

**Participant Advisory Committee**

*June 11, 2024*

**PA Health & Wellness Southwest Participant Advisory Committee Meeting  
June 11, 2024**

**Transitional Paths for Independent Living in Washington, PA**

Internal Attendance Record (Quorum, if applicable = [# needed or NA])

(X = phone conference, P = in person attendance)

June	PHW Staff/Observers	Title
P	Greg Hershberger	Community Outreach Specialist, Committee Chairperson
X	Kayla Stadelman	Community Health Services Representative
X	Dr. Craig Butler	Medical Director
X	Dr. Davuluri	Medical Director
X	Susan Foster	Supervisor, Case Management
X	John Savidge	HEDIS Operations Manager
P	Felicia Alexander	Health Equity Specialist
X	Kay Gore	LTSS and Community Outreach Manager
X	Joseph Elliot	Long Term Care and Support Director
X	Athena Aardweg	Program Manager II
X	Brendin Tupta	Project Manager I
X	Danii Cyrus	Grievances and Appeals Supervisor
X	Tamra Nakamura	Senior Accreditation Specialist
X	Gina Hightman	Accreditation Specialist II
X	Paula Joshua-Williams	Accreditation Specialist II
X	Susan Foster	Supervisor, Case Management
X	Dr. Craig Butler	Medical Director

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External Attendance Record

(X = phone conference, P = in person attendance)

June	Name	Title
X	Sarah McElhatten	External Service Coordination Partner
X	Yaasmiyn White	OLTL Representative
X	Kristen Richard	OLTL Representative
X	Will Courtney	Transportation Vendor
X	Carrie Bach	CIL Partner
P	Penny Fleckenstein	Participant
X	Leon Abramovitz	Participant
P	Maria Martin	Participant

Agenda Item	Discussion	Decision (Approved or Denied)	Follow-up Action Needed (Date)	Responsible Party
<b>I. Call to Order</b>	Greg Hershberger called the meeting to order at 1:04 PM	N/A	N/A	Greg Hershberger
<b>II. Announcements +</b>	Roll call was conducted.	N/A	N/A	Greg Hershberger
<b>III. Review/Approval of the Minutes</b>	Greg Hershberger discussed that minutes are posted on our website and reviewed.	N/A	N/A	All
<b>IV. New Business +</b> A. MD Update B. Health Education	Presented by Dr. Craig Butler. Managing Diabetes – there are two types: Type I and Type II. Type I is no longer called Juvenile Diabetes because it can occur later in life. Also, Type II can occur earlier in life. Diabetes can go undetected for a long time, so it is important to	N/A	N/A	

+Informational or Old Business

\*Action Required

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	<p>know the symptoms and call your PCP if you have any questions or concerns.</p> <p>Diabetes symptoms:</p> <ul style="list-style-type: none"> <li>• Feeling more thirsty than usual.</li> <li>• Urinating often.</li> <li>• Losing weight without trying.</li> <li>• Presence of ketones in the urine. Ketones are byproduct of breakdown of muscle and fat when not enough insulin.</li> <li>• Feeling tired and weak.</li> <li>• Feeling irritable or having other mood changes.</li> <li>• Having blurry vision.</li> <li>• Having slow-healing sores.</li> <li>• Getting a lot of infections, such as gum, skin and vaginal infections.</li> </ul> <p>Preventative Screening and Stress Management: Exams, shots, lab tests, and screenings are all very important to preventative care.</p> <p>Depression screening is now included in most doctor office exams as a series of questions.</p> <p>Q: Dr. Butler’s opinion on PCPs diagnosing MH illnesses? A (Dr. Butler): It depends on the PCP, some are very competent in MH illnesses, some may refer out. Patient preference plays a role.</p> <p>Q: Should PCPs be putting MH diagnoses in a patient’s chart? A (Dr. Butler): Be aware of what diagnoses are being put in your chart and what is being documented. Have a conversation with your PCP about it. Don’t be afraid to question anything. Keep up to date by requesting a paper copy of your medical chart or</p>			

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B. Fluvention	<p>having access to your patient portal.</p> <p>Skin Cancer: Check full body regularly in a full-length mirror. Reach out to PCP with any concerns.</p> <p>Heart Health: Symptoms:</p> <ul style="list-style-type: none"> <li>○ Arrhythmia – Irregular heartbeat</li> <li>○ Heart Attack – chest pain, shortness of breath</li> <li>○ Heart Failure – chest congestion, fluid retention</li> </ul> <p>Risk factors:</p> <ul style="list-style-type: none"> <li>○ High blood pressure</li> <li>○ High cholesterol</li> <li>○ Smoking</li> <li>○ Diabetes</li> <li>○ Obesity</li> <li>○ Excessive alcohol use</li> <li>○ Low activity levels</li> </ul> <p>Presented by Susan Foster. The campaign ended end of 03/2024. Purpose is to decrease Flu, increase vaccination rates and reduce hospitalizations. Focus on high-risk groups.</p> <p>Flu Activity: PA is in the minimal category as of end of April 2024. End of August is when Flu Vaccinations will begin to be encouraged for next upcoming Flu season. Flu season will be October 2024-March 2025. Just because Flu season is over does not mean that you still cannot contract the Flu. CDC goal is to</p>	N/A	N/A	

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C. HEDIS Operations	<p>collect data from 9 sources. This helps them to determine what kind of Flu vaccine will work for the upcoming Flu season. PA’s overall vaccination rate is 38.5% - 3x higher than the national average.</p> <p>Vaccination preventable diseases: Shingles and Hep. B</p> <p>Shingles (2 dose vaccine)- mostly affects the older population but can affect anyone at age if you had the chickenpox virus. Usually starts as blisters on the chest and then back and spine area. Blisters on the face can result in vision loss. Once you have had shingles you are at a higher risk of getting it again. Vaccine recommended age is 50+ but discuss risk factors with your PCP if you are younger and feel this vaccine may be right for you.</p> <p>Hepatitis B (3-4 dose vaccine)- easily prevented, infection of the liver. Can stay in your liver for the rest of your life. 820,000 deaths/year. Leading cause of Liver cancer. There is no cure but there are treatments available to reduce serious liver disease and liver cancer.</p> <p>HEDIS measures Q2 prevented by John Savidge.</p> <p>Controlling Blood Pressure – sometimes referred to as “The Silent Killer.” 120/80 is a normal blood pressure. Higher blood pressure can result in higher risk for heart attacks and strokes. Lose extra weight, lower salt intake, and increase general activity. Get an at-home blood pressure monitor device to check BP regularly. Check with SC or PCP. Sometimes blood pressure can be higher at the beginning of a doctor appointment, don’t be afraid to ask them to check it a 2<sup>nd</sup> or 3<sup>rd</sup> time before you leave your appointment.</p> <p>Q: How can you tell if your BP device is reading accurately?</p>	N/A	N/A	

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D. Marketing Materials	<p>A (John Savidge): Check/change the batteries or check the diagnostic guide if you are noticing big fluctuations in the numbers, make sure the cuff is applied correctly, take the device with you to your doctor appointments to see if the number on your device matched up with the number at the doctor.</p> <p>Greg Hershberger presented on Spring Wellness. Allergy Season is here. Get testing done at doctor’s office. Check pollen levels in your area. Take shower or bath before bed to keep bed sheets allergen-free. Keep an eye on food intake – certain foods like wheat, sugar and dairy can makes allergies worse. Drink plenty of water to flush your system and stay hydrated.</p> <p>Health Education Advisory Committee Concluded at 1:50 PM</p> <p>Participant Advisory Committee Started at 1:50 PM</p> <p>Greg Hershberger introduced Yaasmiyn White and Kristen Richard from OLTL – PHW Monitoring Team.</p>	N/A	N/A	
A. Complaints and Grievances Q3 2023	<p>Danii Cyrus reviewed the Q1 information for 2024. Home Health has the highest complaints in Q1. Home health also has the highest grievances for Q1. Q: What are “other services”?</p>	N/A	Have transportation grievance data for September PAC.	

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B. Customer Service	<p>A (Danii Cyrus): Categories that don't fall into a particular area.            Q: What about grievances with transportation?            A (Danii Cyrus): Complaints used to be handled through the call department, now grievances will handle and can have that data available for the next PAC meeting in September.</p> <p>Greg Hershberger presented on Customer Service. Participant and Provider incoming calls - PHW met the metrics for Q1 2024: 18 seconds average speed to answer PTPs, 13 seconds average speed to answer providers. Abandoned rate for calls Q1 2024 was 1.18% for participants and 0.57% for providers. All goals met.            Penny (PTP): Praised Customer Service</p>	N/A	N/A	
C. Transportation	<p>Service #16 Non-medical Transportation: This service provides eligible participants with tickets, passes, tokens, single rides, and mileage reimbursement to help a participant get to community and other activities (Note: Tokens are not always a guaranteed option). This service increases socialization and independence as well as preventing isolation.</p> <p>Will Courtney (MTM – Vendor Account Manager) – makes sure NMT trips get set. They see more volume in certain areas of the state. Have contracts with Lyft and Uber. Complaint ratios are low in PA. They have bi-weekly meetings with Centene and go over</p>	N/A	N/A	

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	<p>stats and complaints. Try to address issues in a timely fashion.</p> <p>Penny: Transportation is better than it was but needs help, still. She will get a trip and it will say the wrong date or time i.e., she will get a reminder about a trip scheduled at midnight when she never scheduled a midnight trip. This leads to confusion, needs more clarity. It bothers her as a blind person that she cannot leave feedback for her driver because you must use the app.</p> <p>Response (Will Courtney): He can talk with app developers/managers to see if there is a way to make this more accessible.</p> <p>Penny: She was scheduled to go to Vandergrift for a trip when she was supposed to go to Millvale. Luckily, she questioned it about 20 minutes into the trip and the driver was willing to head back in the correct direction but that should not have happened.</p> <p>Response (Will Courtney): When trips come into MTM the call reps are to verify pick up and drop off locations. MTM will fix the problem quickly once they are aware. Will make sure a training gets sent out to reps to make sure that they are verifying.</p> <p>Penny: Does the driver get compensated if they were headed in the wrong direction and then have to turn around to go in the right direction? She wants to make sure the driver is getting the compensation they deserve.</p> <p>Response (Will Courtney): Yes, they have ways to document that to make sure they are receiving the correct compensation.</p>			



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D. Employment	<p>Theresia Kody presented on benefits counseling, employment opportunities and being employed.            PA is an Employment First state.            You CAN work and have a Community HealthChoices waiver.            Benefits counseling helps you make an informed decision about work and planning once already working.            When it comes to employment assistance or benefit counseling assistance, participants must attempt to connect to the programs below and PA Health &amp; Wellness will support if needed:</p> <ul style="list-style-type: none"> <li>• Office of Vocational Rehabilitation (OVR)</li> <li>• Ticket to Work Helpline (WIPA program)</li> </ul> <p>Gained written clarification from OLTL re: Ticket to Work Helpline as it relates to benefits counseling referrals. This enables quicker authorization, as appropriate, for HCBS Benefits Counseling.</p> <p>Updated internal processes to assist with the referral requirements and assisting with ensuring you receive a call from <u>Work Incentive Planning &amp; Assistance</u> program as applicable.</p> <p>Benefits Counseling Guide – approved by OLTL in April and accessible on our website:  <a href="https://www.pahealthwellness.com/community/SocialDeterminantsofHealth/EmploymentResources/employment-journey-.html">https://www.pahealthwellness.com/community/SocialDeterminantsofHealth/EmploymentResources/employment-journey-.html</a></p> <p>Make sure that participants are talking to their Service</p>	N/A	N/A	

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<p>E. Assistive Technology and TeleCare</p>	<p>Coordinator if they want to be employed and follow up on the process. Can also send an e-mail to <a href="mailto:Information@PAHealthWellness.com">Information@PAHealthWellness.com</a>. Asking for accommodations at work for a disability is allowed, i.e., a task list.</p> <p>PHW Team presentation.</p> <p>Service #31 Assistive Technology - Assistive Technology consists of devices and services that are intended to increase, maintain or improve a participant's functioning in communication, self-help, independence, life supports, or adaptive capabilities to ensure the health, welfare, and safety of the participant. This service allows one to perform tasks that they might not otherwise be able to do. It equips a person to have more autonomy and independence by helping them to work around challenges to learn, communicate or function better.</p> <p>Penny presents on how she uses Assistive Technology in her everyday life:            Everybody needs assistive technology to survive. You need community – whether it’s just going to a restaurant or a concert. Enjoys tandem biking but limited in finding people to do it with. Uses smart devices such as an iPhone/ iPad and computers to play games and socialize. Puts money aside to play the games. Uses an Alexa device. All of this is good for Mental Health. Utilizes a bidet on her toilet. Enjoys essential oil diffusers and foot massagers. Bought herself a sauna that she sits in for 20-40 minutes. Uses an</p>	<p>N/A</p>	<p>N/A</p>	

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<p>F. Home Delivered Meals and Nutritional Consultation</p>	<p>app called “Be My Eyes” that helps her match her outfits for the day.            Service #32 Telecare presented by Joe Elliot.            Telecare services use technology to help a participant be as independent as possible.            Example: Medication dispenser/reminder, nonskilled service such as monitoring motion sensor to cut down on PAS hours so a DCW does not need to be there throughout the night.</p> <p>Presented by PHW Team            Service #19 Home Delivered Meals (HDM)            This service provides nutritional meals directly to the participants home, when the participant is unable to prepare their own meal. Participants may receive up to two home delivered meals per day. The meal may be hot, cold, frozen, dried, canned, fresh or supplemental foods. Meals may include special dietary and nutritional needs.            Example: A participant receives frozen meals delivered to their home that they can heat up in the microwave.</p> <p>Service #28 Nutritional Counseling            Nutritional Consultation services help the participant and a paid and unpaid caregiver in planning meals that meet the participant’s nutritional needs and avoid any problem foods. Eating nutritional food helps the participant’s health and wellbeing.</p>	<p>N/A</p>	<p>N/A</p>	

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<p>G. Home Adaptations/Pest Eradications/Vehicle Modifications</p>	<p>Example: A participant visits a dietician to discuss what foods will help to maintain their blood sugar and not complicate their diabetes.</p> <p>Presented by PHW Team</p> <p>Service #9 Home Adaptations This service provides physical changes /modifications to a participant’s home, such as ramps, handrails, and grab bars, to make the home safe and enable the participant to be more independent in the home. This includes repairs to existing Home Adaptations as well. HA does not include home improvement, maintenance, or cosmetic requests, but focuses on modifying the current living situation.</p> <p>Example: HA may include walk-in showers, grab bars, handrails or door widening. Metal ramps, stair glides, ceiling track lifts and wheelchair lifts fall under the HADME benefit and are executed by our HA team.</p> <p>Service #15 Pest Eradications The Pest Eradication Service removes insects and other pests from a participant’s home that, if not treated, would prevent the participant from staying in the community due to a risk of health and safety. Deep cleaning may be required to facilitate this request. Multiple treatments may be needed in preparation of extermination.</p> <p>Example: Participant receives treatment in their home to exterminate bed bugs, rodents, roaches, etc.</p>	<p>N/A</p>	<p>PHW or OLTL consider paying for a laundry service?</p>	

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<p>H. Community Relations and Outreach</p>	<p>Service #18 Vehicle Modifications            Vehicle Modifications are modifications or alterations to an automobile or van that is the participant’s means of transportation which accommodates any disability access issues of the participant. The vehicle that is modified may be owned by the participant, a family member who provides primary support, or a non-relative who provides primary support to the participant and is not a paid provider agency of services. The vehicle cannot exceed 5 calendar years old and must have less than 50,000 miles for vehicle modification requests over \$5,000.            This service allows the participant to maintain independence without having to rely on other transportation sources while increasing independence.            Example: A lift is added to a van to make it accessible for the participant.</p> <p>Penny: Washing machine is broken. Wonders if PHP or OLTL can consider paying for a laundry service for people.            Will be discussing DCW at September PAC. Greg mentioned that all three MCO’s have been working closely with OLTL and that a rate structure for PDO should be out and will discuss next PAC.</p> <p>Kay Gore presented.            Community Connect is available on PHW’s website, is a free website to find resources in your area by searching your zip code.            Tangled Title/Heirs Property Assistance:</p>	<p>N/A</p>	<p>N/A</p>	

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<p>A. Performance Improvement Project (PIP) – non-clinical</p>	<ul style="list-style-type: none"> <li>• A tangled title exists when the current occupant of the house is not on the deed but believes that themselves to be the owner.</li> <li>• If you find yourself in this situation and need assistance, please reach out to your Service Coordinator or Health Equity Specialist.</li> </ul> <p>Upcoming events in SW PA: Moon Farmer’s Market and Music &amp; Allegheny County RAD Pass May 2024-Sept 2024.</p> <p>For information on Community Events please e-mail PHWCommunityOutreach@PAHealthWellness.com. You can also follow PA Health and Wellness on Facebook.</p> <p>This concluded the Participant Advisory Committee Meeting at 3:05 PM.</p> <p>The Board Advisory Committee meeting started at 3:05 PM.</p> <p>Transitioning Participants from the Nursing Facility to the Community Non-Clinical PIP presented by Brendin Tupta. Final Annual Report submitted to IPRO on 3/29/2024 (due 3/31/2024).  </p>	<p>N/A</p>	<p>N/A</p>	

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<p>B. Performance Improvement Project (PIP) – clinical</p>	<ul style="list-style-type: none"> <li>• Final report is Project Year 5 with data through measurement year 2023.</li> <li>• CHC MCO’s are working with OLTL and IPRO on revisions for both PIPs.</li> </ul> <p>Key points:</p> <ul style="list-style-type: none"> <li>• PHW will implement an LTSS enhanced Service Coordination program to improve the percentage of Participants who remain in the community post-discharge.</li> <li>• Overall, PHW has increased the number of Participants being discharged from the NF and managed to perform well with keeping the Participant within the community post discharge.</li> </ul> <p>Community Transition Services: The next two services provide support for individuals transitioning from an institution or another provider operated living arrangement who wish to transition into the community and are in need of additional supports and funds to successfully live independently in the community.</p> <ul style="list-style-type: none"> <li>• Community Integration</li> <li>• Community Transition Services</li> </ul> <p>This service offers one-time expenses, such as security deposits, moving expenses, and household products, for participants who move from an institution to their own home, apartment or other living arrangement.</p> <p>Transitioning Participants from the Hospital to the Community Clinical PIP presented by Paula Joshua-Williams.</p>	<p>N/A</p>	<p>N/A</p>	

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<p>C. CLAS: Culturally and Linguistically Appropriate Services</p>	<p>Strengthening Care Coordination</p> <ul style="list-style-type: none"> <li>• Final Report submitted March 31, 2024</li> <li>• CHC MCO’s are working with OLTL and IPRO on revisions for both PIPs.</li> <li>• Why: Rationale for Project               <ul style="list-style-type: none"> <li>▪ Reduce errors</li> <li>▪ Reduce readmissions</li> <li>▪ Support the participant</li> </ul> </li> <li>○ What did we aim for:               <ul style="list-style-type: none"> <li>▪ Increase rates for project indicators across all regions by end of 2023</li> </ul> </li> <li>○ What were our objectives:               <ul style="list-style-type: none"> <li>▪ Implement an LTSS enhances Service Coordination program to improve the transition of care process for our participants.</li> </ul> </li> </ul> <p>Project Proposal due July 31, 2024 Most information will be shared at Q3 meeting.</p> <p>Gina Hightman presented. Focus is to make sure unique needs of our members are met. Continually improving diversity of staff and providers. Closing care gaps. Making sure we have providers that align with the community they serve. Penny: Believes goals are good. Everyone is different, be kind. Can participants be part of the committees?</p>	<p>N/A</p>	<p>Can participants be a part of the EIG committees?</p>	

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	This concluded the Board Committee meeting at 3:30 PM with a reminder that the next meeting will be September 2024.			
<b>VII. Next Meeting Date +</b>	September 2024	N/A	N/A	N/A
<b>VIII. Adjournment *</b>	Greg asked for a motion to adjourn at 3:31 PM.	Adjourned	N/A	N/A

Respectively submitted,

<b>Minutes prepared by (name &amp; title):</b> Kayla Stadelman, Community Health Services Representative	<b>Signature:</b>	<b>Date:</b> 6/11/2024
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