

**Participant Advisory Committee**

*December 4, 2024*

PA Health & Wellness Northwest Participant Advisory Committee Meeting  
December 4, 2024

**Voices for Independence Erie, PA (Virtual due to weather conditions)**

Internal Attendance Record

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

| December | PHW Staff/Observers   | Title                                                |
|----------|-----------------------|------------------------------------------------------|
| X        | 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        | Ralph Ramos           | Supervisor, Case Management                          |
| X        | John Savidge          | HEDIS Operations Manager                             |
| X        | Felicia Alexander     | Health Equity Specialist                             |
| X        | Kay Gore              | LTSS and Community Outreach Manager                  |
| X        | Emily Godfrey         | Director of Provider Relations                       |
| X        | Athena Aardweg        | Program Manager II                                   |
| X        | Brendin Tupta         | Project Manager I                                    |
| X        | Jessica Grindle       | Marketing Analyst                                    |
| X        | Mollie Lewis          | Manager Provider Relations Communication             |
| X        | Gina Hightman         | Accreditation Specialist II                          |
| X        | Paula Joshua-Williams | Accreditation Specialist II                          |
| X        | Taylor Lovett         | Quality Improvement Coordinator I                    |
| X        | Joanna Lewis          | Manager of Contact Center Operations                 |
| X        | Danielle Bruette      | Senior Manager of Quality Improvement                |
| X        | Crystal Giles         | Manager of Operations                                |

+Informational or Old Business

\*Action Required

**Participant Advisory Committee**

*December 4, 2024*

|   |               |                                 |
|---|---------------|---------------------------------|
| X | Dreona Bey    | Membership Retention Specialist |
| X | Wanda Proteau | Manager of Operations           |

External Attendance Record

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

| December | Name             | Title                 |
|----------|------------------|-----------------------|
| X        | Yaasmiyn White   | OLTL Representative   |
| X        | Kristen Richard  | OLTL Representative   |
| X        | Carrie Bach      | CIL Partner           |
| X        | Aaron Guarino    | Participant           |
| X        | Kyra Dusch       | Caregiver             |
| X        | Kelly Barrett    | Participant           |
| X        | Melina Jones     | Caregiver             |
| X        | Amanda Luch      | Participant           |
| X        | Victoria Jackson | Caregiver             |
| X        | Chappie Jordan   | Participant           |
| X        | Ben Kondor       | Bayada Representative |
| X        | Jennifer Lessa   | OLTL Representative   |
| X        | Shela Bentley    | Bayada Representative |

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*December 4, 2024*

| 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 1:08 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><br>A. MD Update<br>B. Health Education | <p>Presented by Dr. Craig Butler.</p> <p>Breast Cancer Awareness</p> <p>Symptoms/Concerns:</p> <ul style="list-style-type: none"> <li>• Swelling or any change in the breast size or the shape</li> <li>• Nipple retraction</li> <li>• Breast or nipple pain</li> <li>• Nipple discharge other than breast milk</li> <li>• Swollen lymph nodes under arm or near collar bone</li> <li>• A new lump in the breast or underarm</li> </ul> <p>CALL Your Physician with any concerns!<br/>Schedule a routine mammogram!!</p> <p>Dental Hygiene<br/>Poor Dental Hygiene can lead to serious health conditions.<br/>Brush your teeth: Use fluoride toothpaste.<br/>Floss</p> <p>Bladder Health<br/>Don't wait too long to use the restroom.<br/>Do not rush when emptying your bladder.</p> | N/A                           | N/A                            |                   |

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*December 4, 2024*

| Agenda Item            | Discussion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Decision (Approved or Denied) | Follow-up Action Needed (Date) | Responsible Party |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------|-------------------|
| B. Covid-19/Fluvention | <p>Avoid drinks or food that contain irritants: caffeine, artificial sweeteners, acid, spices, excessive amounts of salt and alcohol. Drink enough water throughout the day.</p> <p>Consumer Assessment of Healthcare Providers and Systems (CAHPS)<br/>Surveys that ask you about your experiences with healthcare services, including doctors, hospitals, and health plans.</p> <p>Presented by Ralph Ramos.<br/>Nationally Respiratory Illness causing people to seek healthcare is low.</p> <ul style="list-style-type: none"> <li>• CDC recommends <b><i>everyone ages 6 months and older</i></b> receive an updated 2024-2025 COVID-19 vaccine whether they have ever previously had the vaccine or not.</li> <li>• Vaccination ideally should be done prior to the end of October (but should still be done if not completed this year)</li> <li>• It is safe to receive COVID-19 and flu vaccines at the same visit.</li> </ul> <p>Covid Rates: COVID rates have decreased and are now at 8%. This means there has been a decrease in the number of COVID cases in PA over the past month. COVID rates nationally are at 5.6%.</p> <p>Fluvention is a campaign that will run October 2024-May 2025.</p> | N/A                           | N/A                            |                   |

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*December 4, 2024*

| Agenda Item            | Discussion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Decision (Approved or Denied) | Follow-up Action Needed (Date) | Responsible Party |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------|-------------------|
|                        | <p>Programs goals are:</p> <ul style="list-style-type: none"> <li>✓ Decrease flu among high-risk Participants.</li> <li>✓ Increase overall flu vaccination rates from the previous year.</li> <li>✓ Reduce flu-related utilization (ER visits, hospitalizations)</li> </ul> <p>This program focuses on specific high-risk groups, including Participants who are 65+ years, those with chronic health conditions or pregnant.</p> <ul style="list-style-type: none"> <li>• CDC recommends <u><b>everyone ages 6 months and older</b></u> receive an annual flu shot if indicated.</li> </ul> <p>Flu activity in Pennsylvania as of October 19, 2024, is minimal.</p> |                               |                                |                   |
| C. HEDIS Operations    | <p>HEDIS measures presented by John Savidge.</p> <p>Annual Preventative Care – 2025 Health Planner</p> <p>All well visits, cancer screenings, labs, dilated eye exams, flu shot/vaccines, dental visit.</p> <p>Hemoglobin A1c (HbA1c) Test, Kidney Function Test, Cholesterol &amp; Triglycerides. Dilated Eye Exam, Body Mass Index (BMI). Bone Mineral Density Test, Blood pressure check</p>                                                                                                                                                                                                                                                                      | N/A                           | N/A                            |                   |
| D. Marketing Materials | <p>Jessica Grindle presented.</p> <p>Good oral health:</p> <ol style="list-style-type: none"> <li>1. Brush your teeth thoroughly twice a day with a fluoride toothpaste.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | N/A                           | N/A                            |                   |

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| Agenda Item | Discussion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Decision (Approved or Denied) | Follow-up Action Needed (Date) | Responsible Party |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------|-------------------|
|             | <p>2. Be sure to floss daily between your teeth to help remove dental plaque.</p> <p>3. Visit your dentist at least twice a year, even if you have no natural teeth or have dentures.</p> <p>4. Do not use any tobacco products. If you are a smoker, consider planning to quit.</p> <p>5. Avoid Sugary drinks and acidic foods.</p> <p>6. If you have diabetes, be sure to maintain control of the disease. This will decrease risk for other complications, including gum disease. Treating gum disease may help lower your blood sugar level.</p> <p>You can request a free dental kit by calling Participant Services at 1-844-626-6813</p> <p>Women’s Health:<br/>Schedule and complete your no cost mammogram. Women ages 50-74 should have routine mammogram screenings every 2 years.</p> <p>Health Education Advisory Committee Concluded at 1:51 PM</p> | N/A                           | N/A                            |                   |

**Participant Advisory Committee**

*December 4, 2024*

| Agenda Item                                                                           | Discussion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Decision (Approved or Denied) | Follow-up Action Needed (Date)                                                  | Responsible Party |
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| <p>A. Complaints and Grievances</p> <p>B. Customer Service</p> <p>C. PHW Services</p> | <p>Participant Advisory Committee Started at 1:51 PM</p> <p>Crystal Giles reviewed the Q3 information for 2024. Other has the highest complaints in Q3. Attitude and Service is highest complaint in Q3. Home health has the highest grievances for Q3.</p> <p>Greg Hershberger presented on Customer Service. Participant and Provider incoming calls - PHW met the metrics for Q3 2024: 10 seconds average speed to answer PTPs, 9 seconds average speed to answer providers. Abandoned rate for calls Q3 2024 was 0.86% for participants and 0.47% for providers. All goals met.</p> <p>Presented by Greg Hershberger.<br/>           Habilitation Service:<br/>           #20 – Cognitive Rehabilitation Therapy - This service is a systematic, goal-oriented therapeutic approach for individuals whose cognitive or neurological functioning (such as memory, language, attention, or executive functions) is impaired (due to, for instance, a brain injury or stroke) so they can become better aware of their limitations, strengths, and needs, and acquire skills to improve their cognitive function or compensate for the loss of cognitive function.<br/>           Behavior Services:</p> | <p>N/A</p> <p>N/A</p>         | <p>N/A</p> <p>Greg H. look up Mental Health resources for Penny, if needed.</p> |                   |

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*December 4, 2024*

| Agenda Item | Discussion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Decision (Approved or Denied) | Follow-up Action Needed (Date) | Responsible Party |
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|             | <p>Behavioral Health Services are excluded from CHC-MCO Covered Services. The CHC-MCO must coordinate with the Behavioral Health MCOs for clinical treatment to address mental health, alcohol, and drug related therapies.</p> <p>#23 – Behavior Therapy - Services to assess a participant, develop a home treatment/support plan, train family members/staff and provide technical assistance to carry out the plan, and monitor the participant in the implementation of the plan.</p> <p>#24 – Counseling Services - Counseling for a participant to help resolve conflicts and family issues, such as helping the participant to develop and keep positive support networks, improve personal relationships, or improve communication with family members or others.</p> <p>Skilled Services:</p> <p>#27 – Occupational Therapy - Occupational Therapy services are ordered by a doctor and performed by an Occupational Therapist (OT). Services include evaluating a participant’s skills and helping to change daily activities so that the participant can perform activities of daily living.</p> <p>#29 – Physical Therapy - These services are ordered by a doctor and performed by a Physical Therapist (PT). They include evaluation and treatment of a participant to limit or prevent disability after an injury or illness.</p> <p>#30 – Speech Therapy - Speech Therapy services are ordered by a physician and performed by a licensed American Speech-Language-Hearing associate or certified speech-language pathologist. Services include evaluation, counseling, and rehabilitation of a participant with speech disabilities.</p> |                               |                                |                   |



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| Agenda Item                         | Discussion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Decision (Approved or Denied) | Follow-up Action Needed (Date) | Responsible Party |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------|-------------------|
| D. Community Relations and Outreach | <p>You can locate PHW’s 32 services on our website at: <a href="http://pahealthwellness.com/members/ltss.html">pahealthwellness.com/members/ltss.html</a></p> <p>Dreona Bey presented.</p> <p>Community Connect is available on PHW’s website, is a free website to find resources in your area by searching your zip code.</p> <p>Property Tax/Rent Rebate Program:</p> <ul style="list-style-type: none"> <li>• Older adults and people with disabilities 18 and older in Pennsylvania may be eligible to receive up to \$1,000 in rebates.</li> <li>• Apply online or you can call 1-888-222-9190.</li> <li>• Deadline to apply Dec. 31<sup>st</sup>.</li> </ul> <p>Northwest Events:<br/>Downtown D’Lights. Downtown Erie, December 13, 2024.</p> <p>For information on Community Events please e-mail PHWCommunityOutreach@PAHealthWellness.com.<br/>You can also follow PA Health and Wellness on Facebook.</p> <p>Felicia Alexander:<br/>Holiday Safety Tips: putting garland on a handrail can be a hazard, tripping on throw rugs, snow and ice removal, beware if scams, don’t shop alone, car pool, make sure your fireplaces are clean before using them, be aware of warming centers in your area, if needed.</p> | N/A                           | N/A                            |                   |

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| Agenda Item                                                    | Discussion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Decision (Approved or Denied) | Follow-up Action Needed (Date) | Responsible Party |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------|-------------------|
| <p>A. Performance Improvement Project (PIP) – non-clinical</p> | <p>This concluded the Participant Advisory Committee Meeting at 2:33 PM.</p> <p>The Board Advisory Committee meeting started at 2:39 PM.</p> <p>Transitioning Participants from the Nursing Facility to the Community Non-Clinical PIP presented by Brendin Tupta. PHW has received feedback from OLTL on our recent Non-Clinical PIP submission.</p> <p>The consensus is that OLTL accepted all interventions proposed. We have submitted a revised proposal to the state and expect to hear back in the coming weeks.</p> <p>There are several Interventions PHW has put in place to assist in the non-clinical transition process:</p> <p>Intervention 1a: RAC assessment Remediation - When PTPs leave the NF into the community PHW makes every effort to perform a new set of assessments, and a care plan update with the PTP once in the community.</p> <p>Intervention 3a: Final Discharge Review - When a PTP is discharging from the facility the SC will plan a meeting prior to discharge to finalize all details of the PTP’s transition process.</p> <p>Intervention 4a: Wavier Enrollment Assistance - When a PTP is referred to the NHT process our team immediately begins the waiver referral process for the PTP.</p> <p>With the new Non-Clinical Project the state has chosen to</p> | <p>N/A</p>                    | <p>N/A</p>                     |                   |

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|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------|-------------------|
| B. Performance Improvement Project (PIP) – clinical | <p>highlight Health Equity as a key component of the project.</p> <p>New Clinical PIP – Strengthening Care Coordination presented by Paula Joshua-Williams.</p> <p>Proposal comments received from IPRO/OLTL</p> <p>Comments made in three components/subcomponents.</p> <ul style="list-style-type: none"> <li>• Methodology</li> <li>• Barrier Analysis</li> <li>• Interventions</li> </ul> <p>PHW addressed comments and provided revisions to IPRO/OLTL on 10/18/2024.</p> <p>This concluded the Board Committee meeting at 2:59 PM with a reminder that the next meeting will be March 2025.</p> | N/A                           | N/A                            |                   |
| <b>Next Meeting Date +</b>                          | March 2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | N/A                           | N/A                            | N/A               |
| <b>VIII. Adjournment *</b>                          | Greg asked for a motion to adjourn at 2:55 PM.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Adjourned                     | N/A                            | N/A               |

Respectively submitted,

|                                                                                                        |                   |                           |
|--------------------------------------------------------------------------------------------------------|-------------------|---------------------------|
| <b>Minutes prepared by (name &amp; title):</b><br>Kayla Stadelman, Community Relations Coordinator III | <b>Signature:</b> | <b>Date:</b><br>12/3/2024 |
|--------------------------------------------------------------------------------------------------------|-------------------|---------------------------|

+Informational or Old Business

\*Action Required



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*December 4, 2024*