING, GROOMING, AND EATING.

WELL, WE HAVE HEARD THAT SOME MCOs HAVE CERTAIN TOOLS THEY USE TO ASSIGN TIME AMOUNTS FOR SERVICE TASKS.

REALLY IT IS BASED ON HOW MUCH YOU NEED TO PERFORM OR ASSISTANCE YOU NEED TO FINISH THOSE TASKS.

SO YOU REALLY SHOULD THINK ABOUTNA.

WE ACTUALLY SUGGEST THAT INDIVIDUALS WORKING WITH THEIR DIRECT SERVICE PROVIDERS ACTUALLY DO A LITTLE SCHEDULE AND ACTUALLY CALCULATE HOW MUCH TIME IT TAKES THEM WHEN THEY GET UP IN THE MORNING TO GET DRESSED AND GO TO THE BATHROOM.

TO BATHE.



TO EAT.

ALL THOSE THINGS.

SO THAT YOU CAN ANSWER THOSE QUESTIONS ACCURATELY.

THE OTHER THING TO NOTE HERE IS THAT WE KNOW THAT MANY PEOPLE WITH DISABILITIES HAVE GOOD DAYS AND BAD DAYS SO IT MAY TAKE MORE TIME ON A GIVEN THAN THAT ANOTHER TO COMPLETE CERTAIN TASKS.

SO IT IS IMPORTANT TO EXPLAIN TO YOUR SERVICE COORDINATOR WHEN YOU ARE ANSWERING THE QUESTIONS, THE RANGE OF TIME THAT IT MAY TAKE DEPENDING ON WHETHER YOU HAVE A GOOD DAY OR A BAD DAY.

WANT TO GIVE AS COMPLETE A PICTURE TO YOUR SERVICE COORDINATOR AS POSSIBLE.

OKAY. NOW, SO WE HAVE THIS COMPREHENSIVE ASSESSMENT.

NOW WE HAVE -- GET TO THE PERSON CENTERED SERVICE PLAN.

AND THAT IS DEVELOPED BY YOUR SERVICE COORDINATOR BUT WITH YOUR INPUT.

YOU HAVE A CRITICAL ROLE THAT IS -- PARTICIPANTS HAVE A CRITICAL ROLE IN THE GOMENT OF THE PERSON CENTERED SERVICE PLAN.

NOW, THE PURPOSE OF THIS PERSON CENTERED SERVICE PLAN IS TO SET OUT YOUR GOALS, PREFERENCES, AND ACTIVITIES THAT ARE IMPORTANT TO YOU AND THE SUPPORT YOU NEED TO ESTABLISH THEM.

IT WILL PROVIDE DETAIL ON HOW YOU WILL ACCESS HEALTHCARE, PERSONAL ASSISTANCE, AND OTHER SERVICES, AND HOW MUCH OF THESE SERVICES YOU'LL NEED.

SO IN THAT REGARD, IT'S IMPORTANT THAT WE GET BEYOND JUST WHAT WE CALL THE ACTIVITIES OF DAILY LIVING, HOW MUCH IT TAKES FOR FEEDING, BATHING, TOILETING AND THAT STUFF.

WE WANT TO GET BEYOND THAT BECAUSE THAT'S THE FOCUS -- THE FOCUS IS TO GET A WHOLISTIC PICTURE OF NOT JUST THE INDIVIDUAL'S NEEDS OR ACTIVITIES OF DAILY LIVING BUT THE ACTIVITIES THAT MAKE LIFE MEANINGFUL FOR THE INDIVIDUAL.

SO WHAT ACTIVITIES DO YOU WANT TO ENGAGE IN, WHAT ARE YOUR GOALS?

NOT JUST WHAT YOU'RE DOING NOW BUT WHAT WOULD YOU LIKE TO DO?

WOULD YOU LIKE TO GET THE JOB IN WOULD YOU LIKE TO ATTEND SOME CLASSES.

THOSE THINGS YOU SHOULD EXPLAIN TO YOUR SERVICE COORDINATOR SO THAT CAN BE INCORPORATED IN YOUR PERSON CENTERED SERVICE PLAN.

ALSO YOU CAN INVITE OTHER PEOPLE TO HAVE INPUT SO IF THERE ARE OTHER FOLKS, FAMILY MEMBERS, FRIENDS WHO KNOW YOU AND CAN ASSIST YOU IN PROVIDING A FULLER PICTURE OF WHAT'S IMPORTANT TO YOU, YOU HAVE THE RIGHT TO HAVE THEM ENGAGE IN THIS PERSON CENTERED SERVICE PLAN.

SO AFTER ALL THIS WITH THE ASSESSMENT, WITH INPUT IN YOURSELF AND OTHERS, THE SERVICE COORDINATOR DEVELOPS THIS PERSON CENTERED SERVICE PLAN.

THIS PLAN IS THEN SUBMITTED TO YOUR MANAGED CARE ORGANIZATION.

WE RECOMMEND IN FACT WE STRONGLY RECOMMEND THAT YOU GET A COPY OF YOUR PERSON CENTERED SERVICE PLAN FROM YOUR SERVICE COORDINATOR.

THIS SERVICE PLAN IS REALLY YOURS.

AND QUITE HONESTLY, WE FEEL STRONGLY YOU SHOULD INSIST ON GETTING A COPY.

THAT YOU SHOULD READ THAT COPY CAREFULLY TO MAKE SURE THAT IT INCLUDES YOUR GOALS, REFERENCES, AND IMPORTANT ACTIVITIES AND ALL THE SUPPORTS YOU ARE LOOKING FOR.

WE WANT TO MAKE SURE THAT THE MCOs HAVE A FULL AND COMPLETE PICTURE OF ALL YOUR NEEDS NOT JUST THOSE FOCUSED ON THEIR ACTIVITIES OF DAILY LIVING SO THAT THEY CAN MAKE INFORMED DECISIONS ABOUT THE SERVICES AND SUPPORTS YOU WILL NEED TO FURTHER THE GOALS THAT YOU HAVE IDENTIFIED IN YOUR PERSON CENTERED SERVICE PLAN.

THE NEXT STAGE AFTER YOU'VE HAD TESTIMONY COMPREHENSIVE ASSESSMENT, YOU'VE DEVELOPED ALONG WITH YOUR SERVICE COORDINATOR, THE PERSON SERVICE -- MCO WILL THEN MAKE A DECISION

AS TO THE SCOPE, TYPE, AND AMOUNT OF SERVICES THEY WILL COVER UNDER COMMUNITY HEALTH CHOICES.

AND IN DOING SO, THEY AS WAS MENTIONED PREVIOUSLY, MAY BEGIN TO MAKE CHANGES TO THE TYPES AND AMOUNTS OF SERVICES YOU HAVE BEEN RECEIVING BEGINNING JULY 1ST.

THOSE CHANGES MAY INCLUDE REDUCTION OR EVEN A TERMINATION IN ONE OR MORE OF YOUR CURRENT WAIVER SERVICES.

YOU'RE NOT CLAIMING THAT THIS IS GOING TO HAPPEN TO EVERYONE.

BUT IT IS CLEARLY A POSSIBILITY.

NO REDUCTION OR TERMINATION OF SERVICES ARE ALLOWED UNDER COMMUNITY HEALTH CHOICES WITHOUT SAY COMPLETE ASSESSMENT AND A PERSON CENTERED SERVICE PLAN THAT WILL BE REVIEWED BY YOUR MCO.

SO WHAT HAPPENS NEXT IS THAT THE MCO WILL SEND YOU A WRITTEN NOTICE.

WE'LL GET TO THAT IN A SECOND BUT THE FIRST IMPORTANT POINT IS OPEN AND RAID ALL MAIL FROM YOUR MCO RIGHT AWAY.

LOOK AT THE ENVELOPE.

IF IT'S FROM YOUR MCO, MAKE SURE YOU OPEN IT.

BECAUSE IF YOU DON'T, YOU MAY BE LOSING VALUABLE RIGHTS.

IF WHEN YOU OPEN THE DOCUMENT YOU DON'T UNDERSTAND IT, ASK YOUR SERVICE COORDINATOR FOR ASSISTANCE.

AND KEEP ALL NOTICES AND LETTERS FROM YOUR MCO AND ALSO KEEP THE ENVELOPES IN WHICH THEY CAME WHICH I WILL EXPLAIN THE IMPORTANCE OF SOON.

ALL RIGHT, NOTICE -- SO, IF YOUR MCO HAS DECIDED THAT THEY ARE GOING TO REDUCE TERMINATE OR CHANGE ANY SERVICES, THEY MUST SEND YOU WRITTEN NOTICE.

WE WANT TO MAKE SURE YOU GET THE WRITTEN NOTICE SO YOU CAN RESPOND TO IT SO IF YOU HAVE MOVED RECENTLY, MAKE SURE YOUR MCO HAS YOUR CORRECT MAILING ADDRESS.

WE'VE HAD THIS PROBLEM BEFORE COMMUNITY HEALTH CHOICES IN THE PAST.

IF THEY TELL YOU THE MAILING ADDRESS THAT IS ON THE MCO'S FILES IS NOT YOUR CURRENT MAILING ADDRESS, THEN YOU HAVE TO GO AND NOTIFY YOUR DOWNCY ASSISTANCE OFFICE.

THE MCOs CANNOT CHANGE THE MAILING ADDRESS ON THEIR OWN.

IT HAS TO GO THROUGH YOUR COUNTY ASSISTANCE OFFICE BUT MAKE SURE YOU CO THAT OTHERWISE YOU MAY NOT GET THESE IMPORTANT NOTICES OR YOU MAY NOT GET THEM IN TIME.

NEXT, NOTICES MUST BE IN ACCESSIBLE FORMATS FOR PEOPLE WITH VISUAL IMPAIRMENTS OR LIMITED ENGLISH.

THIS IS IN COMMUNITY HEALTH CHOICES AGREEMENT.

IF YOU NEED A NOTICE IN AN ACCESSIBLE FORMAT BEING A FORMAT THAT YOU CAN READ, OR IN ANOTHER LANGUAGE, INSTEAD YOU GET A NOTICE THAT YOU CANNOT READ, YOUR MCO MUST GIVE YOU A VERSION IN A FORMAT OR TRANSLATION THAT YOU CAN READ SO LONG AS YOU ASK FOR IT.

FURTHER MORE, AGAIN, THIS IS ALSO IN THE AGREEMENT, IF YOU ASK FOR A NOTICE AND A FORMAT YOU CAN READ, THE TIME YOU HAVE TO REPEAL IF IT'S A DENIAL OR REDUCTION NOTICE WILL NOT START UNTIL YOUR MCO MAILS YOU THE VERSION OF THE NOTICE THAT YOU CAN READ.

NOW WHAT THESE NOTICES MEAN, IF YOUR MCO IS PLANNING THE REDUCE ONE OR MORE OF YOUR SERVICES, THE NOTICE WILL SAY AND I QUOTE OTHER PROVED OTHER THAN AS REQUESTED. THAT'S A LITTLE TRICKY.

YOU SEE THE WORD APPROVED AND THINK EVERYTHING IS OKAY BUT YOU HAVE TO READ THROUGH THAT WHOLE LINE IF IT SAYS OTHER THAN REQUESTED MEANING YOUR MCO IS APPROVING FEWER HOURS OF SERVICE THAN YOU HAVE REQUESTED OR HAVE BEEN RECEIVING.

THERE'S ANOTHER NOTICE.

IF IT SAYS DENIED COMPLETELY BECAUSE, THAT ONE OF COURSE IS MUCH CLEARER.

THAT MEANS THE MCO IS PLANNING TO STOP ONE OR MORE OF YOUR SERVICES.

LASTLY, IF THE MCO SENDS YOU A NOTICE THAT SAYS A DIFFERENT SERVICE OR ITEM IS APPROVED, THAT MEANS THE MCO IS PLANNING TO STOP ONE OR MORE OF YOUR SERVICES BUT OFFER A DIFFERENT SERVICE.

ON THE NEXT SLIDE ARE EXAMPLES OF NOTICES.

YOUR NOTICE WILL LOOK DIFFERENT P THAN THIS.

THESE ARE CALLED A TEMPLATE BUT THE IMPORTANT THING IS THAT THE LANGUAGE IN HERE IS REQUIRED BY OLTL OR ALL THE MCOs TO USE.

I'VE HIGHLIGHTED THE KEY LANGUAGE YOU WANT TO BE LOOKING FOR THE FIRST ONE APPROVED OTHER THAN AS REQUESTED AS FOLLOWS AND UNDERNEATH IT WILL BE -- THE MCO WILL PUT IN JUST HOW MUCH SERVICES -- AMOUNT OF SERVICES THEY WOULD BE APPROVING.

THE OTHER THING THAT'S IMPORTANT IN TERMS OF APPEALS AND WE'RE GOING TO GET TO THAT IN JUST A MINUTE, IS THE HIGHLIGHTED NEXT SENTENCE.

THIS DECISION WILL MAKE EFFECT ON.

THAT'S REALLY CRITICAL IN TERMS OF HOW MUCH TIME YOU HAVE TO APPEAL.

THE LAST ONE, DENIED COMPLETELY BECAUSE -- THE OTHER THING THAT IS IMPORTANT HERE -- WHERE IT SAYS EXPLAIN AT A SIXTH GRADE READING LEVEL IN DETAIL EVERY REASON FOR THE DENIAL.

IT IS IMPORTANT THAT THE MCOS GIVE YOU CLEAR DETAILED INFORMATION ABOUT WHY THEY ARE DENYING SERVICE.

UNFORTUNATELY, WE HAVE ALREADY SEEN A COUPLE NOTICES WHICH HAVE FAILED TO DO THAT AND WE UNDERSTAND THE MCOs ARE LEARNING TO GET THIS RIGHT.

WE STRUCK WANT TO HEAR ABOUT FOLKS WHO HAVE GOTTEN NOTICES WHICH FAIL TO DETAIL THE REASONS ARE AND ARE NOT AT A SUFFICIENT READING LEVEL TO BE UNDERSTANDABLE.

GRIEVANCES ARE REQUESTS TO YOUR MCO THAT IT CHANGES A DECISION TO DENY, REDUCE, TERMINATE OR CHANGE TYPE OF SERVICE.

CAN ALSO FILE A GRIEVANCE BUT NOTE THAT FOR SERVICE PROVIDER TO FILE THE GRIEVANCE, THEY HAVE TO HAVE THE PARTICIPANT'S WRITTEN PERMISSION.

OKAY. SO HOW DO YOU FILE YOUR GRIEVANCE?

WELL, ACTUALLY THAT'S PRETTY EASY.

YOU CAN CALL YOUR MCO.

YOU CAN FAX YOUR MCO.

YOU CAN MAIL YOUR GRIEVANCE.

AND IN FACT THE NOTICE THAT YOU RECEIVE IS MANDATED BY OLTL TO INCLUDE ALL THIS INFORMATION ON THERE.

SO THE NOTICE WILL CONTAIN THE PHONE NUMBER TO CALL IF YOU WANT TO FILE A GRIEVANCE.

THE FAX NUMBER AND A MAILING ADDRESS IF YOU WANT TO MAIL IN YOUR GRIEVANCE.

PLUS, THE MCO MUST ASSIGN STAFF THAT WILL HELP YOU IN FILING YOUR GRIEVANCE IF YOU REQUEST.

IF YOU REQUEST A GRIEVANCE BY PHONE, WE RECOMMEND THAT YOU ASK FOR AND WRITE DOWN THE NAME OF THE PERSON YOU SPOKE TO AT THE MCO, AT WHAT TIME YOU SPOKE TO THEM.

WE HAVE UNDER OTHER APPEALS UNDER WAIVERS IN THE PAST WE HAVE HAD SITUATIONS WHERE PEOPLE HAVE CALLED AND THEN THE INDIVIDUAL WHO TOOK THE CALL FAILED TO NOTE THAT IN THEIR COMPUTER DATABASE AND WE HAD A BIG DISPUTE ABOUT WHETHER THE INDIVIDUAL FILED A TIMELY APPEAL OR NOT.

SO GET THAT INFORMATION JUST IN CASE THAT INFORMATION IS NOT ENTERED INTO THE SYSTEM BY THE PERSON AT THE MCO TAKES THE PHONE CALL.

WE ALSO RECOMMEND AFTER YOU CALL THAT YOU SEND A LETTER TO THE MCO CONFIRMING YOUR REQUEST.

THAT'S ALSO HELPFUL IN TERMS OF EXPLAINING IN SOME MORE DETAIL WHY YOU ARE APPEALING.

OKAY. SO WHAT TO INCLUDE WITH YOUR GRIEVANCES.

SOME PLANS WILL HAVE A GRIEVANCE FORM WHEN THEY SEND A DECISION.

BUT THERE'S NO SPECIAL LANGUAGE THAT YOU HAVE TO HAVE IN YOUR GRIEVANCE BUT THERE ARE SOME THINGS THAT WE AT THE HEALTH LAW PROJECT RECOMMEND YOU HAVE.

ONE IS TO SPECIFY THAT YOU WANT TO FILE A GRIEVANCE.

A GRIEVANCE IS A LEGAL TERM REFERRING TO AN APPEAL.

EXPLAIN WHY YOU'RE APPEALING AND WHAT IT IS THAT YOU'RE APPEALING.

ALSO STATE THAT IF YOU WANT YOUR SERVICES TO STAY THE SAME WHILE YOU WAIT FOR THE GRIEVANCE DECISION, IT IS USEFUL TO STATE THAT.

IT'S NOT LEGALLY MANDATED BUT IT'S USEFUL.

AND THEN YOU SHOULD INDICATE WHETHER YOU WANT TO DO YOUR GRIEVANCE BY A CONFERENCE CALL, TELEPHONE CALL, OR IN PERSON.

YOU DO HAVE THE RIGHT TO AN IN PERSON GRIEVANCE IN A LOCATION IN THE SOUTHWEST REGION NOW WE'RE TALKING RIGHT NOW ABOUT FOLKS IN THE SOUTHWEST THAT IS CONVENIENT TO YOU.

THE COMMUNITY HEALTH CHOICES GRIEVANCE PANEL MEMBERS, THE FOLKS WHO WILL DECIDE YOUR GRIEVANCE, MUST ATTEND IN PERSON OR BY VIDEO CONFERENCE.

BECAUSE WE HAVE RUN INTO PROBLEMS IN THE PAST NOT NECESSARILY WITH THESE MCOs.

WE'VE RUN INTO PROBLEMS WHERE NOTICES WERE DATED ON A FRIDAY AND NOT MAILED OUT UNTIL MONDAY OR EVEN TUESDAY IF THERE WAS A HOLIDAY.

IT IS THE DATE ON WHICH IT IS MAILED THAT STARTS THE TEN-DAY CLOCK.

YOU HAVE 60 DAYS TO FILE YOUR GRIEVANCE BUT AFTER THAT TIMELINE OR AFTER THE DATE ON THE NOTICE WHERE IT SAYS DECISION TO TAKE EFFECT ON, THE MCO CAN REDUCE OR STOP YOUR SERVICES AS STATED IN THEIR NOTICE.

YOU SHOULD CALL THE NUMBER ON THAT GRIEVANCE ACKNOWLEDGMENT --

WHILE IT IS FILING YOUR GRIEVANCE.

OKAY. WHAT DO YOU DO NEXT?

WE RECOMMEND THAT YOU GIVE US A CALL TO THE HEALTH LAW PROJECT AT {800}274-3258 FOR FREE ADVICE ABOUT WHAT YOU CAN DO NEXT BECAUSE THERE ARE A NUMBER OF THINGS YOU MIGHT DO.

ALSO YOU SHOULD ASK YOUR MCO'S APPEALS AND GRIEVANCE UNIT FOR ALL RELEVANT DOCUMENTATION PERTAINING TO THE SUBJECT OF THE AGREEMENT.

ASK YOUR SERVICE COORDINATOR BECAUSE THAT IS THE BASIS ON WHICH THE MCO MUST MAKE THEIR DECISION.

OKAY. QUITE HONESTLY, IT'S OVERWHELMING TO GET TO THE DETAILS ABOUT PREPARING FOR THE GRIEVANCE IN THIS PRESENTATION.

WE ARE GOING TO BE PRESENTING ANOTHER WEBINAR AND IT WILL PROBABLY BE NEXT WEEK YOU THINK FIND IT AND HOW TO REGISTER FOR THAT.

AND WE ARE AVAILABLE TO PROVIDE FREE LEGAL ADVICE TO THOSE INDIVIDUALS WHO HAVE FILED GRIEVANCES TO THE EXTENT WE HAVE STAFF AVAILABLE.

CALLED AN EXPEDITED GRIEVANCE PROCESS WHERE YOU CAN GET A DECISION WITHIN THREE DAYS GET THAT YOU NEED TO PROVIDE A SIGNED CERTIFICATION FOR YOUR SERVICE PROVIDER OR PHYSICIAN.

THE LANGUAGE IS RIGHT OUT OF THE COMMUNITY HEALTH CHOICES AGREEMENT FROM THE DEPARTMENT OF HEALTH REGULATIONS AS WELL AND YOU WANT TO GIVE US A CALL WE CAN EXPLAIN FOR ABOUT THIS.

IF YOU DISAGREE, YOU'LL GET A WRITTEN NOTICE AFTER THE MCO DECIDES YOUR GRIEVANCE.

YOU HAVE TWO OPTIONS FOR FURTHER APPEALS.

SOMETHING CALLED A FAIR HEARING WHICH IS DONE THROUGH THE STATE BUREAU OF HEARINGS AND APPEALS OR AN EXTERNAL REVIEW WHICH IS SENT OUT TO AN INDEPENDENT COMPANY USUALLY USING A PHYSICIAN OR OTHER PROFESSIONAL TO REVIEW THE DOCUMENTS.

IF YOUR SERVICES WERE CONTINUING WHILE YOUR GRIEVANCE IS PENDING OR YOU LOST YOUR GRIEVANCE AND MUST FILE THE NEXT APPEAL WITHIN TEN DAYS OF THE DATE THE GRIEVANCE DECISION WAS



MAILED IN ORDER TO CONTINUE THOSE SERVICES WHILE YOUR NEXT APPEAL IS PENDING.

I THINK THAT'S MORE THAN ENOUGH.

>> EXCELLENT.

THANK YOU VERY MUCH.

>> THANK YOU.

>> SO WE HAD SOME QUESTIONS.

SHALL I DO THOSE NOW?

>> SURE.

>> IS THERE A PUBLIC COPY OF THE RAI QUESTIONS FOR SERVICE COORDINATORS?

IS WELL, TWO THINGS.

SERVICE COORDINATORS ARE -- IF THEY -- IF YOU HAVE A CONTRACT WITH A COMMUNITY HEALTH CHOICES MCO, YOU WILL HAVE RECEIVED THE SET OF QUESTIONS.

THAT IS WHAT YOU'RE SUPPOSED TO BE ASKING SO IF YOU DON'T HAVE THOSE, YOU NEED TO BE TALKING TO YOUR MCO BECAUSE YOU SHOULD HAVE THOSE.

IS IT PUBLIC?

NO.

IT IS NOT.

IT IS IN FACT A PROPRIETARY ASSESSMENT AND IS NOT PUBLIC.

>> OH, YES.

THANK YOU FOR REITERATING THAT POINT.

THAT IS VERY IMPORTANT.

WHEN YOU REFER TO SERVICE COORDINATORS FOCUSING TOO MUCH ON THE ASSESSMENT AND NOT ON PARTICIPANT INPUT, DID IT DIFFERENTIATE

BETWEEN SERVICE COORDINATORS EMPLOYED BY THE MCOs INTERNALLY OR SERVICE COORDINATORS FROM OTHER SERVICE COORDINATING ENTITIES.

QUITE HONESTLY, WE DON'T HAVE ENOUGH INFORMATION YET ABOUT SERVICE COORDINATORS EMPLOYED BY THE MCOs SO WHAT WE'VE HEARD FOR QUITE HONESTLY HAS BEEN -- AND, AGAIN, THIS IS ANECK DOTAL BECAUSE THERE'S NOT BEEN A LOT YET BECAUSE THE INFORMATION WE'VE HAD HAS BEEN EXTERNAL SERVICE COORDINATORS BUT UNDERSTANDING THAT EXTERNAL SERVICE COORDINATORS ARE NOT ACTUALLY TOTALLY INDEPENDENT, THEY ARE CONTRACTORS WITH THE MCOs SO IT IS AN ISSUE I THINK AS WHAT MARIE POINTED OUT OF TRAINING THAT WE'RE -- WE AGREE WITH OLTL THAT TRAINING REALLY NEEDS TO BE DONE BY THE MCOs OF ALL SERVICE COORDINATORS TO MAKE SURE THAT THEY DON'T FOCUS TOO MUCH ON THE ASSESSMENT BUT REALLY DIG DEEPER INTO THE FULL SCOPE OF WHAT PERSON CENTERED SERVICE PLANNING IS SUPPOSEDLY ABOUT.

CERTAINLY SERVICE COORDINATORS ARE ONE PARTY ALTHOUGH WE'VE HEARD AND THIS IS SOMETHING THAT I'D BE VERY INTERESTED IN HEARING FROM OLTL ABOUT THIS.

WE HAVE HEARD FROM SOME SERVICE COORDINATORS THAT THEY DON'T ALWAYS HAVE ACCESS TO ALL OF THE DECISIONS THAT ARE MADE BY THE MCO AFTER THE PERSON CENTERED PLAN IS SUBMITTED TO THE MCO.

DEDICATED SOLELY TO MAKING THESE KINDS OF CHANGES LIKE CHANGES TO ADDRESS, FOR EXAMPLE.

SO FOLKS CAN CALL THAT DHS CHANGE LINE.

I'M AFRAID I DON'T -- I CAN LOOK IT UP PERHAPS BY THE END OF THE SESSION.

IN ADDITION IF THEY CAN'T CONTACT THEIR CASEWORKER AT THE COUNTY ASSISTANCE OFFICE AND THAT SHOULD BE A QUICKER PROCESS.

WILL THE NURSING FACILITY RECEIVE NOTICES ALSO SENT TO THE -- I HAVE TO ASK YOU GUYS.

THAT'S NOT AN AREA THAT WE DEAL WITH.

>> WILL THE NURSING FACILITY RECEIVE THE NOTICES ALSO SENT TO EACH MEMBER?

WILL BE MCO ISSUE A NOTICE TO THE MEMBER AND ALSO THE NURSING FACILITY?

IF THE INDIVIDUAL REVIED SIDES IN HAD THE NURSING FACILITY.

SO WE WILL -- ANY OF THE QUESTIONS JUST AS A GENERAL STATEMENT ANY OF THE QUESTIONS THAT WE RECEIVE HERE TODAY WE WILL DO FAQ DOCUMENT AND IT WILL BE PRINTED ALONG WITH THE WEBINAR.

THAT QUESTION WE'LL FOLLOW UP AND HAVE IT INCLUDED IN THE DOCUMENT WHERE THE WEBINAR.

AS DAVID INDICATED WE DIDN'T HAVE A FOLLOW UP QUESTION TO THAT WHICH INDICATES WILL THE MCO ISSUE A NOTICE TO THE MEMBER A NURSING FACILITY IF THERE'S NO CHANGE TO THE SERVICE MEMBER HAS BEEN RECEIVING.

IF THERE'S NO CHANGE TO THE SERVICE THAT THE MEMBER HAS BEEN REEFING THEY WOULD NOT RECEIVE A NOTICE.

>> NO.

>> NO.

>> THE COMMUNITY HEALTH CHOICES AGREEMENT DOES SET OUT PROTOCOLS AROUND ELECTRONIC NOTIFICATION TO PROVIDERS JUST SO THAT THEY'RE AWARE THAT THE SERVICE HAS BEEN AUTHORIZED.

BUT IT HAS BEEN AUTHORIZED WITHOUT ANY CHANGES THERE'S NOT A REQUIREMENT OF NOTICE TO THE PARTICIPANTS.

BY THE WAY I DO HAVE THE PHONE NUMBER, THE DHS PHONE NUMBER FOR THE CHANGE CENTER IF YOU NEED TO CHANGE YOUR ADDRESS AND YOU HAVE DIFFICULTY GETTING AHOLD OF YOUR CASEWORKER OR YOU MAY NOT EVEN KNOW WHO YOUR CASEWORKER IS.

THE PHONE NUMBER IS {877}395-8930.

CAN WE DISTRIBUTE THIS INFORMATION?

YES.

WE HOPE YOU DO.

WHAT IS THE TIMEFRAME BETWEEN THE DEVELOPMENT OF THE PLAN AND NOTIFICATIONS IN THE MCOs?

IS I DON'T KNOW THE ANSWER TO THAT ONE.

>> YEAH.

THAT'S ONE THAT WE MIGHT HAVE TO FOLLOW UP ON.

HOW WILL THE PROVIDER KNOW IF THE CLIENT RECEIVES NOTICE OF DISCONTINUED OR REDUCED HOURS.

IF WE DON'T REPRESENT PROVIDERS, THAT'S NOT SOMETHING I'VE LOOKED UP BUT WE CAN CERTAINLY LOOK THAT ONE UP.

I'VE BROUGHT A COPY OF THE AGREEMENT WITH ME.

I WILL LOOK THAT UP.

.

THAT'S SOMETHING WITH RESPECT --

FOR CHANGE OF ADDRESS, THE PARTICIPANT CAN ALSO -- FOR CHANGE OF ADECREES, THE PARTICIPANT CAN ALSO MAKE A CHANGE OF ADDRESS WITH THE UNITED STATES POSTAL SERVICE AND REQUEST MAIL FORWARDING.

CERTAINLY THAT IS A GOOD IDEA.

I'M SORRY I DIDN'T MENTION THAT VERY SIMPLE ONE BUT IN ADDITION YOU ALSO WANT TO MAKE SURE YOU GET IT STRAIGHT IN THE RECORDS AS WELL.

I'M NOT SURE IF YOU'RE TALKING ABOUT THE ONES HELD IN SOUTHWEST OR THE SESSIONS GOING ON RIGHT NOW IN THE SOUTHEAST BUT I'LL TURN IT OVER TO YOU GUYS.

>> SO THE PROVIDER SESSIONS BEING HELD CURRENTLY IN THE SOUTHEAST ALL PRESENTATIONS ARE NOW ALREADY POSTED ON OUR WEBSITE AND SO IF YOU GO TO OUR CHC WEBSITE YOU CAN LOCATE ALL OF THOSE PRESENTATIONS.

THERE'S A GENERAL PRESENTATION.

THERE'S VERY DETAILED PRESENTATION FOR PROVIDERS, NURSING HOME PROVIDERS, PHYSICAL HEALTH AND HOSPITAL PROVIDERS AS WELL AS BEHAVIORAL HEALTH PROVIDERS.

FRETS.

>> ONE OTHER THING I WANT TO MENTION ABOUT THE IMPORTANCE OF THE PERSON CENTERED SERVICE PLAN.

IN DRIVING THE SERVICES THAT AN INDIVIDUAL SHOULD BE RECEIVING, IN THE COMMUNITY HEALTH CHOICES AGREEMENT, THERE IS ACTUALLY WHAT THEY CALL A DEFINITION OF MEDICAL NECESSITY WHICH IS SUPPOSED TO DETERMINE WHETHER A PARTICULAR SERVICE IS NECESSARY OR NOT.

I'M GOING TO MENTION THE FOURTH PRONG.

THIS IS ONE THAT MY BOSS ALWAYS RAISES WITH GOOD REASON.

I'M JUST GOING TO READ IT AS ONE SENTENCE BECAUSE IT REALLY DRIVES HOME THE IMPORTANCE OF THE PERSON CENTERED SERVICE PLAN.

IT IS MED -- IF THE SERVICE WILL BROTHOR VIED THE OPPORTUNITY FOR A PARTICIPANT RECEIVING LONG TEMPLE SERVICES AND SUPPORT HAVE ACCESS TO THE BENEFITS OF COMMUNITY LIVING TO ACHIEVE PERSON CENTERED GOALS, GOALS IN YOUR PERSON CENTERED PLAN, AND LIVE AND WORK IN A SETTING OF HIS OR HER CHOICE.

SO WE REALLY HAVE TO REMEMBER THAT AND MAKE SURE THAT'S INCORPORATED IN PERSON CENTERED PLANNING.

THANKS, DAVID.

THERE'S A COUPLE OF OTHER QUESTIONS.

ONE QUESTION ABOUT THE EVALUATION PLAN.

THE QUESTION WAS THE MRT NEEDS TO -- THE SHORT ANSWER TO THIS IS YES THE EVALUATION -- THE EVALUATORS HAVE BEEN PARTICIPATING AND VISITING FOLKS NOT ONLY IN THE URBAN BUT ALSO IN THE RURAL AREAS.

AND THEY HAVE -- THEY'VE ALSO BEEN ABLE TO DO A LOT OF CONDUCT A LOT OF INTERVIEWS.

ANOTHER QUESTION DURING THE CONTINUITY OF CARE AND THIS IS REALLY IMPORTANT DURING THE CONTINUITY OF CARE WHAT WOULD BE SOME REASONS PROVIDERS WILL SEE AN INTERRUPTION IN PAYMENT.

THE SHORT AND CLEAR ANSWER IS DURING CONTINUITY OF CARE THERE SHOULD BE NO INTERRUPTION OF CONSUMERS AND SERVICES.

WE WANT TO MAKE SURE THAT OUR CONSUMERS CONTINUE TO RECEIVE THOSE SERVICES AND HOW THEY RECEIVE THOSE SERVICES IS FOR PROVIDERS TO GET PAID AND THAT WILL CONTINUE.

ANOTHER QUESTION THAT CAME THROUGH IS NOW THAT MEDICARE HMOs OFFER PERSONAL CARE ASSISTANCE AS PART OF THEIR PLAN, HOW WILL THIS AFFECT OR IMPACT PARTICIPANTS IN COMMUNITY HEALTH CHOICES.

AS YOU KNOW COMMUNITY HEALTH CHOICES IS SERVING -- SO FOLKS RECEIVING BOTH MEDICAID AND MEDICARE SO OUR POSITION IN AND OUR EXPECTATION THAT BOTH COMMUNITY HEALTH CHOICES MANAGED CARE ORGANIZATIONS THAT ARE PROVIDING MEDICAID SERVICES IN COLLABORATION WITH OUR DUAL SPECIAL NEEDS PLAN FOR PROVIDING THE MEDICARE SIDE OF SERVICES DO COORDINATION OF CARE FOR ALL THE DUE ELIGIBLE SO THAT'S REALLY IMPORTANT.

HAS IT BEEN DISCUSSED WHICH DATE WE'RE TO GO OFF ON ASSESSMENT?

IN OTHER WORDS WE USED TO USE THE LCB -- THAT'S RIGHT.

THAT QUESTION ALREADY CAME IN.

WE KIND OF ANSWERED THAT ALREADY.

THERE IS NOT ANY CONFUSION BY HAVING MULTIPLE PEOPLE INVOLVED THERE'S A BARRIER OF MANY FACETS OF WHO A PARTICIPANT WILL CALL IF THERE'S AN ISSUE.

-- AN ISSUE.

I THINK I COVERED THIS ALREADY.

IT'S IMPORTANT IF THERE ARE ISSUES A PARTICIPANT IS RAISING IT'S REALLY IMPORTANT THAT THEY HAVE A CONVERSATION WITH THEIR SERVICE COORDINATOR.

THEY'RE ASSIGNED TO THE PARTICIPANT TO PROVIDE THEM WITH SERVICES AND SUPPORT AND HEALTH.

IF THEY CANNOT ASSIST YOU ALWAYS HAVE YOUR COMMUNITY HEALTH CHOICES MANAGED CARE ORGANIZATIONS AND ALSO IMPORTANT TO NOTE THAT OFFICE OF LONG TERM LIVING CONTINUES TO HAVE THE PARTICIPANT HOTLINE NUMBER THAT IS STILL AVAILABLE BOTH IN THE

SERVICE PROGRAM AS WELL AS IN CHC BUT AGAIN IF YOU'RE LOOKING AT -  
- SERVICE COORDINATOR FIRST.

YOUR CHCMCOs FOLLOWS THAT IF YOU'RE NOT GHATING A RESPONSE AND  
OBVIOUSLY IF YOU CAN'T GET A RESPONSE FROM EITHER PARTY YOU CAN  
CONTACT THE OLCL HOTLINE.

>> AND I HAVE AN ANSWER TO THE QUESTION ABOUT NOTICES TO  
PROVIDERS.

SO THE COMMUNITY HEALTH CHOICES AGREEMENT STATES IN TERMS OF  
NOTICES IF THE MCO HAS REDUCED OR DENIED A SERVICE THAT THE MCO  
MUST MAIL THE WRITTEN NOTICE TO THE PARTICIPANT, THE  
PARTICIPANT'S PRIMARY CARE PHYSICIAN, AND THE PRESCRIBING  
PROVIDER.

THAT'S WHAT IT SAYS.

I'M JUST READING IT.

>> WE HAVE SAY COMMENT THAT --

THANK YOU FOR EMPHASIZING THE INFORMATION.

>> WORE WELCOME AND LOOK FORWARD TO THE NEXT WEBINAR THAT  
WE'LL BE DOING ON THE GRIEVANCE PROCESS AND HOW TO DO THAT.

WE HOPE YOU DON'T HAVE TO.

BUT WE WANT YOU TO BE PREPARED.

>> GREAT.

AGAIN, WE WANT TO THANK DAVID FOR BEING HERE AND SHARING THIS  
REALLY IMPORTANT INFORMATION.

CRITICAL TIMING AS WE APPROACH THE END OF THE CONTINUITY OF CARE  
PERIOD SO THANK YOU FOR COMING AND DOING YOUR PRESENTATION.

WE HAVE NOT RECEIVED ANY ADDITIONAL QUESTIONS AT THIS TIME.

SO WE WOULD LIKE TO THANK EVERYONE FOR JOINING US AND HAPPY  
FIRST DAY OF SUMMER.

THANKS, EVERYONE.

