



HealthChoices Advisory Committee Meeting SouthEast Zone

Tuesday, July 21, 2020

10:00 AM – 12:30 PM

Teleconference

Meeting Agenda

10:00am Welcome & Introductions – Teresa McDonnell/Wendy Sanchez

- Teresa McDonnell welcomed and informed all participants to please mute themselves to minimize background noise. If calling in via phone participants can use *6 to mute/unmute themselves. If using internet audio participants can use the microphone icon at the bottom of the zoom screen to mute/unmute themselves.
 - Teresa McDonnell reminded everyone that the meeting was being recorded for the purpose of meeting minutes only. The audio clip and minutes will be posted on enrollnow.net once they are finalized.
 - Wendy Sanchez welcomed and thanked everyone for joining and their flexibility.
 - Wendy Sanchez completed roll call for committee members only.
- Roll Call Committee:
- In Attendance: Beverly O’Sullivan (CCBH); Durand Delgado (Consumer Advocate); Justin Ramos (Consumer Advocate), Naomi Ramos (Consumer Advocate), Marisol Ramos (Parent/CBO); Joseph Kilpatrick (Consumer Advocate); Logan Stinger (Consumer Advocate); Joyce Williams (Health Partners); Jorge Parra (Health Partners); Pat Spires (Keystone First); Donald Beam (Magellan); Gilbert Bracero (United HealthCare); Olivia Benson (SDHP); Wendy Sanchez-Hernandez (PA EAP);
 - Absent: Jennifer Oglesbee (Aetna); Denise Lindsey (Aetna); Mary Soler (CBH); Orfelina Payne (CBH), Roberta McClean (Consumer Advocate); Michelle Christian (Consumer Advocate);

10:05 am April 2020 Meeting Minutes

- Teresa McDonnell informed committee members that revisions from Pat Spires was received and will resend revised meeting minutes to the committee.
- Teresa McDonnell asked if there were any other revisions that the committee may have. No other revisions requested.

10:10 am Enrollment Assistance Program Report – Teresa McDonnell

- Updates - We continue to be fully operational at Pennsylvania Enrollment Services. A majority of the staff are working remotely with a skeleton staff in the office as necessary. We are processing all enrollments and plan transfers through the mail, calls to the call center, and those done through the website.
- Data Review – Refer to Report



- The data was reviewed since the last meeting, February through May 2020. There was an increase in enrollments in May 2020 as compared to previous years. Also, we saw an increase in website enrollments in the month of May 54% from the average of 33%.
- 2020 Webinar Series
 - Previous Webinars:
 - Thursday, May 14, 2020 Vaping & Tobacco Use; Presenter: Ryan Coffman –Philadelphia Department of Health – Attendees: 152
 - Wednesday, June 17, 2020 Tobacco Free Recovery in Behavioral HealthCare; Presenter: Ryan Coffman – Philadelphia Department of Health – Attendees: 116
 - Upcoming Webinars:
 - Tuesday, August 11, 2020 Opioid Education & Prevention; Presenter: Sean McCormack, PA Health Promotion Council
 - Tuesday, September 8, 2020 The State of the Opioid Crisis; Presenter: Jason Snyder, Pinnacle Treatment Centers
 - Tuesday, September 15, 2020 PA EAP The Enrollment Process; Presenter: Issac Miller – closed webinar just for the MCOs.

10:25 am DHS

- BMO Report – Nan Mavor
 - **Pediatric Shift Care Nursing Home Health Workshop-**
 - As reported at the April Advisory Meeting the workshop that was scheduled for April 29, and all workgroup meetings and calls through the month of May were cancelled.
 - The updated information is that:
 - Virtual Meeting to be held July 30, 2020 for workgroup members only.
 - Unfortunately, the timeline has been shortened due to COVID and funding.
 - Attendees will be the original participants that have been assigned Work Groups and have actively participated in the creation of recommendations and deliverables. These results will be presented to DHS Executive staff in the Fall.
 - **Per a press release on June 24, 2020 from office of DHS**, Enrollment has increased for both Medicaid and SNAP in the month of May, though May's increase was less than the increase from March to April. Overall application numbers are down 40 percent, but DHS has been approved to extend annual SNAP renewals and not disenroll people from Medicaid, which has contributed to the decreased enrollment numbers.
 - **Health Care**
 - From February through May, there has been an overall increase by 4.2 percent, or approximately 118,000 people, in Medicaid enrollment.



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- Medicaid and CHIP provide coverage for routine and emergency health services, tests and screenings, and prescriptions. COVID-19 testing and treatment are also covered by both Medicaid and CHIP. Medicaid and CHIP enroll individuals throughout the year and do not have a limited or special enrollment time. There are income limits for Medicaid, but all children qualify for coverage through CHIP with premiums determined by household income on a tiered premium scale. CHIP enrollment continues for a year regardless of income change and is redetermined annually at the enrollment date.
- With the COVID National Emergency Period declared, Under section 1135 of the Social Security Act, the HHS Secretary was able to temporarily waive and modify requirements to Medicare, Medicaid, and the CHIP to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in Social Security Act programs in the emergency area and time periods and that providers who provide such services in good faith can be reimbursed and exempted from sanctions (absent any determination of fraud or abuse). The waivers requested and approved, allows Pennsylvania the flexibility to pay providers for health care services to ensure they can adequately respond and adjust care during the public health emergency.
- Department of Health has temporarily suspended the regulation which requires that a prescribing practitioner deliver a written prescription to the pharmacist within 72 hours after authorizing an emergency oral prescription for a Schedule II drug. This temporary suspension is in effect through the duration of the emergency disaster proclamation signed by Governor Wolf.
- On May 9, 2020 DOH issued revised guidance for health care providers as a component of Governor Wolf's phased reopening plan, as related to performing non-urgent procedures.
- All Health care providers should consider following these operating protocols throughout the COVID-19 pandemic state-wide regardless of region or county reopening color designation.
- Providers may resume non-urgent and elective care in addition to providing urgent and emergency care, only when appropriate personal protective equipment (PPE) is available and telemedicine is not clinically sufficient. Each health care provider will need to apply their clinical judgment to determine whether to re-engage in the provision of non-urgent or elective care.
- All patients should be screened for systems of COVID-19, such as by questionnaire of symptoms, including a temperature over 100.4 degrees Fahrenheit, cough, or shortness of breath, or other acceptable method, before arriving at the facility or office. Social distancing should be maintained while in the facility or office.
- The PA Department of Health has extensive health guidelines on their web page. For example, the 2020 Health Alerts, Advisories and update include:



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- 511- 06/02/20- ADV- Lyme Disease and Other Tickborne Diseases in Pennsylvania
- 510- 06/01/20- UPD- UPDATE: Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19
- 509- 05/29/20- UPD- UPDATE: Testing Guidance for COVID-19 in Long- Term Care Facilities Residents and Healthcare Personnel
- 507- 05/11/20- ALT- Restarting Water Systems
- 506- 05/11/20- ALT- Pediatric Multisystem Inflammatory Syndrome
- In order to stay up to date with this and other public health issues, you can sign up for the Pennsylvania Health Alert Network (PA-HAN) at <https://han.pa.gov/>
- Please use this website to keep informed of issues that may affect you.
- Just some reminders from OMAP;
 - Members are not to be charged for the use of any Personal Protective Equipment by providers or MCOs.
 - Although DHS has received authorization through the 1135 Waiver to “relax “enrollment requirements during the COVID-19, the MCOs should be working with the affected members to have them use MA-enrolled, network providers.
- **Temporary COVID-19 Programs**
 - To date, 4,358 people have been approved for EAP and 24,582 people have been approved for LIHEAP Recovery Crisis.
 - Emergency Assistance Program (EAP) helps low-income families who have lost wages and are experiencing financial challenges due to the COVID- 19 pandemic. The program uses existing TANF funds and is open to families with a child under the age of 18 or a woman who is currently pregnant. Families who qualify for EAP will be eligible for a one-time payment to assist them in meeting basic needs and to help them secure more stable financial footing in the future.
 - Funds remain available, and this program has been extended. Applications are being Applications are being accepted through July 12. Families should be prepared to submit all necessary documentation with their application to expedite processing and avoid having to apply again. Applications are accepted at any time, and previously rejected applications can be resubmitted.
 - LIHEAP normally runs from November through March, but the Recovery Crisis program can help with Pennsylvanians’ current energy costs, including critical air conditioning during the summer months. Assistance is available for both renters and homeowners. LIHEAP Recovery Crisis program will run through August 31, 2020, or until all budgeted funding is expended.
- **Food Security**



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- SNAP enrollment has increased by 9.7 percent, or 189,727 people, from February through May
- The Department of Human Services (DHS) announced that the system changes necessary to implement the pilot program that lets recipients of the Supplemental Nutrition Assistance Program (SNAP) purchase groceries online through participating retailers have been completed, and online grocery purchasing is now active at approved retailers.
- The pilot program currently includes three approved retailers: Amazon, Walmart, and ShopRite.
- Due to the expedited timeframe to implement, this initiative does not include the ability to transact Cash Assistance benefits using the EBT card. Therefore, individuals will need to use another method of payment, such as a pre-paid debit card, to cover non-allowable fees.
- A fourth retailer, The Fresh Grocer, was approved by the federal government to participate in the program, and once necessary system changes are implemented, they too will begin accepting online SNAP payments.
- Retailers that are interested in participating must contact FNS to review the requirements to be added to the program.
- Retailers that do not wish to join the pilot program can still offer delivery or pick-up flexibility options for SNAP recipients by using mobile EBT processing equipment that would allow customers to pay with SNAP when groceries are delivered or picked up.
- Farmers markets may be able to receive this processing equipment at no cost through a grant opportunity provided by DHS.
- Pennsylvanians who need immediate help feeding themselves or their family can also find and contact their local food bank or pantry through Feeding Pennsylvania and Hunger-Free Pennsylvania to access food resources in their community.
- Visit pa.gov for a “Responding to COVID-19” guide or the Pennsylvania Department of Health’s dedicated Coronavirus webpage for the most up-to-date information regarding COVID-19.
- **Employment**
 - On 5/27/2020 the Department of Human Services released Operation Recommendations to Providers and Partners as counties enter the yellow phase.
 - As Sec Miller previously stated, “No one should fear losing their benefits due to circumstances beyond their control, and we are working with our E&T providers to excuse program participants during this period.”
 - As Sec Miller previously stated, “No one should fear losing their benefits due to circumstances beyond their control, and we are working with our E&T providers to excuse program participants during this period.”
 - No sanctions associated with COVID-19 should take place. If a program is closed, participants will remain enrolled in the program until it reopens.



E&T providers have been instructed to be flexible and offer, to the extent possible, remote additives to keep individuals actively engaged.

- These guidelines remain in place.
 - E&T providers are to accept new electronic referrals, provide remote enrollments for E&T programming and continue completing remote activities with their participants
 - Additionally, referrals will continue to be processed for E&T programs like KEYS, SNAP 50/50, and Family Works applications for ELECT. These contracted programs may continue to submit reverse referrals to the CAO's if they can perform intake procedures remotely and the individual can participate remotely.
- **For E&T Providers**
 - Here are a few more details from the Guidance-Employment and Training link.
 - E&T participants in Pennsylvania may be impacted by COVID-19. This includes not only individuals who have reported symptoms or have tested presumptively positive for the virus, but also individuals who are caring for a family member or have been impacted by an activity and/or supportive service (such as education, childcare, transportation, employment, etc.) that has been canceled or suspended due to COVID-19.
 - If a participant has been exposed or potentially exposed to COVID-19 (or any communicable illness), the participant is responsible to contact the CAO or E&T program and make them aware of the situation and inform them if the illness is anticipated to last beyond the excused absence time. If COVID-19 related verification is provided to the E&T contractor, that information must also be shared with CAO staff so they may scan it into imaging. Once the E&T contractor has been made aware of exposure to COVID-19, they must contact the Bureau of Employment Programs (BEP) and make them aware. E&T contractor staff must also notify the CAO of potential exposure immediately. Providers must contact the PA Department of Health at 1-877-PA-HEALTH (1-877-724-3258) if they become aware of parties that have tested presumptively positive.
 - **Unemployment**
 - Visit the Pennsylvania Department of Labor and Industry website for valuable information regarding unemployment compensation.
 - On 06/03/2020 a press release from the Dept of Labor and Industry outlined the expanding services of PA Career Link. Although the offices have been closes since March, the CareerLink employees have been teleworking to provide virtual service to Job seekers and businesses. The offices will begin taking limited in-person appointments as the counties move to the green phase.
 - **Limited On-Site Services (Appointment Only)**
 - Copying and faxing documents for unemployment compensation (UC) office



- Individual customer appointments to complete program paperwork for Workforce Innovation programs
- On-site educational assessment
- Use of the PA CareerLink® resource room for job search activity
- To protect the health and safety of customers and staff and to continue following COVID-19 social distancing and mitigation recommendations, UC courtesy telephones will not be available in PA CareerLink® offices until further notice.
- Please use the list of resources provided for contact information and questions regarding Unemployment assistance.
- **Division of School Health COVID-19 FAQ's SCHOOL RE-ENTRY/PPE GUIDANCE**
 - Guidance will be issued once there is a better sense of when schools may re-open and will be based upon the most current CDC guidelines, research and evidence-based practices available at that time.
 - Guidance would come from the Department of Education as to when the attendance guidelines will be issued once in person school instruction resumes. The Department of Education will also provide guidelines for ADM and potential school closure.
 - Currently, there are no plans to provide PPE/supplies to help curb the spread of COVID-19 when schools do reopen for in-person learning.
 - Division of School Health will seek guidance from the Bureau of Communicable Disease and Epidemiology to provide a template notification letter for schools in the event
- **On June 15, 2020**, Governor Tom Wolf announced that people with intellectual disabilities and autism and the providers of support services for these vulnerable Pennsylvanians will receive \$260 million in CARES Act funding to help continue to provide services during the COVID-19 pandemic.
 - Gov. Wolf was joined by Department of Human Services Secretary Teresa Miller, who outlined to details of funding allocations.
 - “These dollars are intended to supplement the budgets of an industry built on the values of service, caregiving, and inclusion – an industry hit particularly hard by the COVID-19 pandemic,” Sec. Miller said. “To all of our intellectual disability and autism service providers and direct support professionals – thank you for your tireless and selfless work over the past three months, and for your dedication to helping Pennsylvanians with intellectual disabilities and autism achieve the everyday life they deserve.”
- The \$260 million will be allocated as follows:
 - \$90 million to providers of residential, respite, and shift nursing services
 - \$80 million to providers of Community Participation Support services
 - \$90 million to providers of in-home and community, supported and small group employment, companion, and transportation trip services.
- **MEDIA CONTACT:** Lyndsay Kensinger, ra-gvgovpress@pa.gov
- **CHC Update**



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- On June 30, 2020, the continuity of care period for long-term services and supports in the Northeast, Northwest, and Lehigh/Capital Regions ended. Community HealthChoices (CHC) is now fully implemented across Pennsylvania.
- This may prompt questions from CHC participants on:
 - A change to their service provided due to the managed care organization (CHC-MCO) ending their contact with a provider.
 - A change in service coordinator due to their CHC-MCO ending its contract with a service coordination entity;
 - A change to the amount, duration, or frequency of service they are receiving.
- A CHC-MCO must alert the Office of Long-Term Living in writing of its intent to terminate contracts with a provider and services that a provider provides 90 days before the termination's effective date. Procedures to address the termination's impact on participants should be in place and participants must be notified in writing 45 days before the effective date.
- OLTL will continue to monitor notification requirements, service plan changes, service denial notices, complaints, and grievances despite the continuity of care period ending. CHC-MCOs will be held accountable for meeting notification requirements to ensure participants are properly informed and continue to receive necessary services without unexpected disruption.
- Participants with questions or concerns about changes to services or service delivery should contact their CHC-MCO. If questions remain, after talking with their CHC-MCO, participants can contact the OLTL at 1-800-757-5042.
- Due to COVID-19, exceptions may apply under limited circumstances. Please refer to the "[Transition Plan to Phase Out Temporary Changes to the Community HealthChoices 1915\(c\) Waiver](#)" issued by the Office of Long-Term Living.
- CHC is now live across Pennsylvania. Make sure you and your coworkers have the information you need about CHC. Take our [30-minute online training](#).

If you have other questions about CHC, view our [comprehensive question and answer document](#).

- **CONTACT:** If you have any questions, please visit www.HealthChoices.pa.gov
- **Resources:**
- **Health Care**
 - In order to stay up to date with public health issues, you can sign up for the Pennsylvania Health Alert Network (PA-HAN) at <https://han.pa.gov/>
 - Please use this website to keep informed of issues that may affect you.
- **Temporary COVID-19 Programs**
 - More information about EAP, including income limits, is available at <https://www.dhs.pa.gov/providers/Providers/Pages/Coronavirus-Emergency-Assistance-Program.aspx>
 - More information, including income limits, can be found at <https://www.dhs.pa.gov/providers/Providers/Pages/LIHEAP-Recovery-Crisis-Program.aspx>
- **Food Security**



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- Pennsylvanians who need immediate help feeding themselves or their family can also find and contact their local food bank or pantry through [Feeding Pennsylvania](#) and [Hunger-Free Pennsylvania](#) to access food resources in their community.
- Visit [pa.gov](#) for a “[Responding to COVID-19](#)” guide or the Pennsylvania Department of Health’s dedicated [Coronavirus webpage](#) for the most up-to-date information regarding COVID-19
- **Employment**
 - MyCOMPASS PA, the mobile app for benefits issued by the CAO, can be used by participants to send in verifications.
 - Additionally, forms can be faxed/emailed/mailed directly to providers or CAO.
 - Information for Providers and Participants can be access from this media release on the [DHS.gov](#) website.
- **For E&T Providers**
 - <https://www.dhs.pa.gov/providers/Providers/Documents/Coronavirus%202020/COVID19%20Provider%20Letter%20031620.pdf>
- **Unemployment**
 - For regular UC questions: Email uchelp@pa.gov OR
 - Call 888-313-7284 Monday through Friday from 8:00 AM to 4:00 PM
 - Live Chat (call 888-313-7284 for a secure 6-digit code) Monday through Friday from 8:00 AM to 5:00 PM
 - For Pandemic Unemployment Assistance (PUA) questions:
 - Email ucpua@pa.gov
 - Call 855-284-8545 Monday through Friday 8:00 AM to 3:00 PM
 - For more information, including [COVID-19 employment opportunities in the commonwealth](#), visit www.pacareerlink.pa.gov.
 - MEDIA CONTACT: Penny Ickes, dlipress@pa.gov
- **Division of School Health COVID-19 FAQ’s SCHOOL RE-ENTRY/PPE GUIDANCE**
 - Please refer to <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html> for current mitigation ideas from the CDC.
 - Please also see the following: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools-faq.html>
- **CHC Update**
 - Due to COVID-19, exceptions may apply under limited circumstances. Please refer to the “[Transition Plan to Phase Out Temporary Changes to the Community HealthChoices 1915\(c\) Waiver](#)” issued by the Office of Long-Term Living.
 - CHC is now live across Pennsylvania. Make sure you and your coworkers have the information you need about CHC. Take [our 30-minute online training](#).
 - If you have other questions about CHC, view our [comprehensive question and answer document](#).



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- CONTACT: If you have any questions, please visit www.HealthChoices.pa.gov
- OMHSAS Report – Scott Ashenfelter
 - The U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), is announcing additional distributions from the Provider Relief Fund to eligible Medicaid and Children’s Health Insurance Program (CHIP) providers that participate in state Medicaid and CHIP programs. HHS expects to distribute approximately \$15 billion to eligible providers that participate in state Medicaid and CHIP programs and have not received a payment from the Provider Relief Fund General Distribution. HHS is also announcing the distribution of \$10 billion in Provider Relief Funds to safety net hospitals that serve our most vulnerable citizens. The safety net distribution will occur this week.
 - HHS is providing support to healthcare providers fighting the COVID-19 pandemic through the bipartisan CARES Act and the Paycheck Protection Program and Health Care Enhancement Act, which allocated \$175 billion in relief funds to hospitals and other healthcare providers, including those disproportionately impacted by this pandemic.
 - **ENHANCED PROVIDER RELIEF FUND PORTAL**
 - On Wednesday, HHS is launching an enhanced Provider Relief Fund Payment Portal that will allow eligible Medicaid and CHIP providers to report their annual patient revenue, which will be used as a factor in determining their Provider Relief Fund payment. The payment to each provider will be at least 2 percent of reported gross revenue from patient care; the final amount each provider receives will be determined after the data is submitted, including information about the number of Medicaid patients providers serve.
 - The initial General Distribution provided payments to approximately 62 percent of all providers participating in state Medicaid and CHIP programs. The Medicaid and CHIP Targeted distribution will make the Provider Relief Fund available to the remaining 38 percent. HHS has already provided relief funding to over one million providers, and today’s announcement is expected to reach several hundred thousand more providers, many of whom are safety net providers operating on thin margins.
 - Clinicians that participate in state Medicaid and CHIP programs and/or Medicaid and CHIP managed care organizations who have not yet received General Distribution funding may submit their annual patient revenue information to the enhanced Provider Relief Fund Portal to receive a distribution equal to at least 2 percent of reported gross revenues from patient care. This funding will supply relief to Medicaid and CHIP providers experiencing lost revenues or increased expenses due to COVID-19. Examples of providers serving Medicaid/CHIP beneficiaries possibly eligible for this funding, include pediatricians, obstetrician-gynecologists, dentists, opioid treatment and behavioral health providers, assisted living facilities, and other home and community-based services providers.



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- To be eligible for this funding, health care providers must not have received payments from the \$50 billion Provider Relief Fund General Distribution and either have directly billed their state Medicaid/CHIP programs or Medicaid managed care plans for healthcare-related services between January 1, 2018, to May 31, 2020. Close to one million health care providers may be eligible for this funding.
 - More information about eligibility and the application process is available at <https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/general-information/index.html>
 - **\$10 BILLION ALLOCATION FOR SAFETY NET HOSPITALS**
 - HHS is announcing the distribution of \$10 billion in Provider Relief Funds to safety net hospitals that serve our most vulnerable citizens, recognizing the incredibly thin margins these hospitals operate on. This payment is being sent directly to these hospitals via direct deposit.
 - This payment is going to hospitals that serve a disproportionate number of Medicaid patients or provide large amounts of uncompensated care. Qualifying hospitals will have:
 - A Medicare Disproportionate Payment Percentage (DPP) of 20.2 percent or greater;
 - •Average Uncompensated Care per bed of \$25,000 or more. For example, a hospital with 100 beds would need to provide \$2,500,000 in Uncompensated Care in a year to meet this requirement;
 - •Profitability of 3 percent or less, as reported to CMS in its most recently filed Cost Report.
 - Recipients will receive a minimum distribution of \$5 million and a maximum distribution of \$50 million.
 - **ADDITIONAL PROVIDER RELIEF FUND UPDATES**
 - On Monday, June 8, 2020, HHS sent communications to all hospitals asking them to update information on their COVID-19 positive-inpatient admissions for the period January 1, 2020, through June 10, 2020. This information will be used to determine a second round of funding to hospitals in COVID-19 hotspots to ensure they are equitably supported in the battle against this pandemic. To determine their eligibility for funding under this \$10 billion distribution, hospitals must submit their information by June 15, 2020 at 9:00 PM ET.
 - HHS is working on an additional allocation to distribute relief broadly to dentists.
 - For updated information and data on the Provider Relief Fund, visit hhs.gov/provider-relief
- MATP Report
 - Teresa McDonnell informed attendees that Daphne Simeonoff who usually attends the meetings for MATP is no longer with MATP. MATP is working on getting position filled, they hope to be able to join for our next meeting with an update.



10:45 am Regional Report – Olivia Benson

- SDHP - Regional Housing Coordinator Update

UPCOMING TRAININGS – Register at www.SDHP.org

Navigating Income-Based Housing Options General housing information and definitions, income-based housing types, and applying and appealing processes.	July 15, 10AM-11AM REGISTER
Addressing a Housing Crisis Walks through the steps to assist your clients through a housing crisis, focusing on safe and short-term goals and solutions.	July 21, 12PM-1PM REGISTER
Assistance Animals Explained Discusses assistance animals, emotional support animals, reasonable accommodations and modifications, examples, and more!	July 23, 12PM-1PM REGISTER
Eviction Prevention and Processes Reviews the eviction process while focusing on preventative strategies to keep clients from facing evictions in the first place.	July 30, 12PM-1PM REGISTER

811 PROJECT Rental Assistance

One of the main roles we serve at SDHP is as waitlist administrators for the 811 Project Rental Assistance program. The 811 PRA program is project-based rental assistance specifically for extremely low-income persons with disabilities. The state of PA was given funding from HUD under this program, so SDHP has been working to house as many people as possible.

11:00 am Presentation:

- The State of the Opioid Crisis; Presenter: Jason Snyder, Pinnacle Treatment Centers
 - Refer to presentation.
 - **Question One: (Joseph)** - I have worked in the prison system and had inmates come in with heroin and opioid addiction. What is the cost difference between Suboxone vs. Methadone vs. Naltrexone medication?
 - **Response: (Jason)** - Folks being released should be getting on Medical Assistance (MA) which will have benefits with Behavioral and Physical plans. All 3 drugs should be covered via MA. Naltrexone would be the most expensive, Methadone most affordable, Suboxone would be in the middle of those two. Folks would need to navigate towards MA to cover medications, behavioral health services and counseling.
 - **Question Two: (Joseph)** - What percentage of patients giving suboxone overdose?
 - **Response: (Jason)** - None of them should, if you combined Suboxone with other drugs, it can be a potentially lethal combination.



- **Question Three: (Angela)** - What percentage of individuals leaving prison are entering a drug and alcohol program?
- **Response: (Jason)** - I have no data on that. The State prison system may have that data. I do know that the state has a "Warm Hand-Off Process". This involves treatment, working with the criminal system in PA county and state.
- **(Joseph)**- I worked for the Philadelphia County Jail, getting inmates out of the system into treatment but it takes a number of days. I can count with my hands and the number of people that went directly into a facility. It could take days before they can go into a treatment facility.

11:45 am Physical Health/Behavioral Health Manage Care Organization (MCO) – Review & Discussion of their Opioid Treatment and Services.

○ **Aetna Better Health Plan – Lyndsey Myslinski**

Opioid Management Program

Health Choices Advisory Committee Meetings
July 2020

Lyndsey Myslinski, LSW
Behavioral Health Clinical Liaison

Opioid Management Program Prevention, Treatment, and Recovery

Overall Goals:

Prevent

- Decrease the number of new identified members, lower prescriptions, lower doses, and shorter durations.

Treat

- Ensure that providers have access to evidence based treatment for substance use disorder from all pathways within the health plan such as completing warm transfers to a SUDT provider, Centers of Excellence, or referral to their BH-MCO.

Manage

- Identify members that are at risk (high-dose, history of OUD overdoses, or claims for legal/med OUD visits) and develop individualized and person-centered care plans

Stop Overdose Deaths

- Promote evidence-based treatment approaches or harm reduction strategies such as naloxone access

Opioid Management Program – Workstream Overview

Governance Oversight and Reporting

- Coordinate performance management of all program aspects at corporate level
- Design reports address and monitor goals

Standardization

- Develop MCO-wide best practice program components
- Provide training using standard templates, reports etc.

System Improvements

- Collaborate with functional areas (e.g. Pharmacy) to increase coverage of opioid and improve treatment of members with OUD

Network

- Work with provider experience to improve scope and quality of providers to treat OUD

Value Added Benefits

- Evaluate opportunities to increase non-opioid treatment of pain and improve treatment of OUD

Provider and Member Education

- Create standard communication plan to promote evidence based treatment for pain and OUD

OUD Risk Stratification Report

- OUD Risk Stratification Report
- Generated monthly with a rolling 6 month look-back period of paid claims
- Stratify members based on risk score (P1-P5)
- Risk score determined based on multiple factors
 - Poly-Poly Report
 - Morphine Dosage
 - Naloxone Claims
 - Opioid/Benzo Rx
 - Overdose Claims
 - Service Claims (ED, IP, OP)
 - MAT Non-Compliance
 - Opioid Use after MAT/OUD/OD
- Opioid Dashboard

Risk Score & Member Identification

- **P1-P5 Risk Score:** P1 members are targeted for outreach first

Priority	Risk Factors
P1	2+ Opioid OD and 2+ OUD and Opioid use after MAT/OUD/OD
P2	2+ Opioid OD
P3	1 Opioid OD
P4	Cumulative Morphine equivalent daily dose of 150+ MED or 1 OUD
P5	1+ Poly/Poly, Naloxone, Opioid/Benzo Overlap or MAT non-compliance

Internal & External Collaboration

- **SUD Rounds**
 - Bi-weekly Rounds
 - Comprehensive overview of engaged members
 - Multiple disciplinary participation (CM, CHW, Pharmacy)
- **BH-MCO Collaboration**
 - Collaborate to engage members with MAT and/or other BH services
 - Develop relationships to assist members to access Peer Support Specialists



Metrics

- ↑ MAT and other evidence based treatment engagement**
 - 82.5% increase YOY
 - 48% of all members with OUD are in MAT/other evidence based treatment
- ↑ Rate of non-opioid treatments in members with chronic pain**
 - 41.2% increase YOY
 - 17% of members with chronic pain are receiving non-opioid treatments
- ↓ 7+ opioid prescriptions after an acute procedure**
 - 83.7 decrease YOY
 - 33% of members receiving an opioid rx following an acute procedure have a 7+ day supply
- ↓ Opioid prescriptions in members with a prior OD**
 - 83.0% decrease YOY
 - 1% of members with a prior OD have an opioid rx
- ↓ Opioid prescriptions in members with OUD**
 - 73% decrease YOY
 - 2.2% of members with OUD have an opioid rx
- ↓ Concomitant opioids & Benzodiazepines**
 - 74.6 decrease YOY
 - 7.6% of members on opioids also on concomitant benzodiazepines

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- **Health Partners Plans – Dr. Merleen Harris-Williams**

Substance Use Disorder: Opioid Management Talking Points

Health Partners Plans
Health Choices Advisory Committee Meeting

July 21st 2020

Opioid Management Strategy

Objective

- To raise provider and member awareness of substance use disorder and help assist members with education, resources, case management, and treatment benefit options to promote prevention, avoidance and/or cessation from substance use.

Program Goals

- To decrease utilization of high dose opioids/ multiple providers prescribing opioids and multiple pharmacies filling opioid prescriptions for individuals for an overall reduction of inappropriate opioid utilization.

Health Partners Plans Doing it right.

Opioid Management Strategy: Education

Member:

- Educate and assist members with non-pharmacological pain management (physical therapy, acupuncture, behavioral cognitive therapies, non-steroidal treatment) for appropriate pain management.

Provider:

- Webinar: Opioid webinar held for dentists in first quarter 2020.
- Network Account Management (NAM) provider site education on opioid prescribing practices.

Communication Strategies:

- Includes social media posts, newsletter articles, brochures, and the HPP website with educational resources to combat opioid/substance use disorder.

Health Partners Plans Doing it right.

Opioid Management Strategy: Clinical

Case Management:

- Monitoring of Opioid Risk Tool (ORT) utilization in the online Health Risk Assessment (HRA) to identify members at moderate/high risk for opioid addiction for case management outreach
- Screen all members in case management for OUD risk/use
- Stratification of population includes OUD
- Collaborate with BH-MCOs on needed care for OUD services
 - Including collaboration with COEs staff to address PH and BH needs/care
 - Encourage continued engagement with services-eliminating barriers to staying engaged

Opioid Center of Excellence (COE) Program:

- HPP contracts with DHS approved opioid COEs in our area for face to face treatment for OUD
- Monitor and track performance metrics

Health Partners Plans Doing it right.

Opioid Management Strategy: Pharmacy/Medication Management

- HPP formulary follows the Pennsylvania State Preferred Drug List (PDL) and prior authorization criteria for medication-assisted treatment and opioid prescriptions
- Opioid prescriptions are subject to prior authorization criteria
- The following are preferred opioid dependence treatments and will pay at the pharmacy point of sale without prior authorization:

Buprenorphine sublingual tablet	Naloxone tablet
Buprenorphine-naloxone sublingual film, tablet	Sublocade
Clonidine tablet	Vivrel
- Targeted interventions developed for inclusion in the Medication Therapy Management (MTM) program. These were created to provide pharmacists at the point of sale with specific and actionable interventions to complete related to opioid use:
 - Needs Patient Education
 - Needs Medication Assessment
 - Needs Drug Therapy (Naloxone)
 - Suboptimal Drug Selection (concurrent opioid and benzodiazepine use)

Health Partners Plans Doing it right.



- **Keystone Firs – Pat Spires**
 - Physical health treatment
 - Sometimes, the best place to turn to is your trusted doctor (your family doctor or primary care practitioner [PCP]). Doctors and their staff can put you in touch with the right resources. Some doctors can give you the medicine to begin the journey off opioids. These medicines can reduce withdrawal symptoms and relapse. This is called “medication-assisted treatment.”
 - Buprenorphine SL tablet
 - Buprenorphine- Naloxone SL film and tablet
 - Clonidine, Naltrexone, Sublocade, Vivitrol
 - Centers of Excellences (COE)
 - Centers of Excellence (COEs), also referred to as health homes, coordinate care for people who have Medicaid. Treatment is team-based and focused on the “whole person” — with the main goal of combining behavioral health treatment with primary care. Patients of these centers:
 - Have an opioid use disorder.
 - May have co-occurring mental and physical health conditions.
 - Need help to navigate the care system.
 - Need guidance to stay engaged in treatment to avoid relapsing.
 - Go to the official DHS website and select county and it will give you the name of the COE’s in that area.
- **NALOXONE:**
 - Naloxone is a medication that can reverse an overdose caused by an opioid drug (i.e. prescription pain medication or heroin). When administered during an overdose, naloxone blocks the effects of opioids on the brain and restores breathing within two to eight minutes
 - The Pennsylvania Secretary of Health, Dr. Rachel Levine signed standing order prescriptions for naloxone. Print a document below and take it to your local pharmacy to obtain naloxone.
 - What does this mean for members of the community?
 - Members of the community, family members, friends, and bystanders may be prescribed naloxone and can lawfully administer the drug to someone who is experiencing an overdose. Pennsylvania's Physician General has written standing orders for the general public to be able to obtain naloxone without a prescription from their doctor. Although not necessary in order to obtain the medication, it is recommended that individuals receive training to recognize the signs and symptoms of an overdose and to learn how to properly administer naloxone.
 - What is the Good Samaritan Provision?
 - Through the ‘Good Samaritan’ provision of Act 139, friends and loved ones are encouraged to summon emergency medical services by calling 911 in the event they witness an overdose. The



law is meant to suppress the fear of arrest in calling authorities for an overdose event by offering certain criminal and civil protections for those that do. Law enforcement entities in other states that have implemented Good Samaritan protections for those who dial 911 in good faith have reported significant improvements in community relations.

- KF partners with the BH MCO's on a regular basis with exchanging of information. We are not able to exchange ANY information for drug, alcohol or HIV without a member's written consent.

- **United HealthCare Community Plan – Nina**
 - Pharmacy:
 - multiple edits in the pharm system that will prevent excessive opioid admin and will minimize interactions with other medication
 - Care Management:
 - 2 LSW and LCSW provide member centric care coordination. In addition to our SNU
 - Encourage treatment and continuity of care including SDOH.
 - Coordinators work closely with OB RNs to assist members with OUD
 - Patient Identification Members are identified for CM through a variety of channels.
 - Inpatient reporting
 - ED utilization
 - Members who previously received MAT but are not consistently filling
 - Coordination with providers
 - SUD Health Homes for women, direct connect with UHC OB CM
 - Centers of excellence
 - Establishing value-based strategies with providers
 - Community
 - Drug take back events
 - Educational material and sessions
 - Active member and provide portal access for OUD resources
 - Opioid Advisory Board
 - Represents practitioners that are statewide. Many have specialist with OUD
 - The board assists the plan on strategies for care and coverage. Ex added acupuncture as a covered benefit
 - Physician Outreach
 - Visiting physician offices (CMO and Pharm Dir)

- **Community Behavioral Health – Dr. Donald Tavakoli**

HEALTH CHOICES SOUTHEAST ADVISORY COMMITTEE

OPIOID USE DISORDER SERVICES

Donald Tavakoli MD
Medical Director and Interim Deputy CMO, Adult Services
COMMUNITY BEHAVIORAL HEALTH

July, 2020

Prevention and Education

- Media campaigns
- Health care provider education

Treatment


- Expansion of treatment programs
- "Warm handoffs"

Criminal Justice System

- Treat addiction in jail
- Overdose education and naloxone distribution

Harm Reduction

- Naloxone distribution
- Overdose Prevention Services

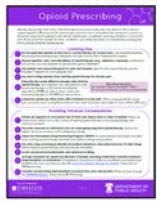



The Report Card on PHILADELPHIA'S COMBAT THE OPIOID EPIDEMIC IN PHILADELPHIA

Final Report & Recommendations

City of Philadelphia

Opioid Prescribing Guidelines





Substance Use Disorder Treatment Continuum

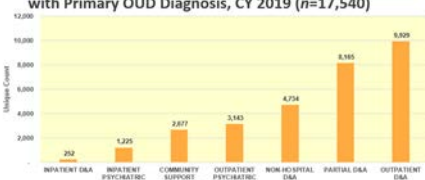
Within DBHDS, Community Behavioral Health (CBH) manages the behavioral health services for Medicaid beneficiaries while the Division of Behavioral Health (DBH) manages care for uninsured individuals and various recovery support services.



*Coordinated Response to Addiction by Facilitating Treatment (CRAFT)

DBHIDS 4

Top Behavioral Health Services Utilized by CBH Members with Primary OUD Diagnosis, CY 2019 (n=17,540)



Service	Unique Count
INPATIENT OUA	262
INPATIENT PSYCHIATRIC	1,225
COMMUNITY SUPPORT PSYCHIATRIC	2,877
OUTPATIENT PSYCHIATRIC	3,343
NON-HOSPITAL OUA	4,754
PARALLEL OUA	8,165
OUTPATIENT OUA	9,029

Note: Not shown but data is available: Lab services was the most used service, while services such as SAC and other psychiatric were least used among members with an OUD diagnosis.

Treatment DBHIDS 6

Medication-Assisted Treatment Capacity

37 Provider Agencies Operating 75 Locations

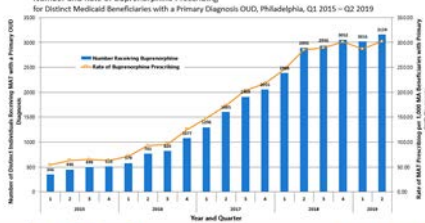
Total MAT Capacity – 12,386 slots

- a. Total Occupied MAT Capacity – 9,280 slots
- b. Total Available MAT Capacity – 3,106 slots
- c. Available MMT Capacity – 1,553 slots
- d. Available Non-MMT Capacity (Buprenorphine, Vivitrol) – 1,789 slots

Program Types Outpatient, Intensive Outpatient, Residential, Partial Hospitalization, Withdrawal Management, and Centers of Excellence

Treatment DBHIDS 6


Number and Rate of Buprenorphine Prescribing for District Medicaid Beneficiaries with a Primary Diagnosis OUD, Philadelphia, Q1 2015 – Q2 2019



DBHIDS 7

Access

NET 24/7 Access Point continues to accept members with a full range of substance use disorders and withdrawal symptoms for assessment, stabilization, and referral to appropriate level of care with warm hand-off.



Treatment DBHIDS 7

Quality Improvement

- Telephonic Assessment Pilot** Project for SUD assessment and immediate referral (expansion of mobile MAT and tele. generally being pursued)
- Clinical Practice Guidelines for OUD** revised and completed
 - a. MAT penetration rate
 - b. HEDIS FUI rate
 - c. Unplanned discharge rate (AWOL, AMA, Admin. Discharge)
- QI Project to **increase Naloxone dispensation** to all at risk individuals

Treatment DBHIDS 9



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• Community Care Behavioral Health – Beverly O’Sullivan

SUD Services:

- Detox
- Short term rehab
- Long term rehab
- Halfway House
- Partial
- MAT
- Outpatient services- Also assessment Sites
 - Gaudenzia – Coatesville 610.383.9600
 - Gaudenzia – West Chester 610.429.1414
 - Holcomb – 610.388.9225
 - Creative Health Services – 610.933.1223
 - Mirmont Outpatient Exton – 484.565.1130
- Intensive outpatient services
- Certified Recovery Specialist
- Member line #: 1-866-622-4228
- Provider line #: 1-888-251-2224
- www.ccbh.com

© 2019 Community Care Behavioral Health Organization

○ Magellan Behavioral Health – Don Beam

Opioid Services and Treatment Programs

JULY 2020
HEALTHCHOICES MEMBER ADVISORY
COMMITTEE MEETING
LEHIGH CAPITAL, SOUTHEAST
AND SOUTHWEST

Pennsylvania Opioid-Involved Deaths and Related Harms

Year	All Drugs	Opioids
2000	~1,000	~100
2001	~1,100	~150
2002	~1,200	~200
2003	~1,300	~250
2004	~1,400	~300
2005	~1,500	~350
2006	~1,600	~400
2007	~1,700	~450
2008	~1,800	~500
2009	~1,900	~550
2010	~2,000	~600
2011	~2,100	~700
2012	~2,200	~800
2013	~2,300	~900
2014	~2,400	~1,000
2015	~2,500	~1,100
2016	~2,600	~1,200
2017	~2,700	~1,300
2018	2,866	4,415

- In Pennsylvania, 65% of drug overdose deaths involved opioids in 2018—a total of 2,866 fatalities (and a rate of 23.8) (Figure 1).
- In 2018, Pennsylvania providers wrote 49.9 opioid prescriptions for every 100 persons compared to the average U.S. rate of 51.4 prescriptions.
- Neonatal Abstinence Syndrome (NAS)/Neonatal Opioid Withdrawal Syndrome (NOWS), new HIV Diagnoses and Prevalence Attributed to Injection Drug Use, and Hepatitis C Incidence and Prevalence attributed to IDU are other focus areas.

Source: <http://www.pennsylvania.gov/health/press-releases/2019/07/2019-07-16-01>

Strategic Aims

Magellan’s drug and alcohol strategy aims to achieve the following goals:

1. Improve awareness and access to Medication-Assisted Treatment: Educate the community, including Members, Providers, the Recovery Community, and public policy shapers on the therapeutic benefit of appropriate and clinically-indicated Medication-Assisted Treatment.
2. Improve access to care: Evaluate and respond to network adequacy and trends re: the need for additional hospital detox and non-hospital residential rehabilitation beds.
3. Improve community support and social determinates of health through Certified Recovery Specialist and Certified Peer Support services.
4. Treat tobacco dependence at the same time as other drug use.
5. Focus on co-occurring disorders – clinical contract advisory support provided to agencies seeking a dual MH and Drug and Alcohol license.
6. Specialty care management (Drug and Alcohol and Integrated Health). Shared rounds calls with PH-MCOs through ICP-PAP.
7. Data and outcomes-driven focus.

Magellan’s Medication Assisted Treatment solution takes a disease management approach to alcohol and opioid use disorders. Magellan Healthcare intervenes early in the treatment process and works closely with both providers and patients. This enables us to extend effective care into the community at all levels.

Magellan is committed to supporting an increase in awareness of tobacco dependence among behavioral health providers and supporting our member community.

The Magellan Behavioral Health Toolkit for medical providers can assist you in addressing the behavioral components of patient treatment, making appropriate referrals, and improving overall outcomes for Magellan members.

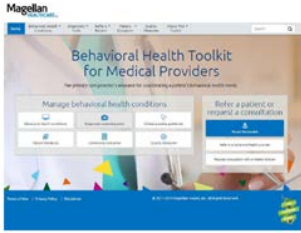


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Magellan Initiatives

PCP Toolkit Resource

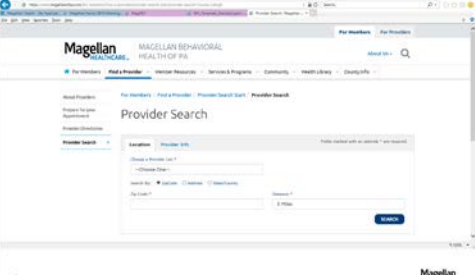
You can find it at: www.magellanofpa.com/loc-providers/services-programs/whole-health




Magellan Initiatives (cont.)

- Intensify efforts to promote MAT with our providers by issuing MAT educational material for use with our members, conversation and visits with our higher volume, lower prescribing providers, most recently included HWH LOC.
- Inclusion of all forms of MAT, to include off label use of prescription medications, in our catchment data
- Monitoring MAT data specific to each of our counties and provide bi-annual presentation of this data to the Counties
- Examine impact of CRS involvement with members prescribed MAT
- Work with our PH-MCOs to offer up-to-date MAT provider lists
- Examine barriers to MAT for both providers and members

Magellan's provider search: Magellanofpa.com



Magellan's member line



Member services contact information
 Bucks: (877) 769-9784
 Cambria: (800) 424-0485
 Delaware: (888) 207-2911
 Lehigh: (866) 238-2311
 Montgomery: (877) 769-9782
 Northampton: (866) 238-2312
 TTY (All counties): PA Relay 7-1-1

Confidentiality statement

The information presented in this presentation is confidential and expected to be used solely in support of the delivery of services to Magellan members. No receipt of this presentation, such receipt agrees that the information contained herein will be kept confidential and that the information will not be photocopied, reproduced, or distributed to or disclosed to others at any time without the prior written consent of Magellan Health, Inc.

12:42pm

MCO Initiatives, Updates & Upcoming Events

Agenda Item tabled due to the length of time for the meeting. Plans asked to submit updates to be included in the minutes for attendees.

- **Aetna Better Health Plan – Denise Lindsey**
 - Aetna Better Health continues to support community partners virtually. We keep our calendar up to date with the latest outreach opportunities. <https://www.aetnabetterhealth.com/pennsylvania/events>
 - **Covid 19 Education:** Aetna Better Health in partnership with Latino Connection collaborated with Giant Food Stores to set up CORA at their locations. 10 events were submitted to be held in the counties of Dauphin, Lackawanna, Lehigh, Luzerne, Philadelphia, and York.



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- **Pinebrook Family Answers:** Aetna Better Health is supporting “Warmline,” a telephone support service for Lehigh Valley adults challenged by loneliness, confusion and other mental health concerns, or who need information about available services.
Warmline addresses mental health issues due to isolation, something which is impacting so many due to the coronavirus.
- **Coronavirus Public Health Awareness Initiative:** In collaboration with Promise Neighborhoods of the Lehigh Valley this initiative developed credible healthcare messaging to educate the community. The initiative transmitted awareness through social media, community outreach and a coronavirus hotline. Aetna provided bags and hand sanitizers which were distributed to all community members reached via Promise Neighborhoods outreach workers.
- **Covid 19 Relief Effort:** Aetna Better Health has collaborated with WellSpan, the City of Lebanon, REACH, and the United Way in drive by educational events that have provided individuals literature and useful items for the community.
- **Health Partners Plans – Jorge Parra**
 - HPP is currently monitoring the landscape due to COVID-19, for updates and schedule of upcoming events please refer to our website <https://www.healthpartnersplans.com/health-and-wellness/wellness-partners> with the most current information on events and activities.
- **Keystone First – Pat Spires**
 - No updates provided
- **United HealthCare Community Plan– Gilbert Bracero**
 - United HealthCare has provided over 30,000 cloth masks & 10,000 surgical masks & 400 surgical shields to FQHC’s throughout SW, LC, & SE zones. We also provided over 10,000 cloth masks to CBO’s throughout SW, LC, & SE zones.
- **Community Behavioral Health - Orfelina Payne**
 - No updates provided
- **Community Care Behavioral Health – Beverly O’Sullivan**
 - No updates provided
- **Magellan Behavioral Health – Don Beam**
 - First virtual Member Advisory Workgroups on Sept 14th. Please email DBeam@Magellanhealth.com to pre-register for your county.



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ENROLLMENT SERVICES

- Agenda Item tabled due to the length of time for the meeting. Committee Members and Attendees from Community Based Organizations asked to submit updates to be included in the minutes for attendees.

12:45 pm Consumer & Family Feedback/Open Discussion

- Agenda Item tabled due to the length of time for the meeting. Committee Members and Attendees asked to submit feedback to be included in the minutes for attendees.

12:30 pm Adjourn

- A survey link will be sent to you after the meeting from survey monkey, please take some time to complete the survey, your feedback is very important to us.

Committee Meeting minutes and presentations available at www.enrollnow.net

Next Meeting: Tentative based on COVID-19 and Governor's mandates at the time
HealthChoices Advisory Committee Meeting SouthEast Zone
October 2020

Date, Time, Location: Tuesday, October 20, 2020

10:00am - 12:30pm

12:30pm - 1:00pm (Lunch & Networking)

Willow Grove Giant Food Store Community Room

315 York Road

Willow Grove, PA 19090