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JESSICA PODESVA:
Hello everyone! We are going to get started in just a minute. We're just letting folks trickle in. Just going to give it a minute or two since folks are still joining.

While we are waiting for folks to join, if folks are able, would love to know kind of a little bit about who we have joining today. Can everyone maybe put in the chat what state you are from?

Jenny, can we go ahead and close the waiting room so folks automatically join?

JENNY SICHEL:
Let me check.

JESSICA PODESVA:
Alright, we have a bunch of folks joining still so I'm going to give it another minute. Thanks for everyone's patience. OK, I want to be respectful of everyone's time, so let's go ahead and get started.

Thank you all for joining today's listening session, for those of you who don't know me, my name is Jessica Podesva and I'm the director of advocacy and public policy here at NCIL. I'm a white, thirtysomething woman with long brown hair that is pulled back into a ponytail. I'm wearing a striped white and dark navy blue top with glasses.

I'm just going to quickly run over some housekeeping and then I'm going to turn it over to one of our board members, Marty who is going to introduce today's listing session. Just some quick technology housekeeping.

Captions will be available throughout the listening session. To view the captions you click show subtitle to turn them on. We also have cart captioning running at a Ai-Media. The URL is too long to read but we will share it in the chat box. A Ai-Media will allow you to enlarge the font and change the color and contrast of the captioning.

We also have ASL interpreters present today and they should always be visible as we are presenting in the gallery view. Please let us know if you cannot see the interpreters and we will make sure to troubleshoot directly with you.

You do not need to be on zoom video to access this listening session. There are no slides and no visual content so this is equally as accessible to folks by phone.

We also have the chat box available. But we ask that you remain polite and aware of what you are entering into the chat. At NCIL we have a zero-tolerance policy and any hateful, discriminatory or other offensive speech is seen. You will immediately be removed from the listening session and not able to rejoin.

Once we open the listening session for comments, we will utilize the hand raise feature and call on people individually in the order of which they raise their hand. To raise your hand on your computer, click the raise hand button at the bottom right of your screen. Then if you are joining us by phone today, you can raise your hand by clicking \*9 to raise your hand and \*6 to unmute yourself.

Without further ado, I'm going to turn it over to Marty to get us started. Marty?

MARTY MUSSER:
Thank you, Jessica. Hi everybody! Like Jessica said I am Marty, I and the advocacy director, the Center for Independent living in Charlotte North Carolina. I also serve on the NCIL Board of Directors as the region for rap which is the seven-- Southeast and I chair the ADA civil rights subcommittee.

I will give you a quick image description. I'm a white woman in my 30s, I have long wavy light brown hair kind of over one shoulder today, and him wearing a black top and a black cardigan.

You can see the home office I'm in behind me has light gray walls and a large painting on the wall directly behind me. And also I use she/her pronouns.

Today what we are doing, this is a follow-up listening session to an earlier session hosted by NCIL. In March, but the public health emergency unwinding and its impact on Medicaid recipients. At the start of the COVID-19 pandemic, Congress enacted the family's first coronavirus response act. Or FF CRA which included a requirement that Medicaid programs keep people continuously enrolled throughout the end of the COVID-19 public health emergency. Or PhD.--PHE in exchange for enhanced federal funding. This vital Medicaid enrollment protection ended on March 31 of this year.

Here are a few facts about this situation from the Kaiser family foundation. First: Medicaid enrollment increased since the start of the pandemic, primarily due to the continuous enrollment provision. The Kaiser family foundation estimates that between 8,000,020 4 million people will lose Medicaid coverage during this 12 month unwinding period.

They predicted this will include at least 7 million people who are likely still eligible for coverage. The state approaches to unwinding the continuous on Roman provision varies significantly. CMS or center for Medicaid services requires states to submit renewal redistribution plans that describe how each state will prioritize their renewals, how long the state plans to take to complete the renewal process, and lastly the processes and strategies that the state is considering or has adopted to reduce inappropriate coverage loss during this unwinding period.

NCIL has been asked by the Administration for Community Living to help them gather information about Center for Independent living's ability to assist consumers impacted by the on wanting-- unwinding. How consumers are being impacted and how much or how little centers of had the opportunity to engage with state Medicaid entities throughout this process.

Today, we have Erica McFadden, director of the office of independent living programs, and Vicki Gottlieb, director of the Center for policy and evaluation joining us from ACL. The purpose of today's listening session is not to answer questions, but rather for ACL to hear from you, grassroots advocates come about your experiences as staff and the experiences, good or bad, of your consumers.

It is important for them to hear boots on the ground stories of the realities of the disabled community. So that we can all work together to better position centers to be of assistance during similar crisis situations in the future that will likely pose threats to our community.

With all that being said, we are going to start today by going through a few of the questions that we went through in the previous session in March. To start us off, how has your state been working with your center throughout the Medicaid unwinding? Or another way to think about this is: how has your state engaged with your center or other centers in your state on restarting the annual Medicaid reapplication process that was on hold throughout the pandemic?

JESSICA PODESVA:
If you would like to jump in, please raise your hand, utilizing the handrails feature on the right side of the bottom of your screen. -- Hand raise. Or\*nine if you are joining us by phone. Marty, do you want to repeat the question one more time?

MARTY MUSSER:
Sure. The question is: how has your state and working with your center throughout the Medicaid unwinding?

(Multiple speakers)

SPEAKER:
Hello, she's coming right back, hold on one second, sorry. Sammy is on the line.

JESSICA PODESVA:
Go ahead, Marty, I don't know what happened.

MARTY MUSSER:
I will just repeat the question again. How has your state been working with your center throughout the Medicaid unwinding, or, how is your state engaged with your center on restarting the annual Medicaid reapplication process that has been on hold?

JESSICA PODESVA:
Don't you all jump in at once!

MARTY MUSSER:
It looks like Jenny has put the question in the chat, also.

JESSICA PODESVA:
OK. We know a lot of you have been working with consumers that have encountered barriers with this so does anybody want to jump in and talk a little bit about that?

MARTY MUSSER:
Maybe to make this a little easier we can do this just as a yes or no. Has your state even you the opportunity at your center to work with them throughout this Medicaid unwinding process? You can just type yes or no.

JESSICA PODESVA:
We are seeing a lot of "no" in the chat. Does anybody want to explain a little bit more?

MARTY MUSSER:
(Laughs) We have one "fake yes".

JESSICA PODESVA:
Noel Kaman going to call you out. Do you want to jump in a little bit more on that? -- I'm going to call you out.

SPEAKER:
I think it's fake because invitation was there and there was a direct meeting with some people. I was only in the meeting partially. I was not feeling well that it was a meeting where they were very much like grandiose, "if you need anything let us know, we are coordinating with you already and yes for all in the state to get the word out, making sure everyone has updated addresses will help you" the kind of direct stuff you do with your consumers.

"If you need anything let us know." It became increasingly harder to get out of them-- hold of them, they were not responding, a lot of them were assaying a particular person is now on housed or not in the same address, what can we do? We were asking on an individual level and we just were not hearing back and the longer it took for us, the more our pipeline is getting backlogged and then finally those larger level meetings just did not happen.

And we would hear these passing (indiscernible) anytime we interacted with people for different campaign but the same members of local government, they would argue "we are sorry about the communication breakdown. We told you to reach out if you need anything we would do everything we can to help." And we still got an update this week, we have 1.8 million Massachusetts residents that we are still trying to work to reach.

This is a big process. It goes very, very slow but we are doing everything we can to help. Like you are literally not. We are saying you are not but they kept referring-- reaffirming they told us they would help in any way they can and then not really helping. Beyond occasionally intervening for some address changes. So it has been hard. I feel like most of what they did was so that they could later say "we worked with the CIL and were supportive"

But there has not been a lot of tangible support. Just not a lot that is substantive that could actually help us in our day-to-day job.

JESSICA PODESVA:
Do you have a sense from the direct service staff at your CIL, maybe any feedback on folks that, they believe are still very much eligible for Medicaid but or math-- mass health but have been kicked off as a result of the reapplication paperwork errors or processing, any sense on the processing times? Love to hear more about that as well.

SPEAKER:
Not so much on the time since it varies but there is definitely the sense that a lot of people still qualify it's just they are not able to functionally access the care they have because there were those errors, a lot of it has been address-based but some of it has also been they just did not know and so providers did not give their signatures on their and for different situations and our services team is working really, really hard and it's hard to see them and their frustration feeling like no matter what they do on their end there is limited that they could do.

Especially for people who no longer have addresses at all or there is one person who was like dealing with a really specific situation, dealing with domestic abuse at the same time and they, because of it they had to change their address suddenly. They have kids. They are in a situation now where the eligibility has not changed, in fact I would argue it has increased.

But that one specific thing, when they were trying to get all the other ducks in a row, they missed that, they are afraid to go get the mail because of run-ins with the abuser. It complicates so much more than just actual direct ascertaining or gathering services and your interactions with providers and it's really frustrating that we keep hearing these stories on an individual basis and on a larger structure and they keep saying "we are just doing everything we can and keep coming to us with problems. Not that we will do anything except if you nag us enough we will try to call the person."

JESSICA PODESVA:
Thank you. Next we have Tyler Wilcox. Tyler?

TYLER WILCOX:
hi, this is Heather. I do not know how much or how appropriate my speaking is. I will say that I work for the SILCs we do not have a lot of interaction with consumer but I have a good handle of what is going on at the centers and I have heard surprising (indiscernible).

It gives me pause because that also leads me to believe that Medicaid and the state has not been interacting and communicating with them all of that much. So it is not a good answer but it also is the kind of thing that makes me... A little dismayed because I feel like I should've heard something about it and I have heard crickets with regards to this whole thing.

The only place I've heard anything about the unwinding is honestly through NCIL and through ACL honestly.

JESSICA PODESVA:
Thank you Tyler, do you have any sense from the centers of maybe there has been an influx of people's access to Medicaid and maybe they are not tying it to the Unwinding? Has any of that kicked up...

TYLER:
honestly most of the folks in Wisconsin has been on the caregiver crisis. That may have been overshadowing all that. I have not heard much about people losing or retaining benefits. Like I said, I find that little troubling because I am not hearing anything, which tells me there is definitely a vacuum there that should not be there.

JESSICA PODESVA:
Take you, Tyler. I just want to also highlight a comment in the chat from Alisha in Ohio. "It has been harder to renew Medicaid. The sent a lot of appointment dates before the sent letters in the mail causing confusion. They also made Medicaid and waiver renewal processes separate frustrating some people causing confusion. I cannot speak for CILS in my state, just what I hear from my peers and my Facebook groups."

Thank you, what have the mailings been like? What have been the communications in mailings from the different Medicaid agencies. I can see that happening in a number of states.

MARTY MUSSER:
Someone asked if you could repeat the question, Jessica.

JESSICA PODESVA:
What have the communications and the mailings been like from the state Medicaid agencies? Because what Alicia said in Ohio is they said the appointments without the letter explaining the renewal which caused confusion, did anyone else encounter communications like that?

Thank you, Jenny. For putting that in the chat. Noelle?

NOEL:
they have mostly been accessible â€“ like inaccessible letters. They claim they are accessible because they are big, blue envelopes which is bigger than a standard envelope. They do not really stick out if you are visually impaired or colorblind and the letters themselves do not have any braille translation. The print is like, incredibly densely packed. Like a small print on something that is swindling you, like this credit card letters they send out.

And is really thick, which honestly the thicknesses only the -- the only distinguishing factor compared to other things. Because it is packed with 13 pages of paper and that is convoluted and in no way accessible.

JESSICA PODESVA:
... Language on the back?

(Multiple speakers)

NOEL:
Only some peaches have been translated. We raise that issue. Beginning of this month they send something out but I have not seen those. They made a big claim to say that they are going by people's registered language on file.

I spoke to a consumer who speaks English and Spanish but she indicates pretty much English on most of her paperwork because she fears discrimination and does not want to see a specialist who does not have language translation capabilities or to speak the language will she said she got an English package but she felt like from her paperwork anything more than a two second glance would have warranted that she preferred to have Spanish and for everyone else in her household Spanish is the primary language.

It is really boilerplate, barely recognizable mail that is easy to miss.

JESSICA PODESVA:
OK. Comment in the chat from Heather in Illinois. "I know one individual who received a warning letter indicating you may lose benefits, then private insurance companies send letters to enroll with the company before the individual knew they had lost funding through the state. This individual did ultimately receive a letter stating their benefits had been terminated and to find alternative healthcare through the marketplace."

Heather, do you mind if I ask you to expand on that a little bit? Did their income increase taking them no longer eligible for Medicaid?

HEATHER:
Hi, this person is a seasonal worker so yes, the increase... Their income could have increased. Yes. The healthcare navigator told this individual to come back and see her after the season and she would try to get him back onto Medicaid benefits afterwards. But it was interesting that it was if the state had already shared a list of people who had lost benefits, somehow these companies knew that the person was not going to get benefits before the person even knew that their benefits had been terminated.

JESSICA PODESVA:
Yes. Alright, thank you. I appreciate you jumping on and expanding a little.

MARTY MUSSER:
Before we move on there was a question from Emma... She clarified she meant deadlines for renewal before people start losing coverage. Yes those benefits will be different from state to state just the public health emergency ended on that same date I believe in April. From that point it was up to the states and how they were going to handle this unwinding process.

And so, you should be able to search and find your states plan although, I know the deadline that CMS gave states to cement their plans was I want to say the end of May.

When that deadline came only 30 states had cemented their plan by that point but because each state is allowed to create their own plan that the dates are going to be different state-by-state from this.

JESSICA PODESVA:
I want to jump to another question. "What materials have your CILS put together if any to better help your consumers throughout this process? Have they any language about how to reapply?" I'm curious about what you folks have been able to put together?

I know a few of you that have done stuff are on the call.

Alright, well, we will come back to that question.

Has there been any impact to consumers ability to access Home and Community-Based Services as a result of this unwinding process? Can anyone speak to barriers to Home and Community-Based Services? I knew that one would get folks, here we go!

Beth?

BETH:
Hey everybody, I've been working with consumer who has longform COVID and because of her (indiscernible) she's been fighting with social disability... It is a mess on the side. She has recently been receiving letters from DHS indicating that she is potentially going to lose her coverage based on overpayment from Social Security during the COVID-19 pandemic.

And they wanted her to pay back $481 for her to be able to maintain her benefits through Illinois Medicaid. And, that would be all fine and dandy if she had $481 to pay them back. And when we talked about it I was like, "Maybe we could talk to DHS and Social Security Administration and see if they could take $100 a month for four months, instead of $481 all at once." Because this woman has no income.

So we type a letter, she went to DHS and they said it was not their decision and that she had to take to Social Security. She went over there and indicated to them that she is fighting for her disability. She does not have the money to get them. Could you take $100 a month, whatever the math was. And they told her, "Absolutely not. If we do it that way you will end up paying us almost $700 because we will apply a 31% interest rate to pay it off in four months instead of just taking it all as one lump sum."

So I had reached out to DHS, "what is this?" And they said the Social Security Administration..." You guys have been working hand-in-hand." I've been noticing people getting hit by these letters that they are going to take money they do not have to make them eligible for Medicaid, which you need because you have COPD from long COVID, and good luck on figuring that out.

When she went to the Social Security administration and DHS and fought for herself and advocated for herself, they were like, "While your husband works and we really cannot consider you to be indignant enough to be eligible for us to wipe out this $481."

So that has been

(Multiple speakers)

JESSICA PODESVA:
Was there a waiver application?

BETH:
yes. And they were like, "No." They told us I believe it would be either 30 or 31% interest if they were going to take it separately. And then said because she was married and her husband had an income they would take it all at once even though she has no applicable income.

And then we were able to get her Medicaid figured out but it was almost to the point where I was going to have to center to the community health worker who knows how to navigate the marketplace for her to be able to get insurance because of her long COVID. The COPD that it has brought into her life and all of her medical testing and all that stuff, they were just very dismissive, rude, cold and I also believe that she has some comprehension issues with reading because of her long COVID.

She has very bad brain fog and I think that the letters are a little wordy because I ended up... I drive over one hour to see this woman to do case management with her. As somebody mentioned before, they are sending out these packets, with like eight or nine different pieces of paper to say a two sentence thing.

I think it overwhelms people so severely that they are like, they immediately freak out. I get a call at 4:15 PM on a Friday afternoon, "I'm going to lose my Medicaid I do not know what I'm going to do!". Then I have to make an emergency trip one hour and 15 minutes away from where I am based out of. 2 1/2 hours round-trip to be able to do this.

That is one experience that I have noticed is that it kind of seems to be coming in waves and it is really wordy and not necessarily in plain language or even at a level, I think when you look at it like typically you try to keep things within 7TH grade reading levels. I have been to a lot of school and it took me going to my supervisor to ask them if they were getting the same thing. It was wordy.

JESSICA PODESVA:
It's interesting to me that they did not allow (indiscernible) plan. I used to work for legal aid. I agree with you that their notices are horrendous. Thank you.

SPEAKER:
That is a very interesting thing you are going through in your state. Most times with Social Security, most offices it's their job (indiscernible) not to make it easy for individuals. If it was monies over COVID, they were to have gotten a letter or a deposit put into the bank from the COVID funds overleaf funds.

It was an extension from being, the funds being counted against you. If your client has those letters or information regarding those letters of receiving covert relief funds for that time, -- COVID, a grievance can be filed. But one of the first things you want to do as soon as you get a letter is file a grievance. Disagree with the decision, ask for hearing.

Because it will stop any actions that are going on right now until a decision is made. But one thing individuals got to ask their clients, individuals, "do you have access to those COVID relief fund letters?" I believe there is a two-year span after the pandemic, I believe, and it was stated that funds should not, those funds should not be counted against an individual receiving Social Security benefits. Thank you.

JESSICA PODESVA:
Thank you. We can certainly follow up off-line and I have some resources I can forward to you on Social Security overpayments.

I'm going to loop us back to our questions on the Medicaid unwinding. Which one do we want to go with next, Marty?

MARTY MUSSER:
We can go to one that went hand-in-hand with this one. In addition to access to home and community-based services, are there any kind of other public benefit programs that your consumers have been impacted? During this unwinding. Like SNAP, anything you can think of. Go ahead, Beth.

BETH:
I did want to say something. In the state of Illinois, -- beginning in March, individuals receiving SNAP benefits with COVID relief were informed they would lose part of the funding due to the -- pandemic wind down. I had a consumer who is getting I believe like 225 a month in SNAP benefits, and is now receiving $76. To feed herself andâ€¦ I know we all have seen inflation go up, we've seen the cost of groceries go up.

She is really been struggling to feed herself because she is disabled now from COVID and she cannot work because she is fighting Social Security disability and the request of her lawyer, she was to stop all work to show that she was truly disabled.

But yes, she went from 225 a month to like $76 a month. So we are seeing like, it was not like she had six months to prepare for this or a year to prepare for this.

We live in a very rural area and we do have some great food banks around us, butâ€¦ $76 in supplementation from the food bank still is not even balanced meals or rounded meals or anything that would help in her recovery such as being able to access fresh and healthy foods.

One thing that is nice about Illinois that I have noticed is that if you go to the farmers market here and even like our local co-op, they will give you, they will match if you purchase local produce, which kind of has helped her out but at the same time she is disabled from COVID and struggles to make meals from scratch.

So we saw her obtaining $225 a month bumped down to $76. And that is a significant chunk of change. That is hundred and 50 bucks a month. Like a said with the inflation rate and everything we have seen going on, I don't know how $76 a month is expected to feed somebody.

JESSICA PODESVA:
I don't think it can. There is a comment from Heather in the chat that says "in Illinois, SNAP benefits were reduced as a result of the wind down."

Which is, I think that happened in many states andâ€¦ Yeah. It's really horrific. Alright, anyone else, and impacts to other benefits as a result of the wind down? Trying to think of what states we have not heard from. We heard from Illinois, Ohio, who else did we have on?

Going down our checklist. Massachusetts, we heard from them, we have not heard much from Virginia or Florida. Or Maryland. Or Indiana. Anyone want to jump in? We do have folks from ACL listening. We would love to hear how things are going in your states.

MARK:
Virginia is on, is in the process of Medicaid renewal, Medicaid renewal, the unwinding process.

JESSICA PODESVA:
How is that process going in Virginia? What communication have you heard from your state?

MARK:
Just to check your mail and also Virginia has its own Medicaid renewal calendar.

JESSICA PODESVA:
Has the calendar been shared widely with folks? Are they getting the word out about that calendar with your centers?

MARK:
Well, I'm on the advisory committee for my local CIL. And we told them about it.

JESSICA PODESVA:
So they did not hear it from the state Medicaid agency, they heard from you guys as consumers?

MARK:
They heard it from the advisory committee. I'm on the consumer advisory committee for my local CIL.

JESSICA PODESVA:
OK. Thank you very much. Looks like we will turn it over to Jane from Florida.

JANE:
This is Jane Johnson. On the executive director with the state association of CILS and at the risk of sounding redundant, things have been a little odd in Florida. (Laughs)

We have had the experience with the unwinding has been the state Medicaid estimating conferences have met within the past month. And they expected to see between 900,000 and 1 million people fall off in the first month of the Medicaid unwinding. And that did not happen so everyone is scratching their heads trying to figure out why Medicaid enrollments did not drop because they were upâ€¦ 4 million Medicaid enrollees before the public health emergency ended.

The one thing we did, the CILS did in Florida as we engaged our state, our Department of children and families that does Medicaid eligibility. So we did a statewide webinar with them for all of the CILs and invited stakeholders, consumers, and anyone who wanted to attend.

And they went through step-by-step how the unwinding process would work, what the notifications would look like, what the size of the envelope would be, what color the sticker on the outside of the envelope would be.

And we connected that agency with each of the CIL's so if they had concerns or problems or consumers who needed accommodations to understand the information they could refer them to the CIL's.

We have not heard anything but it is kind of like the other states experiences. I don't know if that means there is no problems but it has been relatively quiet. And we have not fallen off the cliff in terms of the numbers.

But just like Mark said in Virginia, Florida is going through its reprocurement of Medicaid managed care right now. So I don't know how that impacted but of course the Medicaid health plans are really motivated to keep their members enrolled because they get paid whether they provide services or not so I don't know what is happening but we are not seeing the drop off.

Like we have. But one really positive thing that has happened, though, is we met with the Medicaid agency before the procurement announcement went out and we talked, educated them about the CIL's and the services they provide and they actually included Centers for Independent Living in the invitation to negotiate for the Medicaid health plans and required them to partner with community-based organizations as part of their proposal.

So we have been negotiating with six or seven large managed-care plans for the role the centers to play in the rollout of the new Medicaid contracts which is huge for us because we have always been invited to the table at the front end and never asked to dance after the contracts are inked and this actually states there will be outcome measures based on the participation by community-based organizations and plans.

So this is not Medicaid unwinding but it is related because the timing is all kind of happening at the same time. As I said, it's really a mystery as to why the numbers have not fallen down. Fallen to the level that they were pre-pandemic.

Our population is growing. But not at the rate, none of the other sort of demographic trends explain the phenomenon of our Medicaid numbers. But they did say the agency that is doing the notification and the disenrollment did say they were going to start first with the people that looked categorically ineligible based on either they moved out of state, they passed away or they no longer meet the income criteria.

Then month by month they were going to go to different tiers, leaving the most compromised people for the last month of the disenrollment. It's been phased out over 12 months. But that still does not explain it because you would think that if you did your most fragile people first then your numbers would stay constant, instead we are doing them last.

I don't know, we don't understand this. I will be really interested to see what the data tells us after a year from now when we look back on this to figure out what happened in each state.

JESSICA PODESVA:
Thank you very much, Jane. That is really interesting with Florida. But would make sense if you're going through your procurement process.

Anyone else want to jump in? I think I saw another hand but looks like it got taken down. I just want to make sure. What about some of these other states we have not heard from? I think Indiana, New Yorkâ€¦

I am running through our state list here. Maryland... Aurii Houston?

AURII:
I have seen how hard it can be to not have any access to anything (indiscernible) (audio issues) insurance may be going low or you might be living in a different state but it is possible to talk to people that might connect with people (audio issues)

JESSICA PODESVA:
Alright. Thank you. OK... I think we went through all of our questions. Before we sign off and I am not sure if they had to duck off or not this recording will be sent to them, is there anyone from ACL that would like to say a few words? I just want to open that up for that opportunity if they would like.

AARON:
Hi, this is Aaron from New York.

JESSICA PODESVA:
Hi, Erin.

AARON:
I would just like to add that the feedback that has been given here is good and I wish I had more from New York at this time. We have facilitated involvement for Medicaid here in New York. We have healthcare navigators.

I'm going to be reaching out to the on the ground people in New York to get more feedback and I wondered if there will be opportunities and how to provide that feedback to ACL beyond this listening session?

JESSICA PODESVA:
That is an excellent question and thank you for jumping in with that. So we will continue to gather feedback. This is been an ongoing discussion between folks at NCIL and ACL and we will certainly be able to pass along any feedback that you all can take to your centers and gather and bring back.

If you have any additional issues you are seeing or feedback that you want us to pass along please send that information to me and I will stick my email in the chat. Jessica@NCIL.org and we will make sure it is sent along to folks at ACL.

SPEAKER:
Hi it is Alison Barkoff at ACL. I my colleague is on too. I was not able to beyond the whole time but I want to say a few things. Thank you also, so, so much for all you are doing to share information about what is really happening on the ground.

We are able to bring that to CMS and make sure they know what the issues are.

I want to turn in quickly to my colleague Maura who has really taken the lead on coordination. Jessica I assume you've shared the blog we put together. Anyone who is a grantee with ACL, I hope you got your ACL contact the call to action we had to make the -- to make sure all of us are providing information and support to people who are on Medicaid, who are at risk of losing it.

Whether we're talking about helping them with three determinations or knowing how to appeal if they lose benefits or really if they have to navigate other healthcare options, how to get that?

But let me turn it to Maura, we have some upcoming webinars that we want to make sure every knows about and we will keep providing information and support in any way we can. Maura?

JESSICA PODESVA:
Thank you so much Alison.

MAURA:
my name is Maura Calsyn, I use she/her pronouns. It is nice to be here with everybody. I joined ACL about two months ago, previously I had been a lawyer for CMS, about 10 years ago.

Some of you might recognize me from the office for the Secretary of health or for the Centre for American Progress so it is really nice to be here at ACL.

As Alison said I am, along with Vicki, I am working with across the department to really make sure that your concerns are addressed during the reconsideration, redetermination. I think you will start seeing that HHS is going to be start -- start calling on renewals. If you see renewals that is for the new -- that is the new word for unwinding. I want to flag that.

There are two upcoming events, Jessica will share information with you soon as it becomes available. The first is CMS is hosting a webinar for disability and aging networks from ACL. That information is already out. Jessica will send that to you and make sure you receive it.

JESSICA PODESVA:
We will make sure everyone on this list gets that directly.

MAURA:
The other up coming piece is September 6, we have not sent it out yet, it will be a Zoom webinar and will have our colleagues from CMS on the line as well. So please stay tuned for additional details on that. When that is available we will be sure to get it to you.

You all might receive it through your regular ACL communications but hopefully, Jessica if you could push that as well that would be great.

In the meantime if anything comes up or you want to connect with me or anyone else that is ill, please feel free to do so. I am a little hard to reach on the webpage right now because I am relatively new to ACL but I will put my email in the chat.

Jessica, feel free to share that with folks as well. Anything we can do to be helpful or a conduit for information, the rest of HHS or the rest of the government, please let us know.

ALLISON:
If I could just add one more thing. Sorry I forgot to give a visual description.

JESSICA PODESVA:
Just waitressed about like you.

ALLISON:
just to jump in, am a middle-aged white woman with a black sweater. My pronouns are she, her, one thing I want to make sure everybody does if you have not already, ACL has a listserv, presented a lot of information on it. Not just on renewals and unwinding, but we send out information on federal regulations that are out, people might want to comment on, new things coming out from CMS, policies etc.

We are really, really trying to share all this information coming out from CMS. So if you go to acl.gov, you can see on the page to sign up for the listserv. I encourage everyone to do that. We are really trying to share all the information that is out there.

Maura mentioned the August 17 webinar. We sure that on our listserv. We even share reminder but I really encourage everyone to sign up on ACL.gov, I think it is at the bottom of the page sign up for listserv and we will share lots of information. I truly want to thank NICL, Jessica and team for doing these meetings.

We will continue to raise up systemic issues that seem to be crossing states and I'm sure you're going to be hearing but issues that are specific in specific states and we really need to know about those too so thank everyone for bringing all this information to us.

It is really a team effort. The CIL and CIL Network, you are trusted and you engage with some of the people where most concerned about potentially losing Medicaid and the critical supports particularly HCVS, that people get through Medicaid. I want to thank you all for jumping in and helping us really make sure people can get what they need and what they are entitled to.

JESSICA PODESVA:
Thank you so much, Alison. We really appreciate both you and Maura, and I guess off you ACL folks, Jennifer... Sorry I know I am missing couple that I saw a few folks from the ILP office and thank you for joining.

I also want to give a quick plug as an announcement for a very important piece of regulations that are currently up for comment. The older Americans act or up for comment. And ICL is in the process of putting together our comments but certainly everyone please take a look at those and one thing I will share that will be in our comments, but since we have some folks on, from the IL community, there are definitely areas where IL needs to be included within this regulations we are not currently including, in many areas.

So please everyone take a look at this regulations, if you have any thoughts that would -- you would like to be included in NCIL's documents, please send them my way now. Please take a look at those. I had to do a little call to action for our crew here.

ALISON:
I put a link in the chat... We have a summary that lays out section by section, numerous places where we specifically call out partnering with the disability networks including CILS and places we asked, "Are there missing networks here?". So there are specific places we talk about partnership, really glad to hear Jessica that NCIL will weigh in on that. There were things like alternatives to guardianship... All of us in the disability community are really engaged in.

I'm really looking forward to seeing NCIL's comments. Due by 11 PM Eastern standard Time on August 15. Not a lot of time left.

JESSICA PODESVA:
Please everyone take a look at those and provide some comments. If you have any feedback that you want included in NCIL's please get those to me a CAP.

ALISON:
if you sign up for our listserv you will get these kinds of reminders.

JESSICA PODESVA:
Thank you so much Alison. For record timing I am actually going to end a listening session on time. Who would have thought! Marty, do you want to say anything before we close out? No?

SPEAKER:
Thank you so much everyone we appreciate you coming.

JESSICA PODESVA:
Thank yoU, Maura. Thank you for your feedback, send any thoughts my way. Everyone have a great afternoon. Thank you!

(End of Session)

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