



COVID-19 Response, Guidance, and Actions

Updated: October 28, 2020

Governor Wolf, Dr. Levine, and local leaders across the commonwealth have taken unprecedented actions to protect the health and safety of Pennsylvanians. These measures, based on the guidance of public health professionals, are necessary to slow the spread of the virus that causes COVID-19. Life has slowed and it has changed, but it has not stopped for the millions of Pennsylvanians who depend on the Department of Human Services. The essential functions of this department cannot stop. DHS has an obligation to do everything we can to ensure continuity of services and programs for people who need them. Many of these services are critical now more than ever, and we are working internally and with providers and partners around the commonwealth to make adjustments as necessary. We are putting processes in place to ensure continuity of coverage so individuals do not lose their health care, cash assistance or food assistance during this uncertain time.

We will continue to update and reissue this document following each of our weekly calls. We hope that it is helpful to have all of these updates in one place, and we will note if new or updated guidance changes previous information.

Thank you for your support and partnership,

Teresa Miller
Secretary of Human Services

October 28, 2020

Regional Response Health Collaborative Update

The Regional Response Health Collaboratives (RRHCs) continue to work closely with staff at the Department of Human Services, the Department of Health, and the Pennsylvania Emergency Management Agency and are an asset in supporting long-term care facilities across Pennsylvania facing this pandemic.

To date, the RRHCs have been assigned more than 7,300 missions, primarily covering facility assessments, testing, consultations, and support with fitting personal protective equipment (PPE) – an 8 percent increase over last week’s report. The RRHCs have completed visits of long-term care facilities for the initial on-site visit requirement – helping these facilities assess readiness to respond to a COVID-19 outbreak and make adjustments to strengthen procedures as necessary. The RRHCs are making second visits to monitor progress and identify additional opportunities to strengthen COVID-19 mitigation efforts, and 58 percent have had their second on-site visit.

The RRHCs have conducted 275 total rapid response team deployments – an increase of 32 since last week. The rapid response teams are deployed to assist with a current or potential outbreak and are an invaluable resource for those of us at the state level and facilities as they manage very stressful, time-

sensitive situations with staff and residents. These teams work quickly to identify what is needed to stabilize these outbreaks and ensure continuity of care and operations as cases are managed. This resource is keeping people safe and strengthening what we are able to do for facilities across Pennsylvania, and I and all of us are grateful to the RRHCs for their continued partnership in this effort.

The RRHC call centers have received nearly 1,139 calls – an 8 percent increase from last week – to assist facilities, primarily with testing, technical assistance, educational support, PPE, cohorting residents, and staffing support.

The RRHCs also continue to work with the Jewish Healthcare Foundation to operate a statewide learning network available to all long-term care facilities. This network holds regular webinars on topics related to handling flu season, end of life considerations, proper use of PPE, infection control, and the latest guidance for responding to and mitigating spread of COVID-19. The most recent webinar was on antigen test card distribution and best practices for flu season. To date, webinars have had nearly 5,800 participants.

This program has been a critical resource as both a partner for long-term care facilities and a way to expand the administration's capacity to help facilities as they navigate this crisis. The RRHCs are helping long-term care facilities catch and respond to cases of COVID-19 quickly and effectively, and we are incredibly grateful for their work thus far.

At this time, the funding for this program is slated to lapse on December 1, 2020. It's something that each of us are keenly aware of, and frankly, nervous for. Unless action is taken, the program will lose all funding on that date.

We are asking the General Assembly to extend the term of the program for so long as funding is available so we can maintain this critical resource for our long-term care system. This will allow us to maintain activities and utilize the remaining funding we have through at least the end of December. We also need Congress to extend the approved term, called 'the covered period' during which we can spend the funding we have. In addition, we hope to expand RRHCP support to other types of long term care facilities including Intermediate Care Facilities and facilities licensed by DDAP. These facilities also serve people who can be in fragile medical states, and experience is showing that they would benefit from the support the RRHCP provides. Finally, we need the federal government to allocate additional funding so we can continue the program for as long as the public health emergency continues.

This model has, without a doubt, been a success in Pennsylvania. We must continue it, and the federal government should look to support other states to establish similar support networks. We're headed into what could be a dangerous winter and flu season and experiencing a resurgence in cases. Because rate of infection in long-term care facilities is closely tied to rate of community spread, all of us are concerned. This program could disappear as it is needed most. The RRHC has been a success for Pennsylvania. It is strengthening our response and preparedness for COVID. It is keeping people safe. It is saving lives.

Health Reform Update

We wanted to provide an update on the Whole Person Health Reform initiative, which was announced by Governor Wolf on October 2.

The health reform package will make health care more affordable, support transformation within health care and state government, and start to tackle some of the health inequities resulting from systemic racism. Whole-person health reform means focusing on every aspect of a person that contributes to their health, both physical and behavioral health across the lifespan, addressing the social determinants and eliminating health disparities, and promoting the affordability, accessibility, and value of health care.

There are three core components to the plan. The first is the Interagency Health Reform Council, which was established via executive order on October 2. This council is composed of the departments of Aging, Corrections, Drug and Alcohol Programs, Health, Human Services, and Insurance as well as the Governor's Office, who also chairs the meetings. The initial goal is to develop recommendations by December 30 to find efficiencies in the health care system and to support whole-person care by aligning programs where feasible. The different agencies have begun the work of discussing the topic areas where we can align and drive efficiencies and whole-person care.

The second component is the creation of the Regional Accountable Health Councils (RAHCs), which are being established through the MCO agreements starting in 2021. Correcting the health disparities in Pennsylvania communities requires an effort that is bigger than any one payer, provider, or even state agency. Small pilot programs do not address the magnitude of health inequities that exist on a block-by-block level. Alignment among payers, providers, and community-based organizations, is critical to address health disparities and mitigate social determinants of health. As such, the RAHCs will include representation from multiple sectors of our health care system like payors and providers, but also community-based organizations — which haven't historically been considered a part of our health care system. The RAHCs will use data to identify those areas and demographic groups hardest hit by disparities, as a basis for regional strategic planning.

Finally, Governor Wolf will work with the legislature to pass legislation that establishes the Health Value Commission, which would be charged with keeping all payors and providers accountable for health care cost growth, to provide the long-term affordability and sustainability of our health care system, and to promote whole-person care. The newly created independent entity would be led by a team of no more than fifteen commissioners. The commission would be comprised of agency heads and appointees, named by the Governor and the General Assembly, who have an expertise in the health care marketplace. The commission's specific objectives include the creation of a health care cost growth target and keeping payor and providers accountable to that benchmark. This would improve affordability and increase savings for Pennsylvania consumers and businesses.

But it's not only important to bend the cost curve – it's also important to make sure we are supporting areas of our health care system that promote long-term health outcomes. That's why the Commission would also be charged with developing spending targets to support primary care, behavioral health, and value-based purchasing. We know these areas are key to supporting whole person care. Finally, the commission would have the authority to perform public interest reviews of large provider mergers, acquisitions, and changes in ownership, to add a new layer of transparency in our system before these changes occur. The Governor's Office is working on this legislation, and we hope to have your support.

Provider Relief Funds Extension and Expansion

Last week, the federal Department of Health and Human Services' Health Resources and Services Administration (HRSA) again extended the deadline for eligible providers to apply for payments through the Provider Relief Fund. The deadline is now 11:59 p.m. on November 6, and HHS has expanded the types of providers eligible to include residential treatment facilities, among others.

To be eligible to receive HHS' Medicaid Provider Distribution payments, initial key eligibility requirements for Medicaid and CHIP programs and/or Medicaid and CHIP managed care organization providers include:

- The provider must not have received payments from the \$50 billion Provider Relief Fund General Distribution to Medicare providers (note: if a Medicaid/CHIP provider was eligible for the General Distribution payment and rejected the payment, it cannot be eligible for the Medicaid Provider Distribution);
- The provider must have directly billed or own (on the application date) an included subsidiary that has billed a state Medicaid/CHIP program and/or a Medicaid/CHIP managed care plan for health care-related services between January 1, 2018 and December 31, 2019;
- The provider must have either (i) filed a federal income tax return for fiscal years 2017, 2018 or 2019 or (ii) be an entity exempt from the requirement to file a federal income tax return and have no beneficial owner that is required to file a federal income tax return (e.g. a state-owned hospital or healthcare clinic);
- The provider must have provided patient care after January 31, 2020;
- The provider must not have permanently ceased providing patient care directly, or indirectly through included subsidiaries; and
- If the applicant is an individual, they must have gross receipts or sales from providing patient care reported on Form 1040, Schedule C, Line 1, excluding income reported on a W-2 as a (statutory) employee.

Examples of types of providers eligible to receive these payments and those covered by the expansion is available [here](#).

Before applying, providers should review the [Medicaid Provider Distribution instructions](#) and the [Medicaid Provider Distribution Application form](#). Providers can apply through the [Enhanced Provider Relief Fund Payment Portal](#), and FAQs on this funding can also be found [here](#).

I encourage all providers to explore this option for additional support.

Act 24 Reporting Requirements

Some providers have received the Act 24 Cost Reporting Forms and received notification that the Interim Report was active within the web portal. The interim reporting due date for these providers is today, October 28.

Providers that received Act 24 funds from OLTL received the Act 24 Cost Reporting Forms on October 27, 2020. The due date for submitting an Interim Report for OLTL providers is November 6, 2020. All providers that received Act 24 funding will be required to submit a final report. More detail on the final report will be sent in late November.

Office of Income Maintenance Updates

Status of SNAP Emergency Allotment Request

In response to the Eastern District Court's order, the USDA filed a subsequent request for a stay of the original September 11, 2020 court decision. In the filing, USDA affirms it will approve, as directed by the court order, Pennsylvania's request for October SNAP Supplemental payments however, USDA further states that, should the court's decision be vacated on appeal, USDA will seek reimbursement from PA for all SNAP Supplemental payments issued under the September 11, 2020 court decision. The USDA also sent an email to OIM approving both submitted waiver requests and stated reimbursement would be sought from the PA State Treasury, not recipients if the USDA is ultimately successful in court.

We are working to understand the implications of the reimbursement language and if USDA can seek reimbursement for entitlement payments the USDA approved for PA. At this time, Emergency Allotments for households who are receiving the maximum are still pending evaluation based on the outcomes and determinations of the Eastern District Court. At this juncture, OIM will still be issuing October SNAP supplemental payments to households who are not receiving the maximum benefit amount to bring all households not at the maximum benefit.

2020-2021 LIHEAP Season

The 2020-2021 Low-Income Home Energy Assistance Program (LIHEAP) season will open on November 2, 2020. LIHEAP provides assistance for home heating bills so low-income Pennsylvanians can stay warm and safe during the winter months. Assistance is available for renters and homeowners. Applications for LIHEAP cash and crisis benefits begin November 2 and end on April 9, 2021.

The minimum cash benefit that can be received is \$200 and the maximum is \$1000. The income limit for the program is 150 percent of the Federal Poverty Limit. For a household of 3, this would be \$32,580 gross income per year and for a household of 4 would be \$39,300 per year. The LIHEAP Crisis maximum is being raised to \$800.

Applications for LIHEAP can be completed online at www.compass.state.pa.us or through the MyCOMPASS PA mobile app for previous LIHEAP recipients that received a pre-season enrollment reminder. If applicants have questions or need a paper application, they can call the Statewide Customer Service Center at 1-877-395-8930 or 215-560-7226 for clients in Philadelphia.

September Enrollment

Enrollment for SNAP statewide has increased by 129,155 people since February, for a total enrollment of about 1,866,614 in September -- a 7.4 percent increase. Enrollment statewide for Medicaid has increased by 244,603 people since February, for a total enrollment of 3,076,166 people in September -- an 8.6 percent increase.

[The Center on Budget and Policy Priorities reported over the summer](#) that the states that "have implemented the Affordable Care Act's (ACA) Medicaid expansion are better positioned to respond to the COVID-19 public health emergency and to prevent the ensuing economic downturn from worsening access to care, financial security, health outcomes, and health disparities."

Pennsylvania is among those states because Governor Wolf accepted the Medicaid expansion made possible through the Affordable Care Act in 2015. Around this time last year, about 680,000 Pennsylvanians had health care coverage because of Medicaid expansion. That number is now up to

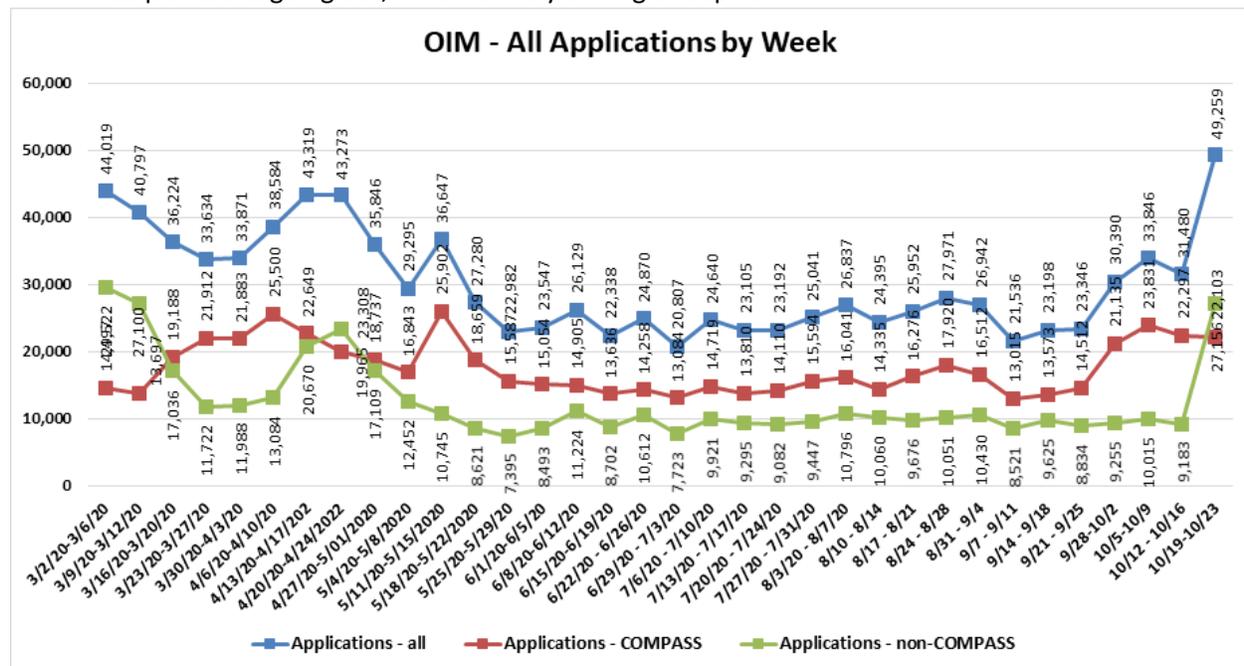
more than 840,000 as of the end of September. To say that more clearly: Thanks to Medicaid expansion, approximately 160,000 Pennsylvanians are getting through this pandemic with their access to healthcare intact. Their individual circumstances and stories are different, but many of them are probably in this position because of a lost job or lost income.

There's a lot of conversation and uncertainty around the Affordable Care Act due to the upcoming Supreme Court case, and in this conversation, we cannot forget about what is at stake here. Protections for millions of Americans, including people with disabilities and people with pre-existing conditions, could be lost. Health care coverage for nearly 1.3 million Pennsylvanians, including the 840,000 covered through Medicaid expansion, is at risk.

This year has been incredibly difficult for many people in different ways. For those who have lost employment or income, there is likely a deep anxiety on how to make ends meet and what could happen if an accident or illness occurs. Medicaid expansion gives that peace of mind during a chaotic period. This is something we all deserve, and we cannot lose sight of this impact in the months ahead.

Applications Update

Our weekly application count increased in the last week. We received 49,259 applications last week, up from the previous week where 31,480 applications were received. Pre-season notifications for past LIHEAP recipients are going out, which is likely driving this spike.



Voting Reminder

The 2020 General Election is less than a week away, and I wanted to again remind you of important deadlines and considerations as the election rapidly approaches. The voter registration period and time to apply for a mail-in ballot has now closed, but you can still check your voter registration status and check the status of your ballot request at www.votespa.com.

If you or the people you serve requested a mail-in ballot but have not returned it, please do so as soon as possible. The United States Postal Service has said that they cannot guarantee delivery by Election Day. Please find a county election office or other official designated drop-off location on www.votespa.com and drop off your ballot in-person to ensure votes will be counted.

The Pennsylvania Department of State previously issued a [2020 Voting Fact Sheet for Long Term Care Facilities](#). The fact sheet provides important information to help you support your residents' exercise of their right to vote. It offers concise information on deadlines, voting in person, alternatives to voting in person, and voters needing assistance. But remember, voting is a personal decision and no one, including staff, should influence a resident's choice in voting or vote on their behalf.

Again, I urge you to fill out your ballot now and hand deliver it to your county election office or other official drop-off site as soon as possible.

October 21, 2020

Call Frequency Survey

We've noticed that attendance is declining, and we want to make sure these calls and the written updates are useful and informative. Your feedback will help inform this process. Please complete [this survey](#) by Wednesday, October 28.

Thank you all again for taking the time to join us today and for all you are doing to serve the people of Pennsylvania.

Affordable Care Act Call with Senator Casey

Yesterday, I joined Senator Casey to discuss the Affordable Care Act's impact on health care access in Pennsylvania, and the dangerous outlook of what would occur if the law was struck down.

The Wolf Administration firmly believes that all Pennsylvanians should be able to access affordable, quality health care coverage. The Affordable Care Act makes that possible for nearly 1.3 million Pennsylvanians. I think we can all say that given what we are all currently living through, access to health care is even more critical.

In 2009, the United States was facing the H1N1 or Swine Flu pandemic. At the time more than 15 percent of the country or 1 in 7 Americans lacked any form of health insurance. Ten percent of Pennsylvanians were uninsured at the time.

At the time, Jeffrey Levi, a professor at George Washington University's School of Public Health wrote for *Health Affairs* that "there is serious concern that people who are uninsured or underinsured might not seek treatment or might have trouble accessing care. During an infectious disease outbreak, ensuring that care is in place for all Americans is more vital than ever. Not only are patients at risk, but they risk further spreading the disease unless they receive proper care."

The Affordable Care Act was signed into law the next year, and through that, more than 20 million people around the country gained coverage because of the ACA. More than 1.4 million adults in Pennsylvania have been covered at some point since February 2015 because of the ACA. The Affordable Care Act has been life-changing for people who are able to purchase subsidized insurance through the individual market, for those who are covered because of Medicaid expansion, people with disabilities, and for the countless others who are able to stay on their parents' health insurance plan until they turn 26, who are guaranteed comprehensive coverage because of the ACA's essential health benefits, and who cannot face discrimination due to a pre-existing health condition. Without these protections, many of these people could not afford coverage or they were denied coverage altogether. In Pennsylvania, many went uninsured until 2015 when Governor Wolf accepted the Medicaid expansion. The ACA also includes a nondiscrimination provisions of accessibility requirements for medical diagnostic equipment to ensure things like all women can have access to a mammogram and all people can get a proper examination on an examination table. These protections were left out of the Americans with Disabilities Act.

Medicaid expansion, in particular, is a lifeline when people need it most. If you aren't healthy and taking care of medical needs, you can't think about getting a job or moving forward. Medicaid expansion makes it possible for people to meet these most basic needs without fear of financial ruin. We've found that more than half of our Medicaid expansion population is working a job that does not offer comprehensive health benefits, and when people leave Medicaid coverage, many are doing so because their income is increasing.

At this time last year, about 680,000 people had health care coverage because of Medicaid expansion. That number is up to more than 840,000 as of the end of September. When we talk about the Affordable Care Act, I usually say that we must protect and preserve the law not just for the people who need it today or those who've used it for a time to move on to other coverage – we must protect it for all who will need it in the future.

This is that uncertain future that we talk about. What we are experiencing today – a global pandemic and economic crisis with historic unemployment – is not something we could have anticipated five, three, or even one year ago, but it is exactly why these programs are so vital. Approximately 160,000 people are on Medicaid expansion who were not this time last year. Their individual circumstances and stories are different, but many of them are probably in this position because of a lost job or lost income. They didn't plan for this. They didn't ask for this. But this is the reality we are all living in right now. Imagine being in that position – losing your job due to the economic realities of a pandemic, then losing your health care in the middle of that pandemic.

With Medicaid expansion, there is relief and continuity when the unexpected happens. There is security of knowing you can go to your doctor for regular visits and screenings. A prescription will not further risk your financial stability. If you get sick, you are covered. As so much is uncertain, this security can make all the difference for people, and it's something we need to emerge stronger through difficult times. If we lose the Affordable Care Act, the nearly 1.3 million people in Pennsylvania who have health insurance because of the ACA could lose that coverage, but the ripple effect will not stop there. Consumer protections like coverage up to age 26, no lifetime limits, essential health benefits, and coverage regardless of a pre-existing condition will end – leaving millions of people vulnerable.

When you look beyond the political fighting over the ACA – you see the real stories of people whose lives and livelihoods were changed and, in many cases, saved because of the ACA and the health coverage gained through the law. These are the voices that we must focus on. They – and so many others – are at risk if these protections disappear. The Wolf Administration will never stop fighting for them, and if you are with us in this fight, I hope you will talk with Senator Casey and Senator Toomey and urge them to understand what is at stake here.

Act 24 Reporting Requirements

Some providers have received the Act 24 Cost Reporting Forms and received notification that the Interim Report was active within the web portal. DHS has extended the interim reporting due date for these providers to October 28.

Providers that received Act 24 funds from OLTL will receive their reporting forms in the near future. The due date for submitting an Interim Report will be included as part of that communication. All providers that received Act 24 funding will be required to submit a final report. More detail on this report will be sent in late November.

Regional Response Health Collaborative Program Update

The Regional Response Health Collaboratives (RRHCs) continue to work closely with staff at the Department of Human Services, the Department of Health, and the Pennsylvania Emergency Management Agency and are an asset in supporting long-term care facilities across Pennsylvania facing this pandemic.

To date, the RRHCs have been assigned more than 6,800 missions, primarily covering facility assessments, testing, consultations, and support with fitting personal protective equipment (PPE) – a 9 percent increase over last week’s report. The RRHCs have completed visits of long-term care facilities for the initial on-site visit requirement – helping these facilities assess readiness to respond to a COVID-19 outbreak and make adjustments to strengthen procedures as necessary. The RRHCs are beginning rounds of second visits to monitor progress and identify additional opportunities to strengthen COVID-19 mitigation efforts, and 31 percent have had their second on-site visit.

The RRHCs have conducted 243 total rapid response team deployments. The rapid response teams are deployed to assist with a current or potential outbreak and are an invaluable resource for those of us at the state level and facilities as they manage very stressful, time-sensitive situations with staff and residents. These teams work quickly to identify what is needed to stabilize these outbreaks and ensure continuity of care and operations as cases are managed. This resource is keeping people safe and strengthening what we are able to do for facilities across Pennsylvania, and I and all of us are grateful to the RRHCs for their continued partnership in this effort.

The RRHC call centers have received nearly 1,057 calls – an 8 percent increase from last week – to assist facilities, primarily with testing, technical assistance, educational support, PPE, cohorting residents, and staffing support.

The RRHCs also continue to work with the Jewish Healthcare Foundation to operate a statewide learning network available to all long-term care facilities. This network holds regular webinars on topics related to handling flu season, end of life considerations, proper use of PPE, infection control, and the latest guidance for responding to and mitigating spread of COVID-19. The most recent webinar was on antigen test card distribution and best practices for flu season. To date, webinars have had nearly 5,300 participants.

This program has been a critical resource as both a partner for long-term care facilities and a way to expand the administration’s capacity to help facilities as they navigate this crisis. The RRHCs are helping long-term care facilities catch and respond to cases of COVID-19 quickly and effectively, and we are incredibly grateful for their work thus far. At this time, the program is slated to lapse on December 1, 2020.

The last eight months have been a period of great learning. We're now at a point where we have a system that is working and helping stabilize and prevent outbreaks. As the country works to get an effective vaccine in market and available, we need to do all we can to protect people who are most vulnerable to this virus.

The RRHC program cannot stop COVID altogether, but it is undoubtedly making us better at fighting it. This program is saving lives. We cannot lose this resource. I am hopeful, though, that the value of this program will be recognized and we can continue this support.

Child Care Update

I wanted to provide an update on trends we're seeing in operating child care providers and the Child Care Works waiting list. As of March 23, 2020, there were 7,075 total licensed child care providers. Since then, 359 providers have permanently closed and 239 new providers opened, giving Pennsylvania a total of 6,955 total licensed child care providers. 410 of these providers are still temporarily closed. As of today, October 21, 2020, the Child Care Works Waitlist is 2,264 across all 19 regions.

Internet Safety for Children Learning at Home

Earlier this week, DHS hosted a press briefing on online safety for kids. Since March, the pandemic of COVID-19 has amplified the role of the Internet in the lives of many Pennsylvanians, including children whose classrooms have moved online to protect our families and communities from the threat of the coronavirus. Thanks to the Internet, thousands of Pennsylvanians are working and learning remotely to mitigate the spread of this dangerous illness. I believe that Pennsylvanians' flexibility and resourcefulness has saved lives.

At the same time, our children have made real sacrifices and significant adjustments to their lives – mostly in the name of keeping the adults around them safe. So I think it is incumbent upon us to acknowledge that some of the changes in routine that we've asked our children to endure do come with a certain set of risks – and to do everything in our power to mitigate those threats to our children. I was joined by Attorney General Josh Shapiro and Angela Liddle, President and CEO of the Pennsylvania Family Support Alliance in this effort to help educate parents.

When a child is in a classroom with a teacher, he or she has the potential to interact publicly with maybe 25 or 30 people. When a child is seated in front of an Internet-connected device, he or she has the potential to interact privately with almost any of the 7 billion people on the planet. As parents and educators and caregivers, we have to see that for the risk that it is.

DHS has very little purview over the types of interactions and dangers that I'm referencing. As the oversight body for Pennsylvania's child-welfare system, our authority extends to child abuse and neglect as it is defined in the Child Protective Services Law, which usually does not extend to some of the internet's dangers. However, I believe that promoting child welfare and safety is our responsibility, whatever the context. So that's why we chose to call attention to this issue.

The Internet can be a tremendous educational tool, and during the pandemic has presented hundreds of thousands of young Pennsylvanians with opportunities to engage with their teachers, friends, and families and have access to instruction. Many Pennsylvania families have learned to adapt to having at

least some remote instruction, which often relies on using the Internet. We want families to know that there are best practices to help keep kids and families safe when using the Internet and online learning platforms. For instance, caregivers should supervise all Internet-enabled devices and keep computers in a public area of the home. It is important to explain to children what safe online behavior is – what information they should not give out, and what to do if they see or hear something that makes them uncomfortable. These are conversations that are easy to defer to a later, more convenient time. I'm urging Pennsylvania families to have those conversations now – and it's something I hope each of you will do as well.

Children and teens can use the Attorney General's Safe2Say Something hotline and app to anonymously and safely report threats of violence, harassment and bullying – much of which occurs today in the realm of social media. The hotline can be reached at 1-844-723-2729, and the app is available for free through mobile app stores.

The Family Support Alliance also has [guides for parents](#) navigating the COVID-19 pandemic and for recognizing potential child abuse when interacting with a child virtually.

And of course, all concerns of abuse or neglect should be reported to DHS' Childline at 1-800-932-0313. Anyone can make a report to ChildLine. Anyone who is not a mandated reporter can make a report to ChildLine anonymously. Each of us can help keep children safe, and I encourage you all to learn more about the signs of potential abuse or neglect and, if you suspect abuse, make a report to ChildLine so it can be investigated. You can learn more about potential signs of abuse at www.keepkidssafe.pa.gov. Thank you, as always, for your work to help keep kids safe.

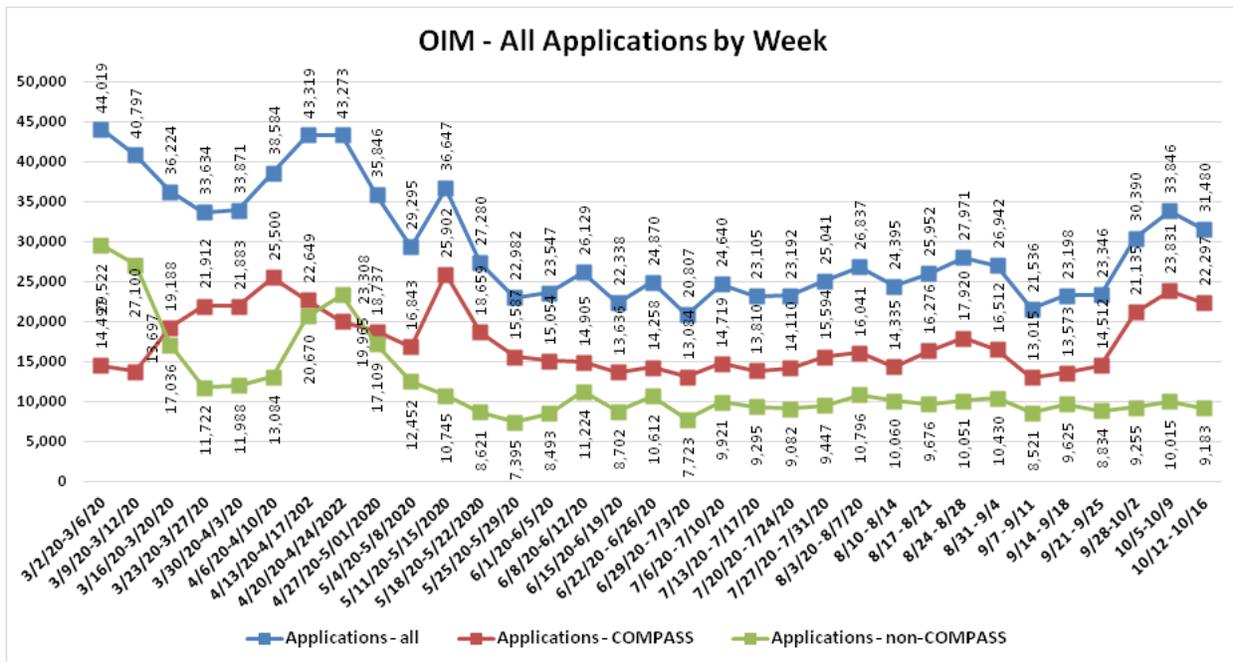
Office of Income Maintenance Updates

SNAP Updates

At this time, we are still awaiting further guidance on both P-EBT and expanded emergency allotments. We are, however, extending certification periods for people receiving SNAP who are homeless and use a County Assistance Office as their mailing address. H.R. 8337 permits this authority, and we need to ensure continued access to SNAP for this population while our CAOs are closed to the public.

Applications Updates

Our weekly application count decreased in the last week. We received 31,480 applications last week, down from the previous week where 33,846 applications were received. Pre-season notifications for past LIHEAP recipients are going out, which was causing an increase in applications, but that initial surge has likely subsided.



Domestic Violence Awareness Month

October is Domestic Violence Awareness Month, and yesterday, DHS hosted a press briefing with the Pennsylvania Coalition Against Domestic Violence and Turning Point of Lehigh Valley to recognize this month and discuss the signs of domestic abuse and resources available for people experiencing domestic abuse.

Domestic violence is a pattern of behaviors by a partner to maintain power and control over another partner in an intimate relationship. Domestic violence may involve emotional or verbal abuse, financial abuse, physical violence, sexual violence, or stalking, either individually or in combination. One in four women and one in seven men experience intimate partner violence in their lifetime, and domestic violence can affect any age, race, gender, or socio-economic status. In 2019, 112 women, men, and children lost their lives from domestic violence in Pennsylvania.

Anyone can help protect themselves as well as their family, friends, neighbors, and peers who may be experiencing abuse by understanding the signs of domestic violence and making a referral to a local domestic violence program. Name-calling and demeaning comments, frequent phone calls and texts, casting blame and refusing to take responsibility, isolating the person from their family and friends, expressing intense emotions very quickly, and restricting access to financial resources are common signs of abuse.

Additionally, warning signs of a potential abusive relationship can be constant fear of their partner's reaction, making excuses for their partner's behavior, a partner displaying jealousy or possessiveness, unexplained injuries, isolation, and changes in behavior or personality. These may be signs that something is wrong. More information on signs of abuse can be found at www.pcadv.org.

No one should be forced to suffer violence and mistreatment, especially in our close, trusted relationships. If you or someone you know are experiencing emotional or financial abuse or physical violence from a relative or partner, please know that you are not alone in this, and help is available.

While we mark Domestic Violence Awareness Month every October, the work of preventing domestic violence never stops. We are proud to partner with PCADV and the network of local resource centers across Pennsylvania as they support survivors through unimaginable obstacles to build a safe, supportive environment and achieve a better life. We must always create a safe, supportive environment where all affected by domestic violence know that they are not alone. If you fear for a friend, peer, or loved one's health or safety – talk with them. A small action can save a life.

Voting Reminder

The 2020 General Election is less than two weeks away, and I wanted to again remind you of important deadlines and considerations as the election rapidly approaches. The voter registration period has now closed, but you can still check your voter registration status at www.votespa.com.

You can also apply online for a mail-in ballot, and I encourage you to do so if you have not yet and do not wish to vote in-person this November. Voting by mail is an important option for people who have health risks and do not want to vote in-person and anyone living in a long-term care facility. COVID-19 should not prevent anyone from voting, but you need to apply for your mail-in ballot by 5 p.m. on October 27. We must be sure that *all* Pennsylvanians have the opportunity to cast their vote for the candidate of their choice this November. If you oversee a residential setting, we urge you to remind your residents to vote and help provide information on the voting process. If mail-in or absentee ballots are needed, they should be requested sooner rather than later.

The Pennsylvania Department of State issued a [2020 Voting Fact Sheet for Long Term Care Facilities](#) last week. The fact sheet provides important information to help you support your residents' exercise of their right to vote. It offers concise information on deadlines, voting in person, alternatives to voting in person, and voters needing assistance. But remember, voting is a personal decision and no one, including staff, should influence a resident's choice in voting or vote on their behalf.

Again, I urge you to remind the people you serve to vote and be aware of the upcoming deadline to apply for a mail-in or absentee ballot. Making this request now will help avoid a backlog as we get even closer to the election, will ease processes for everyone, and ensure residents have the opportunity to exercise their right to vote.

October 14, 2020

Regional Response Health Collaborative Update

The Regional Response Health Collaboratives (RRHCs) continue to work closely with staff at the Department of Human Services, the Department of Health, and the Pennsylvania Emergency Management Agency and are an asset in supporting long-term care facilities across Pennsylvania facing this pandemic.

To date, the RRHCs have been assigned more than 6,200 missions, primarily covering facility assessments, testing, consultations, and support with fitting personal protective equipment (PPE) – a 14 percent increase over last week’s report. More than 1,700 on-site facilities visits have occurred as the RRHCs work to assist long-term care facilities. To date, RRHCs have visited 99 percent of long-term care facilities for the initial on-site visit requirement – helping these facilities assess readiness to respond to a COVID-19 outbreak and make adjustments to strengthen procedures as necessary. The RRHCs are beginning rounds of second visits to monitor progress and identify additional opportunities to strengthen COVID-19 mitigation efforts. More than 500 facilities have received their second round visit at this point.

The RRHCs have conducted 217 total rapid response team deployments. The rapid response teams are deployed to assist with a current or potential outbreak and are an invaluable resource for those of us at the state level and facilities as they manage very stressful, time-sensitive situations with staff and residents. These teams work quickly to identify what is needed to stabilize these outbreaks and ensure continuity of care and operations as cases are managed. This resource is keeping people safe and strengthening what we are able to do for facilities across Pennsylvania, and I and all of us are grateful to the RRHCs for their continued partnership in this effort.

The RRHC call centers have received nearly 980 calls – a 6 percent increase from last week – to assist facilities, primarily with testing, technical assistance, educational support, PPE, cohorting residents, and staffing support.

The RRHCs also continue to work with the Jewish Healthcare Foundation to operate a statewide learning network available to all long-term care facilities. This network holds regular webinars on topics related to handling flu season, end of life considerations, proper use of PPE, infection control, and the latest guidance for responding to and mitigating spread of COVID-19. The most recent webinars were on behavior changes to support infection control practices and voting information for long-term care facility residents.

This program has been a critical resource as both a partner for long-term care facilities and a way to expand the administration’s capacity to help facilities as they navigate this crisis. The RRHCs are helping long-term care facilities catch and respond to cases of COVID-19 quickly and effectively, and we are incredibly grateful for their work thus far.

Office of Income Maintenance (OIM) Updates

SNAP Emergency Allotments

On Friday, October 2, the USDA sought a formal clarification from the United States District Court for the Eastern District of Pennsylvania requesting clarification of the court's injunction in Community Legal Services' challenge against the USDA's interpretation of the Families First Coronavirus Response Act. The USDA also requested a stay in implementation of the decision. Food and Nutrition Service has indicated that they will not approve Pennsylvania's two requests for additional emergency allotments until these requests are settled. DHS submitted a letter to the court at the request of Community Legal Services outlining the waiver requests we have submitted in light of the preliminary injunction.

As we await further clarification on emergency allotments for all SNAP recipients, October payments will be issued as they have previously to households not currently receiving the maximum monthly benefit. If approval is eventually received for the additional waiver requests, we will update our request to include October with the retroactive March-September distribution.

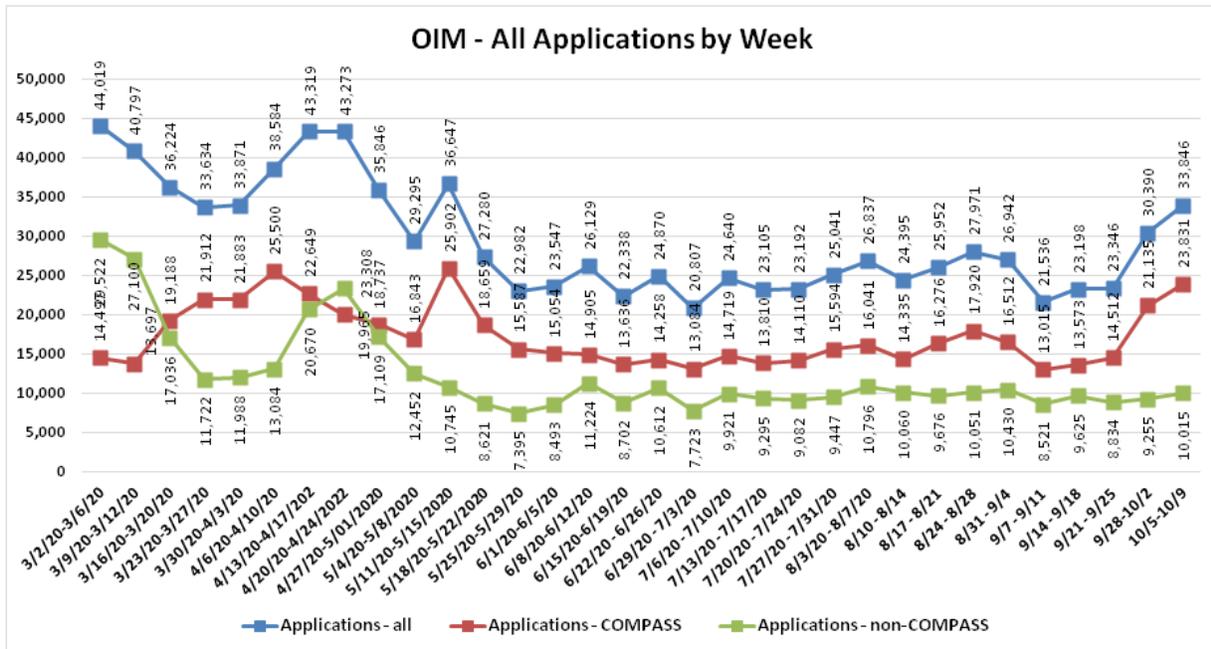
P-EBT Update

As we mentioned a few weeks ago, H.R. 8337 included an extension of the P-EBT program for the entire 2020-2021 school year. While we await guidance from the USDA on how this program should be administered, we continue to plan and develop systems and processes to support the successful administration of PEBT for the 2020-2021 school year.

If families have questions or concerns about P-EBT benefits from the 2019-2020 school year, please call our voicemail resource line at 484-363-2137 or email RA-PWPEBTQuestions@pa.gov and include the following information: Child(ren)'s names; child(ren)'s date(s) of birth; school or school district they attend; contact phone number; contact email address; current mailing address; and a description of the issue.

Applications Update

Our weekly application count increased again in the last week. We received 33,846 applications last week, up from the previous week where 30,390 applications were received. Pre-season notifications for past LIHEAP recipients are going out, which is causing an increase in applications that we now see in addition to the economic uncertainty many Pennsylvanians are still facing.



Census Update

Yesterday, the United States Supreme Court approved a request to suspend a previous order from a federal judge that ordered United States Census Bureau to return to the October 31 end date. Because of this, the final day for the 2020 Census will be tomorrow, October 15. This is our last chance to get counted.

As we've discussed previously, the census has critical implications for the Department of Human Services and the more than 3 million Pennsylvanians currently served by our programs and services. Federal appropriations for many of these programs use data derived from the census to guide the distribution of funds, including Medicaid, CHIP, SNAP, LIHEAP, and the Child Care and Development Block Grant. These programs provide important supports to low-income and working families and individuals around Pennsylvania, and accurate census counts are critical so DHS is able to fund these supports for Pennsylvanians who need them.

A strong public assistance system will be necessary to help people overcome the difficult circumstances individuals and families across Pennsylvania are facing. A complete and accurate census count will better position us to meet this increased need, so I ask that all of you encourage the people you serve to participate in this process if they haven't yet. This count will also define our representation and voice in Congress for ten years. We're in the final stretch, and information collected through this effort will affect Pennsylvania for the next decade. We cannot lose our opportunity to have Pennsylvania's voice well-represented at the federal level and must make sure that all Pennsylvanians are accurately counted.

The [U.S. Census Bureau's Response Rate Map](#) can help you see your county or city's participation rate. For resources to support your census outreach, visit the [Pennsylvania census website](#). Thank you for your support in this important work throughout the year.

Voting Reminder

The 2020 General Election is less three weeks away, and I wanted to again remind you of important deadlines and considerations as the election rapidly approaches.

If you have not yet, check your voter registration status at www.votespa.com. If you need to update your registration, you can do so online at that website until October 19 in order to vote in the November general election. You can also apply online for a mail-in ballot, and I encourage you to do so if you have not yet and do not wish to vote in-person this November. Voting by mail is an important option for people who have health risks and do not want to vote in-person and anyone living in a long-term care facility. COVID-19 should not prevent anyone from voting, but you need to apply for your mail-in ballot by 5 p.m. on October 27.

We must be sure that *all* Pennsylvanians have the opportunity to cast their vote for the candidate of their choice this November. If you oversee a residential setting, we urge you to remind your residents to vote and help provide information on the voting process. If mail-in or absentee ballots are needed, they should be requested sooner rather than later. Additional information on the voting process will be coming soon. But remember, voting is a personal decision and no one, including staff, should influence a resident's choice in voting or vote on their behalf.

Again, I encourage you to remind residents to vote and be aware of the upcoming deadlines to register and apply for a mail-in ballot. Making this request now will help avoid a backlog as we get even closer to the election, will ease processes for everyone, and ensure residents have the opportunity to exercise their right to vote.

October 7, 2020

Public Health Emergency Extension

On Friday afternoon, United States Department of Health and Human Services Secretary Alex Azar issued a renewal for the COVID-19 public health emergency.

The extension is effective October 23 and will last through January 21, 2021, meaning all waivers and flexibilities authorized under the federal public health emergency will remain in place at least through January 21, 2021 unless otherwise changed. The declaration can be viewed [here](#).

Health Reform Initiative

Governor Wolf recently announced a plan that will provide oversight and pursue reforms focused on affordability, accessibility and value in Pennsylvania's health care system.

The plan will work towards a more accountable, whole-person-focused health care system by establishing:

- An **Interagency Health Reform Council**, which brings together multiple commonwealth agencies and the Governor's Office to outline opportunities and recommendations on how Pennsylvania will find efficiencies in the health care system through initiatives like value-based purchasing, among others. Initial recommendations will be developed by the end of the year.
- Five **Regional Accountable Health Councils** that will look at outcomes and data to identify health disparities and opportunities to improve health care access and quality of care in their region. The councils will bring together providers, payors, and community organizations to work to address social determinants of health and reduce disparities in communities they serve.
- A **Health Value Commission** that would hold health care payors and providers accountable for health care cost growth and affordability. It would also establish spending targets to support primary care and behavioral health, two areas that we know are critical to a whole-person approach. We will be working closely with the General Assembly to establish this commission, comprised of 15 commissioners with expertise in the health care marketplace.

The actions announced last week are the first step in this process. This strategy will bring together leaders and stakeholders who will be able to work together to bring about meaningful change to this system and help our health care system develop the outcomes-based, whole-person focus it needs.

It's no secret that there's a lot of conversation over what is needed to strengthen and improve our health care system. With those conversations may come differing opinions. But regardless of where you stand in this, affordability and quality of care are paramount no matter what system we have. As this pandemic exacerbates existing health disparities that exist among race, geography, and socio-economic status, we cannot lose the opportunity to begin making progress with our system as it currently stands. This reform package will move us in the right direction.

DHS will be very closely engaged in this effort, and I'm excited to see what comes of this as we work together and move forward.

Regional Response Health Collaborative Update

The Regional Response Health Collaboratives (RRHCs) continue to work closely with staff at the Department of Human Services, the Department of Health, and the Pennsylvania Emergency Management Agency and are an asset in supporting long-term care facilities across Pennsylvania facing this pandemic.

To date, the RRHCs have been assigned nearly 5,500 missions, primarily covering facility assessments, testing, consultations, and support with fitting personal protective equipment (PPE) – a 12 percent increase over last week’s report. More than 1,700 on-site facilities visits have occurred as the RRHCs work to assist long-term care facilities. To date, RRHCs have visited more than 91 percent of long-term care facilities for the initial on-site visit requirement – helping these facilities assess readiness to respond to a COVID-19 outbreak and make adjustments to strengthen procedures as necessary. The RRHCs are beginning rounds of second visits to monitor progress and identify additional opportunities to strengthen COVID-19 mitigation efforts.

The RRHCs have conducted 180 total rapid response team deployments. The rapid response teams are deployed to assist with a current or potential outbreak and are an invaluable resource for those of us at the state level and facilities as they manage very stressful, time-sensitive situations with staff and residents. These teams work quickly to identify what is needed to stabilize these outbreaks and ensure continuity of care and operations as cases are managed. This resource is keeping people safe and strengthening what we are able to do for facilities across Pennsylvania, and I and all of us are grateful to the RRHCs for their continued partnership in this effort.

The RRHC call centers have received nearly 920 calls – a 5 percent increase from last week – to assist facilities, primarily with testing, technical assistance, educational support, PPE, cohorting residents, and staffing support.

The RRHCs also continue to work with the Jewish Healthcare Foundation to operate a statewide learning network available to all long-term care facilities. This network holds regular webinars on topics related to handling flu season, end of life considerations, proper use of PPE, infection control, and the latest guidance for responding to and mitigating spread of COVID-19. The most recent webinar was on antigen testing and rapid response resources.

This program has been a critical resource as both a partner for long-term care facilities and a way to expand the administration’s capacity to help facilities as they navigate this crisis. The RRHCs are helping long-term care facilities catch and respond to cases of COVID-19 quickly and effectively, and we are incredibly grateful for their work thus far.

Office of Income Maintenance (OIM) Updates

P-EBT Update

About a month ago, we provided an update on the status of replacement cards for people who either did not receive, misplaced, or were unable to use their P-EBT card.

Conduent, our EBT vendor, continues to make progress creating and issuing P-EBT cards. In the last two weeks, approximately 10,000 cards have been issued. These replacement cards cover P-EBT benefits for

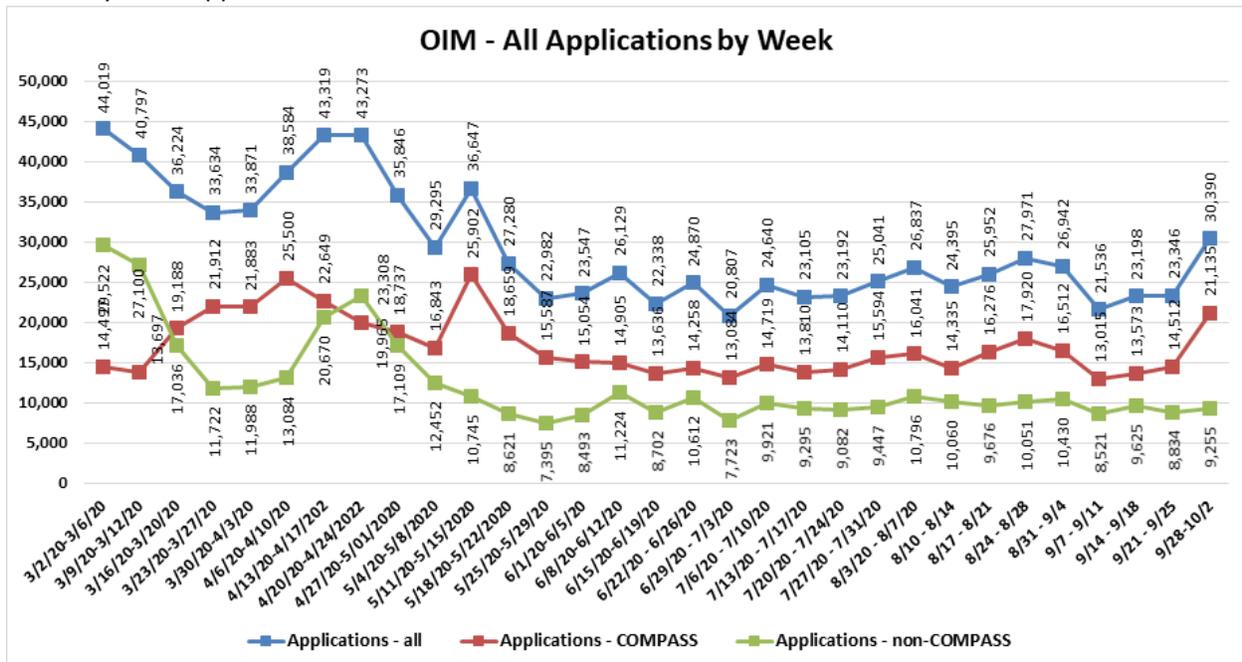
24,000 children.

We are also centralizing the customer service process for people who have contacted DHS or the Department of Education related to P-EBT. Moving forward, if families have an issue with their P-EBT card, they should call the P-EBT Resource Line at 484-363-2137. Callers should include their child or children’s name, date of birth, school, and district in the voicemail as well as the nature of their call or concern and the best number to contact them at so DHS staff can get in touch.

We appreciate patience as we work through families’ concerns.

Applications Update

The LIHEAP Recovery Crisis Program stopped accepting applications on August 31. In total, 114,542 applications were received for the LIHEAP Recovery Crisis Program. Of these applications, 57,009 were approved for LIHEAP Recovery Crisis. The primary reasons for denial were households not meeting the definition of crisis, income exceeding limits, and crisis amount needed falling under \$25. As we mentioned in last week’s written update, a data error was identified two weeks ago that misreported the number of pending applications. Approximately 8,600 applications were double-counted and 3,100 processed applications were still listed as pending. At this point, OIM is finished processing LIHEAP Recovery Crisis applications.



Our weekly application count increased significantly in the last week. We received 30,390 applications last week, up from the previous week where 23,346 applications were received. Pre-season notifications for past LIHEAP recipients are going out, which is likely driving the increase in applications that we now see, but we also know that the economy and our job market are still experiencing the uncertainty we’re all facing.

Beyond this, there’s great uncertainty over what, if any, relief the federal government will extend to states, businesses, and people. That uncertainty affects all of us, and people who have lost income or

employment this year cannot afford to wait. The longer this goes, the more difficult day-to-day circumstances and longer-term personal recovery will become. We have a long way to go to stabilize this pandemic and help our economy recover, but we know that states, businesses, and people cannot do this alone. We need cooperation and support from the federal government.

I urge our representatives to focus on what really matters and what is urgent. The long-term health of our families and local economies cannot wait anymore. We know what worked and what helped in the spring, and that support must continue.

Census Update

Last week, we mentioned that the Census deadline was approaching after being extended to October 5. However, we learned that the United States Census Bureau will follow the federal judge's order to return to the October 31 end date. That means that we have a little more than three weeks to be sure that each of us, our families, and those we work with are counted.

As we've discussed previously, the census has critical implications for the Department of Human Services and the more than 3 million Pennsylvanians currently served by our programs and services. Federal appropriations for many of these programs use data derived from the census to guide the distribution of funds, including Medicaid, CHIP, SNAP, LIHEAP, and the Child Care and Development Block Grant. These programs provide important supports to low-income and working families and individuals around Pennsylvania, and accurate census counts are critical so DHS is able to fund these supports for Pennsylvanians who need them.

A strong public assistance system will be necessary to help people overcome the difficult circumstances individuals and families across Pennsylvania are facing. A complete and accurate census count will better position us to meet this greater need, so I ask that all of you encourage the people you serve to participate in this process if they haven't yet. This count will also define our representation and voice in Congress for ten years. We're in the final stretch, and information collected through this effort will affect Pennsylvania for the next decade. We cannot lose our opportunity to have Pennsylvania's voice well-represented at the federal level and must make sure that all Pennsylvanians are accurately counted.

The [U.S. Census Bureau's Response Rate Map](#) can help you see your county or city's participation rate. For resources to support your census outreach, visit the [Pennsylvania census website](#). Thank you for your support in this important work!

Voting Reminder

The 2020 General Election is less than a month away, and I wanted to again remind you of our most critical civic duty: voting.

If you have not yet, check your voter registration status at www.votespa.com. If you need to update your registration, you can do so online at that website until October 19 in order to vote in the November general election. You can also apply online for a mail-in ballot, and I encourage you to do so if you have not yet and do not wish to vote in-person this November. Voting by mail is an important option for

people who have health risks and do not want to vote in-person and anyone living in a long-term care facility. COVID-19 should not prevent anyone from voting, but you need to apply for your mail-in ballot by 5 p.m. on October 27.

We must be sure that *all* Pennsylvanians have the opportunity to cast their vote for the candidate of their choice this November. If you oversee a residential setting, we urge you to remind your residents to vote and help provide information on the voting process. Additional information on the voting process will be coming soon. But remember, voting is a personal decision and no one, including staff, should influence a resident's choice in voting or vote on their behalf.

Again, I encourage you to remind residents to vote and be aware of the upcoming deadlines to register and apply for a mail-in ballot. Making this request now will help avoid a backlog as we get even closer to the election, will ease processes for everyone, and ensure residents have the opportunity to exercise their right to vote.

September 30, 2020

H.R. 8337 - Continuing Resolution

Last week, we received word that leadership in Congress and the Trump Administration reached an agreement on H.R. 8337, a continuing resolution that would extend federal government funding and operation through December 11.

The resolution extends the Pandemic Electronic Benefit Transfer (P-EBT) program through September 30, 2021 and clarifies how the program should be administered given different learning models being used by school districts in Pennsylvania and around the country.

Additionally, the resolution would extend certain waivers that have been critical to administering and maintaining access to Supplemental Nutrition Assistance Program (SNAP) benefits throughout the crisis. If passed, the following waivers would be extended through September 30, 2021:

- The ability to extend SNAP benefit certification periods and adjust periodic reporting requirements;
- The ability to allow household reporting through periodic reporting; and
- The ability to adjust interview requirements for SNAP.

These waivers will be invaluable as DHS anticipates a heightened workload this fall with LIHEAP season and the increased need created by the pandemic.

We [sent letters](#) to Senator Casey and Senator Toomey last week urging them to support this continuing resolution. The full Senate must vote on this soon, and we are hopeful that it will pass with these provisions included.

Regional Response Health Collaborative Program (RRHCP) Update

The Regional Response Health Collaboratives (RRHCs) continue to work closely with staff at the Department of Human Services, the Department of Health, and the Pennsylvania Emergency Management Agency to support long-term care facilities across Pennsylvania.

To date, the RRHCs have been assigned nearly 4,900 missions, primarily covering facility assessments, testing, consultations, and support with fitting personal protective equipment (PPE) – a 13 percent increase over last week’s report.

More than 1,630 on-site facilities visits have occurred as the RRHCs work to assist long-term care facilities. To date, RRHCs have visited more than 87 percent of long-term care facilities for the initial on-site visit requirement – helping these facilities assess readiness to respond to a COVID-19 outbreak and make adjustments to strengthen procedures as necessary.

The RRHCs have conducted 152 total rapid response team deployments. The rapid response teams are deployed to assist with a current or potential outbreak and are an invaluable resource for those of us at the state level and facilities as they manage very stressful, time-sensitive situations with staff and residents.

The RRHC call centers have received more than 870 calls – a 6 percent increase from last week – to assist facilities, primarily with testing, technical assistance, educational support, PPE, and cohorting residents.

The RRHCs are also working with the Jewish Healthcare Foundation to operate a statewide learning network available to all long-term care facilities. This network holds regular webinars on topics related to handling flu season, end of life considerations, proper use of PPE, infection control, and the latest guidance for responding to and mitigating spread of COVID-19. The most recent webinar was on medication management and contact tracing. These webinars have reached more than 4,600 participants since the start of the RRHC program.

This program has been a critical resource as both a partner for long-term care facilities and a way to expand the administration's capacity to help facilities as they navigate this crisis. The RRHCs are helping long-term care facilities catch and respond to cases of COVID-19 quickly and effectively, and we are incredibly grateful for their work thus far.

CARES Act Cost Reporting Form

Later this week, information will be going out to providers who received funding through the CARES Act to assist with COVID-19 related costs. This will detail what must be reported to program offices concerning use of these funds and deadlines for reporting.

An interim report which identifies the total COVID-19 related costs each provider projects to incur by November 30, 2020 is due by October 20, 2020. Providers are required to complete a final cost report and upload it through the web-based portal by no later than December 21, 2020. Providers should keep all documentations related to the costs reported in the final cost report for a minimum of 5 years. Information on how to complete and submit these reports will be sent by program offices.

In advance of the reports due date, DHS recommends providers review the cost reporting form(s) and instructions and begin compiling the required information. Information on how to access the web-based reporting portal will be sent to providers via email. Information on how to access the web-based reporting portal will be sent to providers in advance of the submission due dates noted above.

Office of Income Maintenance Updates

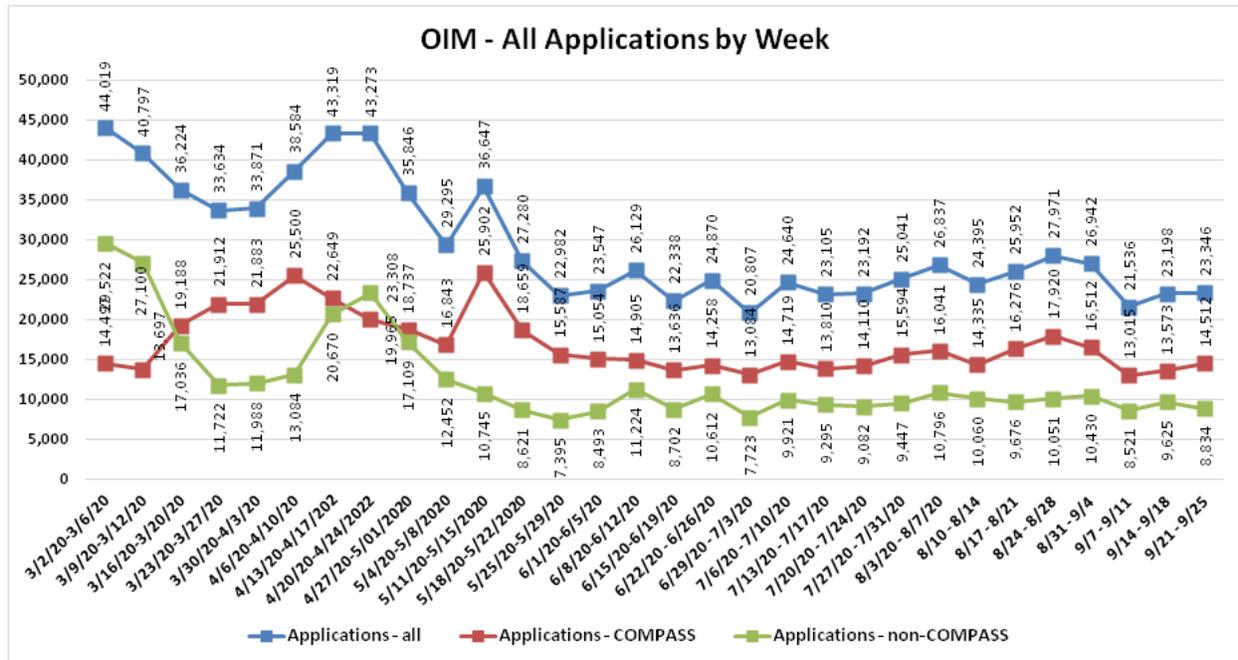
SNAP Waiver Request

On last week's call, we mentioned the request to the United States Department of Agriculture's Food and Nutrition Service for an emergency allotment for SNAP households currently receiving the maximum monthly benefit. That request is still pending, but we submitted an additional request to provide an emergency allotment for households that did not receive at least 50 percent of the maximum monthly grant amount for their household size through that allotment. We are requesting this allotment for each month the household previously received the supplemental payment from March 2020 through September 2020 and for October 2020. This benefit would help families purchase more food while shopping and build an adequate food stock so they can minimize trips in public, help facilitate social distancing, and reduce their risk of contracting COVID-19.

We hope that the USDA will help us extend additional support to help fortify food supply for low-income households, and we will keep you informed of the status of these requests.

Applications Update

Our weekly application count increased very slightly last week. We received 23,346 applications last week, up from the previous week where 23,198 applications were received.



The LIHEAP Recovery Crisis Program stopped accepting applications on August 31. We are still processing outstanding applications. To date, 122,373 applications have been received for the LIHEAP Recovery Crisis Program. Of these applications, 56,929 have been approved for LIHEAP Recovery Crisis. Last week, a data error was identified that misreported the number of pending applications. Approximately 8,600 applications were double-counted and 3,100 processed applications were still listed as pending. After correcting the data issue, it was determined that less than 1,000 LIHEAP Recovery Crisis applications are still pending.

Voter Registration and Mail-In Ballot Reminder

I wanted to again remind you of our upcoming, critical civic duty: voting.

I encourage all of you to check your voter registration status at www.votespa.com. If you need to update your registration, you can do so online at that website until October 19 in order to vote in the November general election. You can also apply online for a mail-in ballot, and I encourage you to do so if you have not yet and do not wish to vote in-person this November.

Vote by mail is an important option for people who have health risks and do not want to vote in-person and anyone living in a long-term care facility. COVID-19 should not prevent anyone from voting, but you need to apply for your mail-in ballot by 5 p.m. on October 27.

We must be sure that *all* Pennsylvanians are able to cast their vote for the candidate of their choice this November. If you oversee a residential setting, we urge you to canvass your residents about their interest in voting and begin requesting mail-in ballots early. If they are not registered or need to update their registration, help them through that process, but remember, voting is a personal decision. No staff should be influencing a resident's choice in voting or voting on their behalf.

Census Reminder

Last week, we mentioned that the Census deadline was approaching. That is still the case, but yesterday, the United States Census Bureau said October 5 would be the final day for the census. This follows a federal judge ordering that the Census Bureau return to the October 31 end date. This could change again, but despite this instability – we must all be sure that each of us, our families, and those we work with are counted.

The census has critical implications for the Department of Human Services and the more than 3 million Pennsylvanians currently served by our programs and services. Federal appropriations for many of these programs use data derived from the census to guide the distribution of funds, including Medicaid, CHIP, SNAP, LIHEAP, and the Child Care and Development Block Grant. These programs provide important supports to low-income and working families and individuals around Pennsylvania, and accurate census counts are critical so DHS is able to fund these supports for Pennsylvanians who need them.

As we recover from this public health emergency and economic insecurity, a strong public assistance system will be necessary to help people overcome these difficult circumstances. A complete and accurate census count will better position us to meet this greater need, so I ask that all of you encourage the people you serve to participate in this process if they haven't yet. We're in the final stretch, and information collected through this effort will affect Pennsylvania for the next decade.

We must make sure that all Pennsylvanians are accurately counted. The [U.S. Census Bureau's Response Rate Map](#) can help you see your county or city's participation rate. For resources to support your census outreach, visit the [Pennsylvania census website](#). Thank you for your support in this important work!

September 23, 2020

COVID Alert PA App

Yesterday, Pennsylvania launched the [COVID Alert PA](#) mobile app - the latest opportunity for Pennsylvanians to unite together to protect against the spread of COVID-19.

COVID Alert PA is a free, voluntary app available in English and Spanish through the Apple App Store and Google Play Store. The app uses Bluetooth technology exposure notification system technology developed by Apple and Google and will support and expand existing contact tracing efforts.

If the app detects that you have been in close contact with another user who has tested positive for COVID-19, you will receive a push notification on your phone. This is called an exposure alert.

The app does not use GPS, location services, or any movement or geographical information. It will never collect, transmit, or store personal information. It is completely anonymous. The goal of the app is to assist with existing, traditional contact tracing efforts.

Existing traditional contact tracing processes rely on a positive individual to remember and name who they have been in contact with recently, and for how long. In many cases, positive COVID-19 individuals may not even know the people they were in close contact with, like if the contact happened on a bus or train, at a check-out line in a grocery store, a restaurant or some other public venue. The app supplements traditional contact tracing processes by being able to identify strangers a positive app user came in contact with and help stop the rapid spread of COVID-19. If the app detects that you have been in close contact with another user who has tested positive for COVID-19, you will receive a push notification on your phone. This is called an exposure alert.

This technology only works if others have downloaded the app, which is why we are asking all Pennsylvanians to unite against COVID and download the app.

You can learn more about the app and how it works [here](#). The Department of Health also has an [extensive catalog of marketing materials](#) including posters, social media posts, press releases, and other customizable content if you are interested in helping us get the word out. I encourage you to share this among your staff and the people we serve.

As we know, curbing this pandemic requires proactive steps from all of us. This is just another way that we all can help protect ourselves, our loved ones, and everyone we encounter from COVID-19, and I hope you all will join me in downloading the app.

Long-Term Care Facilities Update

Updated Testing and Reopening Guidance for Long-Term Care Facilities Licensed by DHS

On Friday, DHS issued [updated COVID-19 guidance](#) for personal care homes, assisted living residences, and private intermediate care facilities. The guidance provides recommendations for how these long-term care facilities should handle screening and surveillance testing for residents and staff, expanding visitation, and when and how facilities can safely relax mitigation tactics.

Frequency of screening residents and staff of COVID-19 should be determined based on the level of COVID-19 activity in the community where the long-term care facility is located. Recommendations for testing residents and staff are set based on level of community COVID-19 activity, which is determined by a county's positivity percentage. Facilities should monitor the county positivity rate on the Pennsylvania's COVID-19 early warning dashboard regularly and implement screening and testing recommendations based on their community's most recent positivity rate. If an outbreak is identified at the facility, universal testing should begin, prioritizing units, wings, or floors where cases are identified but ideally of all residents and staff.

This guidance also outlines recommendations for Compassionate Care Visitation Policies. We know that prolonged isolation can significantly affect a resident's mental, emotional, and physical health. Safely facilitating visitation between residents and loved ones as a means of Compassionate Care can help residents experiencing declining health and emotional well-being due to isolation, loneliness, or bereavement, among others. Residents and family members should work with their facility to establish contacts for Compassionate Care. Compassionate Caregivers should be tested for COVID-19 within a maximum of seven days prior to beginning duties and are recommended to show proof of a negative test result before entering the LTCF. Caregivers are subject to the same screening testing guidance as facility staff. All visitors must adhere to universal masking protocols and other COVID-19 mitigation efforts like hand washing and sanitizing. LTCFs should diligently monitor and log identities of all who visit, date and time visited, and contact information for each visitor if contact tracing becomes necessary.

The guidance also updates the previously-issued three step reopening process to clarify timelines facilities should follow and what is necessary to move between each step and screening processes that should be implemented for residents who leave the facility.

Changes to policies and procedures at long-term care facilities are necessary to keep residents and staff safe from COVID-19, but as situations evolve in communities around the commonwealth, we must have a plan to safely allow facilities to ease certain restrictions and operate under a new normal that continues to prioritize COVID-19 safety. This updated guidance is a roadmap facilities should follow to safely ease restrictions while remaining vigilant of the threat of COVID-19. We will continue to monitor circumstances around the commonwealth and make updates and changes to this guidance in accordance with up-to-date state and federal guidelines and policy.

Regional Response Health Collaborative Program Update

The Regional Response Health Collaboratives (RRHCs) continue to work closely with staff at the Department of Human Services, the Department of Health, and the Pennsylvania Emergency Management Agency to support long-term care facilities across Pennsylvania.

To date, the RRHCs have been assigned more than 4,300 missions, primarily covering facility assessments, testing, consultations, and support with fitting personal protective equipment (PPE). That is a 13 percent increase over last week's report.

More than 1,430 on-site facilities visits have occurred as the RRHCs work to assist long-term care facilities. To date, RRHCs have visited more than 75 percent of long-term care facilities for the initial on-site visit requirement – helping these facilities assess readiness to respond to a COVID-19 outbreak and make adjustments to strengthen procedures as necessary.

The RRHCs have conducted 134 total rapid response team deployments, with 84 of those completed at this time. The rapid response teams are deployed to assist with a current or potential outbreak and are an invaluable resource for those of us at the state level and facilities as they manage very stressful, time-sensitive situations with staff and residents.

The RRHC call centers have received more than 817 calls – a 7 percent increase from last week – to assist facilities, primarily with testing, technical assistance, educational support, and PPE.

The RRHCs are also working with the Jewish Healthcare Foundation to operate a statewide learning network available to all long-term care facilities. This network holds regular webinars on topics related to proper use of PPE, infection control, and the latest guidance for responding to and mitigating spread of COVID-19. The most recent webinar was on medication management and contact tracing. These webinars have reached nearly 4,300 participants since the start of the RRHC program.

This program has been a critical resource as both a partner for long-term care facilities and a way to expand the administration's capacity to help facilities as they navigate this crisis. The RRHCs are helping long-term care facilities catch and respond to cases of COVID-19 quickly and effectively, and we are incredibly grateful for their work thus far.

CARES Funding Update

I know there have been questions about the status of payments for long-term care providers issued through the CARES Act. When the Office of Long-Term Living receives a valid subsidy acceptance form from a personal care home or assisted living residence, it must process an invoice to issue the payment. Both the Comptroller office and Treasury Department must review and approve every invoice before a check can be issued. In some cases, we need to contact the provider to resolve issues on its acceptance form before or during invoice processing.

We have added staff to our invoice processing team and made special arrangements with the Comptroller and Treasury to expedite payments. Normal payment terms are 30 days but checks for the Act 24 payments will be issued 10 days after invoice processing.

OLTL also publishes a list of invoices in process. This list is available at the [Long-Term Care Providers](#) page on the DHS website. We update the list at least once each week, enabling providers to check the status of their invoice and payment.

We recognize the critical needs of providers during the public health emergency and the importance of the Act 24 payments in meeting those needs. We are processing invoices as quickly as possible and appreciate providers' patience and understanding as we work through outstanding acceptance forms.

Providers that have questions can contact the Operator Support Hotline at 866-503-3926 or rapwarheadquarters@pa.gov.

Office of Income Maintenance (OIM) Updates

Additional SNAP Benefit Request

Yesterday, DHS submitted a request to the United States Department of Agriculture to extend additional Supplemental Nutrition Assistance Program funds to SNAP recipients who have not previously received emergency allotments because they receive the maximum monthly benefit for their household size. Specifically, we would like to extend a SNAP emergency allotment equal to 50 percent of recipients' monthly payment. The Families First Coronavirus Response Act (FFCRA) authorized emergency allotments to SNAP recipients based on federal and state disaster declarations for COVID-19.

DHS' request follows a ruling and preliminary injunction by the United States District Court for the Eastern District of Pennsylvania saying that the USDA misinterpreted a portion of the Families First Coronavirus Response Act that permits SNAP emergency allotments. In this case filed by Community Legal Services, the court concluded that the USDA wrongly characterized emergency allotments as "supplements to a household's SNAP benefits" that "are added on to a household's monthly benefit so the total household benefit amount may equal the maximum benefit for their household size." USDA was therefore mistaken when it issued guidance stating that "[h]ouseholds that already receive the maximum benefit for their household size may not receive an additional emergency allotment." With its erroneous interpretation, USDA implemented an unauthorized cap on overall SNAP benefits, limiting a recipient's emergency allotment to an amount not exceeding their maximum monthly allotment.

Households not currently receiving the maximum monthly benefit received an emergency allotment to increase their monthly SNAP benefit to the maximum monthly payment for their household size, but households currently receiving the maximum monthly payment – 40 percent of SNAP households in PA – received no additional support. We previously requested authority to extend emergency allotments to all SNAP recipients in April but were denied. Since then, Governor Wolf and I have, on multiple occasions, asked the USDA to reconsider this interpretation and Congress to specifically extend this additional support to all recipients in future relief bills, so I am hopeful that the USDA will respect this ruling and permit us to extend this additional support. DHS is requesting that these emergency allotments be approved retroactively going back to March – the period that emergency allotments have been extended to the rest of the SNAP population.

Pennsylvania is resubmitting this request due to the continued economic insecurity and needs experienced across Pennsylvania, particularly among people in low-income situations who face barriers to essential needs security. Food insecurity can greatly impact a person's health, and individuals with poor health are much more susceptible to complications or a worse prognosis if they contract COVID-19. Helping people meet this essential need is just one way of protecting public health during the pandemic and period of economic insecurity. Expanding support for all SNAP recipients, as we believe Congress intended in the Families First Coronavirus Response Act, will help us ensure vulnerable Pennsylvanians served by SNAP like seniors, people with disabilities, low-income and working people, and children have what they need to meet essential needs and stay healthy and safe as the pandemic evolves.

SNAP Scams

Earlier this week, we advised Pennsylvanians of a potential scam surrounding SNAP benefits. There have been reports of people receiving unsolicited notification via text that they are eligible for food stamps or SNAP benefits.

DHS and other government agencies do not and will not solicit participation in SNAP or any other public assistance programs via text, and Pennsylvanians should not reply or share any personal information if they are contacted about this. If you or anyone you work with receive unsolicited or random calls or text messages telling you that you qualify for assistance then asking for personal information, it is most likely a scam. Do not respond, and delete the message so you do not get caught in an identity theft scam.

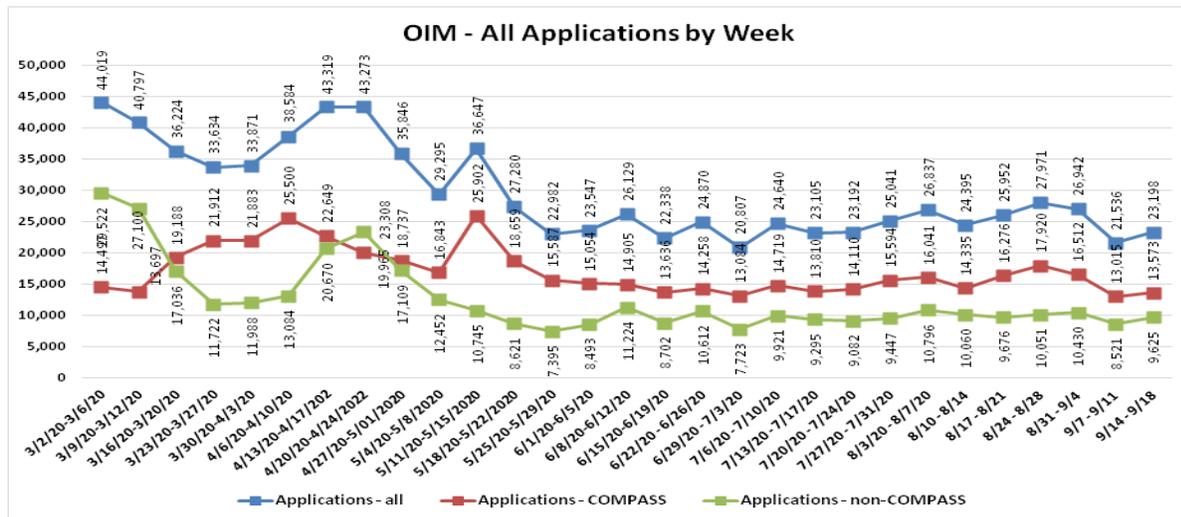
Pennsylvanians who have questions about whether a call, text, letter, or other communication is legitimate should contact DHS' Office of Income Maintenance. Clients in Philadelphia with questions or who need a paper application mailed to them should call the Philadelphia Customer Service Center at 215-560-7226. Clients in all other counties can call the Statewide Customer Service Center at 1-877-395-8930.

The United States Department of Agriculture [publishes information](#) about potential SNAP scams. Pennsylvanians should always be aware of the threat of phishing schemes through unsolicited calls and text messages.

We are all living through difficult times, and unfortunately, there are people who will try to take advantage of others who may need help meeting essential needs. Be mindful, stay aware, and if you think something looks off, it probably is. I appreciate your help in warning your clients, constituents, and the people you serve about these potential scams.

Applications and Enrollment Update

Our weekly application count increased last week after dipping due to the Labor Day holiday. We received 23,198 applications last week, up from the previous week where 21,536 applications were received.



As we've discussed previously, the Emergency Assistance Program ended on July 12, and at this point, we are finished processing applications for this program. In total, 14,315 applications were received for EAP and 4,822 were approved. We will stop including this in our weekly report next week, but you will still be able to reference this in past weeks of the written update.

The LIHEAP Recovery Crisis Program stopped accepting applications on August 31. We are still processing outstanding applications. To date, more than 120,821 applications have been received for the LIHEAP Recovery Crisis Program. Of these applications, 56,621 have been approved for LIHEAP Recovery Crisis. About 11,000 LIHEAP Recovery Crisis applications are still pending.

We also recently received August enrollment numbers for Medicaid and SNAP.

Enrollment statewide for Medicaid has increased by 210,576 people since February, for a total enrollment of 3,042,139 people in August -- a 7.4 percent increase.

Enrollment for SNAP statewide has increased by 105,624 people since February, for a total enrollment of about 1,843,083 in August -- a 6 percent increase.

SNAP enrollment has actually seen a slight decrease since May, when it peaked at 1.9 million. This decrease is likely due to federal pandemic unemployment compensation, which must be counted as income towards a person's SNAP eligibility. But there was an increase between July and August, so we are likely seeing people return to the program with the lapse of federal pandemic unemployment compensation.

Census Reminder

I wanted to remind you all again that the deadline to respond to the 2020 Census is September 30 – exactly one week away. We cannot lose this opportunity to make sure that all Pennsylvanians are accurately counted.

The census has critical implications for the Department of Human Services and the more than 3 million Pennsylvanians currently served by our programs and services. Federal appropriations for many of these programs use data derived from the census to guide the distribution of funds, including Medicaid, CHIP, SNAP, LIHEAP, and the Child Care and Development Block Grant. These programs provide important supports to low-income and working families and individuals around Pennsylvania, and accurate census counts are critical so DHS is able to fund these supports for Pennsylvanians who need them.

As we recover from this public health emergency and economic insecurity, a strong public assistance system will be necessary to help people overcome these difficult circumstances. A complete and accurate census count will better position us to meet this greater need, so I ask that all of you encourage the people you serve to participate in this process if they haven't yet. We're in the final stretch, and information collected through this effort will affect Pennsylvania for the next decade.

We must make sure that all Pennsylvanians are accurately counted. The [U.S. Census Bureau's Response Rate Map](#) can help you see your county or city's participation rate. For resources to support your census outreach, visit the [Pennsylvania census website](#). Thank you for your support in this important work!

Voter Registration and Mail-In Ballot Reminder

I wanted to discuss another upcoming, important civic duty: voting.

Yesterday was National Voter Registration Day, and I encourage all of you to check your voter registration status at www.votespa.com. If you need to update your registration, you can do so online at that website until October 19 in order to vote in the November general election. You can also apply online for a mail-in ballot, and I encourage you to do so if you have not yet and do not wish to vote in-person this November.

Vote by mail is an important option for people who have health risks and do not want to vote in-person and anyone living in a long-term care facility. COVID-19 should not prevent anyone from voting, but you need to apply for your mail-in ballot by 5 p.m. on October 27.

We'll continue to remind you all of these deadlines as they approach, but please be sure to pass this along to the people you serve.

September 16, 2020

Long-Term Care Facility Update

Regional Response Health Collaborative Program Update

The Regional Response Health Collaboratives (RRHCs) continue to work closely with staff at the Department of Human Services, the Department of Health, and the Pennsylvania Emergency Management Agency to support long-term care facilities across Pennsylvania.

To date, the RRHCs have been assigned more than 3,800 missions, primarily covering facility assessments, testing, consultations, and support with fitting personal protective equipment (PPE). That is an 8 percent increase over last week's report.

More than 1,889 on-site facilities visits have occurred as the RRHCs work to assist long-term care facilities. To date, RRHCs have visited 50 percent of long-term care facilities for the initial on-site visit requirement. The RRHCs have conducted 118 total rapid response team deployments, with 84 of those completed at this time. The rapid response teams are comprised of registered nurses, clinicians, epidemiologists, and infection control experts who are deployed to assist with a current or potential outbreak.

The RRHC call centers have received more than 766 calls – a 7 percent increase from last week – to assist facilities, primarily with testing, technical assistance, educational support, and PPE.

The RRHCs are also working with the Jewish Healthcare Foundation to operate a statewide learning network available to all long-term care facilities. This network holds regular webinars on topics related to proper use of PPE, infection control, and the latest guidance for responding to and mitigating spread of COVID-19. The most recent webinar was on medication management and contact tracing. These webinars have reached more than 2,900 participants since the start of the RRHC program.

This program has been a critical resource as both a partner for long-term care facilities and a way to expand the administration's capacity to help facilities as they navigate this crisis. The RRHCs are helping long-term care facilities identify and respond to cases of COVID-19 quickly and effectively, and we are incredibly grateful for their work thus far.

Testing and Reopening Guidance

On last week's call, we mentioned that DHS would provide updated surveillance testing and reopening guidance specific to DHS-licensed long-term care facilities. This was following the release of guidance specific to nursing facilities. Work on this guidance is still ongoing, and we plan to have this out soon.

Child Care Works Reminder

I know there are still concerns regarding changes to how Child Care Works payments to child care providers are calculated. As a reminder, Child Care Works is a subsidy program that exists to expand access to safe and stable child care by making it more affordable for low-income Pennsylvania families. The program's primary purpose is to support families that need help paying for child care.

Reverting back to real-time enrollment numbers is necessary to comply with federal regulations, allow families in need of care to enroll in Child Care Works and gain access to safe and stable child care. The

monthly payment is made on behalf of enrolled families to providers. If providers are still operating on March enrollment previously used during the shutdown and initial reopening period but those families are not currently using care, spots are not available for new families who may not otherwise be able to afford child care without CCW subsidies. Similarly, the department can no longer pay for children who are not enrolled in the program. This was necessary to help sustain child care facilities during the shutdown and initial reopening period, but it is not an adjustment that we can maintain indefinitely. Doing so contradicts the reason this program and financial support exist.

At the start of September, we were able to bring the waiting list down to 135. Now, two weeks later, it is back up 467 – demonstrating that there is a need for care. We anticipate this demand for child care will continue to grow based on the need for working families if local education agencies continue with blended or fully remote instruction for the start of the 2020-21 academic year and as more parents return to work.

We must keep subsidized child care available for those who qualify, and using this payment as it is normally intended allows us to support more families seeking care.

Direct Care Worker Training Grant

Last week, the Department of Labor and Industry [announced](#) that \$4 million is available in Direct Care Worker Training Grants (DCWTG) to create and develop training programs that will increase quality of services provided by direct care workers, offer specialty certifications, and support career growth opportunities for Pennsylvania's direct care workforce. Workforce development boards, non-profits, social service providers community-based, education and post-secondary, healthcare, labor, business, economic development and trade organizations are eligible to apply. More information about this grant is available [here](#).

Office of Income Maintenance (OIM) Updates

P-EBT September Issuance Denial

On August 20, the United States Department of Agriculture notified states that P-EBT benefits could be issued to schools that are not providing meal service due to the closure of the school for at least five days as long as benefits were issued by September 30. We've previously discussed our intent to issue a September P-EBT benefit to Community Eligibility Provision (CEP) schools that are also operating fully virtual this school year. While DHS would have preferred to be able to serve all eligible families in the state, in order to meet this tight timeline, we believed that by targeting CEP schools, we would be able to reach a larger number of families in need while being mindful of the logistical burden associated with providing the necessary documentation for program participation on such short notice. Under this plan, families of about 331,000 students would have received \$128.92 in P-EBT benefits for each eligible student. This calculation is based on 22 days of instruction in September, including Labor Day.

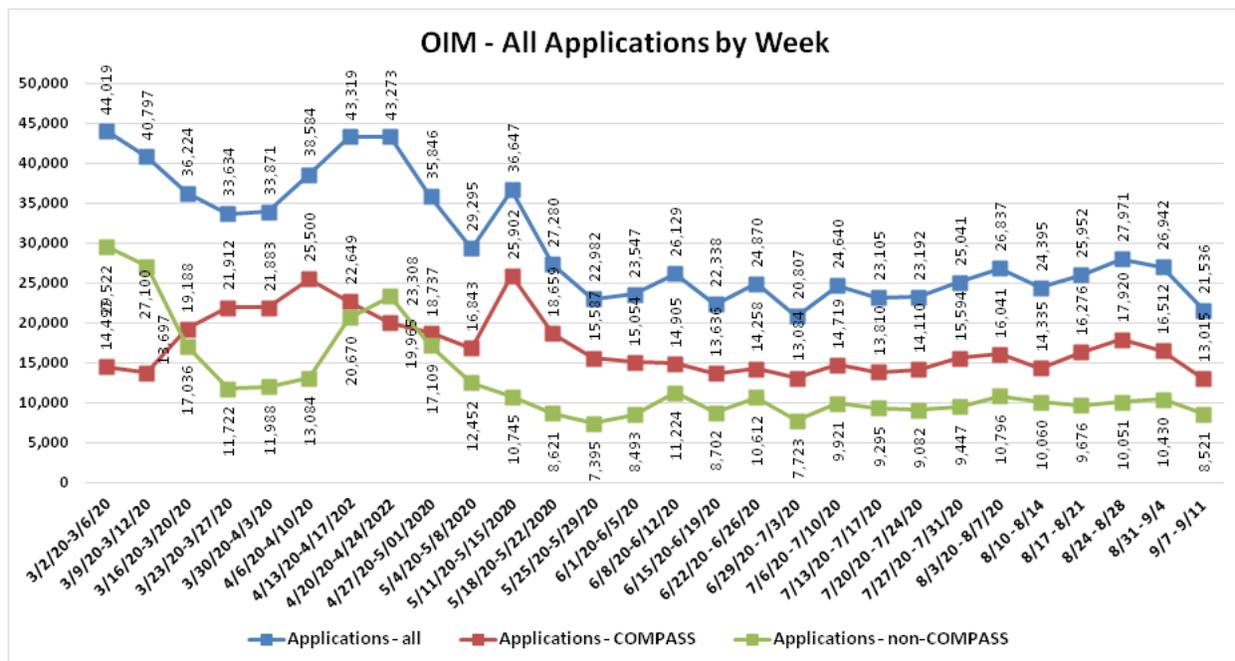
In deciding on the targeted approach, DHS staff asked FNS on August 24 if filing only for CEP schools would be permissible during the limited time frame. At the time, the response was that FNS understood the short time frame and the need to simplify the process through a targeted distribution. Pennsylvania submitted our plan to the USDA's Food and Nutrition Service for approval on August 28. On September 4, we learned that our plan would be denied. On September 9, we were informed that we were denied because we did not include all eligible students – a rationale that directly contradicts guidance given by FNS to Pennsylvania and other states prior to our plan being submitted.

I wish this was not the case, but beyond this decision, the P-EBT program sunsets on September 30. We would like to continue P-EBT for the entire 2021 school year, but we cannot do this without Congressional reauthorization. We are still facing an uncertain fall and winter, and for many households, resources are stretched more than ever. P-EBT helps ensure that children are able to eat. It keeps families away from a charitable food system that has experienced unprecedented demand. It's a resource for parents who may have to go to work and can't always get to a grab-and-go meal distribution.

I urge Congress to please reauthorize P-EBT for the entire 2020-21 school year and clearly state how benefits should be issued for hybrid and remote learning environments. Pennsylvania and other state governments want to be here for the people we serve. We want to help families weather this difficult time, but we need to work together to make this possible.

Applications Update

Our weekly application count went down last week, most likely due to the Labor Day holiday. We received 21,536 applications last week, down from the previous week where 26,942 applications were received.



As we've discussed previously, the Emergency Assistance Program ended on July 12, and the LIHEAP Recovery Crisis Program stopped accepting applications on August 31. We are still processing outstanding applications. To date, more than 14,315 applications have been received for EAP and 120,821 applications have been received for the LIHEAP Recovery Crisis Program. Of these applications, 4,822 people have been approved for EAP and 55,918 have been approved for LIHEAP Recovery Crisis. About 13,000 LIHEAP Recovery Crisis applications are still pending.

Suicide Prevention Task Force Statewide Plan Release

In 2019, the Wolf Administration announced the formation of a statewide Suicide Prevention Task Force comprised of leadership from Prevent Suicide PA, members of the General Assembly, and the departments of Human Services (DHS), Health (DOH), Corrections (DOC), Aging (PDA), Education (PDE), Military and Veterans Affairs (DMVA), Transportation (PennDOT), Agriculture (PDA), Drug and Alcohol Programs (DDAP), the Pennsylvania Commission on Crime and Delinquency (PCCD), and the Pennsylvania State Police (PSP). Because suicide is so far-reaching, this diverse array of expertise is necessary to build a comprehensive prevention plan.

From late August through early December 2019, the task force held 10 listening sessions across Pennsylvania. More than 800 Pennsylvanians shared their stories of how suicide and mental health difficulties impact their lives and communities and made recommendations to inform the task force as they developed the statewide plan.

In January 2020, the task force [released](#) an initial report, which included key themes heard during the task force listening session, and last week, the [Statewide Suicide Prevention Plan](#) was released. The plan is a four-year strategy to reduce suicide in Pennsylvania by fighting stigma, increasing training and education on suicide and mental health, improving data collection for suicide, and supporting clinical practices and treatment to prevent suicide and help those who are struggling or in crisis know that things can and will get better.

The final Statewide Suicide Prevention Plan lays out the task force's findings into actionable themes with eight specific goals and objectives:

- Goal 1: Reduce stigma and promote safety, help-seeking, and wellness by increasing suicide awareness and prevention education.
- Goal 2: Promote trauma-informed approaches to support all Pennsylvania residents as part of our suicide prevention efforts by coordinating with Pennsylvania's Trauma-Informed Care Task Force.
- Goal 3: Provide quality training on the prevention of suicide and management of suicide risk across multiple sectors and settings.
- Goal 4: Promote screening to identify individuals at risk for suicide across sectors, including health care, behavioral health, educational and correctional settings.
- Goal 5: Promote and implement effective clinical and professional practices for assessing and treating those identified as at risk for suicidal behaviors.
- Goal 6: Provide trauma-informed care and support to individuals affected by suicide deaths or attempts to promote healing.
- Goal 7: Promote safety among individuals with identified suicide risk, including firearms safety and awareness of the relationship between opioids and other substances to increased risk of suicide.
- Goal 8: Improve the capacity to utilize data reporting systems relevant to suicide and improve the ability to collect, analyze, and use the information in a timely manner so we can inform further suicide prevention efforts.

Moving forward, the task force will continue working with stakeholders at the local, regional, and state levels to support and monitor the implementation of the plan, and will begin with developing

measurable, achievable action items. To share feedback on the plan, please email RASuicidePrevention@pa.gov.

As we mark Suicide Prevention Month and remember those lost to suicide and support loss and attempt survivors, we must remember that suicide prevention is something we can be doing every day. We must support our loved ones at all times, especially if we know that they struggle with anxiety, depression, and suicidal ideation. Be there for the people you love, check in, and don't be afraid to ask for help yourself. We're living through isolating times, but no one has to be alone in this.

If you or someone you know is struggling with mental health or suicidal ideation or have in past, know that help is always available:

- The National Suicide Prevention Lifeline is 1-800-273-8255.
- The Spanish-language National Suicide Prevention Lifeline is 1-888-628-9454
- For the Mental Health Crisis Text Line: Text "PA" to 741741
- Support and Referral Helpline: 1-855-284-2494. For TTY, dial 724-631-5600.

Kin Connector

I wanted to share some information on a new resource that recently launched. Act 89 of 2018, established a kinship navigator program for Pennsylvania to help kinship care families. Kinship care occurs when a child is raised by a relative like a grandparent, aunt or uncle, or adult sibling or a non-relative caregiver like a close family friend when their parents cannot care for them. Grandparents raising grandchildren are among the most common type of kinship care family, and kinship care arrangements help maintain family bonds and reduce trauma experienced when children cannot be cared for by their own parents.

The Bair Foundation was selected to run the kinship navigator in Pennsylvania in 2018 and is available to work with kinship care families around Pennsylvania to help them access resources and supports and connect with families in similar situations around the commonwealth. Through this, they run a KinConnector helpline that can be reached by calling 1-866-KIN-2111 (1-866-546-2111) The KinConnector helpline is staffed by knowledgeable, compassionate social service professionals prepared to help kinship care families understand and access resources that may be able to help them. The helpline is available from 9 a.m.-10 p.m. Monday through Thursday and 9 a.m.-5 p.m. on Fridays. The KinConnector helpline can support callers needing assisting in English and Spanish.

KinConnector also recently launched a website at www.kinconnector.org, another support outlet for families across Pennsylvania. Kinship caregivers can visit the KinConnector website to find resources in their communities, learn about trainings and services available for kinship families, and find support groups and networks of other kinship care families and family care professionals. I encourage you to share this resource with kinship care families you know or people you serve so it can be a resource for those families moving forward.

Census Reminder

I wanted to remind you all again that the deadline to respond to the 2020 Census is September 30. This is quickly approaching, and we need to make sure that all Pennsylvanians have their voice heard.

The census has critical implications for the Department of Human Services and the more than 3 million Pennsylvanians currently served by our programs and services. Federal appropriations for many of these programs use data derived from the census to guide the distribution of funds, including Medicaid, CHIP, SNAP, LIHEAP, and the Child Care and Development Block Grant. These programs provide important supports to low-income and working families and individuals around Pennsylvania, and accurate census counts are critical so DHS is able to fund these supports for Pennsylvanians who need them.

As we recover from this public health emergency and economic insecurity, a strong public assistance system will be necessary to help people overcome these difficult circumstances. A complete and accurate census count will better position us to meet this greater need, so I ask that all of you encourage the people you serve to participate in this process if they haven't yet.

The [U.S. Census Bureau's Response Rate Map](#) can help you see your county or city's participation rate. For resources to support your census outreach, visit the [Pennsylvania census website](#). Thank you for your support in this important work!

September 9, 2020

Long-Term Care Update

Testing Guidance

Last week, the Department of Health issued [new screening testing guidance](#), which follows recent guidance from the Centers for Medicare and Medicaid and recommends testing for staff and residents of skilled nursing facilities based on the level of community spread.

The guidance only applies to nursing facilities and not the broader set of long-term care facilities licensed by the Department of Human Services. We are working on screening testing guidance for our facilities in recognition and respect of the differences between nursing homes and other long-term care facilities. For example, many personal care homes care for 3-4 residents, while most nursing facilities care for 100 or more residents. As a result, the physical layout of the facility is different, the way staff interact with residents is different, and the number of staff is different, which all means the risk to residents is different and therefore the testing recommendations are different. Additionally, personal care homes and assisted living residences have much lower rates of COVID-19 cases and deaths per 1,000 residents compared to SNFs.

DHS' guidance will be released soon, and we appreciate your patience as it is finalized.

If the needs of facilities change over the course of the response, we will refine and adjust our testing strategy to support facilities as we face this public health crisis and protect residents and staff.

Regional Response Health Collaborative Update

The Regional Response Health Collaboratives (RRHCs) continue to work closely with staff at the Department of Human Services, the Department of Health, and the Pennsylvania Emergency Management Agency to support long-term care facilities across Pennsylvania.

Since launching, the RRHCs have been assigned more than 3,500 missions, primarily covering testing, consultations, facility assessments, and support with personal protective equipment. Specifically, the RRHCs have conducted 97 total rapid response team deployments, with 84 of those completed at this time. The rapid response teams are comprised of registered nurses, clinicians, epidemiologists, and infection control experts who are deployed to assist with a current or potential outbreak. More than 1,376 on-site facilities visits have occurred as the RRHCs work to assist long-term care facilities. The RRHC call centers have received more than 700 calls to assist facilities with universal testing, staffing support, PPE and testing kits.

The RRHCs are also working with the Jewish Healthcare Foundation to operate a statewide learning network available to all long-term care facilities. This network holds regular webinars on topics related to proper use of PPE, infection control, and the latest guidance for responding to and mitigating spread of COVID-19. These webinars have reached nearly 1,900 participants since the start of the RRHC program.

This program has been a critical resource as both a partner for long-term care facilities and a way to expand the administration's capacity to help facilities as they navigate this crisis. The RRHCs are helping

long-term care facilities catch and respond to cases of COVID-19 quickly and effectively, and we are incredibly grateful for their work thus far.

Direct Care Worker Hero Pay

Yesterday, I joined representatives from SEIU Healthcare Pennsylvania to announce the distribution of \$31.5 million to Pennsylvania direct care workers who have continued to work through the COVID-19 crisis.

Funded through Coronavirus Aid, Relief, and Economic Security (CARES) Act funds directly allocated through Act 24 of 2020, this compensation has been distributed as a one-time payment to more than 16,200 direct care workers in Pennsylvania employed through the participant-directed employer model. Payments are based on hours worked, and the average payment is \$1,730.

This is separate from the hazard pay grant administered through the Department of Community and Economic Development.

Direct care workers make it possible for individuals with disabilities and older Pennsylvanians to age in place and live safely in their own homes and near their families. I want to thank all direct care workers who have selflessly continued to aid and support their clients during this difficult time as well as the participants in the self-directed service models who kept their direct care workers employed throughout this crisis despite the risks of COVID-19 exposure.

We must continue to support this workforce, many of whom work at low or poverty-level minimum wages, as they fill a critical role in our health care system protecting some of the most vulnerable Pennsylvanians who would otherwise struggle to live and care for themselves independently. As is too often the case for caregiving professions, direct care workers are paid far less than their labor is worth. Direct care workers deserved a pay raise long before the pandemic, and they deserve it even more now. I echo Governor Wolf's call for a long-overdue increase in Pennsylvania's minimum wage so our direct care workforce and all working Pennsylvanians are paid the living wage they deserve.

Child Care Updates

School-Aged Child Care

The 2020-2021 school year is underway across Pennsylvania, and we are working hard to get guidance and resources for families to consider as they begin school, particularly if their child is going to be learning from home part of the week or full-time.

I know that playing parent and teacher at the same time is a serious challenge for parents who are working, and the administration is trying to ease this responsibility for parents whether they are working at home or required to be at work. DHS has developed some options that we hope will ease the burden on some families of school-age children who are distance learning either by their own choice or the choice of administrators at their child's school.

Licensed – and therefore regulated -- child care has always been an option in Pennsylvania for children up to age 15. However, because school-age children are expected to be in school for the bulk of their day, there are normally restrictions on licensed child care for school-age children. We recognize that

families need flexibility right now, so we are significantly modifying and relaxing restrictions on school-age child care.

Families may also create collectives – or learning pods – of other trusted families in their community who can depend on each other for supervised child care during school hours. A pod is defined as a group of no more than 12 of the same school-age children brought together for purposes of sharing parental oversight. The pod may move between various parents' oversight and homes throughout the remote learning days. Families don't need to go through a licensing process to do this, but we are asking that they notify the Office of Child Development and Early Learning when more than six children are participating in the pod because this helps our child care certification staff know that families are operating a learning pod and not an illegal, unlicensed child care operation. Parent or guardian oversight is key to our definition of a learning pod. If parents leave the children in the group under the supervision of a non-parent (such as a babysitter or a tutor), then we veer into the world of traditional child care – or even a school.

Guidance related to school-aged child care and a list of recommendations for families considering this option is available [online here](#). For example, safety remains the priority and we advise families to stay up-to-date on the latest COVID-19 guidelines from the Centers for Disease Control and Prevention.

We're also collaborating with local organizations like YMCAs and United Ways across Pennsylvania to establish and strengthen part-day programs for school-age children. These programs would be hosted in commercial settings, rather than homes, but the overall goal is the same as the learning pods. These programs are not certified under child care regulations, but DHS is requiring these programs to follow certain criteria, including developing Health and Safety plans for COVID-19 mitigation and to comply with requirements under Pennsylvania's Child Protective Services Law for all adults working with children to have background clearance checks.

We are collecting information about these programs for families who need a safe, reliable child care option for their school-aged children and have [made a map available](#) that will be updated as new programs are submitted.

When possible, we do recommend that families enroll their children in a certified child care program. Certified programs have routine oversight and must comply with statewide child care regulations. Certified programs may be able to accommodate your child's school work, but it's important to note that it depends on the individual provider. Make sure you have that discussion with a provider before enrolling your child. Families can find certified child care in Pennsylvania at www.findchildcare.pa.gov or contact your Early Learning Resource Center (ELRC). Your ELRC can also discuss options for financial assistance if families qualify. Parents can find their local ELRC at www.raiseyourstar.org.

Changes to Child Care Works (CCW) Monthly Payment

I wanted to address concerns we are hearing regarding changes to Child Care Works payments to child care providers. Child Care Works is a subsidy program that exists to expand access to safe and stable child care by making it more affordable for low-income Pennsylvania families. The program's primary purpose is to support families that need help paying for child care.

Early in the crisis, DHS made the decision to pay providers based on enrollment as a way to sustain the industry through the stay-at-home orders. But this approach has only supported families that were already receiving services. Effective September 1, enrolled children's schedules will be updated to

reflect any changes to their need for care and child care providers participating in CCW will resume collecting attendance for children receiving subsidized child care.

Reverting back to real-time enrollment numbers is necessary to comply with federal regulations, allow families in need of care to enroll in Child Care Works and gain access to safe and stable child care. The monthly payment is made on behalf of enrolled families to providers. If providers are still operating on March enrollment but those families are not currently using care, spots are not available for new families who may not otherwise be able to afford child care without CCW subsidies. Similarly, the department can no longer pay for children who are not enrolled in the program.

The program's primary purpose is to support families that need help paying for child care, and reverting back to real-time enrollment will help us continue to make this support available who were on the waitlist or newly need care.

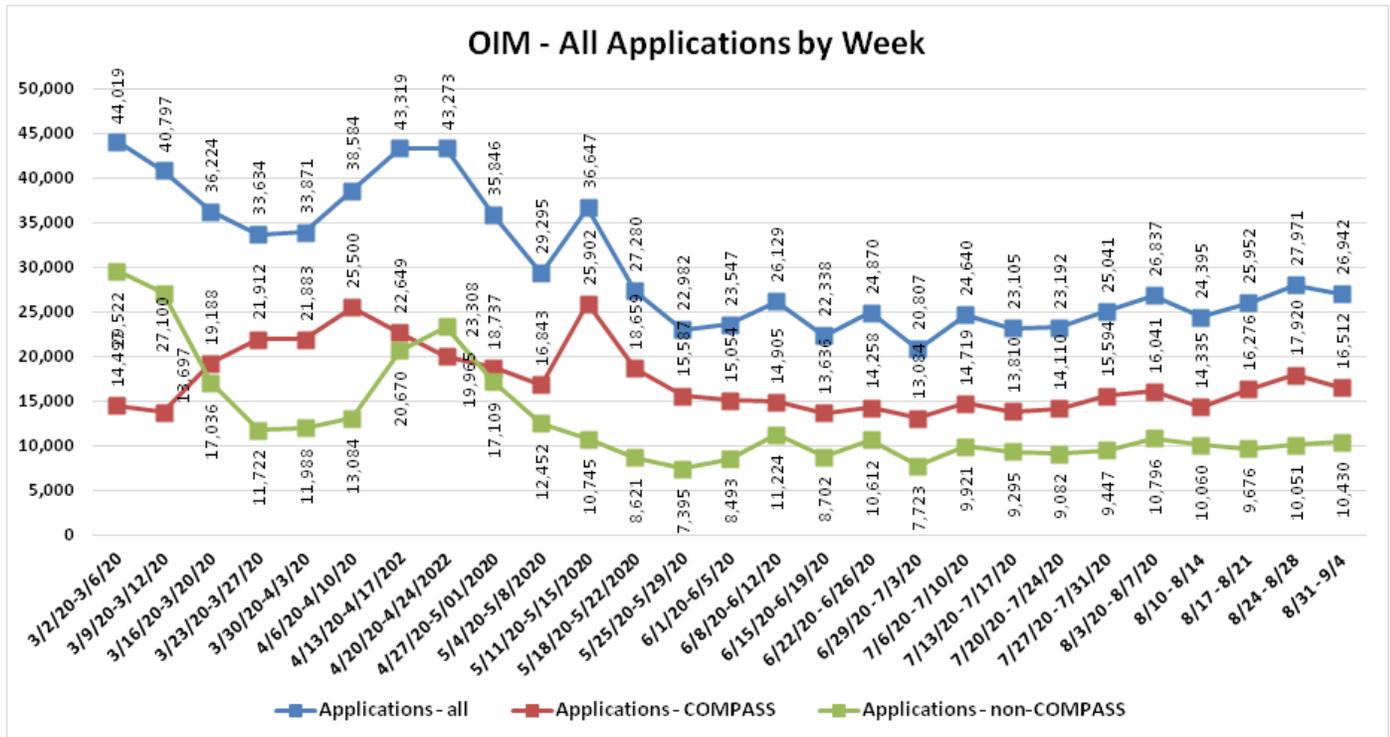
Extending CCW payments through the end of August was intended to allow child care programs to determine how to move forward and accommodate the issuance of the CARES Act funds. All eligible providers, regardless of CCW participation, have received three distinct payments from the CARES Act, totaling \$220 million. To receive funding, providers must commit to reopening. Combined with the continuing CCW payments, more than \$590 million in funds have been paid to providers since the COVID-19 crisis began in March. OCDEL will collect and analyze changes to enrollment and attendance and use this data to inform future policy decisions.

We anticipate positive impact to the demand for child care based on the need for working families as local education agencies move to blended or fully remote instruction for the start of the 2020-21 academic year and as more parents return to work. We have to keep subsidized child care available for those who qualify, and using this payment as it is normally intended will allow us to support more families seeking care.

Office of Income Maintenance Updates

Applications Update

Our weekly application count went down a bit from last week. We received 26,942 applications last week, down from the previous week where 27,971 applications were received.



As we’ve discussed previously, the Emergency Assistance Program ended on July 12, and the LIHEAP Recovery Crisis Program stopped accepting applications on August 31. We are still processing outstanding applications. To date, more than 14,315 applications have been received for EAP and 118,246 applications have been received for the LIHEAP Recovery Crisis Program. Of these applications, 4,822 people have been approved for EAP and 54,379 have been approved for LIHEAP Recovery Crisis. About 15,000 LIHEAP Recovery Crisis applications are still pending.

Department of State Poll Worker Recruitment

The 2020 general election is less than two months away and the Department of State is recruiting poll workers to help elections run smoothly and safely on November 3. Poll workers are critical to running fair and secure elections. If you are healthy and able, I encourage you to consider applying to be a poll worker. You can visit www.votesPA.com/getinvolved for more information. You can also help by spreading the word among your networks and communities. Thank you for your consideration and support.

Suicide Prevention and Recovery Months

I wanted to take a moment and discuss two important awareness months recognized in September: National Suicide Prevention Month and National Recovery Month.

Suicide and addiction can affect anyone, and they are both issues that for too long, people were afraid to talk about. Silence makes people feel as though they are alone with no support, but that is not true. No matter what you are facing, you are not alone; you are not weak; and help and treatment can make things better. Stigma can cost lives, and we all must do our part to honor those we have lost to suicide

and substance use disorder, support suicide attempt, overdose survivors, and loss survivors, and build a more compassionate, empathetic world where people feel safe and supported if they are struggling.

There is a ton of programming on suicide and substance use disorder prevention and support topics at the federal, state, and local levels. Educational resources can be found at www.recoverymonth.gov and www.preventsuicidepa.gov. Additionally, you can find a [2020 Suicide Prevention Month Guide](#) from the Jana Marie Foundation, Prevent Suicide PA, Pennsylvania Network for Student Assistance Services (PNSAS), and the Garrett Lee Smith (GLS) Youth Suicide Prevention Grant. I encourage you to check out these resources throughout the month and learn more about these issues, even if you think they don't pertain to your everyday work. If you work with or work around other people, you can promote support and prevention within your network.

Suicide and addiction can touch any of us at any time, and we must feel empowered talking about these issues among people we serve should they need support or resources. As Pennsylvania and the world grapple with a pandemic, economic insecurity, and racial injustice, there are many things that may be triggering past pain and trauma, and many who are experiencing this for the first time. Any of us can make a positive intervention that can save someone's life, and we must always be prepared to be that support if and when it is needed.

September 2, 2020

Long-Term Care Facility Baseline Testing

On [June 26](#), Dr. Levine signed an expanded testing order, directing personal care homes, assisted living residences, and private intermediate care facilities to test all residents and staff at least once by August 31. This order was based on a similar directive to nursing facilities licensed by the Department of Health that completed initial universal testing [as of July 24](#).

Yesterday, Dr. Levine and I announced that 100 percent of the 1,363 DHS-licensed personal care homes, assisted living residences, and private intermediate care facilities, have completed universal baseline testing in time for the August 31 deadline.

Through this effort, more than 127,000 residents of long-term care facilities were tested, setting a foundation of assessing the presence of COVID-19 for the nearly 2,000 facilities covered through these orders. While we are proud to mark this accomplishment and are grateful to our long-term care network for recognizing the need for and value in this baseline testing, we know that this is just a step in our continuous work to protect vulnerable residents and staff of long-term care facilities from COVID-19. DHS and the Department of Health are working on guidance regarding ongoing and surveillance testing so facilities can continue to monitor moving forward. COVID-19 is still a very real threat, but we are better positioned now as we head into the fall and flu season with the knowledge and experience we've gained in the first six months of this pandemic.

I would like to recognize our health system partners who were invaluable in this testing process and made it possible for so many facilities to meet this requirement ahead of the deadline. The Regional Response Health Collaboratives (RRHCs) have worked tirelessly since they were selected just six weeks ago to support facilities as they completed this universal testing goal.

Since launching, the RRHCs have been assigned more than 3,000 missions, primarily covering testing, consultations, facility assessments, and support with personal protective equipment. Specifically, the RRHCs have conducted 64 total rapid response team deployments, with 57 of those completed at this time. The rapid response teams are comprised of registered nurses, clinicians, epidemiologists, and infection control experts. More than 650 on-site facilities visits have occurred as the RRHCs work to assist long-term care facilities. The RRHC call centers have received more than 500 calls to assist facilities with universal testing, staffing support, PPE and testing kits.

The RRHCs are also working with the Jewish Healthcare Foundation to operate a statewide learning network available to all long-term care facilities. This network holds regular webinars on topics related to infection control and the latest guidance for responding to and mitigating spread of COVID-19. These webinars have reached more than 1,800 participants since the start of the RRHC program.

The RRHCs will continue to work closely with staff at the Department of Human Services, the Department of Health, and the Pennsylvania Emergency Management Agency to report on experiences with each of the long-term care facilities they are working with and elevate potential issues or areas of concern so resources and support can be directed. COVID-19 is an evolving challenge. The steps long-term care facilities are taking with the support of the RRHCs and the administration will help us

strengthen preparedness and be better positioned to respond to cases and outbreaks if they occur, but cases and outbreaks may still occur. This effort is about prevention and preparedness. We cannot declare mission accomplished, and we are urging proactivity as we navigate the uncertain weeks and months ahead. We remain keenly focused on what we can do to support these facilities as they work to protect some of our most vulnerable Pennsylvanians, and we will work through what comes next together.

Facilities that have completed the baseline testing to date can be found [here](#), and cases reported at personal care homes and assisted living residences are available [here](#). This data is updated every Tuesday. Data on cases at other DHS-licensed facilities is available by county [here](#).

CARES Funding for Child Care Centers

Last week, Governor Tom Wolf announced his plan to distribute more than \$117 million in CARES Act funding to child care providers across Pennsylvania – the third of three distributions to sustain an industry that builds healthy foundations for our children, facilitates employment and economic opportunity for working parents, and is the keystone for every other aspect of our economy.

Earlier this summer, the Wolf Administration [distributed about \\$104 million](#) in CARES Act funding to child care providers licensed by the Department of Human Services’ Office of Child Development and Early Learning (OCDEL). The distribution method of this latest round of CARES funding is based on the findings of researchers at Penn State Harrisburg’s Institute of State and Regional Affairs, who studied the impact of COVID-19 on Pennsylvania’s child care industry. [The impact study](#) analyzed the financial costs of COVID-19 to child care providers, the possibility of permanent closures as a result of the crisis and the level of investment needed to sustain the industry during a transitional period of low demand and after the crisis has subsided. Penn State researchers drew conclusions from both detailed surveys distributed to hundreds of child care providers throughout Pennsylvania and also a smaller number of personal interviews with child care providers and workers.

Penn State’s study estimates about 1,000 additional providers are at risk of closure without financial assistance to offset ongoing costs of implementing COVID-19 guidelines and reduced enrollments. The study’s recommendations guide distribution of about \$117 million in federal CARES Act funding allocated for child care.

In addition to \$116M in CARES Act funding made available in the enacted budget, the Department is redistributing more than \$1.7 million of funds from the June and July Child Care Development-CARES Act funding in this third round of payments. Providers must submit an [attestation form](#) to receive this funding. Funding award ranges for this round of funding are:

Provider Type	Provider Count	Funding Per Provider	Total Funding by Provider Type
Family Child Care Homes	1,412	\$2,100	\$2,933,700
Group Child Care Homes	660	\$5,600	\$3,696,000
School-Aged Only	779	\$6,300	\$4,888,800

Category 1 Child Care Centers (serving 8 -26)	410	\$6,800	\$2,747,200
Category 2 Child Care Centers (serving 27-38)	420	\$11,800	\$4,908,800
Category 3 Child Care Centers (serving 39-49)	421	\$15,900	\$6,678,000
Category 4 Child Care Centers (serving 50-62)	423	\$19,300	\$8,086,700
Category 5 Child Care Centers (serving 63-77)	415	\$22,100	\$9,171,500
Category 6 Child Care Centers (serving 78-93)	409	\$28,300	\$11,574,700
Category 7 Child Care Centers (serving 94-113)	401	\$30,900	\$12,360,000
Category 8 Child Care Centers (serving 114-138)	404	\$41,200	\$16,644,800
Category 9 Child Care Centers (serving 139-180)	402	\$43,600	\$17,483,600
Category 10 Child Care Centers (serving 181-598)	337	\$48,600	\$16,669,800
	6,893		\$117,843,600

Governor Wolf is also asking for a [proposed \\$250 million investment](#) to further support working families needing child care. This proposal, which would be funded through remaining CARES Act funds, would support access to school-aged child care programs for families who need care due to blended or remote learning models, expand child care options in areas where few providers currently exist, and help providers serving school-aged children in low-income communities support children by providing grants to support health and safety updates and infrastructure necessary to ease remote learning in these settings.

This public health emergency is not over, and providers will rise to the challenges ahead because of their dedication to the families they serve. Providers should not have to navigate these challenges alone. We must support providers and working families in every way possible. This \$220 million investment has helped providers resume operations and adapt to operations in this new world, and this additional \$250 million will support families affected by these challenging times.

Hunger Action Month

Each September, DHS partners with charitable organizations and anti-poverty advocates across Pennsylvania to recognize Hunger Action Month, raise awareness of available anti-hunger programs, encourage the public to support their local food banks and to urge policymakers at every level to consider the significant impact of food insecurity on so many Pennsylvanians. This year, as we know, is different than any other in recent memory.

The last six months have upended normalcy for all of us, but for too many Pennsylvanians, this crisis has destabilized financial situations and further strained resources for those already living below or near the poverty line. This year, we must confront the reality that food insecurity was a problem for millions of Americans before March of 2020. And it's only gotten worse.

According to Feeding Pennsylvania, nearly 1 in 20 Pennsylvanians are newly food insecure. Pennsylvania's food banks typically serve approximately 2.2 million Pennsylvanians annually, but in the first three months of the public health crisis, these food banks served more than 5.5 million people. The COVID-19 public health crisis has exacerbated food insecurity across nearly our entire commonwealth. Before COVID-19, three counties had a food security rate at or above 13 percent. Today, 64 of 67 counties are at least 13 percent food insecure, and 32 counties are at least 16.5 percent food insecure. According to the Urban Institute, this economic insecurity is concentrated among Black and Hispanic/Latinx households, with 27 percent experiencing food insecurity compared to 13 percent of white households.

Our food banks and the entire charitable food system have risen to this challenge, and I am incredibly grateful for the work of the commonwealth's Emergency Feeding Task Force, our charitable food network, and our partners in the private sector who mobilized to be there for Pennsylvanians at every corner of the commonwealth. But this system has been challenged, and as we recognize Hunger Action Month, we must continue support for this vital network.

I encourage anyone who is healthy to please consider taking some time to volunteer with your local food bank, or you can make a monetary donation if you are able. Their operations are severely altered because of this situation, but their services are and will continue to be incredibly needed as COVID-19 and the economic insecurity many are currently experiencing continue to disrupt daily lives. We need to be sure our charitable food networks are able to continue their daily operations and meeting the need of their communities, so if you are healthy and able, please contact your local food bank to get involved and help you neighbors and community during this time of great need.

You can visit the United Way of Pennsylvania's 211 website at www.pa211.org/get-involved to find charitable organizations in your community that need volunteers. Or you can visit www.feedingpa.org and www.hungerfreepa.org and find your local food bank.

Our charitable food network cannot be the only option for people in need, and last week, I sent a letter to Pennsylvania's Congressional Delegation urging support for SNAP and other anti-hunger programs to help Pennsylvanians during this difficult time.

SNAP is our country's most important and most impactful anti-hunger program. For every meal provided by a Feeding Pennsylvania food bank, SNAP provides nine. While SNAP is intended to be a supplemental program, during a pandemic and historic unemployment, resources are strained, particularly for our lowest income Pennsylvanians. Those who are still working may be experiencing inconsistent work schedules, reduced hours, and lost income.

In the letter, I urged Pennsylvania's representatives and senators to support:

- **Extending emergency SNAP allotments** permitted under the Families First Coronavirus Response Act (FFCRA) to all SNAP recipients rather than just households receiving benefit amounts that are below the monthly maximum permitted by the United States Department of Agriculture (USDA). This approach excludes 40 percent of SNAP recipients, many of whom are the lowest income SNAP recipients;
- **Increasing the maximum monthly SNAP benefit**, as included in the Heroes Act passed by the U.S. House in May, by at least 15 percent and the minimum benefit to at least \$30 for the duration of the economic crisis so the 1.8 million Pennsylvanians who rely on SNAP have enough funds to feed themselves and their families and support local food retailers, grocers, and agricultural producers;
- **Extending the Pandemic Economic Benefit Transfer (P-EBT) program for the full 2020-21 school year** so Pennsylvania can continue to provide assistance to families of children who would normally receive free or reduced-priced meals if their school was open for in-person instruction. This benefit has been a resource for families who would not otherwise have children at home, and because P-EBT funds carry the same stipulations as SNAP benefits, they carry the same economic boost to food retailers across our commonwealth. This program must be extended and clarified in order to account for the varying educational plans for the 2020-2021 school year;
- **Creating certainty for states administering assistance programs by preserving waivers** that help states maintain access to critical assistance programs, mitigate risk of spreading the virus during required interviews with benefit recipients, and ease workflow and processing times as states anticipate increasing assistance applications without an FPUC extension. The USDA has indicated an interest in returning to normal operations, despite COVID-19 remaining an ongoing, serious threat. I also encouraged tying this flexibility to state and federal disaster declarations to give states better predictability and ease a transition back to normal workflow; and,
- **Resuming FPUC payments and extending additional stimulus funds to Pennsylvanians affected by this crisis.**

The full letter is available [here](#).

Office of Income Maintenance Updates

P-EBT September Issuance

At this point, the Pandemic Electronic Benefit Transfer or P-EBT program is not extended for the entire 2020-2021 school year. We did receive notice, though, that the United States Department of Agriculture is permitting states to extend P-EBT benefits to schools that are not providing meal service or that are closed for in-person instruction for the month of September.

Our plan for September is pending review with Food and Nutrition Service, and if approved, all funding must be issued by September 30, giving us a very short time for processing. In order to meet this tight timeline, we have targeted Community Eligibility Provision (CEP) schools that are also operating fully virtual this school year. CEP allows schools with large concentrations of students who are categorically eligible for free or reduced-price school meals to serve no-cost school breakfast and lunch to all enrolled students without requiring household applications. Because of this, we believe that we will be able to reach a larger number of families in need and also mitigate some of logistical burden associated with

providing the necessary documentation for program participation on such short notice.

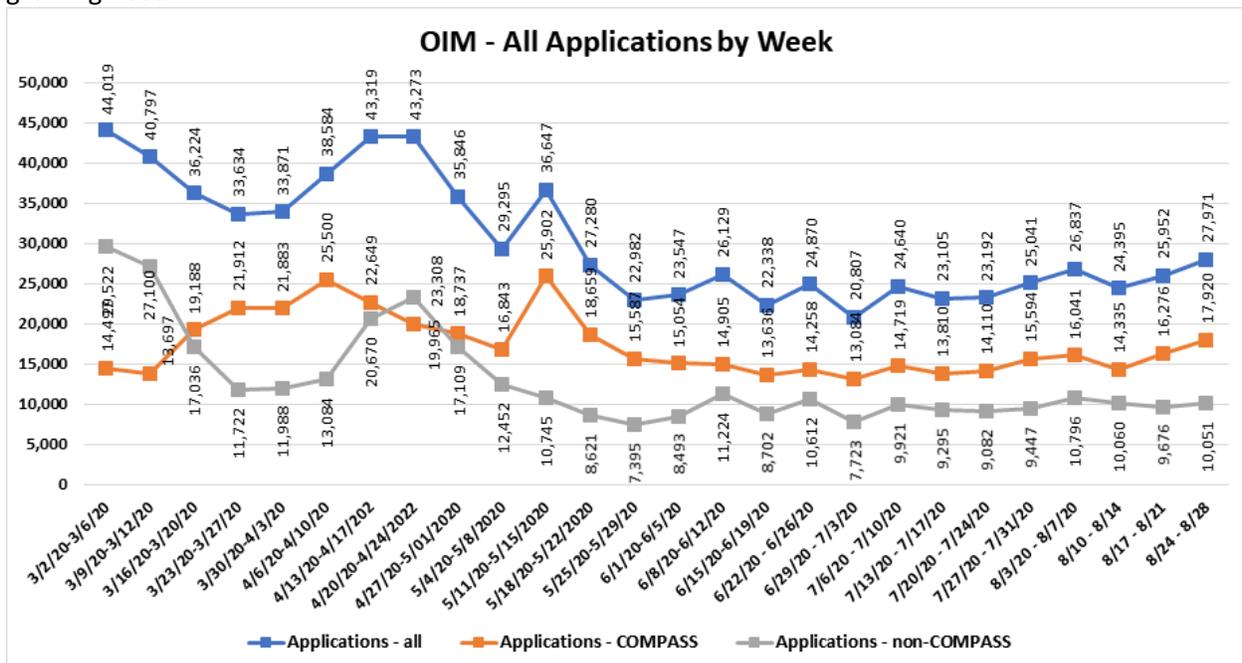
We understand that this is a cumbersome time for schools as they face reopening amidst the pandemic and we are doing all that we can to aid in ease of process. The CEP schools were contacted about this opportunity for September P-EBT for their students and were given instructions on how to submit their students' information. Without information on eligible students from school districts, DHS will not be able to issue P-EBT benefits. We are hopeful that CEP districts will recognize the opportunity and complete and submit their file to DHS.

Families will receive \$128.92 in P-EBT benefits for each eligible student. This calculation is based on 22 days of instruction in September, including Labor Day.

I hope this will not be the last time we are able to offer P-EBT, but doing so would require further authorization from the USDA or an extension for the entire school year by Congress.

Applications Update

Our weekly application count continues to rise again. We received 27,971 applications last week, up from the previous week where 25,952 applications were received. We have anticipated an eventual spike in applications due to the end of additional federal unemployment benefits. While unemployment benefits continue at a reduced rate, without further action by the federal government, we anticipate we will see an increase in need going forward. This increase in applications may be indicative of that growing need.



As we've discussed previously, the Emergency Assistance Program ended on July 12, and the LIHEAP Recovery Crisis Program stopped accepting applications on August 31. We are still processing outstanding applications. To date, more than 14,312 applications have been received for EAP and 115,544 applications have been received for the LIHEAP Recovery Crisis Program. Of these applications,

4,822 people have been approved for EAP and 52,621 have been approved for LIHEAP Recovery Crisis.

Census Reminder

Finally, we wanted to remind you all that the deadline to respond to the 2020 Census is September 30. This is quickly approaching, and we need to make sure that all Pennsylvanians have their voice heard.

The census has critical implications for the Department of Human Services and the more than 3 million Pennsylvanians currently served by our programs and services. Federal appropriations for many of these programs use data derived from the Census to guide the distribution of funds, including Medicaid, CHIP, SNAP, LIHEAP, and the Child Care and Development Block Grant. These programs provide important supports to low-income and working families and individuals around Pennsylvania, and accurate census counts are critical so DHS is able to fund these supports for Pennsylvanians who need them.

As we recover from this public health emergency and economic insecurity, a strong public assistance system will be necessary to help people overcome these difficult circumstances. A complete and accurate census count will better position us to meet this greater need, so I ask that all of you encourage the people you serve to participate in this process if they haven't yet.

The [U.S. Census Bureau's Response Rate Map](#) can help you see your county or city's participation rate. For resources to support your census outreach, visit the [Pennsylvania census website](#). Thank you for your support in this important work!

August 26, 2020

Long-Term Care Update

On [June 26](#), Secretary of Health Dr. Rachel Levine signed an expanded testing order, directing personal care homes, assisted living residences, and private intermediate care facilities to test all residents and staff at least once by August 31. This order was based on a similar directive to nursing facilities, which are licensed by the Department of Health. Those facilities completed initial universal testing [as of July 24](#).

Nearly 47,000 Pennsylvanians live in personal care homes, assisted living residences, and private intermediate care facilities. Co-occurring medical conditions and age may make them more likely to experience complications if they contract COVID-19. This baseline testing and the partnership of our Regional Response Health Collaboratives are helping keep staff and residents safe by helping facilities better prepare for and assess the presence of COVID-19 in their facility.

I'm pleased to report that as of yesterday, 1,160 facilities, which is 85 percent of licensed personal care homes, assisted living residences, and private intermediate care facilities, have completed this requirement. We fully anticipate 100 percent compliance in time for next week's deadline.

As I mentioned, the Regional Response Health Collaboratives (RRHC) have been integral to helping facilities complete testing and meet this requirement and supporting the nearly 2,000 nursing facilities, personal care homes, assisted living residences, and private intermediate care facilities in Pennsylvania and the residents they serve. And the RRHCs are hard at work assisting Pennsylvania's long-term care facilities beyond the baseline testing.

Since launching, the six RRHCs, comprised of 11 health systems, have been assigned more than 2,500 missions, primarily covering testing, consultations, facility assessments, and support with PPE. More than 650 on-site facility visits have occurred by the RRHCs as they work to assist long-term care facilities, and 45 total rapid response team deployments have occurred. 40 of the rapid response deployments are considered completed at this time. The rapid response teams are comprised of registered nurses, clinicians, epidemiologists, and infection control experts. The RRHCs' call centers, which are available for 24/7 technical assistance and support, have received more than 500 calls to assist facilities with universal testing, staffing support, and PPE.

The RRHCs are also working with the Jewish Healthcare Foundation to operate a statewide learning network available to all long-term care facilities. This network holds regular webinars on topics related to infection control and the latest guidance for responding to and mitigating spread of COVID-19. These webinars have reached more than 1,800 participants since the start of the RRHC program.

This program was designed to be a source of support for long-term care facilities that can help them evaluate preparedness to handle a COVID-19 outbreak and help facilities make adjustments necessary to fortify response plans. The RRHCs are rising to this challenge, and we are grateful for their partnership.

Back to School Guidance for Parents

We are at the start of a new school year – one that promises to be different from any school year before it. The back-to-school season is closely on our radar because as we all know, many, many thousands of Pennsylvania children are going back to school -- but not yet back to the classroom. While necessary to prevent the spread of COVID-19 and save lives, remote learning is a fundamental shift in daily life for many families that has significant implications for children. This is a new environment for all of us, and depending if a school is returning fully in-person, fully virtual, or to a blended model, the considerations are different for families around Pennsylvania.

The Wolf Administration is working to give tips and guidance that families should consider as they begin school, particularly if their child is going to be learning from home part of the week or full-time. This is an important opportunity for Pennsylvania families to very deliberately consider the environment of their child's education, as there can be potential dangers for children even in their own homes.

Families should ensure that their home environments are as safe for children as possible. For example, families should continue to ensure gun and gun storage safety, pool and water safety, safe storage of medication and other dangerous substances, and potential fall/heights hazards. The Office of Children, Youth, and Families has received more than 20 reports of child fatalities and near fatalities due to medication ingestion since May 1, and Children's Hospital of Philadelphia has said that hospitalization due to medication ingestion has tripled since March 1 compared to the same period in 2019. Proactive action now can help avoid a potential accident or tragedy that is otherwise preventable, especially through proper, regular supervision.

I know that playing parent and teacher at the same time is a serious challenge for parents who are working, and the administration is trying to ease this responsibility for parents whether they are working at home or required to be at work. DHS has developed some options that we hope will ease the burden on some families of school-age children who are distance learning either by their own choice or the choice of administrators at their child's school.

Licensed – and therefore regulated -- child care has always been an option in Pennsylvania for children up to age 15. However, because school-age children are expected to be in school for the bulk of their day, there are normally restrictions on licensed child care for school-age children. We recognize that families need flexibility right now, so we are significantly modifying and relaxing restrictions on school-age child care. Families may also create collectives – or learning pods – of other trusted families in their community who can depend on each other for supervised child care during school hours. And you don't need to go through a licensing process to do it.

Guidance related to school-aged child care and a list of recommendations for families considering this option is available [here](#). For example, safety remains the priority and we advise families to stay up-to-date on the latest COVID-19 guidelines from the Centers for Disease Control and Prevention.

We're also collaborating with local organizations like YMCAs and United Ways across Pennsylvania to establish and strengthen part-day programs for school-age children. These programs would be hosted in commercial settings, rather than homes, but the overall goal is the same as the learning pods. These programs are not certified under child care regulations, but DHS is requiring these programs to follow certain criteria, including developing Health and Safety plans for COVID-19 mitigation and to comply

with requirements under Pennsylvania's Child Protective Services Law for all adults working with children to have background clearance checks.

When possible, we do recommend that families enroll their children in a certified child care program. Certified programs have routine oversight and must comply with statewide child care regulations. Certified programs may be able to accommodate your child's school work, but it's important to note that it depends on the individual provider. Make sure you have that discussion with a provider before enrolling your child. Families can find certified child care in Pennsylvania at findchildcare.pa.gov or contact your Early Learning Resource Center (ELRC). Your ELRC can also discuss options for financial assistance if families qualify. Parents can find their local ELRC at www.raiseyourstar.org.

I also want to take this opportunity to remind all Pennsylvanians that the responsibility to protect children from child abuse and neglect belongs to each of us. As we've discussed previously, when schools closed in the Spring, we saw a roughly 40 to 50 percent decline in child abuse reporting.

With so many schools starting the 2020-21 school year with an entirely virtual or blended learning model, this reduced interaction between children and educators remains a concern. Home-based learning pods and flexibilities for school-age child care provide opportunities for other members of the community to step up and protect a child. And I encourage you to do so.

If you suspect that a child is being abused or neglected, please call ChildLine at 1-800-932-0313. You do not have to be a mandated reporter to protect a child by making the call to ChildLine. Whether it is a neighbor, family member, student, client, or someone you encounter in a store – if you suspect something is wrong, you can call ChildLine at 1-800-932-0313 and make a report.

Signs of potential abuse and neglect can include numerous, unexplained injuries and bruises, chronic anxiety and expressed feelings of inadequacy, poor impulse control, demonstrating abusive behavior or talk, flinching or an avoidance to being touched, cruelty to animals or others, and fear of their parent or caregiver.

Making the call to ChildLine allows trained child welfare professionals and, if necessary, law enforcement to follow up, collect information, and determine if assistive services or other intervention is necessary. Please help us identify and prevent future abuse by making this call and educating the people you work with about their ability to prevent child abuse. Thank you, as always, for your partnership in this.

Appendix K Approval

On August 17, ODP submitted additional emergency or "Appendix K" amendments to the ODP waivers. These amendments were approved by the Centers for Medicare and Medicaid Services (CMS) on August 20th and are primarily aimed at adding flexibility for Community Participation Support or "day program" providers in order to meet the needs of individuals with intellectual disabilities and autism throughout the remainder of the pandemic. The changes allow Community Participation Supports (CPS) services to be provided in provider owned or leased properties and, within limits, to allow remote services to be provided to individuals in Residential services.

ODP is conducting a webinar this Friday to share an overview of these and other changes to Community Participation Supports services.

CMS Grant Extension

A few weeks ago, we mentioned that the federal Department of Health and Human Services' Health Resources and Services Administration (HRSA) recently extended the deadline for eligible Medicaid and Children's Health Insurance Program (CHIP) providers to apply for payments through the Provider Relief Fund. That deadline has been extended again until September 13.

To be eligible to receive HHS' Medicaid Provider Distribution payments, initial key eligibility requirements for Medicaid and CHIP programs and/or Medicaid and CHIP managed care organization providers include:

- The provider must not have received payments from the \$50 billion Provider Relief Fund General Distribution to Medicare providers (note: if a Medicaid/CHIP provider was eligible for the General Distribution payment and rejected the payment, it cannot be eligible for the Medicaid Provider Distribution);
- The provider must have directly billed or own (on the application date) an included subsidiary that has billed a state Medicaid/CHIP program and/or a Medicaid/CHIP managed care plan for health care-related services between January 1, 2018 and December 31, 2019;
- The provider must have either (i) filed a federal income tax return for fiscal years 2017, 2018 or 2019 or (ii) be an entity exempt from the requirement to file a federal income tax return and have no beneficial owner that is required to file a federal income tax return (e.g. a state-owned hospital or healthcare clinic);
- The provider must have provided patient care after January 31, 2020;
- The provider must not have permanently ceased providing patient care directly, or indirectly through included subsidiaries; and
- If the applicant is an individual, they must have gross receipts or sales from providing patient care reported on Form 1040, Schedule C, Line 1, excluding income reported on a W-2 as a (statutory) employee.

Examples of types of Medicaid/CHIP providers that are eligible for these payments include pediatricians, obstetrician-gynecologists, dentists, opioid treatment and behavioral health providers, assisted living facilities, and other providers of home and community-based services. In order to receive Provider Relief Fund payments, eligible Medicaid/CHIP providers must take action through HRSA's application portal and comply with the Medicaid Relief Fund Payment Terms and Conditions.

Provider Relief Fund payments will be at least 2 percent of reported gross revenue from patient care. Eligible Medicaid/CHIP providers can report their gross annual patient revenue through the Enhanced Provider Relief Fund Payment Portal and the final amount that a provider receives will be determined after such data is submitted, including information on the number of Medicaid patients served.

Before applying, providers should review the [Medicaid Provider Distribution instructions](#) and the [Medicaid Provider Distribution Application form](#). Providers can apply through the [Enhanced Provider Relief Fund Payment Portal](#), and FAQs on this funding can also be found [here](#).

I encourage all providers to explore this option for additional support.

Office of Income Maintenance Updates

P-EBT Update

At this point, the Pandemic Electronic Benefit Transfer or P-EBT program is not extended for the entire 2020-2021 school year. We did receive notice, though, that the United States Department of Agriculture is permitting states to extend P-EBT benefits to schools that are closed for in-person instruction for the month of September.

Our plan for September is pending review with Food and Nutrition Service, and if approved, all funding must be issued by September 30, giving us a very short time for processing. In order to meet this tight timeline, we have targeted Community Eligibility Provision (CEP) schools that are also operating fully virtual this school year. CEP allows schools with large concentrations of students who are categorically eligible for free or reduced-price school meals to serve no-cost school meals to all enrolled students without requiring household applications. Because of this, we believe that we will be able to reach a larger number of families in need and also mitigate some of logistical burden associated with providing the necessary documentation for program participation on such short notice.

We understand that this is a cumbersome time for schools as they face reopening amidst the pandemic and we are doing all that we can to aid in ease of process. The CEP schools were contacted about this opportunity for September P-EBT for their students earlier in the week and were given instructions for how to submit their students' information. Without information on eligible students from school districts, DHS will not be able to issue P-EBT benefits. We are hopeful that CEP districts will recognize the opportunity here and complete and submit their file by September 1.

Families will receive \$128.92 in P-EBT benefits for each eligible student. This calculation is based on 22 days of instruction in September, including Labor Day.

I hope this will not be the last time we are able to offer P-EBT, but doing so would require further authorization from the USDA or an extension for the entire school year by Congress.

SNAP Update

We received approval from the United States Department of Agriculture (USDA) to continue the supplemental emergency allotments through September for families who do not currently receive the maximum amount for their household. We remain concerned, however, that this supplemental funding is leaving out additional support for 40 percent of SNAP recipients – many of whom are among our lowest-income SNAP recipients.

I recently submitted a letter in support of Community Legal Services' legal challenge to the USDA's interpretation of this authority expressing a need to provide additional support to all SNAP recipients. As Congress considers another round of federal relief, I hope they will be judicious in their language and clearly extend additional support to all SNAP recipients.

We also received approval from the USDA on our plan to process renewals and semi-annual reporting requirements through the end of the year. We will process annual renewals originally due in March

2020 that were delayed until September as normal, but renewals scheduled to be due in September will now be due in March 2021. In lieu of those annual renewals due in September, we will conduct semi-annual reports which are less intensive and do not require an interview. This process will be the same for October through December, as long as the public health emergency declaration remains in place. This approval from FNS will help OIM manage the impending workload while not placing undue burdens on SNAP households.

Unfortunately, FNS is requiring that we reinstate application and renewal interviews effective September 1. And, because FNS rescinded a waiver that allowed for the postponement of expedited interviews, all households that apply on or after September 1 will need to complete an interview before any SNAP benefits can be issued. We are disappointed as this will add an additional burden to households in need and will also strain our workforce as we anticipate increases in applications as the emergency continues. We continue to advocate at the federal level for broader waivers to be allowed to address the substantial need caused by the economic downturn due to the pandemic, and we ask that you also advocate through your own channels.

Food security continues to be a concern for all of us and providing administrative relief to allow broad access should be priority for all of us.

LIHEAP Recovery Crisis Application Deadline Reminder

We are in the final days of August, and because of this, I want to remind you all again that the deadline for LIHEAP Recovery Crisis Program applications is this coming Monday, August 31. The LIHEAP Recovery Crisis Program will offer a crisis benefit made directly to utility companies or fuel providers to help offset costs for home utilities.

LIHEAP Recovery Crisis benefits may be available if a household:

- Has their main or secondary energy source completely shut-off;
- Is notified that their utility service will be shut off in the next 60 days;
- Has broken energy equipment or leaking lines that must be fixed or replaced;
- Is in danger of being without fuel in 15 days or less; or,
- Owes funds to a utility provider that would constitute a service termination if not for the Public Utility Commission's moratorium on terminations.

We know that the COVID-19 public health crisis and economic insecurity has led to Pennsylvanians having trouble balancing essentials like home energy bills. Any Pennsylvanian who is struggling to pay utilities should know that they are not alone during this time. Thanks to Community Legal Services, we were able to share stories of two people who were affected by COVID-19 and the economic downturn but found help through LIHEAP Recovery Crisis. Ms. Smith, a 70-year old woman who lives with her grandson who lost his job this year, was able to get LIHEAP Recovery Crisis to help offset growing utility debt. Ms. Hernandez, a mother of two rebuilding her family's lives after leaving an abusive marriage, also lost her job and worried about her family's stability in their new-found fresh start. LIHEAP Recovery Crisis was there for them as it has been for nearly 49,000 Pennsylvanians.

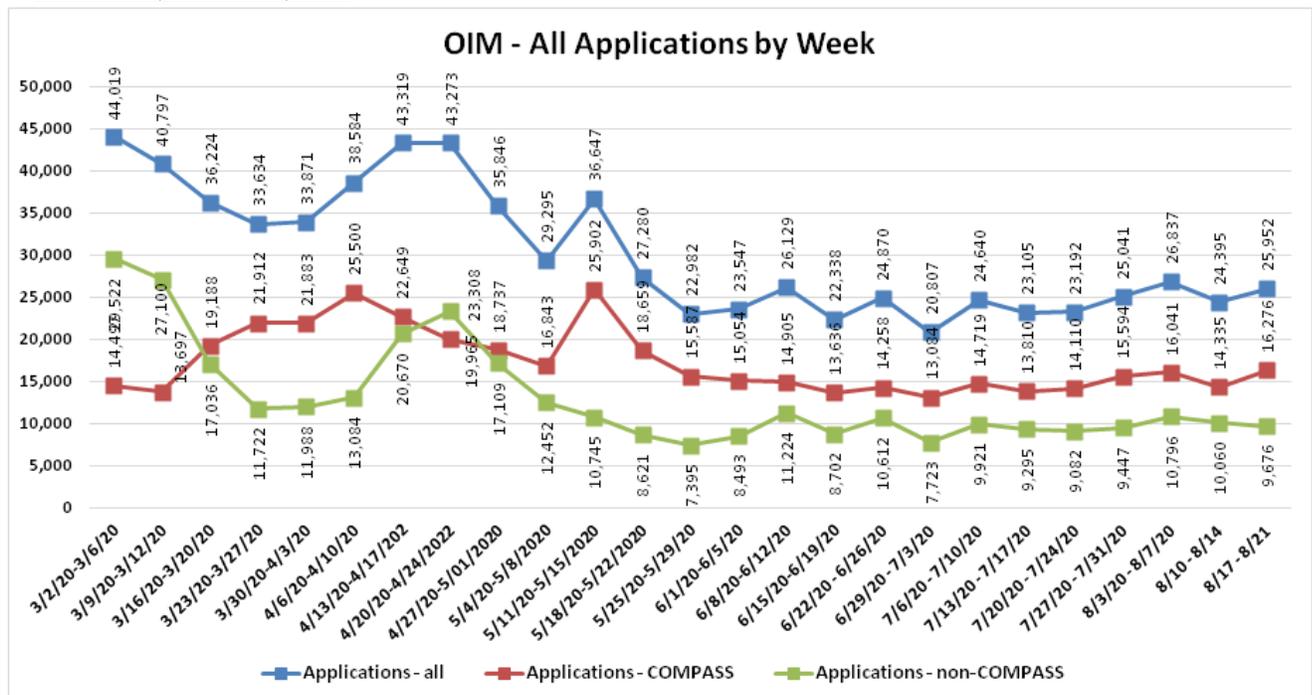
In the final days of this program, I hope you all will help us continue to remind people of its availability so we can help as many Pennsylvanians as possible. Even though the moratorium for utility shutoffs remain in place, I strongly encourage anyone with an outstanding balance to apply for this assistance so that balance can be settled as much as possible. We do not want anyone to be in a difficult position when that moratorium lapses.

Applications can be submitted online through COMPASS at www.compass.state.pa.us or paper applications can be requested by calling 1-877-395-8930.

And I want to thank CLS for sending these stories. The blog post is available [here](#) as a part of our on-going anti-stigma series, For All of Us, where we are sharing stories of people served by DHS' programs. If you have stories to share, please contact our Communications Director Ali Fogarty at alfogarty@pa.gov.

Applications Update

We received 25,952 applications last week, up from the previous week where 24,395 applications were received. In general, the number of weekly applications has been hovering around the 23,000 to 26,000 number since early July. As we've discussed previously, the Emergency Assistance Program ended on July 12. We are still processing a few remaining applications. To date, 14,308 applications have been received for EAP and 103,882 applications have been received for the LIHEAP Recovery Crisis Program. Of these applications, 4,822 people have been approved for EAP and 48,665 have been approved for LIHEAP Recovery Crisis. And again, the LIHEAP Recovery Crisis program will end on August 31, 2020, and we encourage anyone who has not yet applied to apply for this and all of our assistance programs online at www.compass.state.pa.us.



For elderly and disabled individuals who are interested in applying for only SNAP, if they apply online through COMPASS, they will be guided through a shortened application process. This simplified application is [available in paper form](#) if applicants would prefer to apply by mail or using a County Assistance Office's secure drop box.

Racial Equity Work

I wanted to provide a brief update on the work DHS is doing to advance racial equity through our work and within our internal organization.

On Monday, the DHS leadership team held a morning retreat focused around this issue. We participated in a facilitated training on race and biases, the difference between equality and equity in organizations, and what institutions can do to embed equity in their internal organization and discussed our internal work focusing on this issue and next steps.

In the coming weeks, a Racial Equity Steering Committee will be established within DHS to identify and advise on opportunities to address and dismantle systemic racism and build a culture that prioritizes racial equity in the workplace. The purpose of this committee is to provide insight and recommendations on how to:

- Increase racial and ethnic diversity of the workforce;
- Evolve the department's culture to value all people's contribution;
- Eliminate disparities in recruiting, hiring, and promoting; and,
- Measure and ensure long-term sustained racial and ethnic equity.

This will be a long-term process, and the committee will run through 2022.

Our leadership team is absolutely committed to doing the work necessary to create meaningful and lasting change. We are also working on items that each of you can provide feedback on, and this is a process we intend to build a public dialogue around moving forward. I hope you all will engage in that dialogue and what we can do together to advance equity, opportunity, and empathy in communities we serve around Pennsylvania. This is not a process that we can succeed at alone, and I look forward to gaining your perspective and your partnership moving forward.

August 19, 2020

Long-Term Care Facility PPE Order

On Monday, Secretary of Health Dr. Rachel Levine issued an order requiring certain long-term care facilities, including personal care homes, assisted living residences, and private intermediate care facilities licensed by DHS, to develop, implement, and follow policies and procedures to acquire and distribute personal protective equipment to staff providing care to residents who test positive for or are suspected of having COVID-19. These policies must address a distribution plan for respirators for staff working directly with patients who are confirmed or suspected positive cases of COVID-19 and staff working in COVID-19 units. The order requires plans be in place with the facilities implementing them by Thursday, August 27.

As we continue to face the COVID-19 pandemic, we must take lessons from the first six months and use this experience to plan and prepare for whatever arises in the weeks and months to come. This order will help facilities be prepared to protect staff as they care for residents with positive cases or suspected positive cases. Proper and consistent use of National Institute of Occupational Safety and Health (NIOSH) approved respirators or Food and Drug Administration approved respirators (available in an Emergency Use Authorization, Appendix A, [here](#)) will help protect staff from COVID-19 if cases occur in their facility, and establishing these plans will allow facilities to act quickly if cases arise.

Read the full order [here](#).

Long-Term Care Facility & Regional Response Health Collaborative Program (RRHCP) Update

The Regional Response Health Collaboratives continue to support long-term care facilities in their regions. When a RRHC engages with a facility or is called in to help with a concern, these are classified as missions. A mission could be anything from assistance with testing, assessing a facility's preparedness, staffing support, rapid response, PPE support, fit testing, and consultation to address questions or concerns. To date, the six RRHCs have been assigned over 2,100 missions. This number has grown substantially in the last few weeks, showing that the RRHCP is ramping up and becoming a more familiar resource to providers in each region. 968 of these missions are completed, and the RRHCs have completed 389 on-site facility visits, up 50 percent in the last week.

The RRHCs are assisting DHS' long-term care facilities as they work to complete baseline testing before the August 31 deadline on the universal testing order. So far, 915 facilities have completed testing, or 76 percent of licensed facilities covered under this order. In the last week, the number of facilities who have completed baseline testing has doubled. Each of the RRHCs are confident that facilities in their region will meet the baseline testing requirement by August 31.

Child Care Impact Study

On Monday, we released findings from the Office of Child Development and Early Learning (OCDEL) and Penn State Harrisburg's Institute of State and Regional Affairs [study on COVID-19's impact](#) on Pennsylvania's child care industry. Data from the study was collected through surveys sent to licensed child care providers and interviews with child care providers. The impact study considers financial costs of the crisis on child care providers, the potential for permanent closures of child care providers, and the

need for continued support for child care providers to sustain the industry. The study is available [here](#); you can also watch a short video [here](#) for a high level overview.

Since June, the Wolf Administration has distributed more than \$104 million of federal CARES Act funds to child care providers across Pennsylvania. This funding was intended to support providers as they reopen and adjust operational practices and cleaning procedures in order to keep staff, children, and their families safe from COVID-19. The impact study outlines recommendations that will be used to guide distribution of an additional \$116 million in CARES Act funding to support child care providers.

Child care providers are critical to cultivating child development for Pennsylvania's youngest citizens and to supporting a healthy, vibrant economy. I'm grateful for the work of Penn State Harrisburg's team to provide these recommendations, and we will continue to do all we can to support our child care industry as we rebuild from this pandemic and economic insecurity.

Office of Income Maintenance (OIM) Updates

Postal Service Delays

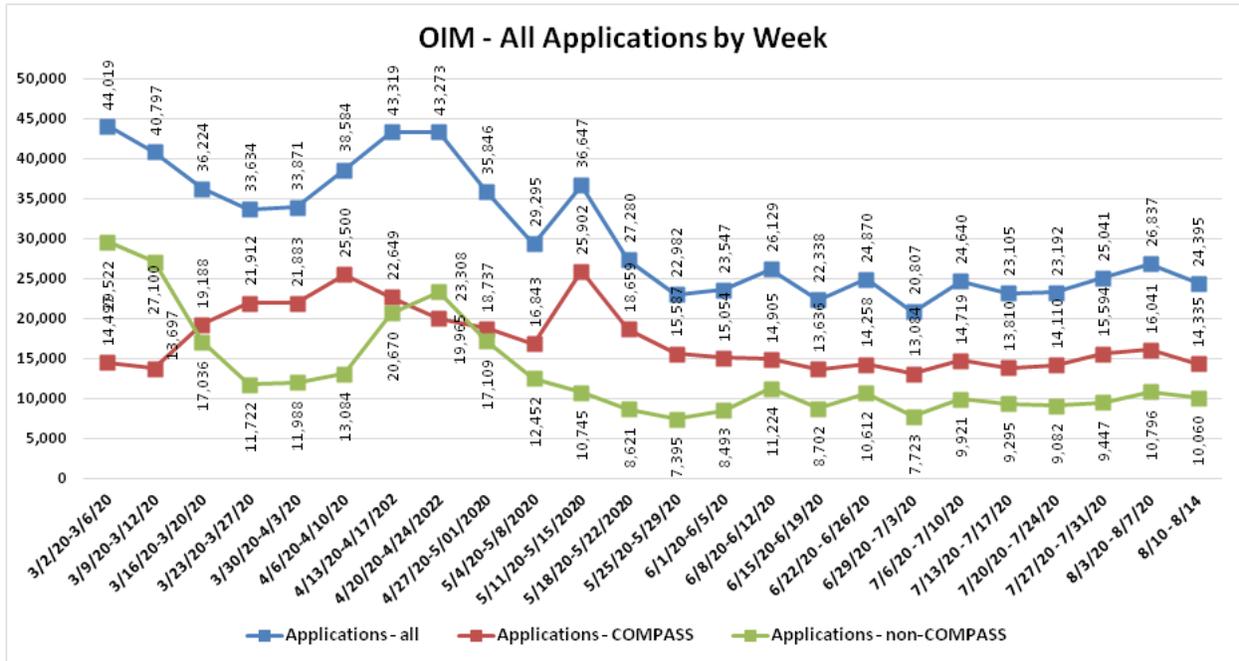
We are hearing about wide-spread mail delays in the United States Postal Service (USPS) system. These delays may hamper the mailing of notices, renewal packets, and other documents that allow Pennsylvanians to apply for and maintain public assistance benefits. These potential delays could affect documents being sent both to and from County Assistance Offices (CAOs).

We are issuing communications to CAO staff notifying them of these delays so they can better advise clients. OIM strongly encourages Pennsylvanians to use other means of communication with the CAOs when possible. Individuals can use the online COMPASS portal at www.compass.state.pa.us to apply for and maintain benefits. Semi-Annual Reports can be completed on the myCOMPASS PA mobile app, which is free to download for Apple and Android devices. Users can also upload verification documents for the CAO via file or photo. Recipients can sign up for eNotices on COMPASS or myCOMPASS PA so that information from the CAO is received electronically to their MyCOMPASS account. Drop boxes are also available at most CAOs where individuals can place their documents.

It is important that benefit recipients use these alternative methods of providing documents if at all possible. Due to federal laws, benefits may still be subject to adjustment or closure if documents are not received due to the mail delay. Medical Assistance benefits will remain open during the public health emergency regardless of mail delays. If applicants or benefit recipients have questions about their case or the best way to submit documents, they can call the Statewide Customer Service Center at 1-877-395-8930 or 215-560-7226 for clients in Philadelphia.

Applications Update

After three weeks of a gradual but consistent rise in application submissions, we experienced a dip in the last week. We received 24,395 applications last week, down from the previous week where 26,837 applications were received. We have anticipated an eventual spike in applications, particularly with the end of additional federal unemployment benefits. While unemployment benefits continue at a reduced rate, without further action by the federal government, we anticipate we will see an increase in need going forward.



As we've discussed previously, the Emergency Assistance Program ended on July 12. We are still processing a few remaining applications. To date, more than 14,297 applications have been received for EAP and 95,961 applications have been received for the LIHEAP Recovery Crisis Program. Of these applications, 4,821 people have been approved for EAP and 45,796 have been approved for LIHEAP Recovery Crisis. The LIHEAP Recovery Crisis program will end on August 31, 2020, and we encourage anyone who has not yet applied to apply online at www.compass.state.pa.us.

August 12, 2020 Update

Direct Care Worker CARES Payments

Through Act 24 of 2020, Governor Wolf and the General Assembly allocated \$28 million through the Coronavirus Aid, Relief, and Economic Security Act to direct care workers employed through participant-directed employer models for their work during the pandemic. More than 17,760 direct care workers will receive compensation through this funding, and funding will be issued through the Office of Long-Term Living's payment broker, PPL. Direct care workers will receive an average of \$1,730 each through this, and we expect these payments to begin to be issued over the next two weeks.

I want to thank all direct care workers who have selflessly continued to aid and support their clients during this difficult time, and participants in the self-directed service models who kept their direct care workers employed despite the risks of outside contact. This has been an incredibly difficult time for all of us, and for those who are medically vulnerable and the dedicated professionals who care for them, everyday life becomes even more challenging. I'm grateful to Governor Wolf and the General Assembly for extending this support through the CARES funding, and I want to thank our direct care workers, again, for their commitment and perseverance.

FBI Background Clearances

You may remember that earlier in the year, the General Assembly passed and Governor Wolf signed Act 18 of 2020, which extended the time period for certain professionals to obtain an FBI criminal history background check upon hiring. Under the law, individuals who are required to obtain an FBI criminal history background check are given additional time to meet this requirement if they are unable to complete their fingerprinting scan due to the COVID-19 pandemic. The extension lasts until 60 days following the expiration of the disaster emergency declaration issued by Governor Wolf or December 31, 2020, whichever is sooner.

Act 18 of 2020 applies to individuals who must get their FBI Criminal History Background Check prior to beginning employment as found in [Section 6344](#) of the CPSL and those individuals required by [Section 6344.4](#) of the CPSL that are due to have their fingerprint checks renewed. The law does not extend the fingerprinting and background check requirement for new volunteers under the CPSL, public school employees prior to employment, and others required to receive FBI background checks under different departments. This was necessary because COVID-19 had temporarily closed many of IDEMIA's IdentoGo sites, which provide fingerprinting services necessary for people to receive their FBI background clearance. All individuals required to obtain additional clearances, including the Pennsylvania State Police Criminal Record Check and the Pennsylvania Child Abuse History Clearance, must still obtain these clearances prior to employment or continued employment.

This initial extension helped ensure that people in professions that require clearances could continue to work during the stay at home period when many of the fingerprinting sites were closed. That time has ended, but we don't know what this pandemic will bring in the weeks and months to come. Because of this, we're encouraging anyone who needs this clearance to continue to get it as soon as possible so they can remain in compliance and not risk getting into a difficult situation if circumstances change.

Anyone seeking fingerprinting services should call IDEMIA's customer service at 844-321-2101 or visit www.identogo.com to ensure the location is still operating, schedule an appointment, and discuss necessary COVID-19 safety precautions. For more information, a set of Frequently Asked Questions are available [here](#).

OIM Program Updates

I wanted to introduce you all to Elizabeth Tilahun, who joined DHS on Monday as Deputy Secretary for the Office of Income Maintenance.

Elizabeth comes to DHS with experience from private sector, non-profit, and past government experience as an income maintenance caseworker in the Dauphin County Assistance Office. A graduate of Indiana University of Pennsylvania with a degree in sociology and minors in political science and psychology, Elizabeth's professional work has focused on leveraging relationships and partnerships between stakeholders and community partners with a goal of achieving cohesive, comprehensive service delivery. Elizabeth previously worked as an income maintenance caseworker in the Dauphin County Assistance Office for nearly three years, working directly with clients needing assistance and currently receiving services provided by DHS.

I am extremely excited to have Elizabeth lead OIM and bring her experiences working in a CAO to this role. A lot of work has been done over the last few years to make OIM and DHS as a whole more focused on the individual client's needs. While the people we serve may come from similar circumstances, their individual needs, goals, and path must be considered. Our work gives us the opportunity to help people on a journey out of poverty or whatever situation they currently face. There's no one-size-fits-all approach to this, so we must keep this individual focus at the center of our work if we are going to be successful. Given the current economic circumstances we face and the challenges that Pennsylvanians will face recovering from this pandemic and the economic downturn, this focus will be more important than ever. Elizabeth's experience of working directly with our clients will be a huge asset as this work moves forward, and I am excited to see what OIM will continue to accomplish.

I hope you all will join me in welcoming Elizabeth and thanking Tara Williams for her work as Acting Deputy Secretary for the last few months. Tara will be returning to her role as Special Advisor for Workforce Development, a role we all know will be critical in the weeks and months to come.

P-EBT Update

Over the last four months, more than \$358 million in P-EBT benefits have been issued for nearly 1 million children to help fill the gap left by schools closing. This has been a tremendous effort, but not without its challenges. I wanted to provide an update on some of the challenges that have been identified.

For families requesting replacement cards, our EBT vendor Conduent must make system updates to accommodate these requests. Because the P-EBT was designed to be a one-time issuance, when a card is returned or canceled, it is not programmed to be replaced with funds still available. Updates to allow this are on-going, but we expect that it will take at least two weeks to test the system and ensure replacement cards are functional. As soon as this is complete, they will be issued to families requesting

replacements.

For children attending a Community Eligibility Provision (CEP) school on or after March 16 who became eligible through direct certification or applying, their benefits were originally set to that eligibility date and they received pro-rated P-EBT rather than the full amount. They should have received the full amount because of CEP eligibility, so this is being corrected for families to receive the full benefit. That issuance will occur within the next week.

For families where three address lines were provided, the third line was cut off by the EBT vendor's system so cards were mailed but never activated due to not being received at the right address. We believe this affected approximately 10,000 households, and this is being corrected with the replacement card update.

For families who did not receive cards because they were returned to our EBT vendor, Conduent, this will be corrected through the replacement card correction. We believe this affected approximately 15,000 households, but this may overlap with the incorrect addresses. We are contacting these households to verify the proper address as the system updates are occurring.

We are aware that approximately 3000 students primarily in Western PA who should be eligible through CEP were missed through the initial distribution. The Department of Education is working to identify student who were missed so a manual issuance can occur for those families.

There are also school districts that are partially eligible through CEP, and for two school districts with partial eligibility, the entire district was issued P-EBT cards. Families who incorrectly received these cards were notified and instructed to not use the benefits and destroy the card.

We appreciate patience as these issues are corrected, and we will keep you all informed of our progress.

LIHEAP Recovery Crisis Reminder

We are nearly halfway through August, and because of this, I want to remind you all that the deadline for LIHEAP Recovery Crisis Program applications is August 31. The LIHEAP Recovery Crisis Program will offer a crisis benefit made directly to utility companies or fuel providers to help offset costs for home utilities. LIHEAP Recovery Crisis benefits may be available if a household:

- Has their main or secondary energy source completely shut-off;
- Is notified that their utility service will be shut off in the next 60 days;
- Has broken energy equipment or leaking lines that must be fixed or replace;
- Is in danger of being without fuel in 15 days or less; or,
- Owes funds to a utility provider that would constitute a service termination if not for the Public Utility Commission's moratorium on terminations.

We know that the COVID-19 public health crisis and economic insecurity has led to Pennsylvanians having trouble balancing essentials like home energy bills. Any Pennsylvanian who is struggling to pay utilities should know that they are not alone during this time. Thanks to Community Legal Services, we were able to share stories of two people who were affected by COVID-19 and the economic downturn

but found help through LIHEAP Recovery Crisis.

Ms. Smith, a 70-year old woman who lives with her grandson who lost his job this year, was able to get LIHEAP Recovery Crisis to help offset growing utility debt. Ms. Hernandez, a mother of two rebuilding her family's lives after leaving an abusive marriage, also lost her job and worried about her family's stability in their new-found fresh start.

LIHEAP Recovery Crisis was there for them as it has been for more than 43,000 Pennsylvanians. In the final weeks of this program, I hope you all will help us continue to remind people of its availability so we can help as many Pennsylvanians as possible. Applications can be submitted online through COMPASS at www.compass.state.pa.us or paper applications can be requested by calling 1-877-395-8930.

And I want to thank CLS for sending these stories. The blog post is available [here](#) as a part of our on-going anti-stigma series, For All of Us, where we are sharing stories of people served by DHS' programs. If you have stories to share, please contact our Communications Director Ali Fogarty at alfogarty@pa.gov.

SNAP Waivers

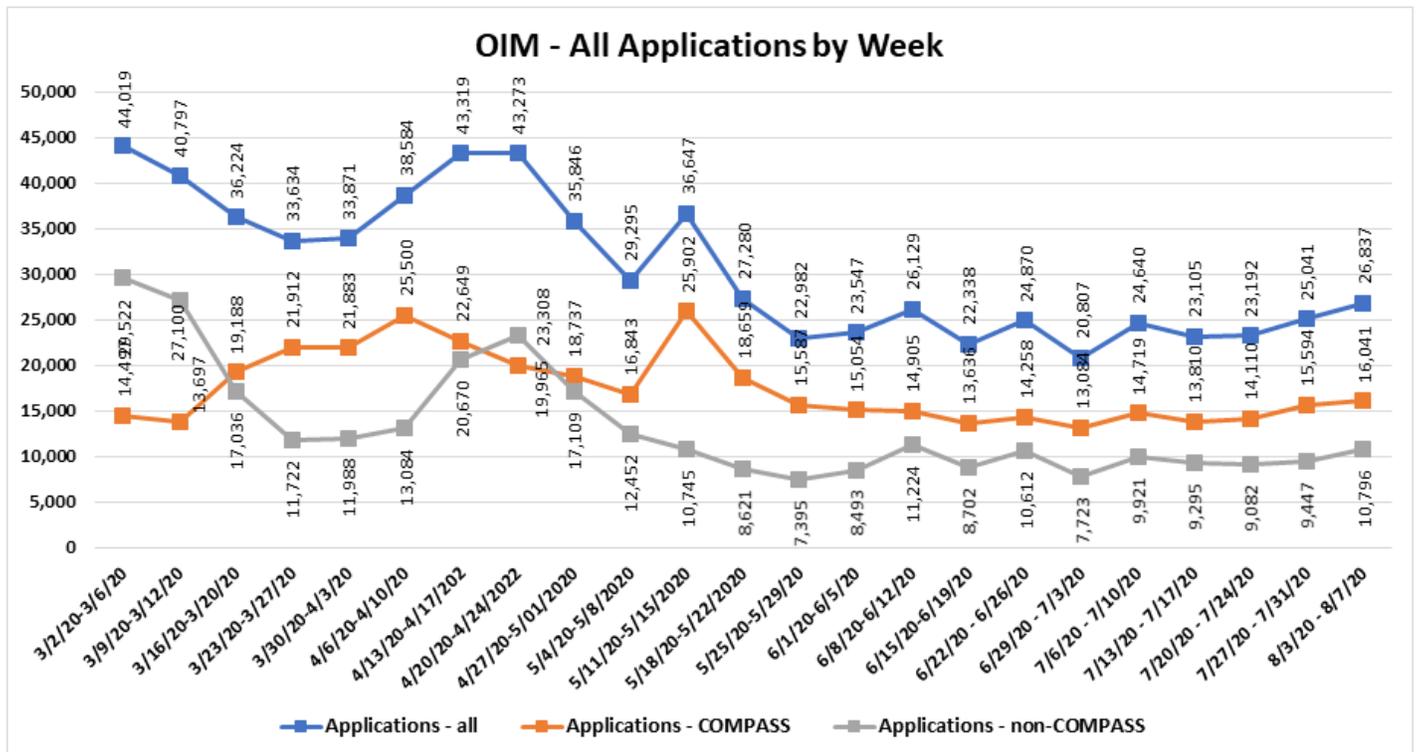
Last week, we mentioned in the written update that we had received word that Food and Nutrition Service (FNS) indicated that they would be willing to consider additional waivers for states. FNS presented options for waivers that they would be willing to grant from September through December. With the options they presented, FNS still seems focused on bringing states back to what they consider "normal" operations. We remain very concerned about this given what we have all experienced over the last five months.

Our waiver plan was submitted on Monday, and we expect to receive a response by August 15. We requested a continued waiver of requirements for renewal interviews. Per FNS guidance, they will only approve this waiver for up to 50 percent of the renewal caseload. FNS has indicated that they are requiring states to be back at 100 percent for all renewals by the end of December. In addition, they will be requiring interviews for all *new* applications beginning September 1, something that has been waived since April. At this time quality control face-to-face interviews and fair hearing timeframes are approved to stay in place through September 30. Emergency allotments for August will begin to be issued on August 18, and we will submit a request for September on August 15.

We remain focused, though, on the long-term stability of people we serve and access to these essential programs during an unprecedented public health and economic crisis. There will be no return to normal until this virus is under control. We are not there yet, and even when we do reach that point, those who feel the economic insecurity most acutely will likely continue to need our support. DHS will continue to be there for people in need, and we continue to advocate for the people we serve to FNS, Congress, and here in Pennsylvania.

Applications and Enrollment Update

Our weekly application volume continues to gradually rise. We received 26,837 applications, up from



the previous week where 25,041 applications were received. While not to the levels prior to the pandemic, this is our highest weekly applications count in nearly three months.

As we've discussed previously, the Emergency Assistance Program ended on July 12. We are still processing applications received prior to that deadline or applications that are coming in late due to delays with the postal service. To date, more than 14,292 applications have been received for EAP and 89,857 applications have been received for the LIHEAP Recovery Crisis Program. Of these applications, 4,818 people have been approved for EAP and 43,897 have been approved for LIHEAP Recovery Crisis.

After three weeks of gradually but consistently rising applications, we believe that we are beginning to see the uptick we've anticipated. The lapse in federal unemployment compensation benefits, paired with confusion over what will come next with the program, will set in the more time that passes without a solution. And the longer we go without that solution, the more people and families that will need help. Circumstances are getting worse, not better, and people are getting caught in the middle.

As I've said before, a healthy economy relies on a healthy workforce. We need to be sure that the people we serve are able to meet essential needs while they are unemployed. Bills must be paid, food must be purchased, and life must go on. This assistance lets that happen. Left without it, recovery will be longer, more difficult, and in some circumstances, impossible for people caught in the middle. We will do everything we can at DHS to prevent this from happening, and we are preparing for a continued surge in applications that we normally see during LIHEAP season and open enrollment, and what we have not yet seen if federal unemployment assistance is not extended.

No matter what, DHS will be here for those who qualify for and will need these programs.

August 5, 2020 Update

Economic Impact Payments

We know that many people are struggling due to lost jobs or reduced hours because of the COVID-19 pandemic, and we know that every bit of assistance can help someone make ends meet. As part of the CARES Act, the United States Department of Treasury issued funds known as Recovery Rebates or as Economic Impact Payments (EIPs) to most Americans beginning April 10, 2020. Many of us received these stimulus checks in the Spring, but people who qualify but have not yet received this money can still submit documentation to access this assistance.

We're aware that many recipients of our benefits and assistance programs, like Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), or Medical Assistance may not be aware of their ability to access the federal stimulus money. People who use these programs may be concerned that if they use stimulus funds, they could lose their benefits, or that the money will count as income or assets in determining eligibility for benefits. This is not the case.

According to the Campaign for Working Families and the Center on Budget and Policy Priorities, somewhere between 350,000-450,000 Pennsylvanians may have missed their payment. Nobody should forego collecting the \$1,200 stimulus that they are entitled to because they are concerned about losing their benefits. The CARES Act Economic Impact Payments will not affect your benefits, but it can help you or your family continue to secure essential needs like food, housing, and clothing or pay other outstanding expenses.

The deadline to request EIP is October 15, 2020. Those who do not file taxes at all, or who file taxes and receive your tax refund via check, may need to provide information to the IRS to claim an EIP. Instructions on claiming an EIP and more information can be found at www.irs.gov/coronavirus/economic-impact-payments or by calling 800-919-9835. Those who receive Social Security or SSI benefits can find information and instructions on how to access their EIP at www.ssa.gov/coronavirus/eip-caresact/. If you need additional help filing for your EIP, the Campaign for Working Families is offering assistance to people at www.cwfphilly.org/stimulus.

If you're able to, we'd appreciate help getting the word out on this so people know that using the stimulus check will not affect their other benefits. Find a flyer and more information online [here](#).

Regional Response Health Collaboration Program Update

On last week's call, we mentioned that the new Regional Response Health Collaboration Program (RRHCHP) launched 24/7 call centers staffed by employees of each health system or the non-profit partners they are working with through their local collaborative designed to provide immediate assistance or clinical advice to long-term care providers in their region. As of August 4, nearly 140 calls have been taken by call centers across the commonwealth.

The RRHCHPs are also actively assisting with on-site facility assessments, assistance with testing, and consultations on other matters surrounding COVID-19 response. More than 320 assessments have been completed, and nearly 250 are scheduled and in-process at this time. Facility assessments must be complete by December 1, 2020.

The RRHCPs are also working closely with DOH and DHS to assist with universal testing for personal care homes, assisted living residences, and private intermediate care facilities. As of August 5, approximately 250 facilities have completed baseline universal testing. The RRHCPs will also help DOH with contact tracing if cases are identified through this testing effort.

ODP Retainer Payments

In June ODP announced that retainers for July would be calculated at 50 percent of average monthly billing for 7/1/19-2/29/2020 if the facility is located in a county that is in the red or yellow phase of the Governor's process to reopen Pennsylvania and 25 percent of average monthly billing for 7/1/19-2/29/2020 if the facility is located in a county that is in the green phase. During July all counties were in the green phase.

After evaluation of the re-opening status for facility-based CPS services, ODP determined that all facilities that have submitted the [Provider Attestation Form](#) as per instructions in [ODP Announcement 20-085](#) will receive a July retainer calculated at 50 percent of average monthly billing for 7/1/19-2/29/2020.

There is no change to the calculations described in Announcement 20-074 for retainer payments for August and September.

CMS Grant Extension

The federal Department of Health and Human Services' Health Resources and Services Administration (HRSA) recently extended the deadline for eligible Medicaid and Children's Health Insurance Program (CHIP) providers to apply for payments through the Provider Relief Fund.

To be eligible to receive HHS' Medicaid Provider Distribution payments, initial key eligibility requirements for Medicaid and CHIP programs and/or Medicaid and CHIP managed care organization providers include:

- The provider must not have received payments from the \$50 billion Provider Relief Fund General Distribution to Medicare providers (note: if a Medicaid/CHIP provider was eligible for the General Distribution payment and rejected the payment, it cannot be eligible for the Medicaid Provider Distribution);
- The provider must have directly billed or own (on the application date) an included subsidiary that has billed a state Medicaid/CHIP program and/or a Medicaid/CHIP managed care plan for health care-related services between January 1, 2018 and December 31, 2019;
- The provider must have either (i) filed a federal income tax return for fiscal years 2017, 2018 or 2019 or (ii) be an entity exempt from the requirement to file a federal income tax return and have no beneficial owner that is required to file a federal income tax return (e.g. a state-owned hospital or healthcare clinic);
- The provider must have provided patient care after January 31, 2020;
- The provider must not have permanently ceased providing patient care directly, or indirectly through included subsidiaries; and

- If the applicant is an individual, they must have gross receipts or sales from providing patient care reported on Form 1040, Schedule C, Line 1, excluding income reported on a W-2 as a (statutory) employee.

Examples of types of Medicaid/CHIP providers that are eligible for these payments include pediatricians, obstetrician-gynecologists, dentists, opioid treatment and behavioral health providers, assisted living facilities, and other providers of home and community-based services. In order to receive Provider Relief Fund payments, eligible Medicaid/CHIP providers must take action through HRSA's application portal and comply with the Medicaid Relief Fund Payment Terms and Conditions.

Provider Relief Fund payments will be at least two percent (2%) of reported gross revenue from patient care. Eligible Medicaid/CHIP providers can report their gross annual patient revenue through the Enhanced Provider Relief Fund Payment Portal and the final amount that a provider receives will be determined after such data is submitted, including information on the number of Medicaid patients served.

Before applying, providers should review the [Medicaid Provider Distribution instructions](#) and the [Medicaid Provider Distribution Application form](#). Providers can apply through the [Enhanced Provider Relief Fund Payment Portal](#), and FAQs on this funding can also be found [here](#).

Support and Referral Helpline

I wanted to remind you all again of the Support & Referral Helpline. Through a partnership with the Pennsylvania Emergency Management Agency and the Federal Emergency Management Agency, we've secured funding to maintain this resource, and we are very thankful to continue to be able to offer this support to the Commonwealth. It's been an extremely difficult year, and beyond the pandemic, there have been many other large-scale challenges and traumatic events that may have ignited feelings of anxiety, despair, or hopelessness. People who live with previous or existing anxiety or other mental health concerns may struggle with even more intense difficulties, and others may be experiencing feelings of distress for the first time. No one has to experience these feelings alone. The Support & Referral Helpline continues to be available toll-free, 24/7 throughout this public health crisis, and helpline staff will refer callers to local resources in their community that can continue to help if needed. It can be reached at 1-855-284-2494 or through TTY at 724-631-5600.

Since April, the helpline has received more than 8,800 calls. This has been an incredibly valuable resource as we all navigate a stressful and challenging time, and I encourage anyone who needs extra support to continue to keep this resource in mind. Many of us are working in challenging jobs right now, and we need to be taking care of ourselves as well as the people we serve. I hope you will keep this in mind if you need someone to talk to, and please do not hesitate to refer others to this resource. There will be a long road ahead as this pandemic evolves, but you are not alone during this time.

Bureau of Hearings and Appeals Update

Under Governor Wolf's [July 10 Executive Order](#), administrative proceedings are able to be conducted via telephone as opposed to in-person. DHS' Bureau of Hearings and Appeals (BHA) will follow this order and conduct recipient-type appeals for Supplemental Nutrition Assistance Program (SNAP), Medicaid and HealthChoices, Temporary Assistance for Needy Families (TANF), and Low-Income Home Energy

Assistance Program (LIHEAP) determinations by telephone regardless of the choice that was selected on the appeal form. More information on this can be found on the BHA COVID-19 procedures page [here](#).

Office of Income Maintenance Updates

July SNAP Online Purchasing

We recently received data from July for purchases made through Pennsylvania's participation in the United States Department of Agriculture's SNAP online payment pilot, which officially launched on June 4. For the month of July, nearly 110,000 online transactions were made, or approximately 2 percent of Pennsylvania's total monthly SNAP transactions. In total, \$8.4 million in SNAP funds were spent through online retailers, primarily to Walmart and Amazon.

We are very pleased to see more Pennsylvanians using this program, which can allow them to obtain groceries without having to shop in-store and risk potential COVID-19 exposure. As cases are trending upwards in Pennsylvania, this is an important option for SNAP users who are high-risk or have loved ones at a greater risk of complications if they contract COVID-19. More information about the online purchasing pilot and participating vendors can be found [here](#).

SNAP Waiver Update

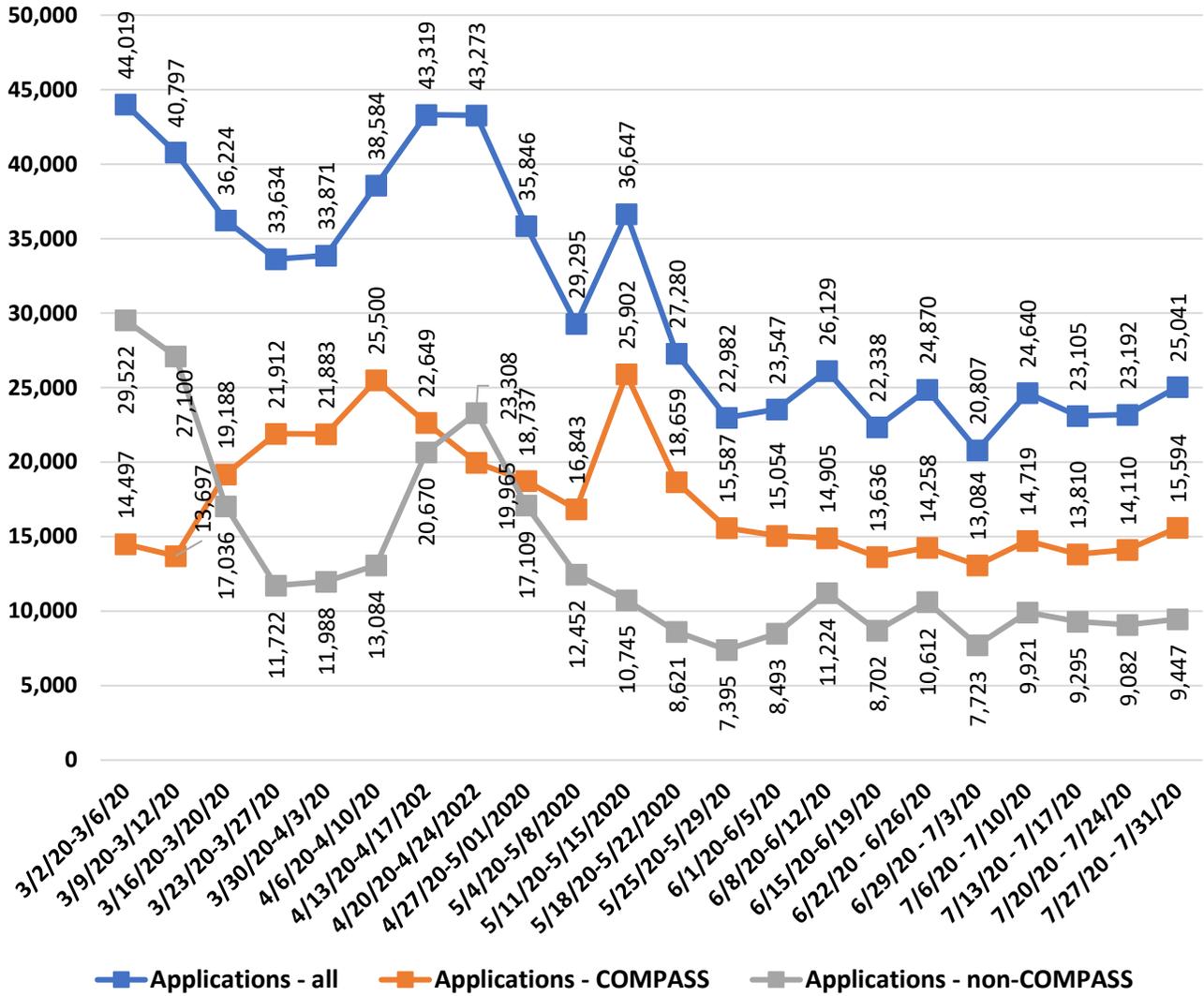
Earlier this week, Food and Nutrition Service (FNS) indicated that they would be open to permitting certain flexibilities for states administering the SNAP program on a longer term basis through December 2020. We are currently reviewing options based on what FNS has indicated they would permit, and as we plan a path forward, we will keep you all informed.

Applications Update

Our weekly application count remains generally stable, but up from last week. We received 25,041 applications, very slightly up from the previous week where 23,192 applications were received. We are still anticipating an increase in applications as the Federal Pandemic Unemployment Compensation lapses, but it will take a few weeks to know if we are truly beginning the spike we have anticipated. Please know that we are monitoring this closely.

As we've discussed previously, the Emergency Assistance Program ended on July 12. We are still processing applications received prior to that deadline. To date, more than 14,289 applications have been received for EAP and 83,534 applications have been received for the LIHEAP Recovery Crisis Program. Of these applications, 4,815 people have been approved for EAP and 42,077 have been approved for LIHEAP Recovery Crisis.

OIM - All Applications by Week



July 29, 2020 Update

RRHCP Call Centers

Over the past few months, we've discussed the support we are providing to long-term care providers formerly through the Education Support and Clinical Coaching Program and now through the Regional Response Health Collaboration Program (RRHCP). As part of their grant agreements, health systems selected to participate in the RRHCP are required to establish 24/7 call centers so they are accessible to long-term care providers who may need more immediate assistance or clinical advice. These call centers are staffed by employees of each health system or the non-profit partners they are working with through their local collaborative.

Long-term care settings offer different levels of care, and less acute settings may not have on-site clinical support necessary to navigating the pandemic. Given the challenges created by the pandemic and the need for clinical guidance, the call centers can help fill this gap through 24/7 technical assistance and clinical support. As we've experienced in the last five months, responding to and managing COVID-19 in a residential setting with medically-fragile residents requires constant vigilance. Quick action is needed if symptoms arise or a case is identified. These call centers – and the RRHCP as a whole – exist so that our long-term care facilities across Pennsylvania know they are not alone in this fight, and we are here to support them as the pandemic progresses.

I hope this will be a critical point of support for our long-term care facilities, and I encourage providers not to be afraid to use this resource if questions or concerns arise. Making that call for back-up or a second opinion could be the difference between one case and an outbreak. This support can help us all save lives.

Health System	Counties Covered	Telephone Numbers
UPMC	Clarion, Fayette, Greene, Somerset, Venango	412-648-6714
Allegheny Health Network	Armstrong, Beaver, Clearfield, Indiana, Jefferson	866-496-1766
UPMC/Allegheny Health Network	Allegheny, Butler, Cambria, Lawrence, Mercer, Washington, Westmoreland	412-648-6714 or 866-496-1766
LECOM Health	Cameron, Crawford, Elk, Erie, Forest, McKean, Warren	814-451-1595
Thomas Jefferson University/Mainline Health	Berks, Delaware, Montgomery, Philadelphia*	215-395-8548
Lehigh Valley Health Network	Carbon, Lehigh, Monroe, Northampton, Pike, Schuylkill	888-402-5846, option 3
Geisinger	Bradford, Centre, Clinton, Columbia, Luzerne, Lackawanna, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming	570-271-6009

University of Pennsylvania/ Temple University Hospital	Bucks, Chester, Lancaster, Philadelphia*	215-707-1300
Penn State Health	Adams, Bedford, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lebanon, Mifflin, Perry, York	717-265-8577

Child Care Update

I wanted to address concerns raised around a decision made regarding Child Care Works base payments for September. Child Care Works is a subsidy program that expands access to safe and stable child care by making it more affordable for low-income Pennsylvania families.

Early in the crisis caused by COVID-19, DHS made the decision to pay Child Care Works payments to providers based on enrollment, instead of attendance, as a way to sustain the industry through the stay-at-home orders. While this approach has helped child care providers weather this crisis, this payment approach has only supported families that were already receiving services. Meanwhile, the waiting list for Child Care Works has grown to more than 1,324 families.

Our Office of Child Development and Early Learning (OCDEL) recently announced that for September, the pre-pandemic payment structure will be reinstated. That’s because reverting back to real-time attendance numbers will allow more families to receive the Child Care Works subsidy and gain access to safe and stable child care.

COVID-19 has created an unprecedented challenge across nearly every facet of life. Child care providers have felt this impact acutely. Child Care Works payments were converted to enrollment versus attendance because child care was not deemed an essential business during the stay-at-home period, so even though some providers operated with a waiver to serve essential employees, some remained closed. But we know how important child care is to both a healthy, functioning economy and the parents and families who rely on it, so paying Child Care Works base rates by enrollment versus a center’s real-time attendance was a way to help providers weather the shutdown period. We recognize that returning to payment by attendance will be a change for providers, but it’s a change that’s necessary to ensuring more families can enter into this program as they qualify.

We are also committed to continuing support for providers. In addition to supporting the industry through a nearly six-month period with a revised Child Care Works payment structure, the Wolf Administration has also prioritized investment of CARES Act dollars in child care providers to support costs child care providers faced during closure, compensate for the slow return to full enrollment, and purchase materials and supplies to meet the Centers for Disease Control and Prevention Guidelines for Child Care that Remain Open. In June, the Wolf Administration distributed \$51 million in CARES Act Child Care Development Funds to eligible child care providers. An additional \$53 million from CARES Act funding was announced in early July and is being distributed. Another \$116 million will be distributed in the coming months, bringing the total sum of financial support to child care providers to \$220 million. And, this is on top of the Child Care Works payments that have been made based on enrollment since March. DHS is also working with Penn State Harrisburg’s Institute of State and Regional Affairs on an impact study to understand challenges for child care providers reopening and resuming operations during COVID-19, and this study will inform distribution of the final \$116 million and other decisions

moving forward. This study is nearing completion, and the results of the study and funding recommendations will be released soon.

We need a healthy child care industry, but families, particularly lower-income families served by Child Care Works, also need to be able to access affordable child care. We are committed to continuing to support access to child care for Pennsylvania families and supporting the employers and child care workers who provide this critical service. Thank you for all you do, both through these difficult times, and always.

Hazard Pay FAQs

Earlier in July, Governor Wolf announced \$50 million in grant funding for life-sustaining employers looking to provide hazard pay to employees who worked in life-sustaining businesses and operations during the pandemic. This includes health care and social services, hospitals, and nursing and long-term residential care facilities, among others and will support employees earning less than \$20 an hour, excluding benefits and overtime. Applications are due this Friday, July 31.

The grant program is being run through the Department of Community and Economic Development, and more information is available on their website, www.dced.pa.gov. An FAQ on this funding is now also [available on DCED's website](#). It addresses what types of industries are eligible or ineligible for this funding, the type of employees who can be paid through this funding, and how to apply. I encourage you to consult this if you have questions on the grant.

ODP Waiver Update

On July 23, 2020 the Office of Developmental Programs' second Appendix K amendments for the ID/A and Adult Autism Waivers were approved by the Centers for Medicare and Medicaid Services. The most significant changes in the amendment include:

- The coverage under the waivers for personal protective equipment (PPE) for individuals 21 and over and their unpaid caregivers;
- Expanding the number of hours of Supports Broker services available to participants who self-direct services;
- Payment for a direct support professional while a participant is hospitalized for any diagnosis if, because of the person's disability, support beyond what a hospital is required to provide is necessary;
- Extending the Department's timelines for reporting to CMS;
- Approval for a modified interim Quality Assessment and Improvement (provider oversight) process; and
- Revisions to align with new CMS rules on retainers that limit retainers to 3 episodes of 30 days.

On July 26, 2020 ODP also received CMS approval, with revisions, for some regulatory suspensions or modifications for Intermediate Care Facilities. The most significant regulatory suspensions or modifications include:

- Modification of the requirement for residents to communicate and associate freely with individuals of their choice. CMS provided approval that this requirement could be met through the use of technology;

- Modification of active treatment plans if required to comply with state restrictions on community activities and social distancing guidelines;
- Suspension of community outings where necessary to comply with state restrictions on activities in the community and social distancing requirements;
- Staffing flexibilities that allow for the adjustment of staffing patterns; and,
- ODP is scheduling webinars and will publish written guidance regarding these changes over the next couple of weeks.

OIM Program Update

SNAP Waivers

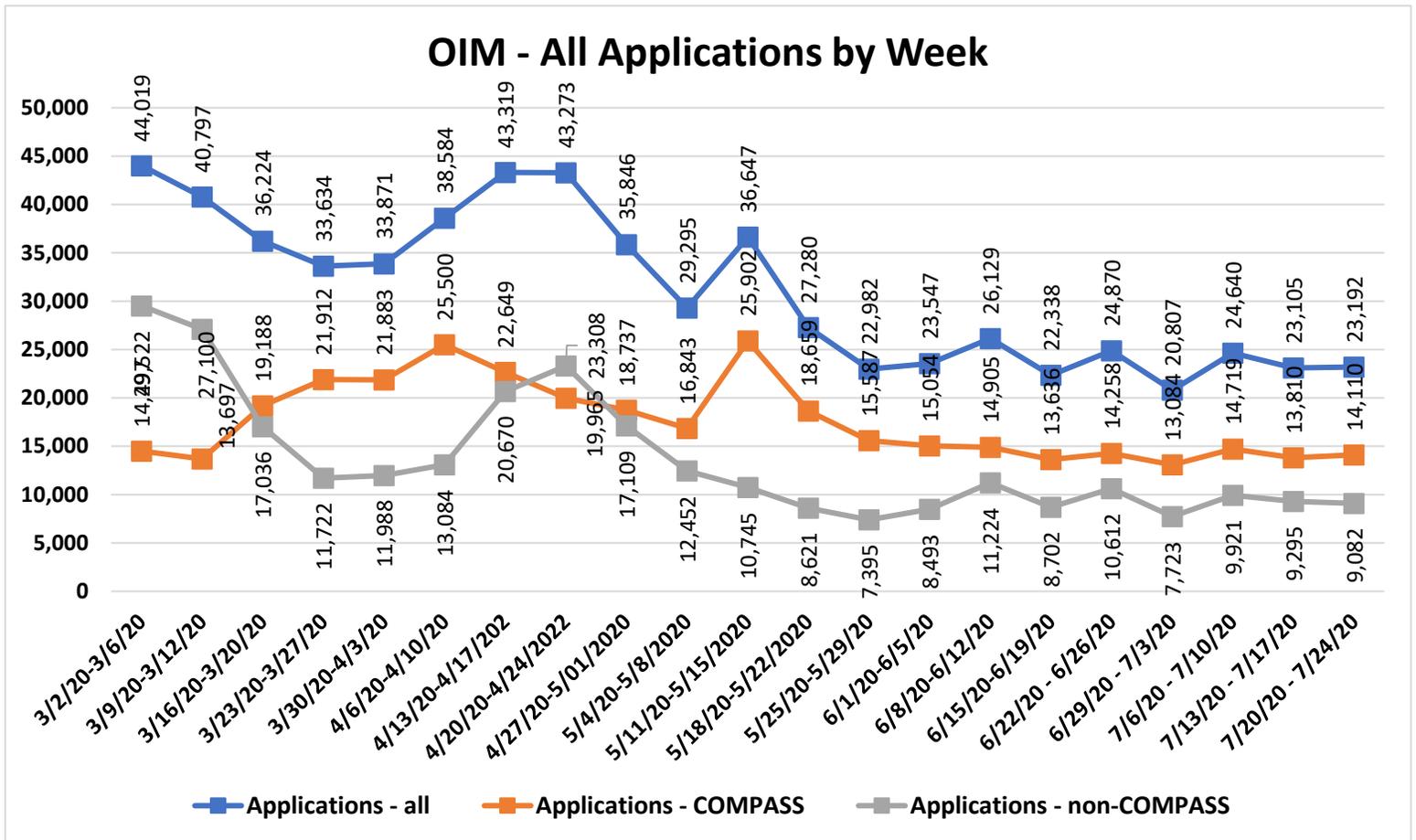
In last week's written update, we mentioned that Food and Nutrition Service indicated that they were willing to reconsider previously-denied SNAP waivers. For Pennsylvania, that meant requests to extend renewals and semi-annual reports, and to waive interview requirements. We refiled these waiver requests, and as of last Thursday, FNS granted these waivers for July and August.

OIM was able to suspend mailing out semi-annual reporting forms for August, so these will not go out as planned. However, the renewal packets that were in progress before FNS indicated that they would reconsider denials have been issued. Any returned renewals will be processed, but renewals that are not complete or not returned will not result in a case termination at this time. Also, as stated, no interview will be required for the completion of these renewals.

FNS has indicated that extensions beyond August will be approved on an extremely limited basis, and states should make arrangements to ensure they are able to return to their new normal by September 1, 2020. We are continuing to meet with the FNS National Office to discuss options for September, and we will continue to request waivers as we can because, as we know, this pandemic is not over. I hope that FNS will continue to recognize this as they did in changing course for July and August and allow us and other states to continue to meet the challenges of this pandemic by removing barriers for the people we serve.

Applications and Enrollment Update

Transitioning to our update on applications trends, our weekly application count remains stable. We received 23,192 applications, very slightly up from the previous week where 23,105 applications were received.



As we've discussed previously, the Emergency Assistance Program ended on July 12. We are still processing applications received prior to that deadline. To date, more than 14,271 applications have been received for EAP and 76,943 applications have been received for the LIHEAP Recovery Crisis Program. Of these applications, 4,806 people have been approved for EAP and 39,800 have been approved for LIHEAP Recovery Crisis.

Many of you are likely aware that the federal pandemic unemployment compensation program, which provided an extra \$600 a week to people who are eligible for unemployment, lapsed last weekend. This is something we've been anticipating for a few months now, and something we remain deeply concerned about.

That additional money has likely been what has kept Pennsylvanians away from many of DHS' programs and more financially stable despite lost employment and income. It's been a stabilizer for people, and we are very worried about how losing this will really start to hurt people as cases of COVID-19 continue to rise in Pennsylvania and nationally. DHS will be here for those who qualify for and will need these programs, but the federal government has the power to restore this additional benefit and keep individuals and families from slipping into poverty. This assistance has successfully kept people afloat

during these difficult times. The program worked in keeping people solvent while they are out of work, and I urge both houses of Congress and the Trump Administration not to lose sight of that as they negotiate the next relief package.

A healthy economy relies on a healthy workforce. We need to be sure that the people we serve are able to meet essential needs while they are unemployed. Left without assistance, people may fall into financial circumstances that extend beyond this pandemic. We will do everything we can at DHS to prevent this from happening, and we are preparing for the potential surge in applications that we anticipated when this benefit ended. Despite this, I hope the federal government takes the opportunity and responsibility here seriously and works to minimize both short and long-term harm to people who lost employment and remain out of work due to the pandemic.

Stigma Stories

Over the last few weeks, we've made requests for stories of people served by DHS programs. I want to thank those who have sent stories, and I wanted to remind you all the first in this series is [now live on DHS' website](#). It's the story of Dan Jurman, director of the Governor's Office of Advocacy and Reform, and how the public assistance system has helped him throughout his life and influenced his work.

I wanted to share this as an example of how our communications team hopes to use these stories. All of us know the value of a strong and accessible public assistance system. I've said before that it is needed in normal times and critical in challenging times like we face today. But we also know that there's a stigma associated with it and stereotypes that aren't representative of how this system helps people. I hope Dan's story is helpful in showing what we want this project to turn into, and moving forward, we'll have more stories to share in the coming weeks.

If you've reached out to our Communications Director Ali Fogarty, she'll be in touch soon to talk about how what you've sent could fit into this project. Thank you for your contributions so far, and if you have more to share or new ideas after reading Dan's story, please send them to Ali at alfogarty@pa.gov. Thank you, as always, for your consideration and support.

Equity

I've talked previously about the work DHS is doing to look for opportunities to become anti-racist through our work and start to correct generations of racism and inequity that still exist in government systems and society at large. This is and must be a long-term process. There will be no finish line for this work. We must be open to learning and being imperfect, but we remain committed to change.

An important part of that work is about looking inward – where are we as an organization? Where have we succeeded? Where must we improve to honor, respect, and better serve our own employees who represent marginalized groups?

There have been numerous conversations in the past few weeks to start this process. It's been eye-opening and necessary, but I am grateful for the employees who have taken time to share their experiences and perspectives. I think I speak for many on our executive team when I say that the conversations we have participated in have been incredibly humbling and a testament to how critical it is that we actively embed equity in all of the work we do. I, and all of us, remain committed to

prioritizing this work here at DHS.

This work continues both with a focus on DHS internally and in our external, public-facing programs and interactions. In the next few months, we will share a road map that will guide the work we do to advance equity both internally through our own staff and structure and externally through the people we serve. This is not something we will be able to accomplish alone, and we need feedback and partnership if we are going to advance this vision. I'm excited to share more on this, but until it is ready, I wanted you all to know that this work is continuing. We cannot solve generations of racism, trauma, and inequity in a day, a week, a month, or a year, but we cannot make progress without beginning the work. No one can dismantle this quickly or individually, and we must work together to bring about this overdue change.

As I said before, it's going to be a constant journey. Where progress is made, new opportunities and challenges will be identified. But we remain committed to moving forward, keeping a foot on the gas pedal, and bringing about good, necessary change.

ADA 30th Anniversary

I wanted to acknowledge an anniversary that we are recognizing this week at DHS. On July 26, 1990, President George H.W. Bush signed the Americans with Disabilities Act (ADA), a landmark civil rights law that grants protections to people with disabilities in employment, government services, public accommodations, telecommunications, and provisions like transportation. The ADA also prohibits discrimination against individuals with disabilities in all areas of public life.

We continue to defend the rights guaranteed by the ADA. We are in the middle of a pandemic that disproportionately affects people with disabilities, and we know that there is still stigma associated with disability. Pennsylvania is better off when we include the talents of all people and when we work to be inclusive and break down barriers to access and meet a person's needs, we provide them with a foundation to excel in all aspects of life and to enrich our communities.

On behalf of my colleagues in the Wolf Administration, I want to affirm our commitment to upholding the ADA and to continue to create opportunities for all Pennsylvanians with disabilities, and I want to thank each of you as our partners who make this work possible every day.

July 22, 2020 Update

Child Care for School-Aged Children

In June, the Pennsylvania Department of Education issued guidance to schools directing them to create district specific Health and Safety Plans. This guidance serves as a starting point for school leaders to consider in their preparations for the upcoming year, and applies to school districts, charter schools, regional charter schools, cyber charter schools, career and technical centers, and intermediate units and can be found [here](#). A consideration in the planning guidance is deciding whether students will return to school in the fall full-time, part-time, or to completely move to a virtual learning environment. As a result, many school districts across the commonwealth are beginning to announce their intentions to offer part-time school weeks to mitigate the spread of COVID-19 and allow fewer students to be in school buildings at the same time.

These announcements have raised questions regarding availability of child care for school-aged children. The primary question focuses on payment practices for providers serving children and families enrolled in Child Care Works (CCW). The majority of child care providers serving school-aged children agree to a blended payment rate that is a calculation of reimbursement for the 205 days in the traditional calendar months of the school year. This is calculated on 180 part-time school year days and 25 full-time school year days, and summer services are calculated separately. As the Office of Child Development and Early Learning (OCDEL) anticipates the 500 Pennsylvania school districts will present unique plans for the upcoming school year, for the 2020-21 school year, the blended rate will not be used. If a school-aged child needs care, their schedule will be entered in PELICAN, the data system OCDEL uses to track enrollment, attendance, and payment. This change will allow child care providers to receive payments reflecting the schedules working families' need for their children while not in school. OCDEL anticipates issuing a policy announcement to child care providers and Early Learning Resource Centers by the end of the week. In May, OCDEL records indicated there were more than 45,000 school-aged children enrolled in CCW at more than 4,650 provider locations.

Another question being raised is whether child care programs licensed to operate on a K-12 school property will be able to do so. These decisions are made at the local level by the school districts as they are creating their health and safety plans. Each district has designated a pandemic coordinator and we are advising all child care providers, especially those operating in school buildings, to work with this coordinator to discuss individual plans and local child care needs. OCDEL has an emergency relocation process to support licensing a program that is unexpectedly required to move during the year, typically due to fire, flood, or building damage, and OCDEL will support child care providers with emergency licensing if they are displaced due to COVID-19 mitigation strategies.

Hazard Pay for Essential Workers

Last week, Governor Wolf announced \$50 million in grant funding for life-sustaining employers looking to provide hazard pay to employees who worked in life-sustaining businesses and operations during the pandemic. This includes health care and social services, hospitals, and nursing and long-term residential care facilities, among others and will support employees earning less than \$20 an hour, excluding benefits and overtime. The grant program is being run through the Department of Community and Economic Development, and more information is available [here](#).

CARES Funding FAQs

In anticipation of questions related to use and reporting requirements for CARES Act funds issued by DHS, a set of frequently asked questions were prepared. The FAQs are available [here](#) and will be updated if information changes or new questions arise.

Office of Income Maintenance Updates

County Assistance Office Reopening Plan

Originally, we had planned to reopen County Assistance Offices at the beginning of July. However, in the last weeks, COVID-19 cases have been steadily rising again around Pennsylvania. Due to these increases and the announcement of targeted mitigation efforts, DHS is pausing the reopening of CAOs to the public. Our chief priority is to maintain the health and safety of our staff and clients, and we are accordingly moving forward with an abundance of caution.

We continue to update the reopening plan and to discuss next steps with our health experts and the Governor's Office so that we can proceed with this plan at a more stable time. We anticipate implementing a staggered approach with several stages based on county incidence rates in combination with confirmation by location that the site has met a set of health and safety measures in place to mitigate transmission of the virus. We continue to acquire supplies (hand sanitizer, masks, disinfectant sprays, etc.) to ensure offices have what they need to keep staff and customers safe. We will also continue to monitor COVID-19 trending rates and office exposures in the event that any offices would need to be closed.

In the interim, we are focusing on an intentional plan to address service gaps while CAOs remain closed to the public, including collaboration with community partners and advertising the ability to access services without in-person visits. Currently:

- Materials have been created and shared on services available remotely and on how to apply for and renew benefits online via COMPASS and the myCOMPASS mobile app.
- External office mailboxes are being used so people can drop off applications and documents.
- Individuals who need paper applications and do not have access to a computer or the internet can call their CAO and have paperwork mailed to them.
- Organizations can request paper applications to provide to individuals.

We are also exploring additional strategies and continue to seek input from stakeholders and staff on reaching people during this time. For example:

- CAOs can work with community partners to help homeless individuals obtain EBT cards as needed.
- Options are being explored regarding the possibility of having staff present at some community partner sites.
- Online training modules may be developed to help people complete forms and avoid common errors.

We do not yet have a timeline for reopening CAOs to the public, but it is our goal to provide access during this time and to safely resume in-person services as soon as possible. Thank you for your support. We will keep you informed as we make progress on a plan for reopening that is as safe and sustainable as possible.

SNAP Waiver Updates

We continue to work with Food and Nutrition Service (FNS) to maintain flexibility and access to the Supplemental Nutrition Assistance Program (SNAP) through waivers. We recently received approval to continue our waiver on the face-to-face interview requirement for SNAP quality control through September 30, 2020.

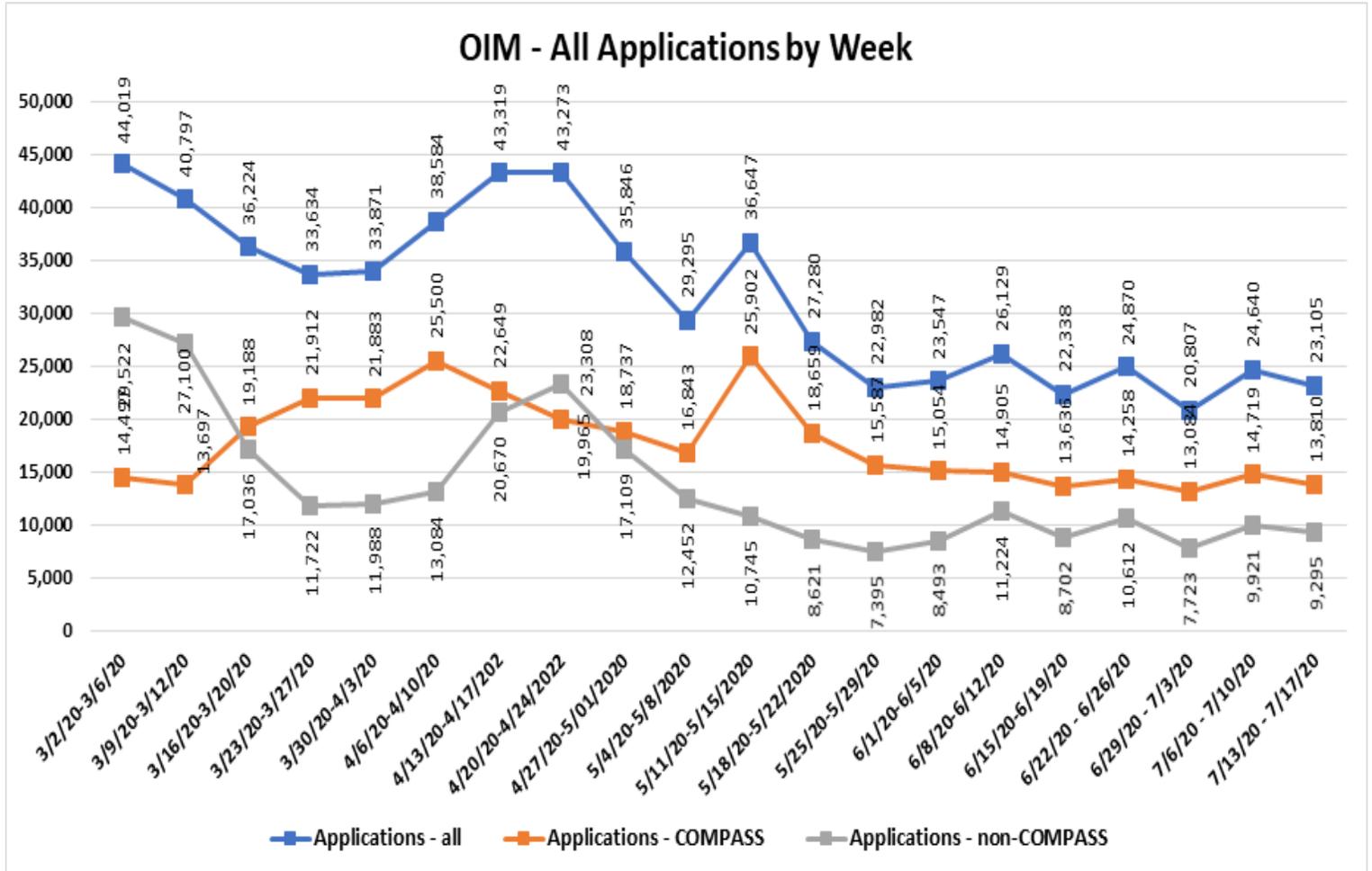
Semi-annual reporting and annual renewals for SNAP will resume next month for households whose reporting and renewals are due in August 2020. This is due to FNS denying our request to continue the waiver to extend certification periods and waive on-going reporting. We have heard that may be considering granting states who were previously denied these waivers flexibility, but at this point, we are still awaiting more information.

Pennsylvania was approved to continue supplemental SNAP payments for August. July's supplemental payments are currently processing and will be issued before the end of the month.

Enrollment and Application Data Update

Our weekly application count has seen a slight decrease over the previous week. We received 23,105 applications last week, down from 24,640 the week prior. Applications remain down but steady. At this time, federal Pandemic Unemployment Compensation will end this week, and we are anticipating a potential increase in applications due to the loss of this extra \$600 a week in income. We continue to

work with the Department of Labor and Industry so those who are affected by this program ending know that DHS is here and is ready to be a support if individuals or families qualify.



As a reminder, the Emergency Assistance Program ended on July 12. We are still processing applications received prior to that deadline. To date, 14,252 applications have been received for EAP and 69,771 applications have been received for the LIHEAP Recovery Crisis Program. Of these applications, 4,787 people have been approved for EAP and 36,988 have been approved for LIHEAP Recovery Crisis.

July 15, 2020 Update

Regional Response Health Collaborative Program (RRHCP)

Yesterday, we announced selected health systems and academic medical centers for the new Regional Response Health Collaborative Program (RRHCP). As we've discussed previously on these calls, the RRHCP replaces the Education Support and Clinical Coaching Program (ESCCP) in providing operational, clinical, and administrative support for long-term care facilities as they protect their residents and staff from COVID-19.

This network will build on the ESCCP's successes and continue to support long-term care facilities across Pennsylvania as they respond to COVID-19 through support with best practices in infection control, contact tracing efforts, and on-site and virtual clinical consultations. RRHCP partners will also assist with baseline universal testing required under the Department of Health's expanded testing order issued at the end of June. This testing will also cover asymptomatic staff and residents.

Applicants selected for the RRHCP and regions they will serve include:

- Thomas Jefferson University and the University of Pennsylvania in Southeast Pennsylvania;
- Geisinger Clinic and Lehigh Valley Hospital in Northeast Pennsylvania;
- The Pennsylvania State University in Southcentral Pennsylvania;
- Geisinger Clinic in Northcentral Pennsylvania;
- UPMC Community Provider Services in Southwest Pennsylvania; and,
- LECOM Health and UPMC Community Provider Services in Northwest Pennsylvania.

These selected applicants may choose to work with other health networks and non-profits to meet the needs of long-term care facilities in the region they will serve, but the grantees just mentioned are the primary grant recipient. More information about this program can be found in our [press release](#) announcing partners for this program.

As COVID-19 cases rise again in Pennsylvania, we cannot lose sight of how delicate circumstances can be in our long-term care facilities. This network will bolster the work of the dedicated staff at each of these facilities to protect the people they serve from this virus, and we look forward to continuing this additional support so we may learn from and overcome these challenges together.

ChildLine Update

As we've discussed on previous calls over the last few months, we've closely monitored data on reports of potential child abuse called into ChildLine. With schools closing early, there was a lot of concern about the loss of direct interaction between children and mandated reporters in schools.

While there is still a drop in reports compared to what we received in 2019, the initial drop did level off in part, we think, due to schools and teachers becoming more accustomed to virtual schooling and getting more "face" time with children. I also think some of the awareness efforts undertaken by DHS in partnership with each of you, media outreach, and advocacy from other stakeholders did help raise awareness to the need for attention on this important issue. As I've said before, you do not need to be a mandated reporter to make that call to ChildLine, and I want to thank everyone who has helped spread

the word on signs of abuse and how to call ChildLine.

In June, 12,930 calls were made to ChildLine for potential child abuse or neglect, compared to 14,819 in June 2019. This is a 13 percent change, and while we know a reduction in calls does not mean less child abuse, we are encouraged to see this closing gap and encourage mandated and permissive reporters to call ChildLine when they have concerns for a child.

Again, I want to thank everyone who has helped educate the public on the need to report potential abuse and neglect, and staff in the Office of Children, Youth, and Families and our county child welfare agencies for their work over the last few months. Child welfare can be an incredibly difficult field in normal times, and as we're all working under a new playbook, there aren't always immediate answers and solutions for the challenges we're facing. I'm grateful for their nimbleness and their dedication – something we will continue to need going forward, but I know we will see from this field.

CARES Funding Update

I wanted to give an update on where we stand with funding from the CARES Act that has been paid so far, and what still needs to be issued.

- On June 22, funds were issued to approximately 80 autism services providers.
- On July 1, funds were issued to:
 - Nursing Facility providers, based on MA occupancy (\$196,000,000);
 - Nursing Facility providers, based on certified beds (\$46,765,158.72, MA NFs only);
 - Living Independence for the Elderly (LIFE) providers (\$10,000,000);
 - Community HealthChoices (CHC) Managed Care Organizations (MCO) (\$50,000,000);
 - Residential Habilitation (Res-Hab) providers (\$1,000,000); and,
 - Critical Access Hospitals (\$10,000,000).
- On July 8, funds were issued to Ventilator or Tracheostomy (Vent-Trach) Care providers (\$8,000,000)
- Today, funds are being issued to:
 - Adult Day Services providers (\$13,000,000);
 - Home Health Care and Home Care Agency Personal Assistance Services (PAS) Payment (\$112,000,000); and,
 - Approximately 600 providers participating in the ID – Community Waiver program (\$259,280,000).
- For funding that requires a request or paperwork by providers, payments are being processed once the request is received, and payments are typically issued 10 days after the invoice is approved for payment. This include payments for:
 - Personal Care Home (PCH) and Assisted Living Residences (ALR) Payment, based on census (\$45,000,000);
 - PCH Payment, based on recipients receiving SSI payments (\$5,000,000); and
 - Nursing Facility Payment 2, based on certified beds (\$2,234,841.28, non-MA NFs).
- Payment is in process for:
 - Direct Care Worker / Consumer-Directed Personal Assistance Services (PAS) Payment (\$28,000,000), and we expect to make this payment on July 29 or August 5; and
 - The Homeless Assistance Program (\$10,000,000), which we expect to pay on July 22.

- We are amending agreements to distribute funding for:
 - Legal Services (\$8,000,000); and
 - Domestic Violence (\$10,000,000)
- A CARES Act funding FAQ is in the final internal review and is expected to be released next week.

Supporting Food Security Efforts

Earlier this week, I was able to travel to Philadelphia to spend time volunteering at Philabundance's warehouse. They and other food banks around Pennsylvania are still working tirelessly to pack food for distribution and support local food pantries and soup kitchens in their communities. While support from the federal government on assistance and relief programs is uncertain, our charitable food network is still seeing increased demand and need at distributions.

The economic insecurity many people are facing right now is very real, but beyond the economic crisis, we are also in a public health crisis. Food and nutrition are vital to good health, and we cannot allow people to become more vulnerable to COVID-19 or other long-term health issues because they are having trouble keeping food on the table. No one is alone during this time, and no one needs to go hungry. If you, someone you know, or someone you work with does not have enough to eat right now, please contact or encourage them to contact their local food bank or pantry.

Local charitable food organizations can be found at www.feedingpa.org, www.hungerfreepa.org, or a resource organized by the [Pennsylvania Department of Agriculture](http://www.pennsylvania.gov). You can also find local resources in your community through the United Way of Pennsylvania's 211 service, which is available by texting your zip code to 898-211.

Just as this need is not going away, we know that the demand on the charitable food network has created a need for additional support. I encourage anyone who is healthy to please consider taking some time to volunteer with your local food bank, or you can make a monetary donation if you are able. The charitable food network's operations are seriously altered because of this situation, but their services are and will continue to be incredibly needed. We must be sure that they're able to help out in any way, please contact your local food bank to get involved and help you neighbors and community during this time of great need.

Office of Income Maintenance Updates

County Assistance Office Reopening

I wanted to take a few minutes to discuss where things stand with reopening our County Assistance Offices. Originally, we had planned to reopen these offices at the beginning of July. However, as we all know, in the last two weeks COVID-19 cases have been steadily rising again around Pennsylvania.

This necessitated a shift in how we think about bringing public-facing offices and in-person services back online. How can we safely manage the flow of people coming into the office? How can we encourage use of online services as much as possible even if offices are open? What happens if we have to close offices again?

All of these questions must be considered and planned for. We want to reopen these offices, but we must also keep staff and clients safe. We know in-person services at County Assistance Offices are

important for reaching clients and people in need who do not have stable housing or access to technology, but we also do not want this space to be a place that jeopardizes staff or client health.

As I've discussed previously on these calls, we want to do all we can to ensure that there are not gaps in services while CAOs are closed to the public. I ask each of you to help us try to fill a potential gap in service for clients who are not able to use online services. Our Bureau of Operations is developing connections with local homeless shelters and other community agencies to assist in these circumstances. In some cases, we have had EBT cards and other items mailed to those locations at times when someone has contacted us and needed these items. We can also provide paper applications to individuals or organizations if they are needed, and if any of you are in contact with people who need assistance, you can help them complete these applications and we can work together to meet this need.

We do not yet have a timeline for reopening CAOs to the public, but conversations are on-going with the Department of Health, the Department of General Services, and the Governor's Office, and it is still our goal to safely resume services as soon as possible. Thank you for your support. We will keep you informed as we make progress on a plan for reopening that is as safe and sustainable as possible.

P-EBT

I wanted to provide an update on issuance of P-EBT benefits to eligible families. As a reminder, the P-EBT benefit provides food assistance to families of students who are eligible for free and reduced-price meals under the National School Lunch Program or the School Breakfast Program.

As you may be aware, we have been issuing these benefits in phases. The first two phases – families who are known to DHS already or attend school in the School District of Philadelphia are complete and cards have all been mailed. This covers the majority of students eligible for P-EBT – nearly 845,000 students. The third and fourth phases cover students who are eligible through their school's Community Eligibility Provision but whose information was not immediately available to the Department of Human Services. The PA Department of Education worked with local school districts to obtain student information so we could issue benefits to these families. These phases also included students whose addresses needed to be corrected, as well as students deemed eligible after the Phase 1 and 2 distributions. Information for the third phase was sent to our EBT vendor on July 2, and cards should be received by the end of July. The fourth phase information was sent to our EBT vendor on July 13, and cards should also be received by the end of the month.

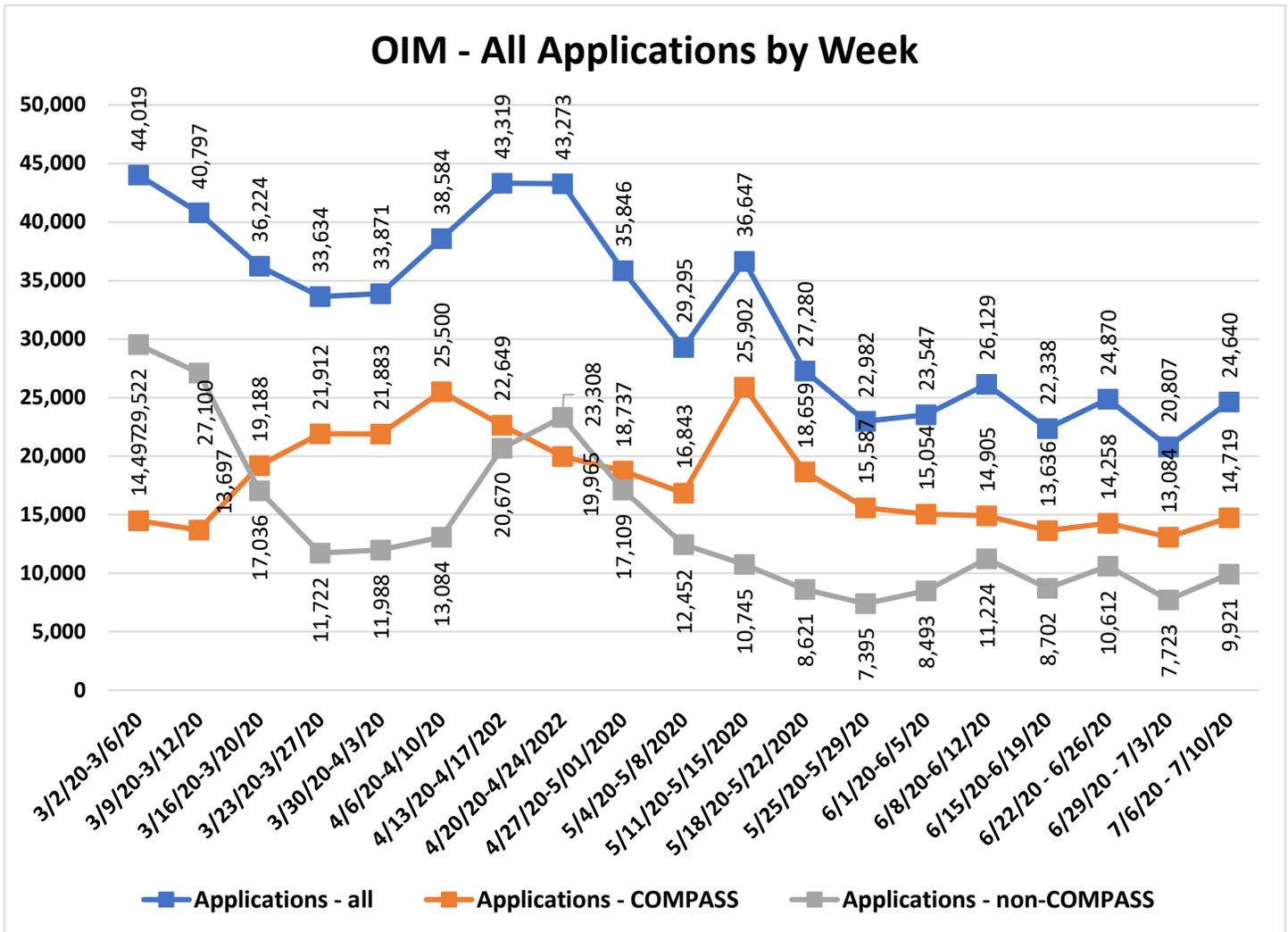
We still have several school districts who have not yet submitted their information for eligible students. We received approval from FNS to implement a Phase 5 P-EBT program to give these schools until July 24th to provide student information, and we are working on targeted outreach to these districts to receive all files by that date.

We are aware that families may still be waiting for the card to arrive. We ask that families wait to contact us if their card has not arrived by the end of the month. At that time, families with concerns over missing cards can email ra-pwpebtquestions@pa.gov. More information on the P-EBT and the distribution phases is available on [DHS' website](#).

Applications and Enrollment Data

Transitioning to our update on applications trends, our weekly application count has seen a slight increase over the previous week. We received 24,640 applications last week, up from 20,807 the week

prior – consistent with what we saw in weeks before the July 4 holiday, which was observed on Friday, July 3 and likely caused the decrease in application count seen last week.



The Emergency Assistance Program ended on July 12. We are still processing applications received prior to that deadline. To date, more than 14,224 applications have been received for EAP and nearly 66,187 applications have been received for the LIHEAP Recovery Crisis Program. Of these applications, 4,742 people have been approved for EAP and 35,436 have been approved for LIHEAP Recovery Crisis.

Stigma Stories

Over the last few weeks, we’ve made requests for stories of people served by DHS programs. I want to thank those who have sent stories, and I wanted to share that the first in this series is [now live on DHS’ website](#). It’s the story of Dan Jurman, director of the Governor’s Office of Advocacy and Reform, and how the public assistance system has helped him throughout his life and influenced his work.

I wanted to share this as an example of how our communications team hopes to use these stories.

All of us know the value of a strong and accessible public assistance system. I've said before that it is needed in normal times and critical in challenging times like we face today. But we also know that there's a stigma associated with it and stereotypes that aren't representative of how this system helps people. I hope Dan's story is helpful in showing what we want this project to turn into, and moving forward, we'll have more stories to share.

If you've reached out to our Communications Director Ali Fogarty, she'll be in touch soon to talk about how what you've sent could fit into this project. Thank you for your contributions so far, and if you have more to share or new ideas after reading Dan's story, please send them to Ali at alfogarty@pa.gov. Thank you, as always, for your consideration and support.

Thank you all again for taking the time to join us today and for all you are doing to serve the people of Pennsylvania. Please continue to practice social distancing and, when you must go out in public, wear a mask. As you may have seen in the Governor's announcement today, we will continue to make data-driven decisions necessary to properly respond to this pandemic as it progresses. What we do today determines where we will be in approximately two weeks, so please keep that in mind when you think about what you can do to fight this pandemic and keep people safe.

July 8, 2020 Update

HealthChoices Procurement

Today, DHS [announced applicants](#) selected through a Request for Applications (RFA) for Pennsylvania's HealthChoices program, the Medicaid physical health managed care program that provides healthcare coverage to more than 2.6 million people. DHS is unable to move forward with the selections, however, due to the pendency of protests.

Successful applicants were selected through a competitive procurement that evaluated applicants' soundness of approach, personnel qualifications and staffing and prior experience and performance. Applicants selected were the top scoring applicants for their zone. Selected applicants for each service zone are as follows:

- **Southeast:** Geisinger Health Plan, Health Partners Plans, UnitedHealthCare, UPMC *for You*, and Vista Health Plan (Keystone First);
- **Lehigh/Capital:** Gateway Health, Geisinger Health Plan, Health Partners Plans, UPMC *for You*, and Vista Health Plan (AmeriHealth Caritas);
- **Northeast:** Geisinger Health Plan, Health Partners Plans, UPMC *for You*, and Vista Health Plan (AmeriHealth Caritas);
- **Northwest:** Geisinger Health Plan, Health Partners Plans, UPMC *for You*, and Vista Health Plan (AmeriHealth Caritas); and,
- **Southwest:** Gateway Health, Geisinger Health Plan, Health Partners Plans, UPMC *for You*, and Vista Health Plan (AmeriHealth Caritas).

For more information on the HealthChoices procurement and requirements of the RFA, view the RFA [here](#). Questions regarding this RFA should be directed to the contact listed on eMarketplace.

Resource and Referral Tool

The COVID-19 pandemic and its lasting effects have heightened the urgent need for a customer-friendly system to assist the public in locating resources and efficiently and effectively connect individuals with critical services such as food, housing, transportation and childcare, as well as many other needed critical services. Accordingly, yesterday, DHS [publicly released](#) a Request for Expressions of Interest (RFEI) to procure a contractor to provide a person-centered statewide resource and referral tool. The tool will serve as a care coordination system for providers such as health care and social services organizations and will include a closed-loop referral system that will report on the outcomes of the referrals. It will also serve as an access point to search and obtain meaningful information to help Pennsylvanians find and access the services they need to achieve overall well-being and improve health outcomes.

The resource and referral tool, when implemented, will allow providers to assess a person's health or social service needs during a physician's office or emergency department visit, or when receiving case management services, among others. Individuals, service providers, government agencies, caregivers, educational institutions, faith-based groups, and advocates will also be able to use this tool to help navigate the system of resources, and work together to reduce duplication of services as well as the time it takes for individuals to receive much-needed services. The tool will allow service providers to bridge the gaps that make service continuity and follow-up on referrals difficult.

By looking at critical social determinants of health, including employment, childcare, transportation, food security, access to health care, and housing stability, the Commonwealth and all network organizations can help individuals achieve better long-term health outcomes and maximize the impact of health care dollars.

This project has been in the works for some time now, and the negative impact of COVID-19 on Pennsylvania residents has shown how imperative a centralized, easy-to-navigate system would be to help individuals and families in need of assistance. No one person or provider can help a person fully address all of these goals on their own, and that is okay. With this resource and referral tool, we hope to establish a system where we can break down walls in the health care and social service system and improve health outcomes and quality of life for Pennsylvanians.

For more information and to read the RFEI, visit [eMarketplace](#).

Child Care Updates

On Monday, Governor Wolf and Secretary Miller [announced \\$53 million](#) in additional financial support for child care providers that have suffered during COVID-19. This funding comes from the CARES Act and will be available to providers by the end of July.

Our Office of Child Development and Early Learning (OCDEL) is still working with Penn State Harrisburg's Institute of State and Regional Affairs on an impact study to understand challenges for child care providers reopening and resuming operations during COVID-19. Initial data from the study are indicating that despite the first round of \$51 million distributed in June, providers are still experiencing challenges affording reopening and on-going cleaning and sanitation costs necessary to keep staff and children safe from COVID-19. Distributing additional stimulus funds in July is critical to ensure adequate capacity is available in the future. To date, 169 child care providers have permanently closed since the beginning of the COVID-19 pandemic. Funds to support child care will be distributed based on provider type and licensed capacity:

Provider Type	Number of providers	\$ per provider	\$ Total
School-age only	779	\$2,700	\$2,103,300
Family Child Care Homes	1,409	\$1,700	\$2,395,300
Group Child Care Homes	661	\$2,000	\$1,322,000
Category 1 Child Care Centers (licensed capacity of 8-26)	406	\$2,600	\$1,055,600
Category 2 Child Care Centers (licensed capacity of 27-38)	418	\$4,200	\$1,755,600

Category 3 Child Care Centers (licensed capacity of 39-49)	420	\$5,600	\$2,352,000
Category 4 Child Care Centers (licensed capacity of 50-62)	421	\$7,200	\$3,031,200
Category 5 Child Care Centers (licensed capacity of 63-77)	414	\$9,000	\$3,726,000
Category 6 Child Care Centers (licensed capacity of 78-93)	410	\$10,900	\$4,469,000
Category 7 Child Care Centers (licensed capacity of 94-113)	401	\$13,300	\$5,333,300
Category 8 Child Care Centers (licensed capacity of 114-138)	403	\$16,100	\$6,488,300
Category 9 Child Care Centers (licensed capacity of 139-180)	403	\$20,100	\$8,100,300
Category 10 Child Care Centers (licensed capacity of 181-598)	337	\$30,700	\$10,345,900
Total	6,882		\$52,477,800

Total funding by county is as follows:

Distribution by County					
Philadelphia	\$10,840,600	Lycoming	\$461,000	Wayne	\$107,800
Allegheny	\$4,841,100	Beaver	\$454,500	Jefferson	\$105,400
Montgomery	\$4,693,400	Blair	\$439,700	Mifflin	\$95,300
Bucks	\$2,868,500	Cambria	\$433,600	Clinton	\$92,300
Delaware	\$2,696,800	Lebanon	\$400,900	Perry	\$91,900
Chester	\$2,295,200	Schuylkill	\$342,100	Montour	\$90,300
Lehigh	\$1,954,200	Fayette	\$287,700	McKean	\$88,500
Lancaster	\$1,659,200	Crawford	\$268,400	Pike	\$87,200
York	\$1,586,800	Mercer	\$262,100	Snyder	\$82,100
Dauphin	\$1,510,900	Adams	\$241,900	Clarion	\$80,100
Berks	\$1,371,300	Northumberland	\$218,400	Union	\$78,300
Northampton	\$1,239,700	Lawrence	\$203,600	Elk	\$70,700
Erie	\$1,086,300	Columbia	\$202,900	Susquehanna	\$69,700
Luzerne	\$1,026,700	Bradford	\$198,200	Huntingdon	\$69,100
Cumberland	\$1,015,100	Somerset	\$176,000	Bedford	\$63,800
Westmoreland	\$981,200	Venango	\$173,000	Greene	\$63,100

Lackawanna	\$755,000	Clearfield	\$161,800	Potter	\$46,700
Centre	\$674,100	Tioga	\$152,000	Wyoming	\$25,900
Monroe	\$632,400	Indiana	\$146,000	Fulton	\$19,000
Butler	\$611,500	Carbon	\$133,100	Juniata	\$17,300
Washington	\$595,300	Armstrong	\$131,600	Cameron	\$10,700
Franklin	\$467,700	Warren	\$120,900	Sullivan	\$10,200
Total Distribution: \$52,477,800					

The Penn State study will highlight the various operational and financial impacts child care providers have endured and will continue to endure throughout the COVID-19 pandemic. Data collected through this study will be used to help determine allocation of the remaining \$116 million. We expect to release this study before the end of July.

Additionally, we recognize that the [order on expanded masking](#) issued last week may raise some questions about the use of masks in child care centers. All staff must wear face coverings at child care operations, but we recognize that wearing a mask may be a challenge for young children 2 years or older. Providers should encourage parents to provide face coverings that fit their child’s face when possible and discuss with their children why face coverings are important for safety to help the child understand why they are worn. Children younger than 2 should not wear a face covering, and children who are unable to wear mask due to a medical or mental health condition or a disability are not required to wear a mask. Other face coverings like a plastic face shield are encouraged but not required.

When encountering difficulties getting younger children to wear masks, child care providers should prioritize children wearing masks when it is difficult for the child to social distance, such as pick-up or drop-off and when standing in line. Children do not need to wear face coverings if they are outside and able to maintain a six-foot distance from individuals not coming from the same household.

For more information, please read the Department of Health’s [FAQs on Universal Masking](#).

Foster Care Aftercare Extension

Earlier this week, we [announced a policy change](#) in place for state fiscal year 2020-2021 that youth exiting the foster-care system will now be eligible for aftercare services until age 23. Previously, aftercare services ended on or after a youth’s 21st birthday. This change is authorized under the Family First Prevention Services Act and took effect July 1, 2020.

Available aftercare services include needs assessment and case planning, life skills training, prevention services, education, support services, help finding employment and housing, assistance with room and board, retreats and camps, and indirect services, among others. Some services require youth to meet other eligibility criteria. This policy change to extend aftercare services to age 23 ensures that all former foster youth, including those who remain in foster care to age 21 have access to aftercare services to help them safely and successfully transition to independence and adulthood after they’ve exited the formal foster care system.

Research shows that youth who age out or leave foster care without a permanent family/connection or supportive services experience worse outcomes than those of their peers in the general population. Former foster youth are disproportionately represented among young adults entering the mental health and substance use disorder systems, homeless services, employment services and criminal justice systems. These services will help youth prepare for life beyond the foster care system, and this policy change is a critical step forward in serving older youth and preventing the outcomes seen nationally for foster youth who age out of the foster-care system.

Additionally, beginning July 1, 2020, DHS has extended eligibility for the Chafee Education and Training Voucher program -- known as Education and Training Grants (ETG) in Pennsylvania -- to youth up until their 26th birthday. This program provides eligible youth financial support to attend post-secondary education and training classes for up to five years (consecutive or non-consecutive). The previous cutoff age was 23.

ETG eligibility includes youth who are in foster care or discharged from foster care on or after age 16, including those youth have exited foster care to adoption or permanent legal guardianship. The [ETG application for the 2020-21 academic year](#) is available online.

Office of Income Maintenance Updates

SNAP Online Purchasing

We're about a month into Pennsylvania's participation in the United States Department of Agriculture's SNAP online payment pilot, which officially launched on June 4. From then until June 30, nearly 87,000 online transactions were made, or 1.5 percent of Pennsylvania's total monthly SNAP transactions. In total, \$6.52 million in SNAP funds were spent through online retailers, primarily to Walmart and Amazon.

We are very pleased to see Pennsylvanians using this program, which can allow them to obtain groceries without having to shop in-store and risk potential COVID-19 exposure. More information about the online purchasing pilot and participating vendors can be found [here](#).

Office of Refugee Resettlement Waivers

Due to the impact of COVID-19, the federal Office of Refugee Resettlement (ORR) provided states with waiver opportunities that would allow them flexibilities to further assist their refugee populations. Pennsylvania was granted four waivers to assist the refugee population in receiving critical assistance and services and to ensure their safety, including:

- The Eligibility Determinations for ORR Benefits and Services waiver allows for telephone interviews to be substituted for in-person interviews and for electronic verifications or verbal declarations of immigration status to be accepted. Written verifications can be acquired after making the eligibility determination.
- The Refugee Support Services Funding for Emergency and Other Assistance waiver permits state providers to use funding for emergency services such as transitional housing assistance, utility payments, and reemployment and training services if clients' income was negatively affected by COVID-19. ORR also authorizes the use of RSS funding for equipment and supplies needed to support a client's virtual or remote learning or training.

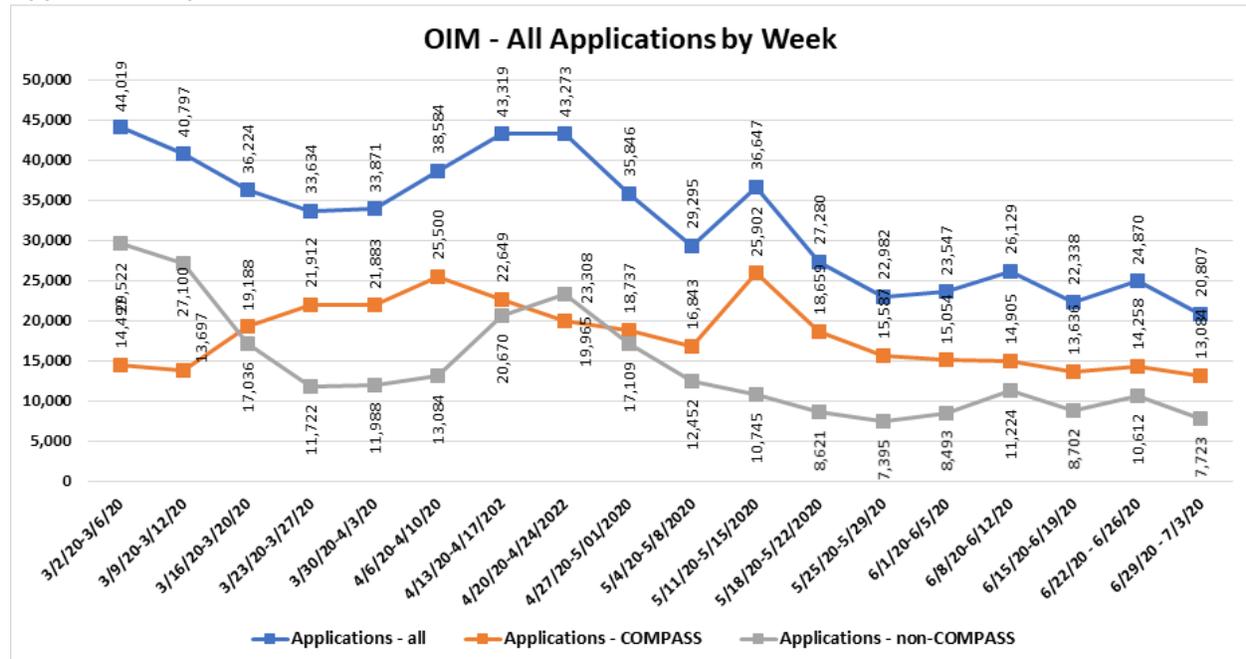
- The Office of Refugee Resettlement is also allowing the re-enrollment of refugees past the 60-month eligibility period. Because services to refugees are limited, this ensures that additional supports are available to them during the period of the pandemic.
- The ORR Discretionary Grants give Pennsylvania additional flexibilities to guidelines and eligibility requirements for the Refugee Health Promotion program. We are currently working with ORR to determine if we can provide Refugee Health Promotion services to those that have been in the country for more than two years, which is critical in the midst of COVID-19.

All waivers are currently in place until September 30, 2020.

Emergency Assistance Program Update

The Emergency Assistance Program will end as scheduled on Sunday, July 12. Applications will continue to be accepted through Sunday and will be screened and processed if determined eligible. More information about eligibility is available [here](#). To apply for this program, visit www.compass.state.pa.us.

Applications Update



Our weekly application remains inconsistent, but still down from pre-COVID trends. We received 20,807 applications last week, down from 24,870 the week prior. Please remember that offices were closed Friday, July 3, in recognition of Fourth of July. To date, more than 13,684 applications have been received for EAP and nearly 58,912 applications have been received for the LIHEAP Recovery Crisis Program. Of these applications, 4,632 people have been approved for EAP and 32,292 have been approved for LIHEAP Recovery Crisis.

July 1, 2020 Update

Long-Term Care Updates

Testing Order

On June 8, the Department of Health issued a universal testing order for skilled nursing facilities across Pennsylvania. This order required baseline testing by July 24. Since that order was issued, DHS has been working closely with the Department of Health to issue the same order for personal care homes, assisted living facilities, and intermediate care facilities licensed by DHS. Because not all of these facilities have clinical personnel on-site or on-staff at all, considerations had to be made on how to implement this requirement for our facilities in a way that was feasible.

Last Friday, June 26, 2020, the Department of Health issued an expanded testing order covering DHS' licensed personal care homes, assisted living residences, and intermediate care facilities. The order, which takes effect today, requires baseline testing of residents and staff be completed before August 31, 2020. This timeline allows facilities to do this universal testing after health systems participating in the Regional Response Health Collaboration Program are selected, so facilities that need clinical support with testing have this network available. We understand that some of our licensed long-term care facilities may have started this testing already following universal testing guidance previously issued by the Department of Health. If this testing was already completed, these results should be reported to DHS within 72 hours of when the order was issued.

Even as circumstances improve around the commonwealth, the risk of COVID-19 is still acute for residents and staff of these facilities. We cannot let our guard down, and this baseline testing will be helpful in understanding if and how COVID-19 is affecting these facilities even as nearly all of Pennsylvania operates under green-phase guidance and restrictions. A copy of the order, requirements, and frequently asked questions are available [here](#) under Additional Guidance.

Interim Reopening Guidance

In addition to the testing order, DHS and the Department of Health also issued interim reopening guidance for long-term care facilities. Our long-term care facilities serve medically fragile and vulnerable Pennsylvanians, and we must be extremely vigilant to prevent COVID-19 from reaching these facilities. Restrictions put in place in response to COVID-19 have helped keep residents of these facilities safe, and we are grateful to these residents, their families, and facility staff for their cooperation and commitment to fighting this virus. We also know the past four months and following these necessary restrictions has been emotionally challenging at times. We cannot limit visitation between long-term care facility residents and their loved ones in perpetuity.

This interim guidance establishes a three-step process for reopening long-term care facilities. These steps include:

- Step one: Facilities must maintain no new COVID-19 cases among staff or residents and have no spread in each facility for 14 consecutive days in order to enter step two;
- Step two: Facilities are required to maintain no new cases of COVID-19 among staff or residents and have no spread in the facility for another 14 consecutive days; and,

- Step three: Facilities will operate as outlined in Governor Wolf's initial [COVID-19 Disaster Declaration](#).

To begin this reopening process, facilities must meet the following prerequisites:

- Develop and publicly post an implementation plan for how each facility will reopen and reinstitute visitation requirements in a way that is safe and considers guidance on social distancing;
- Develop a visitation plan that includes scheduling and other necessary safety measures;
- Develop a plan for cohorting or isolating residents diagnosed with COVID-19;
- Establish and follow written screening protocols for all staff during each shift, each resident daily, and all people who enter the facility;
- Have adequate staffing and supply of personal protective equipment for staff;
- Complete baseline testing as required under the skilled nursing facility and personal care, assisted living, and intermediate care facilities testing orders; and,
- Be located in a county operating under yellow or green-phase reopening guidance.

After these prerequisites are met, the facility will enter the three-step reopening process. More information about what is permitted in each of these steps and other requirements is available in the interim reopening guidance issued last Friday available [here](#).

Again, I'd like to thank you all for the help and cooperation implementing these restrictions over the last few months. Precautions and restrictions implemented at these facilities were necessary to keep residents and staff safe, but we recognize that they are not permanently sustainable. Resuming operations for long-term care facilities should be done gradually and deliberately, and most importantly, this must be done safely. This guidance will help make this possible, and we will continue to support our facilities as they work through each step and begin to welcome residents' families and loved ones back into facilities.

CARES Funding

As a reminder, funding for long-term care providers, LIFE programs, and the Community HealthChoices managed care organizations from the CARES Act is beginning to go out today. Communications on this funding have been issued by the Office of Long-Term Living. Providers enrolled in PA Medicaid will not need to submit additional documentation to receive the funding, but personal care homes, assisted living residences, and nursing facilities that do not have Medicaid beds will need to return information to receive funding. This funding includes:

- **\$245 million** to nursing facilities in two one-time payments:
 - **\$196 million** of these funds will be distributed based on the number of Medical Assistance bed days in the third quarter of CY 2019. This will be for both fee-for-service and Community HealthChoices.
 - **\$49 million** will be distributed to all nursing facilities proportionally based on their number of licensed beds.
- **\$8 million** for a one-time payment will be made based on the proportion of MA residents who receive necessary ventilator or tracheostomy care during the 3rd quarter of CY 2019. Private or county nursing facilities may qualify for this.

- **\$140 million** to agency providers of personal assistance services to be split between agency and participant-directed service providers in the Office of Long-Term Living's programs.
 - **\$112 million** will be distributed to agency providers; and,
 - **\$28 million** will be directed to support participant-directed service workers.
- **\$50 million** to assisted living residences and personal care homes.
 - **\$45 million** will be allocated based on facilities' occupancy during their last inspection prior to April 1, 2020.
 - **\$5 million** will be distributed based on the number of individuals living at the facility who received SSI payments during March 2020.
- **\$13 million** to adult day care services and **\$1 million** to residential habilitation, calculated based on payments from MA fee-for-service and CHC for the third quarter of CY 2019.
- **\$50 million** to CHC managed care organizations proportionally allocated based on their number of nursing facility clinically-eligible participants covered by each MCO on March 31, 2020.
- **\$10 million** to LIFE Program providers based on the organization's total amount reimbursed for long-term care managed care for the first quarter of CY 2020

Thank you all for your work and support over the last few months. I hope this funding will help as we continue precautions that mitigate spread of COVID-19 and prepare for a potential second wave of COVID-19 across Pennsylvania.

Appendix K Guidance

As counties reopen and we settle into the new normal, in-home and in-person services may begin to resume for people served through the Community HealthChoices system. This means that flexibilities and temporary changes to DHS' programs put in place to limit the need for in-person interactions may not be currently necessary.

OLTL has issued guidance on resuming services that were previously able to be suspended under temporary changes to the CHC waiver approved under Appendix K. This guidance covers various categories, including needs assessments for waiver services and person-centered service plans, service coordination, initial level of care assessments, personal protective equipment, and personal assistance services. The guidance covers what may resume as counties settle in to the green phase of reopening. Generally, face-to-face services are able to resume, but the option to conduct services remotely remains available if there are risk factors for the client or provider. Additionally, the guidance covers what must occur if counties move back to the yellow or red phase of mitigation procedures, so we are not eliminating the option to reinstate more aggressive mitigation operations.

Guidance from OLTL can be viewed [online here](#). If you have questions on any of this guidance, please contact the Office of Long-Term Living.

Strengthening the Child Welfare System Federal Executive Order

Last week President Trump signed an executive order entitled Strengthening the Child Welfare System for America's Children. The executive order aims to address needs and strengthen America's child welfare system through three identified reforms:

- Improving partnerships between state agencies and public, private, faith-based and community organizations;
- Improving resources for vulnerable families and youth; and
- Improving federal oversight of key statutory requirements that keep children safely out of foster care and ensure efforts are made to achieve reunification, adoption, or guardianship when children have to be removed from their families.

While specific actions at the state level have not been identified through this executive order, we anticipate fully participating with our federal partners as next steps are outlined and more specific goals are developed. As we learn more about this effort and Pennsylvania's role, we will share more.

Office of Income Maintenance Updates

Employment and Training Redesign

July 1 marks the start of the Employment and Training redesign, an effort we first announced in January 2019. This is really a big step towards revamping the Temporary Assistance for Needy Families, or TANF, program in Pennsylvania in a way that is meaningful for families, and aims to truly support families in reaching long-term economic sustainability. We have been working on this redesign in conjunction with our workforce partners for the last two years and used direct feedback from participants, caseworkers, and employment and training providers to shape the new programming.

The new employment and training programming is based on a human-centered design that addresses clients and their families holistically. The changes include moving away from the Work First philosophy and supporting participants in addressing barriers that are commonly faced, so that employment can not only be achieved but maintained. This includes addressing challenges like lack of stable housing, mental health challenges, children with behavior problems, access to child care, literacy, inadequate education or vocational training, or lack of employment and life skills.

Our programs will utilize intensive case management and individualized coaching to assist in the remediation of barriers. Participants will also have access to the services of licensed counselors to help work through more specific issues and concerns. In addition, education and training options will be more accessible. We encourage education and training as a means to help parents identify career paths that they are interested in and to create family economic stability by equipping them with the skills and background they need to secure and grow a career.

During the stay at home period due to COVID-19, current participation in our employment and training programs has been remote; providers have been helping participants with things like life skills, household management, digital literacy, resources, and mental health service referrals in addition to job related work activities and services. Remote services will continue and expand as we begin this redesign in order to ensure everyone's health and safety while still supporting families in reaching their goals.

Over the next year, we will be working closely with our partners to deliver these new services and to evaluate how these changes impact families. This information will be used to inform future decisions regarding E&T programming, and we are really excited to see what this year brings. Getting to this point has been a long process, but in a way, this launch is coming at an opportune time. We are still understanding the complete effects of COVID-19 and the accompanying economic uncertainty on Pennsylvania's economy, but we know that many people are currently out of work. If we experience a prolonged recession, it will likely create challenges for our lowest income families looking for

employment. Through this family-centered, more individualized approach to employment and training, our TANF families will have more hands-on support as they address barriers and navigate their path to employment. The weeks and months ahead may be challenging, but I'm grateful that this new model is starting now to be a resource to people working through a path out of poverty and towards a better life.

SNAP Waiver Update

As we've discussed on previous calls, we had been waiting for a determination on our request to extend two waivers related to the Supplemental Nutrition Assistance Program, or SNAP. These waivers were:

- **Extending Certification Periods and Waiving Periodic Reporting**, which allows us to continue SNAP benefits beyond the 12-month certification period and waives the requirement for reporting from clients every six months; and
- **Waiving interview requirements at application, recertification and prior to expedited issuance**, which allows the state to authorize SNAP benefits or complete the recertification without the interview and based solely on other provided verifications.

On Friday, Food and Nutrition Services requested additional data and information related to the requested extension, but before we could respond on Monday, FNS denied the waiver requests. We submitted the requested data and requested that FNS reconsider the denial, but these denials solidify what we've been concerned about.

FNS would like us to return operations to normal, but we are still not in normal times. Pretending as if we are puts us at risk of being in a situation similar to what we are seeing in the Southern United States. We will do all we can to continue to allow flexibilities that can help people affected by COVID-19 and the accompanying economic insecurity while also keeping our clients and our staff safe. Returning to what was once normal too quickly will only jeopardize health and safety of entire communities, and we will continue to lobby for flexibility however we can.

County Assistance Office Reopening

As we mentioned last week, we had expected to be able to announce a reopening date for the first wave of County Assistance Offices (CAOs) on the call. However, given changing circumstances in counties across Pennsylvania, we are still working through staff and client safety considerations and do not have a date to reopen set. I'm very happy with how we've been able to maintain services like eligibility determinations and benefits issuance through the adjusted operations we implemented due to COVID-19. Closing CAOs to the public was not an easy decision, but it was necessary to keep our staff and the people we serve safe. It is not a decision that I or any of my colleagues take lightly.

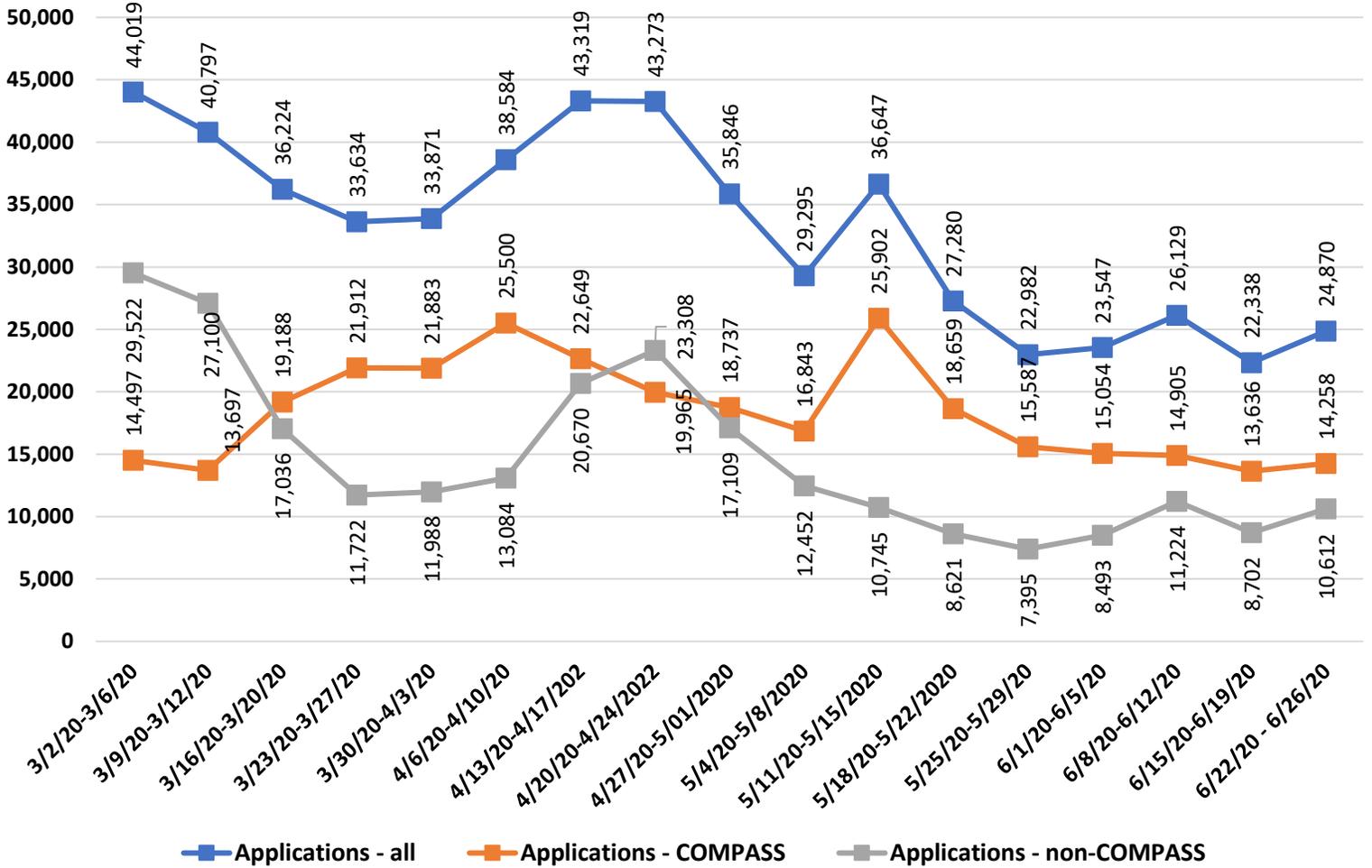
We know that CAOs play an important role in their communities, and as much as we encourage people to use COMPASS and other online services, that does not change the fact that not everyone who needs our services has access to a phone or the internet. These Pennsylvanians still need our help, and how we help them is a big part of the discussions we're having in preparing to reopen. We need to be sure that these individuals can get help if they need it, but we also don't want to rush reopening and jeopardize their health or our staff's health. Doing so would limit our ability to keep operations going.

As we work to bring these offices back online safely, I ask each of you to help us try to fill a potential gap in service for clients who are not able to use online services. We can provide paper applications if they are needed, and if any of you are in contact with people who need assistance, you can help them complete these applications and we can work together to meet this need. People who are experiencing

homelessness or those who do not have consistent access to internet or phone services are people who likely will not see messaging we push out on social media or through press releases, but they may have relationships with helping organizations in their community. We can work together to meet these need, and we've included a flier attached to today's email we'll send materials that you can display in your office highlighting services that are available without going into a CAO that you can help your clients access. Thank you for your help on this.

Applications and Enrollment Data

OIM - All Applications by Week



Our weekly application count has seen a slight increase over the previous week. We received 24,870 applications last week, up from 22,337 the week prior. This count varies from week to week, but we’ve consistently seen between 22,000 and 26,000 applications over the last month and a half. To date, more than 13,334 applications have been received for EAP and nearly 51,487 applications have been received for the LIHEAP Recovery Crisis Program. Of these applications, 4,546 people have been approved for EAP and 28,304 have been approved for LIHEAP Recovery Crisis.

As we’ve discussed, the Federal Pandemic Unemployment Compensation Program that provides an extra \$600 per week to people receiving unemployment compensation is set to end on July 25 unless extended by the federal government. This could result in a shift in need for people receiving this assistance, so we will work with the Department of Labor and Industry to help Pennsylvanians know that DHS is here and may be able to help if losing that benefit creates an additional hardship. Information about COMPASS and DHS’ services is included in communications sent by L&I to people receiving the FPUC benefit.

I joined L&I Secretary Jerry Oleksiak today to discuss the need for continued support from the federal government to help people affected by the economic uncertainty the country is experiencing. Even as we reopen, there will still be challenges ahead, but we will be here for those who need us. As people lose the FPUC funds, they may become eligible for programs they previously didn't qualify for like EAP or LIHEAP Recovery Crisis. We're continuing to remind people of these programs how we can, but we would appreciate your help getting the word out too. Social media posts previously used to promote these programs are attached.

Stigma Stories

I wanted to give another reminder of our standing ask for stories of people we all serve. If you haven't yet or think of others, please get in contact with Ali.

Public assistance can be confusing, and many people don't see it as being an option for them. Our public assistance system should be a safety net and a resource to help people during difficult times, but it's only effective if people are using it. I want people to know about public assistance not just as a resource that could help them, but one that they could pass on or recommend to someone else. But it's one thing to tell people that these programs exist, it's another to show the impact.

Again, if you know anyone who would be willing to share their story, please contact our Communications Director Ali Fogarty at alfogarty@pa.gov. Thank you, as always, for your consideration and support.

June 24, 2020 Update

Equity and Anti-Racism

Over the past few weeks, we have used a portion of this update to reflect on current events and the overdue but extremely necessary conversations being had across this country regarding racism and inequity. I wanted to reiterate our commitment to this work and let you all know that our executive team has started a series of meetings to identify work that is on-going in this space, baseline data on inequities that we must address, and priorities that we will be working towards to make DHS and our work actively anti-racist. This will not be a quick or easy process, but we are committed to making critical changes to better serve marginalized communities.

We will share more as these conversations progress, but I wanted to briefly touch on the importance of continued education. Each of us only truly knows the world as we experience it, but it is incumbent on us that we do not let our experiences drive our world view. We must listen to others' experiences, challenge our own reactions and pre-conceived notions, and act from a more informed perspective that includes perspectives of those affected by policy directly. Our team has been devoting time to both learning and unlearning, and that continuing education will be an important part of this work. I expect that many of you are taking time to do this work as well, and if you have readings, articles, studies, documentaries, or other resources to share that may be valuable, I would love to see them. Please feel free to reply to this email or send them to our Communications Director Ali Fogarty, and she will share them with our team.

CARES Funding Update/Child Care Works Funding

Funding for long-term care providers, LIFE programs, and the Community HealthChoices managed care organizations made possible by the Coronavirus Aid, Relief, and Economic Security (CARES) Act will begin to go out on July 1, 2020. Specific communication on the funding is going out to providers through list-serves and e-mails. Personal Care Homes, Assisted Living Residence and Nursing Facilities who do not have Medicaid beds need to return information to DHS to receive their funding.

This funding includes:

- **\$245 million** to nursing facilities in two one-time payments:
 - **\$196 million** of these funds will be distributed based on the number of Medical Assistance bed days in the third quarter of CY 2019. This will be for both fee-for-service and Community HealthChoices.
 - **\$49 million** will be distributed to all nursing facilities proportionally based on their number of licensed beds.
- **\$8 million** for a one-time payment will be made based on the proportion of MA residents who receive necessary ventilator or tracheostomy care during the 3rd quarter of CY 2019. Private or county nursing facilities may qualify for this.
- **\$140 million** to agency providers of personal assistance services to be split between agency and participant-directed service providers in the Office of Long-Term Living's programs.
 - **\$112 million** will be distributed to agency providers; AND,
 - **\$28 million** will be directed to support participant-directed service workers.
- **\$50 million** to assisted living residences and personal care homes.

- **\$45 million** will be allocated based on facilities' occupancy during their last inspection prior to April 1, 2020.
- **\$5 million** will be distributed based on the number of individuals living at the facility who received SSI payments during March 2020.
- **\$13 million** to adult day care services and **\$1 million** to residential habilitation, calculated based on payments from MA fee-for-service and CHC for the third quarter of CY 2019.
- **\$50 million** to CHC managed care organizations proportionally allocated based on their number of nursing facility clinically-eligible participants covered by each MCO on March 31, 2020.
- **\$10 million** to LIFE Program providers based on the organization's total amount reimbursed for long-term care managed care for the first quarter of CY 2020.

Licensed Facility Data

As we've mentioned on previous calls, our licensing offices have monitored data on the experiences of providers throughout the pandemic. We are now making more of this data for licensed providers available on our website. This includes data for 24-hour residential providers licensed by the Office of Children, Youth, and Families, the Office of Developmental Programs, and the Office of Mental Health and Substance Abuse Services. We are also reporting instances of COVID-19 at child care providers among staff and children in care. This data is aggregated by county due to the potentially small number of people served by these facilities. You can view this data [here](#). Data on personal care homes and assisted living providers is being reported through the Department of Health [here](#).

Community HealthChoices Data

Although much of our focus of the last four months has been dedicated to responding to COVID-19, I wanted to provide an update on data we are seeing from our Community HealthChoices (CHC) program, which was fully implemented across Pennsylvania as of January 1 of this year. When CHC first launched in the Southwest in January 2018, just under half of the population who required long-term services and supports (LTSS) were receiving care in the community. Now, 68 percent of this population are receiving supports in their community.

From the outset, one of the primary goals of CHC program has been to serve more participants in the community. The managed care organizations (MCOs) have established support networks to address person-centered needs along the entire continuum of long-term care. This support network includes service coordination for both community and facility-based services. Nursing home transition has also been integrated as part of the MCOs administrative functions to ensure participants are able to receive services where they prefer to live.

While COVID-19 has altered circumstances for everyone, DHS and the CHC-MCOs have been focused on ensuring continuity of services and care in a way that keeps participants safe. The Office of Long-Term Living (OLTL) has implemented a variety of procedures and flexibilities to ensure participants are still able to receive the supports necessary to remain safe in their communities. For example, when Adult Day Centers were closed on March 17, participants in OLTL programs who were no longer able to attend adult day programs were contacted by their MCO to identify any resulting gaps in care. These gaps were addressed by providing home-delivered meals, in-home care, or other supports necessary to supplement the Adult Day Center services. The MCOs also conducted outreach to all participants

receiving home and community-based services to ensure they did not have any unmet needs and they were able to access necessary home supplies and food during the emergency period.

In order to minimize potential service interruption, OLTL temporarily allowed certain service providers to provide additional services in the community to offset provider shortages. OLTL also provided guidance allowing certain services to be provided through telephonic or virtual methods. Enrollment and eligibility activities were also quickly adapted with the Independent Enrollment Broker so applicants in need of services could continue to enroll in OLTL programs. Enrollment activities were adapted to the current emergency situation to include remote and teleconferencing capabilities in order to complete the enrollment process requirements.

We will continue to work with the CHC-MCOs and home and community-based service providers to be responsive to needs for this community as the pandemic evolves. COVID-19 has been a challenge for all of us, and in a new system, it could be a serious test. I'm extremely proud of the CHC-MCOs, our home and community-based providers, and the staff at OLTL for all they've been able to do to keep supports and care in place during this unprecedented time.

Support and Referral Helpline

It's been an extremely difficult year, and beyond the pandemic, there have been many other large-scale challenges and traumatic events that may have people experiencing feelings of anxiety, despair, or hopelessness. No one has to experience these feelings alone. The Support & Referral Helpline continues to be available toll-free, 24/7 throughout this public health crisis, and helpline staff will refer callers to local resources in their community that can continue to help if needed. It can be reached at 1-855-284-2494 or through TTY at 724-631-5600.

I hope you will continue to highlight this resource to the people you serve. As we begin this new normal, new anxieties may arise. How do we resume a sense of normal? Is what I'm doing safe? What if we see a resurgence? These are all real concerns, but as we've said before, you're not alone in this. Please do not hesitate to refer others to this resource or use it for yourself. We're in an unprecedented time, and there's no guidebook for how to respond to these circumstances. You do not need to go through this alone, and this helpline can help you navigate and confront these feelings.

Office of Income Maintenance Updates

CAO Reopening

We are finalizing the steps necessary to begin reopening our County Assistance Offices (CAOs) for in-person services, and we anticipate beginning a phased-reopening early next month. Final preparations for the first wave of offices as well as meetings with union leadership and CAO staff continue. Requests have been submitted to reopen CAOs in 26 counties in the western and central part of the state – areas that were among the first to move to green. I hope that by next week, we will be able to formally announce a reopening date for the first wave of CAOs to begin offering services on-site again.

A majority of services continue to be available through DHS' COMPASS website, the myCOMPASS PA mobile app, phone, and mail so clients can continue to access services without going to the CAO, including:

- Applying for public assistance programs (only on compass.state.pa.us website)
- Submitting benefit renewal information
- Reviewing benefits and case record information
- Reporting a change in case information
- Uploading verification documents

Additionally, clients in Philadelphia with questions, information to report about their case, or who need a paper application mailed to them should call the Philadelphia Customer Service Center at 215-560-7226. Clients in all other counties can call the Statewide Customer Service Center at 1-877-395-8930.

To ensure the health and safety of all people accessing in-person services, as well as our staff, we want to encourage people to use these remote services when possible and come to an office only when other options or access may not be available. We also want people to be aware that the CAOs may look different when they reopen. Social distancing measures will be in place, and masks will be required. We know having this access to in-person service is essential for many of our recipients, and we truly appreciate patience as we work to ensure that these offices can reopen and function in a way that is safe to both clients and staff.

Letter to USDA Secretary Perdue

On last week's call, I mentioned that we received a one-month extension on five waivers that provide flexibility in how we administer the Supplemental Nutrition Assistance Program (SNAP) and were granted authority to continue the supplemental SNAP payment for June, but were still awaiting a determination on two waivers. That has not changed, and we are still awaiting word on the following waivers:

- **Extending Certification Periods and Waiving Periodic Reporting**, which allows us to continue SNAP benefits beyond the 12-month certification period and waives the requirement for reporting from clients every six months. Losing this waiver will likely result in a higher number of closures for not completing the renewal or semi-annual reporting requirements and then the households will be forced to request reconsiderations, file appeals, or submit a new application resulting in an increased workload for the CAOs and a higher churn rate for the SNAP population; and
- **Waiving interview requirements at application, recertification and prior to expedited issuance**, which allows the state to authorize SNAP benefits or complete the recertification without the interview and based solely on other provided verifications. If this waiver is eliminated, CAO staff will have to conduct interviews for all SNAP households. Losing this waiver would likely result in higher churn rates as more households are rejected for failing to have an interview. In addition, it makes it more difficult for a household with minimal income to get Expedited SNAP benefits because they must have an interview first. This would also potentially increase in-person work for CAO staff, which is more challenging as staff continue to telework to allow appropriate social distancing.

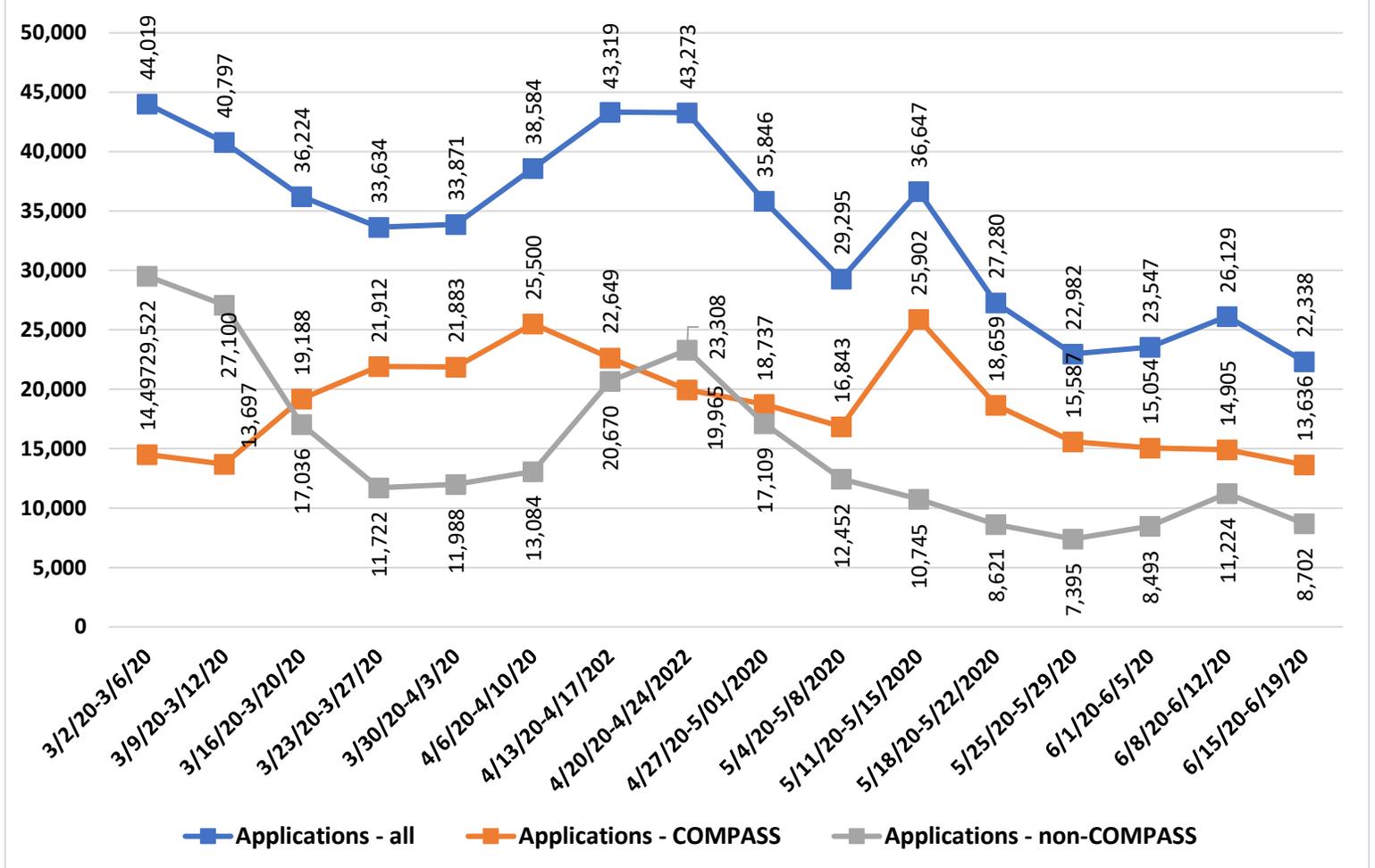
Earlier today, Governor Wolf sent a letter to United States Department of Agriculture (USDA) Secretary Sonny Perdue urging the USDA to extend these waivers for 90 days as opposed to the one-month approvals we've received thus far. Waiver extensions of up to 90 days, instead of the current 30 days,

would allow for greater predictability and efficiency in our operations, as the certainty would eliminate the need to reapply for waivers each month and prepare processes for changes necessary if waivers are not granted. Governor Wolf also urged Secretary Perdue to halt the USDA's work to implement stricter work requirements for able-bodied adults with disabilities, as they've indicated that they will resume pursuing.

The letter also highlights the importance of the SNAP for communities of color, who, according to the Centers for Disease Control and Prevention, are experiencing COVID-19 at a disproportionate rate. Twelve percent of Pennsylvanians identify as Black or African American, but Black and African American people are disproportionately enrolled in public assistance programs and account for 29 percent of Pennsylvania's SNAP population. SNAP helps expand what may be an already tight budget, so families do not have to skip a bill in order to have enough to eat that week. This makes a difference across a person's life. Inadequate food and chronic nutrient deficiencies have profound effects on a person's life and health, including increased risks for chronic diseases, higher chances of hospitalization, poorer overall health, and increased health care costs. Children who have enough to eat go on to graduate from high school at a higher rate, earn more money as adults, and experience improved health outcomes in their adult life. Older adults who are enrolled in SNAP are healthier, hospitalized less and are less likely to go to a nursing home. If the federal government resumes planned changes to the program that would jeopardize access to SNAP, this will only make life more difficult for people who are experiencing disproportionate challenges due to the pandemic and economic insecurity. The actions and decisions made in the weeks and months to come will impact both our response to this pandemic and how that response impacts people served by these programs. We cannot risk further health and long-term security for people already in a vulnerable position.

Applications Data

OIM - All Applications by Week



Our weekly applications data remains inconsistent, but still down from pre-COVID trends. We received 22,338 applications last week, down from 26,129 the week prior. To date, more than 12,283 applications have been received for EAP and nearly 37,610 applications have been received for the LIHEAP Recovery Crisis Program. Of these applications, 4,406 people have been approved for EAP and 25,307 have been approved for LIHEAP Recovery Crisis.

You may have seen that earlier this week, Columbia University’s Center on Poverty and Social Policy released a brief yesterday showing that stimulus and additional unemployment payments authorized under the CARES Act prevented a surge in poverty rates that could have come due to historically high unemployment rates. This is not to say that all Americans are living comfortably right now, but that other options are preventing people from entering the public assistance system en masse. The Federal Pandemic Unemployment Compensation Program that provides an extra \$600 per week to people receiving unemployment compensation is set to end on July 25 unless extended by the federal government. This could result in a shift in need for people receiving this assistance, so we are working

with the Department of Labor and Industry to help Pennsylvanians know that DHS is here and may be able to help if losing that benefit creates an additional hardship. Information on how to apply for DHS benefits is included in a letter that will go to people who will lose this extra assistance. While we don't know for sure at this point, loss of this support could bring the application surge we haven't yet seen.

Stigma Stories

I wanted to give another reminder of our standing ask for stories of people we all serve. If you haven't yet or think of others, please get in contact with Ali. Public assistance can be confusing, and many people don't see it as being an option for them. Our public assistance system should be a safety net and a resource to help people during difficult times, but it's only effective if people are using it. I want people to know about public assistance not just as a resource that could help them, but one that they could pass on or recommend to someone else. But it's one thing to tell people that these programs exist, it's another to show the impact.

Again, if you know anyone who would be willing to share their story, please contact our Communications Director Ali Fogarty at alfogarty@pa.gov. Thank you, as always, for your consideration and support.

June 17, 2020 Update

Disaster Declaration

There may be questions about a resolution passed by the General Assembly last week concerning the disaster declaration Governor Wolf issued for COVID-19. At this time, the disaster declaration remains in effect and there are no changes in operations for our providers. Waivers and regulatory suspensions permitted under this declaration are still critical, and until directed otherwise by the Wolf Administration, they remain in effect.

We are closely monitoring circumstances for our providers and the people we serve, and the disaster declaration allows us to continue to be responsive to developing needs and rise to the challenge of this pandemic. We will continue to communicate with providers if guidance is rescinded or new guidance is issued, but any direction on changes to current procedures will come from DHS.

CARES Funding

Work is still occurring across DHS to get funding from the CARES Act out quickly. Earlier this week, I joined Governor Wolf to [announce](#) that the \$260 million for providers supporting Pennsylvanians with intellectual disabilities and autism is beginning to go out. This funding includes:

- \$90 million to providers of residential, respite, and shift nursing services;
- \$80 million to providers of Community Participation Support services for 120 days of retainer payments, covering operations from March through June; and,
- \$90 million to providers of in-home and community, supported and small group employment, companion, and transportation trip services for 120 days of retainer payments, covering operations from March through June.

These payments began to be issued on Monday and will continue through early July, and providers must use these funds by November 30, 2020. We are also getting closer to issuing funding for long-term care facilities and child care providers, and we'll continue to provide updates as we have a more firm timeline.

Long-Term Care Facility Update

Although new cases remain level around Pennsylvania, we are still keenly focused on supporting long-term care facilities that serve older Pennsylvanians who may be more medically fragile and vulnerable to COVID-19. We continue to partner with the Jewish Healthcare Foundation on webinars that provide educational support for long-term care providers in managing and preventing COVID-19. These webinars are still seeing good attendance, with each session averaging more than 160 participants. In talking to our partners at the Jewish Healthcare Foundation, we've heard that discussion in the webinars has been robust and providers are offering to bring first-hand examples and best practices that have worked in their facilities. Some recent topics of focus have been operating under guidance issued during the Red phase even as the world around moves to Yellow and Green, facilitating safe means of engaging with the outside world and entertaining residents when visitation is limited, continuing appropriate use of PPE and infection prevention and control measures, and proper leadership during times of crisis. Testing also remains a topic of interest, and two more webinars are planned on testing recommendations and guidance. This support network has been an invaluable opportunity for facilities to connect and learn as the pandemic has progressed, and I want to thank the Jewish Healthcare Foundation for everything

they've done to facilitate this resource.

I also wanted to take a moment to introduce Jamie Buchenauer, who started this week as deputy secretary for the Office of Long-Term Living. Jamie came to OLTL from our Office of Medical Assistance Programs, and she has held numerous roles in state government at the Department of Health, the Pennsylvania Higher Education Assistance Agency, and the General Assembly and outside state government with the Hospital and Healthsystem Association of Pennsylvania and the Pennsylvania Chapter of the National Association of Social Workers. Jamie brings a diverse experience both with DHS and other areas of health policy, and I am confident that she will continue to build on the strong foundation left by former Deputy Secretary Kevin Hancock and the OLTL team as we continue to respond to this pandemic and the uncertain weeks and months ahead. I hope you all will join me in welcoming Jamie officially to this new role.

RRHCP Reminder

In last week's written update, we mentioned that a Request for Applications was posted for the Regional Response Health Collaboration Program (RRHCP). The RRHCP will assume the Education Support and Clinical Coaching Program's role in providing operational, managerial, administrative, and clinical support for long-term care facilities as they protect their residents and staff from COVID-19. Responses to this RFA are due by June 25, and the RFA is posted on [eMarketplace](#).

ChildLine Update

As we transitioned DHS' operations to remote work, one area of concern was our ChildLine staff. You may remember, though, much of this concern came not from ChildLine being unable to work remotely, but from the volume of referrals ChildLine was receiving. We've previously reported a significant decline in average daily calls to ChildLine that began when schools closed to slow the spread of the coronavirus and ultimately save lives.

In the weeks following the implementation of aggressive social-distancing measures, we saw a roughly 50 percent decline in average daily calls to ChildLine compared to the same time period in 2019. This was not a data trend that we were happy to see. Fewer child abuse reports cannot be interpreted to indicate fewer instances of child abuse. Rather, one unfortunate effect of school closures and the general disruption in life is the lack of interaction between children, their teachers, and other mandated reporters in school and other social services settings. Of the 39,040 reports made by mandated reporters to ChildLine in 2018, more than a third were reported by school employees.

Recognizing that child abuse was likely going unreported, we ramped up our efforts to get the word out to the public about the availability of ChildLine, and many of you were a big help in educating people on the signs of abuse, how to report, and the importance of making the call to ChildLine. I'm happy to say that we have seen some improvement and some signs that the message is reaching the public, but the reality remains that child abuse is going unreported.

Between May 1 and May 28 of this year, ChildLine received 14,181 calls from concerned citizens. That is down from 23,536 calls during the same time period in 2019 – or a roughly 40 percent reduction. A 40-percent reduction is far from great, but it is better than the 50-percent gap we were seeing back in

March. In terms of referrals, the trend is about the same. This is important data to consider because not every call that ChildLine receives is processed as a Child Protective Services or General Protective Services report, and some reports received are used to supplement existing cases rather than open new ones. Between May 1 and May 28 of this year, ChildLine processed 2,040 Child Protective Services reports and 9,530 General Protective Services reports. That's a decrease in the number of referrals of about 38 percent compared to the same time period in 2019. We do normally see a drop in reporting during the summer months when schools are closed, but this should only reinforce our efforts to be vigilant about our responsibility to protect children – all of them.

Thank you, again for your help in raising awareness about child abuse and encouraging the public to play an active role in protecting kids. As always, ChildLine is available 24/7 to anyone wishing to report child abuse and general child well-being concerns at 1-800-932-0313. ChildLine supervisors are constantly monitoring calls and assuring proper response and assignment to county agencies for investigation of all incoming reports.

I encourage you all to continue to educate the people you serve and others in your life on signs of abuse and how to report, especially as we move into summer months when schools are not in session, virtually or otherwise. Thank you again for your support and partnership in protecting kids around Pennsylvania. We will continue to monitor this closely and keep you all informed of trends, opportunities, and challenges.

Office of Income Maintenance Updates

SNAP Waivers

I wanted to give an update on requests made to the United States Department of Agriculture to extend waivers issued to allow flexibilities related to the Supplemental Nutrition Assistance Program (SNAP).

A number of waivers we've used since the start of the pandemic were set to expire on June 30, and we would like to keep these flexibilities in place due to the continued threat of COVID-19. We did hear at the end of last week that we were permitted to extend five of these waivers through July 31, 2020. This includes:

- **Eliminating Face to Face Interview**, which allows the state to deny requests for face to face interviews in lieu of telephone interviews. If this waiver is eliminated, both staff and clients are at a higher risk of catching or spreading COVID-19;
- **Waiving Face-to-Face Interview for Quality Control Case Reviews**, which allows states to perform required quality control interviews normally conducted face to face by telephone instead, in order to accommodate social distancing concerns. If this waiver is eliminated, quality control staff will have to resume conducting face-to-face interviews with sampled households, resulting in higher risk of catching or spreading COVID-19. Households that refuse the interview, even if due to fear of becoming ill, are required to have their benefits closed;
- **Temporarily Suspending Claims Collections**, which allows Pennsylvania's Office of State Inspector General to stop recoupment of overpaid SNAP benefits. Without a waiver, recoupments would restart, resulting in SNAP households with a previous overpayment receiving less benefits during the COVID-19 health emergency. This would also complicate the

process of issuing emergency allotments to households bringing them to the maximum SNAP benefit;

- **Waiving Fair Hearing Timelines**, which extends the period for completing the SNAP hearing process from 90 days to 120 days. Without this waiver, Pennsylvania would be out of compliance with federal regulation. While our Bureau of Hearings and Appeals is catching up with appeals, they do have a backlog from when the stay at home order first began in March. At that time, offices were closed and BHA staff were not reporting to work as they have been considered non-essential employees prior to COVID-19. DHS designated BHA staff as essential employees, and with a creative schedule that combines both onsite and telework capabilities, hearings resumed after several weeks. This has resulted in a backlog of cases that is being worked through but will take time to address; and,
- **Extending Timeline for Administrative Disqualification Hearings**, which extends the period by which a disqualification hearing must be completed from 60 days to up to 180 days, if needed. This waiver has been helpful as staff are teleworking and are backlogged on cases from before teleworking was fully implemented.

We are still awaiting determination on the following waivers:

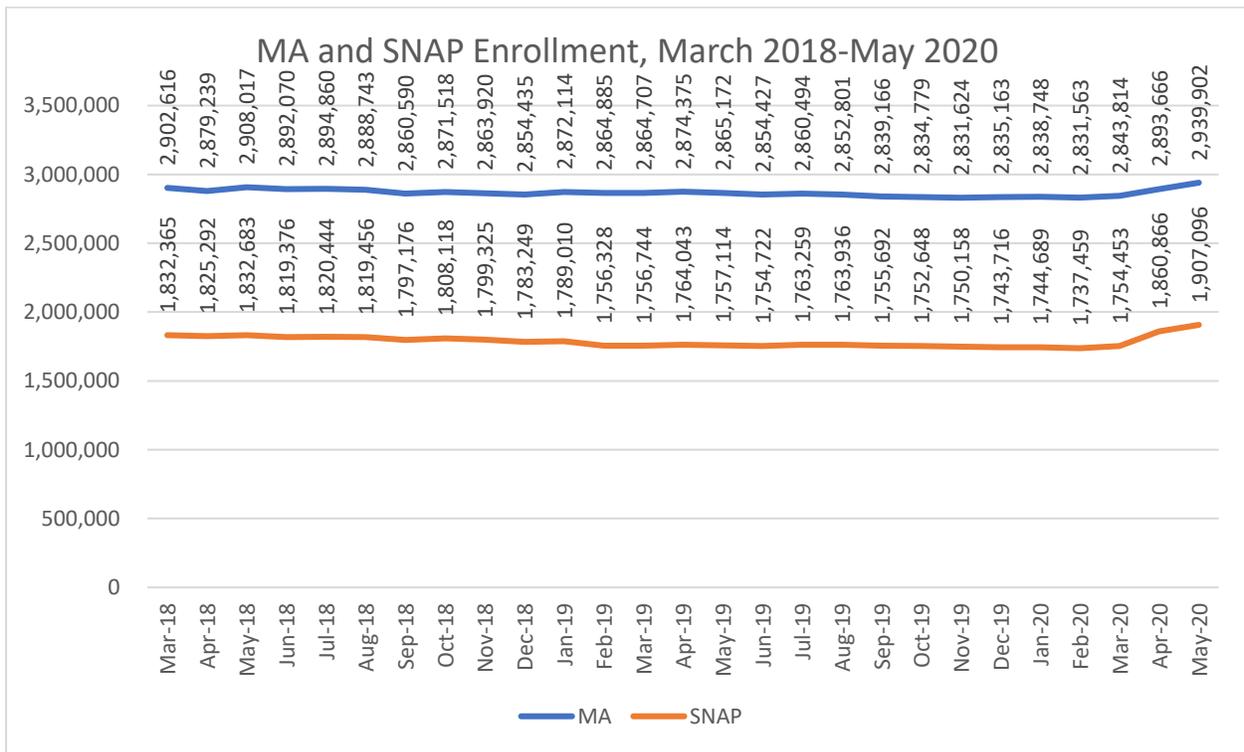
- **Extending Certification Periods and Waiving Periodic Reporting**, which allows us to continue SNAP benefits beyond the 12-month certification period and waives the requirement for reporting from clients every six months. Losing this waiver will likely result in a higher number of closures for not completing the renewal or semi-annual reporting requirements and then the households will be forced to request reconsiderations, file appeals, or submit a new application resulting in an increased workload for the CAOs and a higher churn rate for the SNAP population; and
- **Waiving interview requirements at application, recertification and prior to expedited issuance**, which allows the state to authorize SNAP benefits or complete the recertification without the interview and based solely on other provided verifications. If this waiver is eliminated, CAO staff will have to conduct interviews for all SNAP households. Losing this waiver would likely result in higher churn rates as more households are rejected for failing to have an interview. In addition, it makes it more difficult for a household with minimal income to get Expedited SNAP benefits because they must have an interview first. This would also potentially increase in-person work for CAO staff, which is more challenging as staff continue to telework to allow appropriate social distancing.

We also submitted a request for an additional month of the emergency allotments for current SNAP households. We are not able to apply for this additional benefit until after the 15th of each month. As of this morning, FNS approved the emergency allotment for the month of July. These supplemental payments bring an additional \$100 million in federal dollars per month to individuals and families that then get returned to grocers, farmers markets, and other small businesses and local economies around Pennsylvania, and help our citizens get by during a difficult economic period. We intend to continue requesting these supplemental payments as long as they are authorized under Governor Wolf's and the federal disaster declarations.

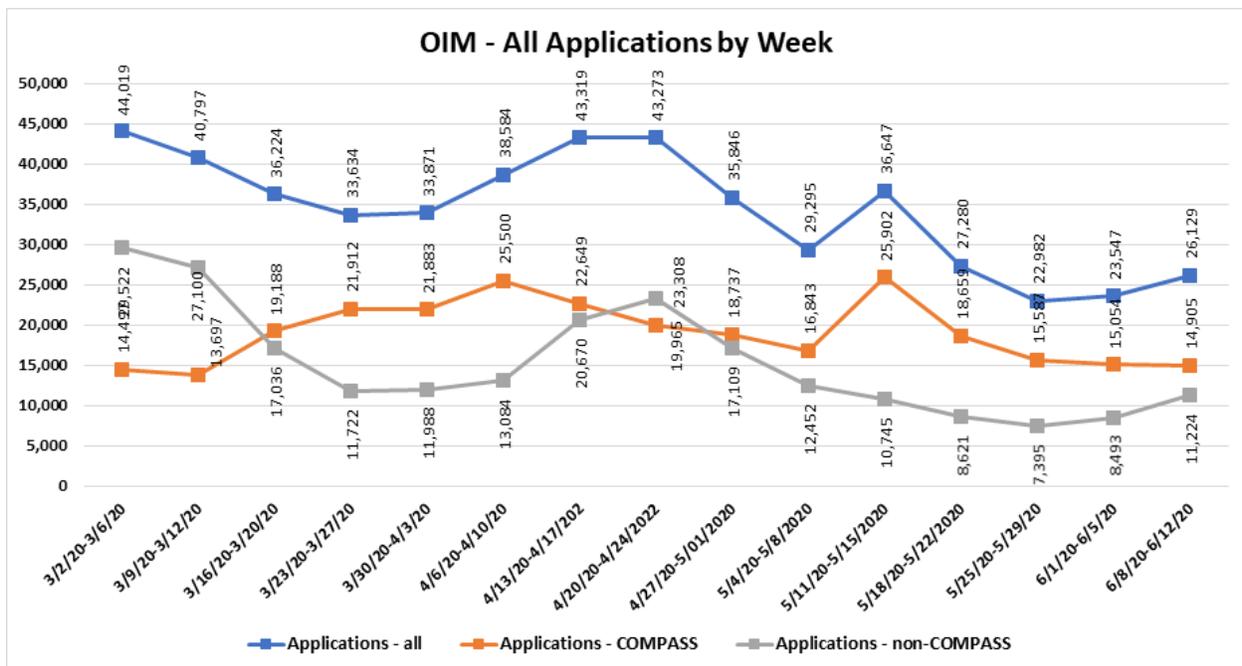
The current waivers have allowed us to continue to issue these critical benefits while keeping our staff and the people we serve safe. We are not through this pandemic yet, and abandoning flexibilities too quickly risks putting us back in the position we were in a few months ago. Our hope is that the USDA will grant each of the outstanding waivers and that greater flexibility will be granted to approve all waivers for 90 days at a time rather than month-to-month so we can act with some level of predictability moving forward. We will keep you informed as we hear from the USDA.

Applications/Enrollment Data

Earlier this week, program enrollments for May were finalized. Enrollment is up for both Medicaid and SNAP, though May's increase was less than what we saw from March to April. Based on this, we feel confident that not doing annual renewals is contributing to these increased enrollment numbers. Our numbers are rising, but overall applications are still down about 40 percent from when renewals were still occurring. From March through May, there has been an increase of 3.4 percent or 96,088 people in our Medicaid enrollment. For SNAP, this increase is 8.7 percent or 152,643 people.



These increases are notable but not creating an unmanageable load that would create a backlog in applications. We will continue to monitor this closely, especially as the Federal Pandemic Unemployment Compensation program winds down in July.



Transitioning to our update on applications trends, our weekly application count has seen slight increases over the last few weeks. We received 26,129 applications last week, up from 23,547 the week prior. In total, we’ve had three weeks in a row of increasing applications, but as mentioned previously, they are still down about 40 percent in total. To date, more than 12,283 applications have been received for EAP and nearly 37,610 applications have been received for the LIHEAP Recovery Crisis Program. Of these applications, 4,261 people have been approved for EAP and 20,463 have been approved for LIHEAP Recovery Crisis. As mentioned earlier, the Federal Pandemic Unemployment Compensation Program that provides an extra \$600 per week to people receiving unemployment compensation is set to end on July 25 unless extended by the federal government. This could result in a shift in need for people receiving this assistance, so we will work with the Department of Labor and Industry to help Pennsylvanians know that DHS is here and may be able to help if losing that benefit creates an additional hardship. Even as we reopen, there will still be challenges ahead, but we will be here for those who need us.

Stigma Stories

I wanted to give another reminder of our standing ask for stories of people we all serve. If you haven’t yet or think of others, please get in contact with Ali. Public assistance can be confusing, and many people don’t see it as being an option for them. Our public assistance system should be a safety net and a resource to help people during difficult times, but it’s only effective if people are using it. I want people to know about public assistance not just as a resource that could help them, but one that they could recommend to someone else. But it’s one thing to tell people that these programs exist, it’s another to show the impact.

Again, if you know anyone who would be willing to share their story, please contact our Communications Director Ali Fogarty at alfogarty@pa.gov. Thank you, as always, for your consideration and support.

Equity

I wanted to touch on the message I shared last week regarding our focus on addressing and eradicating systemic racism across both DHS as an agency and the health and human services system as a whole. Removing generational racism and bias from our institutions, policies, and systems – consciously held or otherwise – will take time. This will be a long-term effort, but we are starting this now by identifying opportunities to take action, identify and analyze gaps, and be actively anti-racist in our work. While we are prioritizing this work across all of DHS in a way that we have not previously, efforts had previously been underway to address inequity and disparities in our system, and I would like to share a bit of that work.

Beginning with the 2019 agreement, DHS required each physical health MCO to either achieve, or be working towards, the attainment of the National Committee for Quality Assurance (NCQA) Distinction in Multicultural Health Care. The distinction recognizes organizations that have adopted best practices for collecting race, ethnicity, and language data, for providing language assistance, for cultural responsiveness, and for reduction of health disparities. The first MCO in the nation to achieve this designation is from Pennsylvania, and we have a total of four MCOs with this designation in the Commonwealth with three more slated to complete their submissions for designation later in 2020 with the final MCO planning to submit in the first half of 2021. DHS intends to build on this success and expand this requirement across our entire Medicaid and CHIP programs so our partners in managed care integrate equity within organizational and operational structures.

In addition to this, we've also implemented equity incentive payment structures within our physical health Medicaid program to direct attention towards and incentivize reduction of health disparities. These incentives will be initially based on how MCOs reduce racial disparities across two measures: access to timely prenatal care, and receiving the recommended number of well child visits. The life expectancy of a baby born in Pennsylvania is strongly tied to zip code. A newborn in North Philadelphia has a life expectancy of 68 years, when just five miles to the south newborns are expected to live to 88. A Black newborn in the state is ten percent less likely to receive the recommended number of well-child visits within their first fifteen months of life compared to a white newborn. These disparities and others are simply unacceptable. Our hope is that by incentivizing outcomes during this critical time for both a mother and child's health and development, we can see positive change in maternal mortality, post-partum care and depression screenings and referrals, and child development from pregnancy through birth and the influential early years of child development.

Moving forward, we're going to be talking about our efforts in this space more – what we're doing, where gaps exist, and what must be done. I hope that by lifting up our areas of focus, it can inspire opportunities to look inward in your organization, policy, and priorities. This system is imperfect and, in areas, deeply flawed, but we can work together to fix consequences of decades of ingrained racism and bias together.

June 10, 2020 Update

Before we get into updates specific to COVID-19, I wanted to discuss the demonstrations held around Pennsylvania and the country in response to the murder of George Floyd. As a white woman, I have never experienced the anxiety, fear, and generations of collective, community-wide trauma that many Black, indigenous, and people of color face every day in Pennsylvania and around the United States. However, treatment of these individuals is something I care deeply about both in my personal life and through DHS' work. I want to state unequivocally that we here at DHS will not tolerate racism, discrimination, or mistreatment of anyone. We are committed to using our work and our position to correct disparities and inequity created by generations of racism, segregation, unequal resources, and structural discrimination that most often hurts Black and other communities of color.

These protests and the murders of George Floyd, Breonna Taylor, and too many other Black lives are forcing us to have difficult but very overdue conversations. These conversations create a necessary opportunity to understand what role all of our services and supports play in communities of color and what we must do to lift these communities and actively reject the disenfranchisement and racism that has persisted for too long. We can begin to fill the gaps in resources and support that hold these communities in poverty. Twelve percent of Pennsylvanians identify as Black or African American, but Black and African American people are disproportionately enrolled in public assistance programs, accounting for 25 percent of our Medicaid enrollment, 29 percent of SNAP, and 53 percent of TANF. This is what happens from years of divestment of resources away from majority minority communities.

We must evaluate our presence in historically underserved and disadvantaged communities and do more to fill gaps that have grown for too long. Before COVID-19 – a virus that we must remember has disproportionately harmed communities of color -- many of our conversations and initiatives revolved around urban and extremely rural communities and what we could do to better serve people in these areas of the state. While these communities are often pitted against each other as political talking points, their needs are often more closely aligned than not. There are shortages in jobs that pay life-sustaining wages, a dearth of accessible post-secondary education or job training opportunities, and other barriers like availability of public transportation and child care.

It does not have to be this way, and we have the power to start to fix this. We can structure our health care system to address health inequities. We can invest in education and training that help people out of poverty. We can support equitable access to quality education. We can reject white supremacy by engraining cultural awareness and sensitivity to the effects of racism and structural inequities as core values in service delivery. We can uplift communities that have been overlooked for too long by building systems that are actively anti-racist.

These existing disadvantages will make recovery from this pandemic and the economic insecurity like we face now even more challenging. We must be responsive to this challenge and use this opportunity to be truly transformative in how we serve people in these communities. Our public assistance system should be a safety net and a resource to help people during difficult times. Our communities should not be starved for resources in a way that holds people in a level of poverty that requires them to try to live off these programs. The challenges we currently face provide an opportunity to build partnerships

between state and local governments, community organizations, and the private sector that can revitalize and bring more opportunity and hope into these communities.

DHS is committed to doing this, and these are conversations that we are now having more regularly and broadly. These conversations are necessary, and I hope all of you will join us in this effort. Governor Wolf has mentioned previously that there are two Pennsylvanias – prosperous, vibrant communities, and communities that have been forgotten through generations of divestment. We cannot accept that it has to be this way, and we must not lose the opportunity to create one Pennsylvania as it should be – equity and opportunity for all people. We cannot undo the consequences of generations of racism, segregation, and structural disenfranchisement individually, and we must come together to be a force that rejects racism ingrained in our health care and social services system. We are all uniquely positioned to bring the change necessary to do better for Black and other people of color in Pennsylvania. Black lives matter, but we cannot just say that – we must show that every day through our work and interactions with the people we serve. I hope you will join us as we look inward and not lose this opportunity.

CARES Funding Update

Work continues to prepare for distribution of funds for providers from the Coronavirus Aid, Relief, and Economic Security (CARES) Act. At this point, we are on pace to begin distributing one-time gross adjustment funds to intellectual disability and autism service providers beginning next week through July 1. Payments to nursing facilities and other long-term care facilities like personal care homes will begin in early July.

It is important to note that Act 24 of 2020 requires these funds to be expended by November 30, 2020 or returned to the commonwealth. Additionally, these funds must be used for COVID-19 related expenses. Providers will need to keep documentation to prove that these funds were used for their response to the COVID-19 pandemic in case of an audit. Further information about reporting requirements for these funds will be sent to providers in the coming weeks.

Regional Response Health Collaborative (RRHCP)

As we mentioned last week, Act 24 of 2020 establishes a Regional Response Health Collaborative (RRHCP), which essentially formalizes the existing Education Support and Clinical Coaching Program DHS established in partnership with the Jewish Healthcare Foundation and seven health systems to provide support to personal care homes, assisted living residences, and nursing facilities as they protect residents and staff from COVID-19.

The new RRHCP will be very similar but will operate under grant agreements, not a voluntary basis. The General Assembly allocated \$175 million to be awarded among selected grantees for that purpose. In addition to this, funding from the CDC will also be available to the collaboratives to support testing in long-term care facilities to include asymptomatic staff and residents in facilities to bolster public health surveillance. Specifically, the collaborative will provide operations, management, and administrative support to protect residents in facilities from COVID-19. The collaboratives will promote health and stabilize the economy of the region by directly supporting COVID-19 readiness and response in facilities and improve the quality of care related to infection prevention and other priority health care conditions common to facilities. The network will also help long-term care facilities implement best practices in

infection control, implement contact tracing programs in facilities, support clinical care through on-site and telemedicine services, provide remote monitoring and consultation with physicians, and enhance testing capability at facilities. Additionally, the collaboratives will provide alternate care arrangements for patients no longer requiring acute care but who are not ready to return to long-term care facilities.

We are close to issuing a Request for Applications to determine which health systems will be part of this partnership. This solicitation is available through [eMarketplace](#), and applications are due by June 25, 2020.

OIM Programs Update

CAOs Reopening

Work is still underway to prepare our County Assistance Offices (CAOs) for reopening. To make sure these offices are able to operate safely for both staff and clients, the following considerations are being made:

- Adjustments necessary to safely allow customers entry into the CAO while controlling the number of customers in the office at any given time to follow social distancing;
- Instituting policies and procedures to mitigate risks for customers and staff where face-to-face transactions are necessary; and,
- Evaluating staffing needs to adequately staff offices for in-person services while allowing some staff to telework in order to facilitate office social distancing.

This is in addition to ensuring offices are regularly and properly cleaned and sanitized as well as equipping offices with additional protective measures like sneeze guards.

We recognize the important role in-person services play for our clients, and we expect to begin bringing these offices back online in the coming weeks. This will be a phased approach, and individual offices will have to make different processes and procedures for the considerations outlined above.

We appreciate your patience as we work to make the return of in-person CAO services safe for both our clients and staff. We will continue to communicate updates and a timeline as they become available.

EAP Extension

When we first announced the Emergency Assistance Program (EAP), it was slated to end on June 12 or when funds were expended. Funds remain available and this program has been extended, and applications are now due by July 12. Families should be prepared to submit all necessary documentation with their application to expedite processing and avoid having to apply again. Applications are accepted at any time, and previously-rejected applications can be resubmitted. More information about EAP, including income limits, is available [here](#).

In order to qualify, families must have at least one person in the household who was employed as of March 11, 2020 and experienced an hour or wage reduction of at least 50 percent for two weeks or more, or who lost employment entirely due to the public health crisis. Eligible families can possess resources, such as money in checking/savings, of no more than \$1,000 as well.

As the commonwealth begins to reopen, we know that economic circumstances may still be a challenge for people. I encourage anyone feeling the hardships of this economic uncertainty to apply and see if this program can help them ease the weeks and months ahead.

SNAP Waivers

Over the past few weeks, DHS has submitted requests to the United States Department of Agriculture's Food and Nutrition Services requesting extensions of waivers set to expire at the end of June. Thus far, we have not received responses on these waivers, which include:

- **Waiver of Face to Face Interview for Quality Control Case Reviews**

Description: States must perform a case review on a sample of SNAP cases each month. Under normal circumstances, a face-to-face interview must be conducted with the household during the review process. Due to COVID-19, a waiver option was provided that allows States to perform the interview via phone to accommodate social distancing concerns.

Impact: If this waiver is eliminated, staff will have to resume conducting face-to-face interviews with sampled households, resulting in higher risk of catching or spreading COVID-19. Households that refuse the interview, even if due to fear of becoming ill, are required to have their benefits closed.

- **Extended Certification Periods and Waiving Periodic Reporting**

Description: SNAP households are certified for a set period at which time they must complete a recertification. Most households are subject to a 12-month certification period and must complete periodic reporting every six months. In Pennsylvania, we refer to this as the renewal due date for recertification, and Semi-Annual Reporting (SAR) for periodic reporting. This waiver allows the State to push the renewal due date back six months and allows the state not to act on incomplete periodic reporting. If a household still has a verified change in income that impacts eligibility, the SNAP benefits are still adjusted.

Impact: If this waiver is eliminated, CAO staff will have to send renewals and process them in the Client Information System. They will also have to process SARs that are returned. Since many staff are still teleworking, minimal staff are onsite to open mail and scan documentation when it is returned. Losing this waiver will likely result in a higher number of closures for not completing the renewal or SAR and then the households will be forced to request reconsiderations, file appeals, or submit a new application resulting in an increased workload for the CAOs and a higher churn rate for the SNAP population.

- **Adjustments to Interview Requirements**

- This waiver was split into two parts: waiver of the interview requirement at application, recertification, and the requirement of interview prior to expedited issuance; and waiver of the requirement to provide a face to face interview if the household requests one.

Description: In order to be authorized to receive SNAP benefits, a household must have an interview conducted. The interview is required at application and recertification and also prior

to issuing Expedited SNAP benefits. This waiver allows the state to authorize the benefits or complete the recertification without the interview and based solely on provided verifications. **Impact:** If this waiver is eliminated, CAO staff will have to conduct interviews for all SNAP households. Losing this waiver would likely result in higher churn rates as more households are rejected for failing to have an interview. In addition, it makes it more difficult for a household with minimal income to get Expedited SNAP benefits because they must have an interview first. With the previous waiver, the waiver of recertification interviews is not necessary, but if the previous waiver is denied, the waiver of the renewal interview becomes more critical. Interview requirements also exponentially increase the workload for CAO staff.

- **Temporary Suspension of Claims Collections**

Description: Allows OSIG to stop recoupment of overpaid SNAP benefits, which subsequently prevents households that are not submitting their recoupments from being referred to the Treasury Offset Program (TOP), which pursues recoupment via other means, such as taking the amount owed out of the household's tax refund.

Impact: Recoupments would restart, resulting in SNAP households with a previous overpayment receiving less benefits during the COVID health emergency. It also complicates the process of issuing emergency allotments to households bringing them to the maximum SNAP benefit.

- **Extension of Emergency Allotments to Current SNAP Households**

- This is not a standard waiver. FNS provided a fillable PDF that states must complete with estimated benefit issuance amounts and dates only and submit to their Regional Office. It cannot be submitted until after the 15th of the month prior to the month of issuance. So, an emergency allotments request for July cannot be submitted to FNS until after June 15th.

Description: Allows DHS to issue a supplemental SNAP grant to households not receiving the maximum SNAP benefit for their household size. The grant is for the amount needed to bring the household up to the maximum for their size.

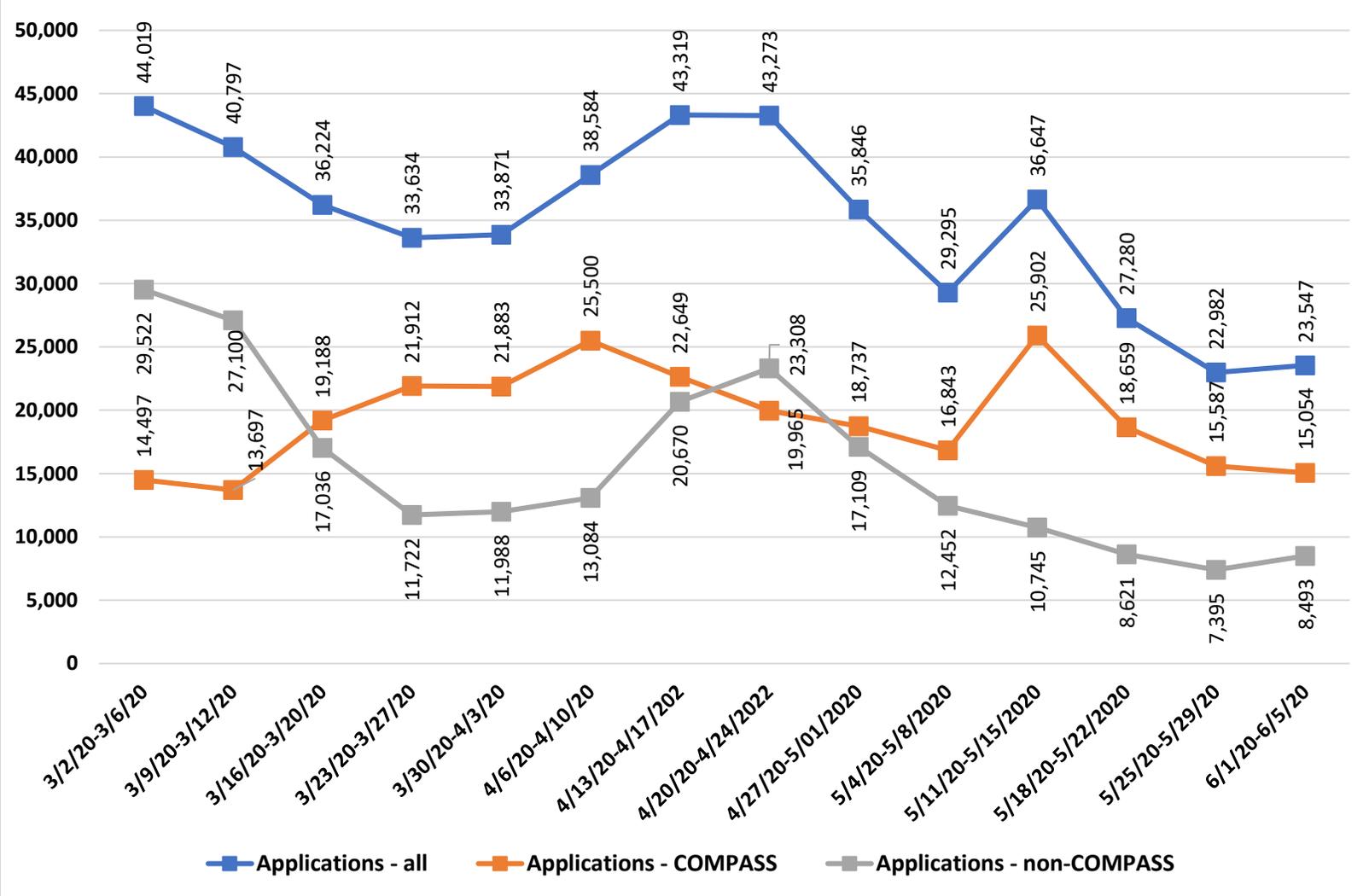
Impact: If FNS does not allow an emergency allotment in July, SNAP households would receive only the normal benefit amount.

These waivers have been an important tool to help ensure continuity of benefits during this crisis while also easing processes for both DHS staff and the people we serve. While we are beginning to reopen, this pandemic is not over. Cases are increasing in other states, and we are being very mindful of a potential surge in the fall. Continuing these waivers would allow us to continue to mitigate risk by minimizing face-to-face interactions and provide extra relief to clients who are likely feeling the economic uncertainty caused by this first shut down. If additional mitigation measures become necessary later this year, it would be helpful to have these flexibilities in place from the start.

We are continuing to work with the USDA and FNS to help them understand the value these waivers have played over the last few months, and I encourage you all to help get this message out. COVID-19 has leveled out in Pennsylvania, but the virus is not gone and we cannot move too quickly back to what was once business as usual.

Public Assistance Applications Data

OIM - All Applications by Week



We still are not seeing an upward trend in applications data, and at this point, we are confident that this is occurring because people are generally not being removed from programs like Medicaid and SNAP. Because of this we do not have the churn of people who lose coverage due to not recertifying but remain eligible and therefore return to the program even after being removed due to administrative requirements. Staff did recently compare Pennsylvania’s April change in Medicaid enrollment compared to a number of other states, and what we are seeing is in generally line with those other states.

MA Enrollment % Change from Previous Month	Jan-20	Feb-20	Mar-20	Apr-20	May-20
FL	-	0.1%	-0.3%	4.1%	
MD	-	0.2%	0.5%		
MI	-	-0.1%	0.7%	1.4%	
NJ	-	-0.2%	0.1%		
NY	-	0.1%	0.0%	1.5%	2.7%
OH	-	0.0%	0.5%		
TX	-	-0.3%	0.0%		
VA	-	0.7%	0.5%	1.2%	3.3%
WV	-	1.2%	-0.5%	1.6%	1.9%
PA	-	-0.3%	0.4%	1.8%	

We expect to have an update on May's enrollment next week, and we will share takeaways at that time.

We received 23,547 applications last week, slightly up from 22,982 the week prior. In addition to the total application data, to date, 11,387 applications have been received for EAP and nearly 26,983 applications have been received for the LIHEAP Recovery Crisis Program. Of these applications, 3,937 people have been approved for EAP and 13,594 have been approved for LIHEAP Recovery Crisis. There's been a spike in LIHEAP applications and approvals because we are including LIHEAP recipients from this most recent season who submit a verbal request to a CAO rather than just COMPASS and paper application requests.

Stigma Stories

I wanted to give another reminder of our standing ask for stories of people we all serve. I know a few of you got in contact with Ali after last week's call, so thank you so much for that. If you haven't yet or think of others, please get in contact with Ali.

Public assistance can be confusing, and many people don't see it as being an option for them. Our public assistance system should be a safety net and a resource to help people during difficult times, but it's only effective if people are using it. I want people to know about public assistance not just as a resource that could help them, but one that they could pass on or recommend to someone else. But it's one thing to tell people that these programs exist, it's another to show the impact.

Again, if you know anyone who would be willing to share their story, please contact our Communications Director Ali Fogarty at alfogarty@pa.gov. Thank you again for your consideration and support.

June 3, 2020 Update

Budget Update

Last week, Governor Tom Wolf signed Act 1A of 2020, a five-month budget that ensures continuity of services across government. In addition, the Governor signed Act 24 of 2020, which allocates funding from the federal Coronavirus Aid, Relief, and Economic Security Act – also known as the CARES Act.

Here is a brief overview of how CARES funds will be distributed to human services programs and providers across Pennsylvania:

- **\$175 million** will be used for Regional Response Health Collaboratives, an assistive support network for nursing facilities, personal care homes, and assisted living facilities.
- **\$245 million** will go to nursing facilities in two one-time payments:
 - **\$196 million** of these funds will be distributed based on the number of Medical Assistance bed days in the third quarter of CY 2019. This will be for both fee-for-service and Community HealthChoices.
 - **\$49 million** will be distributed to all nursing facilities proportionally based on their number of licensed beds.
- **\$8 million** for a one-time payment will be made based on the proportion of MA residents who receive necessary ventilator or tracheostomy care during the 3rd quarter of CY 2019. Private or county nursing facilities may qualify for this.
- **\$140 million** will go to agency providers of personal assistance services to be split between agency and participant-directed service providers in the Office of Long-Term Living's programs.
 - **\$112 million** of this will be distributed to agency providers; AND,
 - **\$28 million** will be directed to support participant-directed service workers.
- **\$50 million** to assisted living residences and personal care homes.
 - **\$45 million** of this will be allocated based on facilities' occupancy during their last inspection prior to April 1, 2020.
 - **\$5 million** will be distributed based on the number of individuals living at the facility who received SSI payments during March 2020.
- **\$13 million** to adult day care services and **\$1 million** to residential habilitation, calculated based on payments from MA fee-for-service and CHC for the third quarter of CY 2019.
- **\$50 million** to CHC managed care organizations proportionally allocated based on their number of nursing facility clinically-eligible participants covered by each MCO on March 31, 2020.
- **\$10 million** to LIFE Program providers based on the organization's total amount reimbursed for long-term care managed care for the first quarter of CY 2020.
- **\$259.28 million** through the ID community waiver to provide one-time payments to residential, respite, and shift nursing providers. These funds will also be used to cover up to 75 percent retainer payments for home and community-based and community participation support providers for up to 120 days.
- **\$720,000** through Autism Services for one-time payments to residential, respite, and shift nursing providers. These funds can also be used to cover up to 75 percent retainer payments for home and community-based providers for up to 120 days.

- **\$116 million** for child care providers that will be allocated based on findings of the study we are working on with Penn State Harrisburg. This is in addition to the \$106 million included in the federal CARES Act through the Child Care Development fund, of which \$51M has been allocated.
- **\$10 million** to domestic violence programs and housing support services.
- **\$10 million** for the Homeless Assistance Program.
- **\$10 million** to hospitals based proportionally on their 2019-2020 critical access hospital payment.
- **\$8 million** for legal services.
- **\$625 million** to counties that did not receive direct funds from the federal government. Counties have some flexibility for how these funds can be used. One of those uses is to support behavioral health and substance use disorder services. These funds can be used for:
 - (1) Offsetting the cost of direct county response, planning and outreach efforts related to COVID-19, including the purchase of personal protective equipment. A county may incur direct administrative costs for the County Block Grant Program under this sub-article not to exceed 2% of the amount received, or \$200,000, whichever is less.
 - (2) Small business grant programs to support businesses with fewer than 100 employees with priority given to those businesses that did not receive a loan or grant through the Federal Paycheck Protection Program or the Economic Injury Disaster Loan Program established under the CARES Act and to support businesses and other entities that are primarily engaged in the tourism industry, including state and county fairs, regardless of the number of employees the business or other entity has. Counties may utilize Community Development Financial Institutions to administer all or a portion of their small business grant programs.
 - (3) Grant programs to support the following entities for costs related to assisting businesses during the COVID-19 disaster emergency:
 - (i) Certified Economic Development Organizations.
 - (ii) Local Development Districts.
 - (iii) Industrial Resource Centers.
 - (iv) Small Business Development Centers.
 - (v) Economic Development Corporations.
 - (4) Assistance to cities, boroughs, incorporated towns, or townships located within the county for response and planning efforts related to COVID-19, including the purchase of personal protective equipment.
 - (5) Behavioral health and substance use disorder treatment services.
 - (6) Nonprofit assistance programs for entities that are an exempt organization under section 501(c)(3) or 501(c)(19) of the Internal Revenue Code of 1986 (Public Law 99-514, 26 U.S.C. § 1 et seq.).
 - (7) Broadband Internet deployment with priority given to unserved or underserved areas.

Staff across DHS are working to get these funds out to providers as quickly as possible, and we appreciate your patience and understanding as we work to make that possible. It is important to note that Act 24 requires these funds to be expended by November 30, 2020. Unused funds will be redistributed to counties and, by federal law, must be used by December 30, 2020. Additionally, these funds must be used for COVID-19 related expenses. Providers will need to keep

documentation to prove that these funds were used for their response to COVID-19 in case of an audit.

Reopening

DHS' program offices continue to draft and issue guidance for providers in counties moving to yellow and green. This process requires close coordination with other commonwealth agencies and the Governor's Office, and as we all know, this is still an evolving situation. For this and other guidance updates, please visit the provider resources page of DHS' COVID-19 section, which is available [here](#).

We must all still remember that even as we move to green, COVID-19 is still a threat. We must remain vigilant and be mindful about our actions even as we resume the new normal life. Green does not mean all clear for anyone, and we cannot become too cavalier about mitigation efforts that are still necessary to keep people safe, especially those who are vulnerable and medically-fragile. We must all continue to do what we can to avoid spreading COVID-19, both in our work and in our personal day-to-day lives. Please keep wearing masks when you are able, and encourage those around you to do the same. It's no secret that masks have become a political statement, but it shouldn't be about that. Wearing a mask is an act of kindness that helps keep those around you safe. It may be difficult, but we must all do what we can to continue to normalize this so we do not lose the progress we've made fighting this virus.

As a reminder, restrictions and regulatory changes will remain in place even as counties reopen. People served in these settings often fall into that high-risk and medically-fragile population, and there is still serious danger and risk of COVID-19 outbreak occurring. In conjunction with the Department of Health, it was determined that restrictions on visitation in long-term, residential settings must remain in place for at least 28 days after a county moves to green. We understand that for residents of long-term care facilities and their families, these restrictions have been an isolating burden during a difficult time. We recognize that this is challenging for all involved, and residential providers should continue to be sensitive to this and encourage virtual interactions and visits as much as possible. We hope to ease this as soon as we can do so safely and appreciate your support in navigating this delicate balance.

Thank you all for your cooperation and understanding as we figure out what the new normal will look like as counties reopen. We all know these are unprecedented times, and this process is no different. We want to provide guidance that is responsive to the circumstances you are seeing, and developing helpful resources that meet current needs can be challenging. We're doing our best to get this out quickly, but we also need to do this right and minimize the need for updates or changes. Thank you, again, for your patience.

Regional Response Health Collaborative

As mentioned previously, the recently-enacted budget statute creates the Regional Response Health Collaborative Program (RRHCP) located within DHS. The purpose of the program is to provide support to long-term care facilities of all types throughout Pennsylvania. The program is based on DHS' existing Educational Support and Clinical Coaching Program, and DHS will partner with health collaboratives, comprising of local health systems, to provide support to long-term care facilities.

DHS will solicit grant applications to award at least one health care collaborative in each of six regions covering the entire commonwealth. The legislation appropriates \$175 Million to be awarded among selected grantees for that purpose. In addition to this, funding from the CDC will also be available to the collaboratives to support testing in long-term care facilities.

Specifically, the collaborative will provide operations, management, and administrative support to protect residents in facilities from COVID-19. The collaboratives will promote health and stabilize the economy of the region by directly supporting COVID-19 readiness and response in facilities and improve the quality of care related to infection prevention and other priority health care conditions common to facilities. The network will also help long-term care facilities implement best practices in infection control, implement contact tracing programs in facilities, support clinical care through on-site and telemedicine services, provide remote monitoring and consultation with physicians, and enhance testing capability at facilities. Through this effort and the CDC funding, we will be able to expand COVID-19 testing to include asymptomatic staff and residents in facilities to bolster public health surveillance. Additionally, the collaboratives will provide alternate care arrangements for patients no longer requiring acute care but who are not ready to return to long-term care facilities.

We understand the urgency of getting this funding to the facilities that need it and will work to responsibly and quickly award and administer the program. Additionally, we believe transparency and accountability are critical and a multi-agency steering committee will oversee the programs and make data available to the public. We will keep you posted on the progress of the program.

Disaster State Plan Amendment Approval

Yesterday, Pennsylvania received response from the Centers for Medicare and Medicaid Services indicating official approval of requested flexibilities amending requirements in our State Plan. These approvals include:

- Suspension of copayments for screening, diagnostic and treatment services related to COVID-19 to eliminate any fiscal challenges that may inhibit beneficiaries from seeking these needed services.
- Suspension of prior authorization requirements outlined in the SPA.
- Benefit flexibilities to include the expansion of coverage for agents used to relieve cough and cold symptoms, suspension of annual reassessments related to targeted support management for Individuals with an Intellectual Disability or Autism, the suspension of the prior authorization requirements for certain services, and adjustments to the day supply for covered outpatient drugs.
- A 90-day extension of the timeframe to complete cost reconciliation activities for Pennsylvania's School-Based ACCESS Program (SBAP).
- Suspension of the Random Moment Time Study (RMTS) requirements for the SBAP.
- Waiver of public notice requirements that would otherwise be applicable to the SPA submission.
- The authority to consider individuals who are evacuated from the state, who leave the state for medical reasons related to the disaster or public health emergency, or who are otherwise absent from the state due to the disaster or public health emergency and who intend to return to the state, to continue to be residents of the state under 42 CFR 435.403(j)(3).

- Redeterminations of eligibility for individuals excepted from MAGI-based financial methodologies under 42 CFR 435.603(j) once every 12 months in accordance with 42 CFR 435.916(b).
- Suspension of periodic reassessments for targeted case management for persons with SMI.
- Many of these actions were also previously requested and approved under our 1135 waiver request, but we were still required to waive those requirements under the State Plan Authority.

OIM Program Updates

Online SNAP Ordering

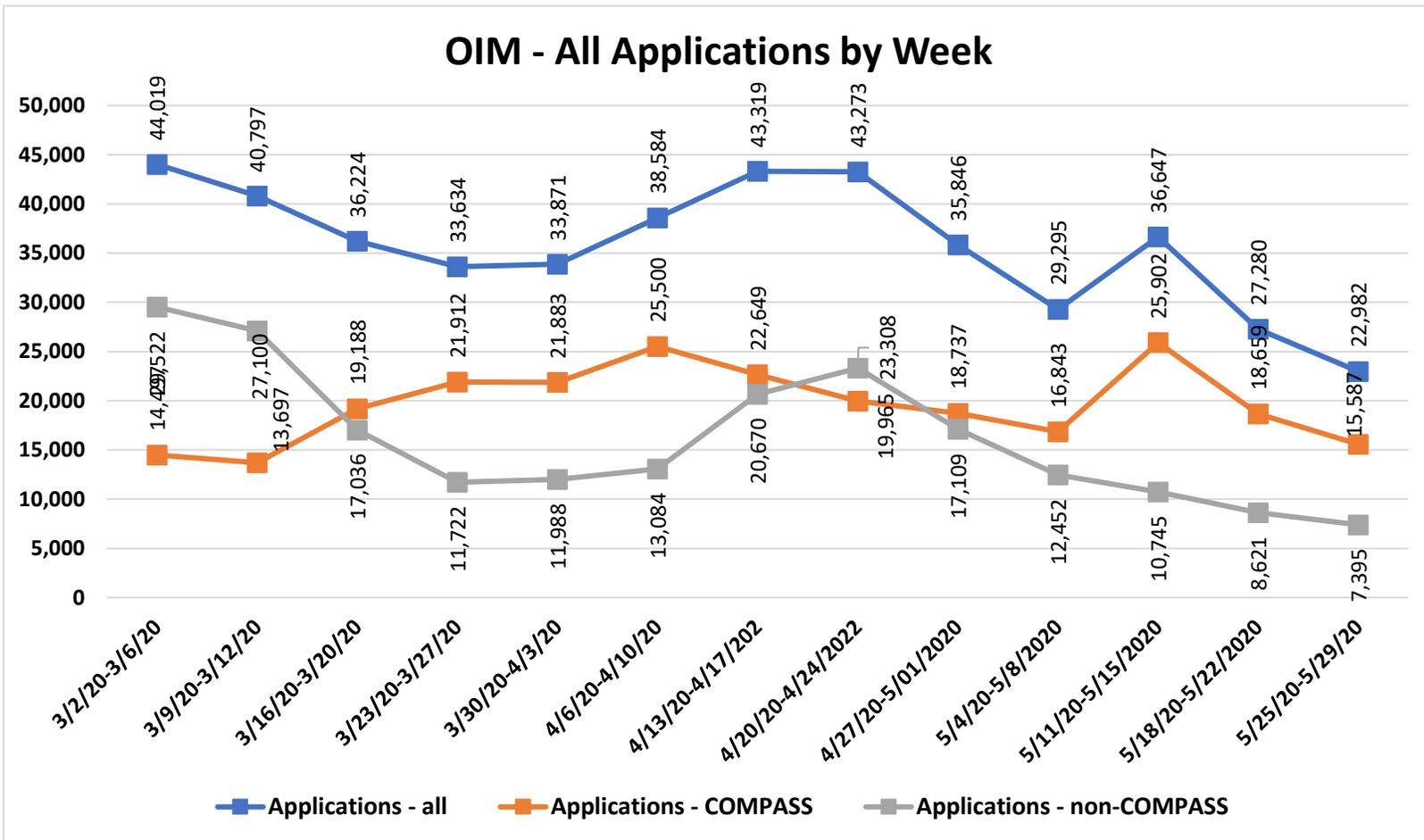
About two weeks ago, we received word from the United States Department of Agriculture that Pennsylvania was approved to join the pilot for online payment through SNAP for grocery deliveries. Necessary system changes were implemented and successfully tested, and online purchasing for SNAP recipients will be available through Amazon, Walmart, and ShopRite by the end of the week.

We've also learned that Food and Nutrition Service has approved one additional retailer to join this pilot – Fresh Grocer in Philadelphia. They are still working with Food and Nutrition Service to make system changes, so they may not be available with the first group at the end of the week but should launch soon. I'm excited that another retailer is joining to offer this option to clients, and I wanted to remind you all that retailers can contact FNS at any point to join.

Thank you all for your patience as we worked through the application process for this pilot and got systems updated to make it possible. I'm very glad that we're nearly over the finish line here and grocery delivery and prepayment for curbside pickup will be an option for our SNAP recipients.

Application Data/EAP/LIHEAP Recovery Crisis

Transitioning to our update on applications trends and other public assistance updates, we still are not seeing an upward trend in applications data.



We received 22,982 applications last week, down from 27,280 the week prior. Due to the holiday, it's not a surprise that applications were down. In addition to the total application data, to date, more than 10,350 applications have been received for EAP and nearly 14,100 applications have been received for the LIHEAP Recovery Crisis Program. Of these applications, 3,444 people have been approved for EAP and 4,098 have been approved for LIHEAP Recovery Crisis.

Last Thursday I had the opportunity to hold a press conference at the PEMA building on the availability of public assistance, and the technology of that space let us reach more media outlets and viewers than what we've reached in our regular WebEx briefings. I'm hopeful that the message we delivered last week reached some people who may not normally hear about these services, but we are continuing to reach out and communicate the availability of these services however we can. As we move through the reopening process and more of Pennsylvania moves to yellow and green, a new normal will be shaped in the weeks and months ahead. There are many questions still to be answered about what that normal will look like, but we must use the experience and lessons of the last three months – including protests

following the murder of George Floyd – to inform our focus moving forward. COVID-19 has disrupted and changed daily life as we know it, and people are turning to government and community agencies as resources for guidance and support in ways we rarely experience. We as government must rise to this challenge and be that reliable resource that people can turn to during difficult times. We must use this time to strengthen our programs so they can respond nimbly to the economic uncertainty we face right now. There is no simple answer for how we do this, but we will try. COVID-19 has challenged and strained many of our systems and resources, but we will use this to emerge stronger and more responsive to how we help those in need during difficult times.

Thank you all for your help making this possible and your work to help people across Pennsylvania.

Stigma Stories Request

I wanted to give another reminder of our standing ask for stories of people we all serve. I know a few of you got in contact with Ali after last week's call, so thank you so much for that. If you haven't yet or think of others, please get in contact with Ali.

Public assistance can be confusing, and many people don't see it as being an option for them. Our public assistance system should be a safety net and a resource to help people during difficult times, but it's only effective if people are using it. I want people to know about public assistance not just as a resource that could help them, but one that they could pass on or recommend to someone else. But it's one thing to tell people that these programs exist, it's another to show the impact.

Again, if you know anyone who would be willing to share their story, please contact our Communications Director Ali Fogarty at alfogarty@pa.gov. Thank you again for your consideration and support.

Demonstrations Across the State

Over the last few days, significant attention has been directed to protests and demonstrations around Pennsylvania and the country in response to the murder of George Floyd. This event and the necessary conversations we are having are important, but I understand that they may also be challenging and trigger generational trauma, especially for those in Black and other communities of color. We are working on compiling resource for people affected by this, but we are mindful that these resources need to be equipped to approach these conversations with necessary cultural sensitivity.

In addition to this, we understand that these demonstrations and business closures may be disrupting services for people in these communities. Flexibilities around telehealth remain in effect, and our Medicaid managed care organizations have mail order options if people cannot access impacted pharmacies. Please encourage the people you serve to reach out to their MCO if they are concerned about accessing services.

Survey results

I wanted to provide an update on the survey on frequency of these calls sent following last week's call. We received approximately 75 responses, and about 60 respondents indicated that they would be comfortable moving to bi-weekly calls. We will do that moving forward, so unless a call becomes

necessary next week, our next call will be June 17.

As mentioned previously, if circumstances change, we will move back to weekly calls if necessary. We will also continue to send written updates each week so you can receive updates even on weeks when a call is not necessary.

May 27, 2020 Update

Budget Update

Several bills are working their way through the legislature. Separate bills will allocate Coronavirus Aid Relief, and Economic Security (CARES) Act funding as well as an initial FY 20-21 budget. The FY 20-21 budget will be a five-month budget with the remaining seven months being determined sometime in the fall. The CARES ACT funding will be focused on restoring operations and providing benefits to those adversely effected by the pandemic, either through illness or through loss or reduction of employment, and once the funding bills are passed and enacted we will be able to provide more information on how this funding will be allocated.

Reopening Pennsylvania

Last Friday, Governor Wolf announced that 17 counties will move to green on May 29 and by June 5, all of Pennsylvania will move to the yellow phase. More information about the reopening process, restrictions for red, yellow, and green phase counties, and how it is determined that a county will move from yellow to green is available [here](#).

DHS' program offices are working quickly to provide reminders and resources about necessary precautions for each phase to keep the people we care for and people providing that care healthy and safe. While we will provide more specific guidance about what green means for DHS' providers and partners in the coming days, I want touch on a few things for now. It is important to remember that even as we move to green, COVID-19 is still a threat. We must remain vigilant and be mindful about our actions even as we resume the new normal life. Green does not mean all clear for anyone.

For some providers, particularly those in residential or hospital settings, the risk and dangers of COVID-19 and a potential outbreak does not go away once a county moves to green. Because of this, restrictions and regulatory changes may remain in place even as counties reopen. Providers must be mindful when facilitating visitation between family and residents at a congregate setting. If potential visitors are coming from a red or yellow county, it is best to take caution and continue with video conferencing even if the facility is in a green county. Guidance will be issued when these restrictions can be lifted.

Telemedicine will continue to be an option for physical and behavioral health providers, and we encourage providers and Pennsylvanians to continue to use this as an option when appropriate. Any patient exhibiting symptoms of COVID-19 should use telemedicine for routine visits unrelated to the symptoms.

Adult Training, Prevocational and Older Adult Day facilities for adults with disabilities and seniors may re-open in counties in the green phase. Both ODP and PDA are providing guidance to facilities to ensure that proper precautions are in place for participant and staff screening and infection control procedures.

Work is still underway to prepare our County Assistance Offices for reopening. Sneeze guards are being ordered and installed for intake booths where clients meet one on one with caseworkers, and cleaning supplies, masks, and other supplies necessary to keep clients and staff safe are still being acquired. As

resources are secured and protective equipment is installed, we will begin reopening CAOs to the public, but we cannot do that until it is safe for both clients and employees.

We appreciate your patience as we work to safely bring these offices back online, but I do want to remind you all that services remain available through COMPASS at all times. Any client can use COMPASS to apply for assistance, update their case file if their circumstances have changed, or submit required documentation. Help with these services can also be reached through our hotlines. Clients in Philadelphia with questions or information to report about their case should call the Philadelphia Customer Service Center at 215-560-7226. Clients in all other counties can call the Statewide Customer Service Center at 1-877-395-8930.

Thank you for your patience and for helping Pennsylvanians access these services remotely for the time being.

Resuming Licensing Operations

On March 30, DHS announced that we would temporarily cease annual licensing inspections in order to minimize risk of spreading COVID-19. Complaint and incident investigations have continued in the time since.

Renewal inspections will begin for providers located in counties that move to green, and some annual inspections may also begin for providers located in yellow counties on a more limited basis. During this time, we have been and will continue to investigate serious incidents and complaints statewide. More information will come from the licensing offices as this process moves forward. If providers have questions, they should contact their regional licensing office.

Long-Term Care Update

Even as new cases of COVID-19 begin to level and areas of Pennsylvania prepare to move to the green phase of reopening, we know that COVID-19 still presents a serious threat to congregate and long-term care facilities. We are not wavering on our commitment to support long-term care facilities as they work to protect residents and staff by managing or preventing outbreaks of COVID-19 at their facility.

As counties move to yellow and green, guidance in place for long-term care facilities under DHS' oversight like personal care homes and assisted living residences and skilled nursing facilities under the Department of Health's oversight will remain in place. This includes restrictions on visitation, regulatory flexibilities to support COVID-19 mitigation efforts, and enhanced testing guidelines ordered by the Department of Health. These measures will remain in effect until the administration advises otherwise.

In addition to this, our Educational Support and Clinical Consultation Program (ESCCP) continues to be a resource for personal care homes, assisted living residences, and skilled nursing facilities. ESCCP was launched at the end of March alongside the Jewish Healthcare Foundation to help personal care homes and assisted living residences facing COVID-19. The effort then expanded to include skilled nursing facilities. ESCCP offers regular webinars on topics like infection control practices and proper use and disposal of personal protective equipment. To date, more than 14 webinars have been held, reaching

nearly 2000 attendees.

Seven health systems also participate in ESCCP – Allegheny Health Network, Geisinger, Penn State Hershey Medical Center, Temple University, the University of Pennsylvania, UPMC, and the Wright Center. The health systems are available to provide direct clinical support to the long-term care facilities, an invaluable resource for facilities like personal care homes and assisted living residences who may lack in-house staff with clinical experience.

ESCCP has directly contacted providers to discuss their concerns and needs during the pandemic. So far, ESCCP has provided assistance to more than 75 percent of the 1,200 personal care homes and assisted living residences in Pennsylvania and 70 percent of DOH's licensed skilled nursing facilities. This support network has facilitated stronger regional collaborations between long-term care facilities, health systems, and state and local partners, and we will continue to be there for providers as they navigate the weeks and months ahead.

Summer Program & Child Care FAQs for Parents

As mentioned previously, child care providers are permitted to reopen without needing a waiver as counties move to yellow. We continue to support child care programs as they reopen. The Department will continue to pay all child care providers based on their Child Care Works Enrollments as of March 13 through the end of June.

We know that parents may have questions about things they need to know or how their provider will operate in order to keep children in care as well as staff safe from COVID-19. As parents begin to return to work and child care opens more broadly, there is likely some anxiety about broadening their children's social circles, but essential workers and parents whose offices are reopening still need to have a safe place for their children to go while they are at work.

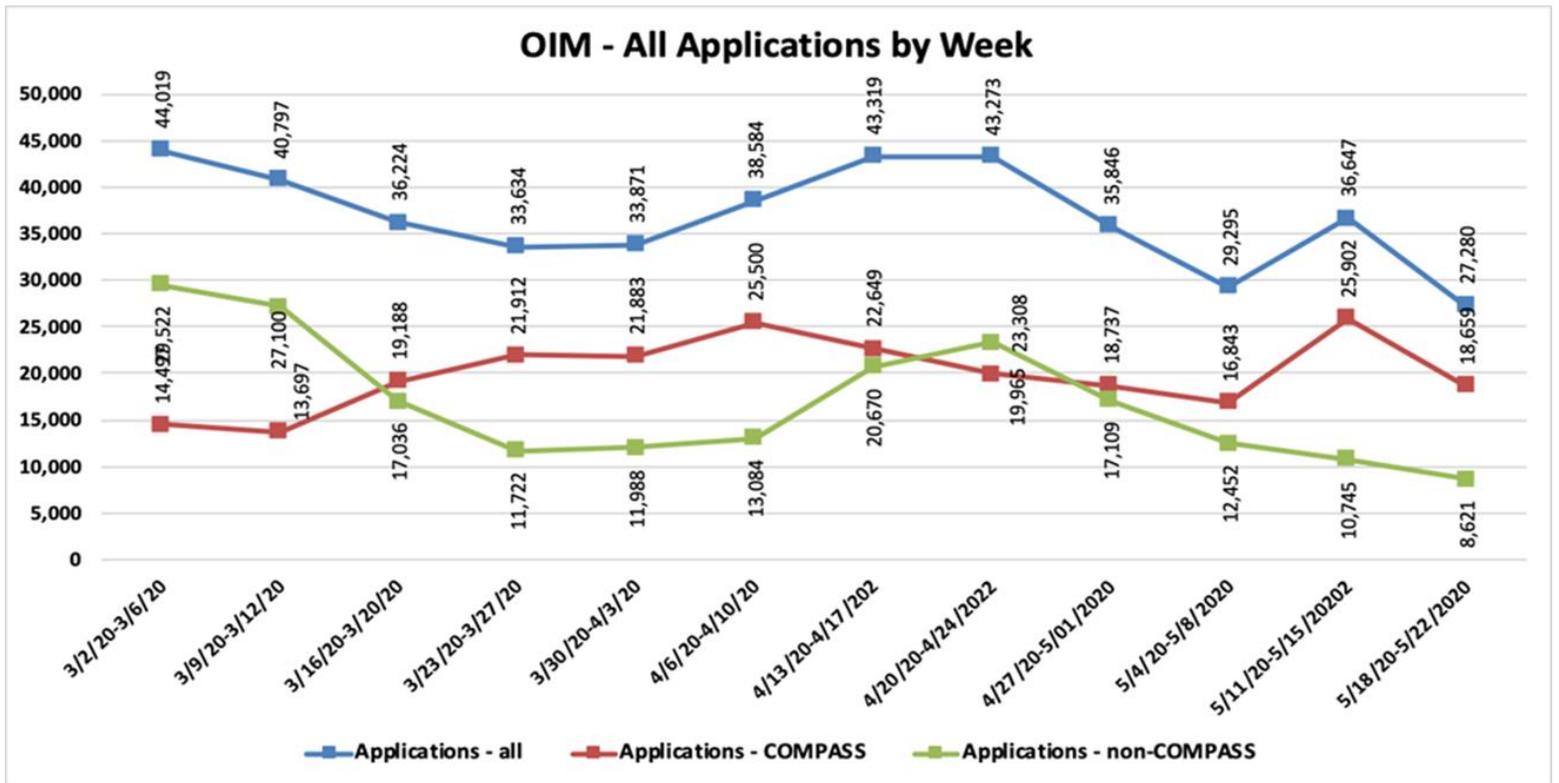
Earlier this week, [a set of frequently asked questions](#) were posted to DHS' website and sent through the Office of Child Development and Early Learning's provider listserv. We want to be sure that we are providing the most up-to-date information and guidance available to help families who still need to use child care services amidst the health crisis, so this document may be updated in the weeks and months to come. The FAQs outline how families who need child care can find a provider in their area, how families can get financial assistance for child care if they qualify, and how parents can get in touch with their local Early Learning Resource Center if they are having trouble finding an operating child care provider in their community. The FAQs also go over precautions and preventive measures that child care providers should be taking in light of COVID-19. This includes temperature screenings each morning, enhanced cleaning standards, and operational adjustments to facilitate social distancing as much as possible in child care settings. The FAQs also cover when children should wear masks. Children under two should not wear masks, and masks are not required for children in child care settings. Face coverings are still recommended by the CDC, especially for older youth, when feasible, particularly in indoor or crowded locations. We hope that these FAQs will be helpful as more parents begin to use child care settings around Pennsylvania.

Since this weekend marked the unofficial start to summer, there may be questions about children participating in camps and summer programs this summer. Last Friday, the Department of Health [released FAQs](#) that provide guidance on which types of summer programs for children are able to operate during the reopening plan, requirements for these programs beyond CDC guidance, group sizes and enrollment restrictions for summer programs, and other topics related to summer recreation. If you or people you serve have questions about camps and other summer programs, I encourage you to consult this resource.

Office of Income Maintenance Program Updates

Applications Update

At this time, we still are not seeing an upward trend in applications data. We received 27,280 applications last week, down from 36,647 the week prior. We’ve seen an oscillating trend of applications going up and down over the past month or so. This may be due to new programs being announced like the Emergency Assistance Program and the LIHEAP Recovery Crisis Program and an initial spike in applications based on those announcements.



To date, over 8,900 applications have been received for EAP and nearly 3,300 applications have been received for the LIHEAP Recovery Crisis Program. Of these applications, 2,766 people have been approved for EAP and 1,252 have been approved for LIHEAP Recovery Crisis. We will continue to promote availability of these programs and others like Medicaid, SNAP, the Children’s Health Insurance Program, and TANF through social media and media outreach, and we appreciate all of your efforts to spread the word as well. DHS will continue to be here for Pennsylvanians who need an extra hand, and

we need all Pennsylvanians to know that there are resources available if they need help.

Our data sharing agreement with the Department of Labor and Industry is nearly finalized, so as soon as that is set, we will be able to begin looking more closely at areas of the state where we can target additional outreach about our programs. No one should be alone during this time, and we will continue to be that helping hand that can help people get through the weeks and months ahead.

P-EBT Benefit Issuance

The first issuance of benefits under the Pandemic Electronic Benefit Transfer program, or P-EBT, will go out this week. This first phase will cover families known to DHS because they are already enrolled in Medicaid or SNAP. This covers more than two-thirds of families that will receive P-EBT – about 688,000 students in total. These benefits will be issued over approximately the next week.

The second phase will cover about 270,000 students who receive free or reduced-price school lunches through the Department of Education's direct certification authority. We expect to begin to issue these benefits by mid-June. From there, a third phase of benefits will be issued for households who applied and became eligible for the National School Lunch Program in the months since the pandemic began. At this time, we do not know how many families will be covered for this, but families who have experienced a change in income or job loss can still apply online at any time at:

www.compass.state.pa.us.

Stigma Stories Request

On last week's call, I mentioned that we are hoping to do more to lift stories of people served by DHS' programs. I just wanted to put out another plug for this ask. I think this time gives us the opportunity to try to shift perception of government and the services we offer. While none of us could have imagined this time last year or even at the start of this year that we'd be where we are right now, this is exactly why DHS exists – to help people navigate challenging times that you did not see coming. I want people to know about public assistance not just as a resource that could help them, but one that they could pass on or recommend to someone else. But it's one thing to tell people that these programs exist, it's another to show the impact.

Each of you have more direct connections to the people served by DHS' programs, so again, if you know anyone who would be willing to share their story, please contact our Communications Director Ali Fogarty at alfogarty@pa.gov. This is going to be an on-going effort, so there isn't really a cut-off or deadline to this request – just an on-going hope that you can keep this effort in mind and help us reach people who are willing to and deserve to have their story told.

Thank you again for your consideration.

May 20, 2020 Update

Long-Term Care Facility Data

Yesterday, the Department of Health [began posting data](#) on cases of COVID-19 among residents and staff at long-term care facilities as well as deaths associated with the facilities. For the purposes of this reporting, long-term care facilities include nursing facilities licensed by the Department of Health and personal care homes and assisted living facilities licensed by DHS.

As we work through the public health crisis, releasing information on these facilities will allow families of residents to know the status of their loved one's home. There may be some challenges in reporting this data or inconsistencies, and we are working closely with the Department of Health to continue to adjust and streamline reporting when necessary so we are presenting accurate and up-to-date information.

We are also working towards posting data for other DHS' licensed residential settings. We are determining the level of detail that will be published for these facilities and hope to begin reporting soon.

Reopening Updates

Our program offices continue to draft and issue guidance responsive to considerations and questions that arise as counties transition to the yellow phase. As this is issued, I wanted to reiterate our understanding of operations for the yellow phase. While child care will be permitted to reopen and we are preparing County Assistance Offices for reopening, in many cases, flexibilities and guidance issued for the red phase should continue in counties moving to yellow.

Yellow does not mean the pandemic is over, and there is still great risk that must be considered, especially considering the medically-fragile populations DHS serves and the risk to providers. We intend to keep flexibilities for remote services and restrictions on visitation and in-person services in place until otherwise directed. Time is our ally in this process, and while I know we want to resume something close to normal life, we cannot rush this process. Yellow is still a period of extreme caution, and we must heed this so we can continue to progress towards green.

Child Care Funding

Earlier today, the [first round of funding for child care providers](#) permitted under the Coronavirus Aid, Relief, and Economic Security (CARES) Act was announced. Pennsylvania received \$106 million total for child care providers through CARES, and \$51 million will be distributed to nearly 7,000 child care providers in this first wave of funding. This initial funding will help providers preparing to reopen as counties move into the yellow phase. Funds will be distributed to eligible, certified child care providers through regional Early Learning Resource Centers (ELRCs).

Our Office of Child Development and Early Learning determined eligibility for funding and amount of award based on the type and size of provider, number of active enrollments in Child Care Works subsidized child care, regional child care capacity, and licensure status. A base payment is set by licensure type, and providers can receive additional funding for Child Care Works enrollments and if they operate in one of 27 counties determined to have moderate or acute capacity issues based on capacity of licensed child care providers and projections on the number of children needing care. A breakdown of

the funding ranges and total award to each county was included as a separate attachment with this email.

Remaining funding allocations will be informed by OCDEL's study with Penn State Harrisburg's Institute of State and Regional Affairs that is assessing the economic impact of COVID-19 on Pennsylvania's child care providers. I encourage all providers to participate in this survey so we can get as complete a picture of this impact as possible.

Thank you all for your patience as the administration and the General Assembly work to allocate this funding.

ChildLine Update

Since schools closed and stay at home orders took effect, there has been significant concern around children who may be experiencing abuse and neglect in their home being more isolated from adults who could make a report to ChildLine. All of us in the Wolf Administration share that concern, and many of us have been doing what we can to broaden education around child abuse reporting and encourage people to make the call to ChildLine.

We've discussed this on previous weekly updates, but ChildLine transitioned to remote work at the start of the stay at home period and has been fully operational ever since. Child abuse investigations are continuing despite the public health crisis. All reports made to ChildLine are screened and directed to the appropriate authority for investigation and follow up. While this work is continuing, we have seen a significant drop in reports made to ChildLine. While we wish that a data trend of fewer child abuse reports could be reasonably interpreted to indicate fewer instances of child abuse, we know this is unlikely to be the case. In April 2019, there were 21,232 reports made to ChildLine. Comparatively, 10,674 reports were made last month – a 50 percent reduction from the previous year.

We've employed numerous strategies to try to combat the decrease in reporting. We worked closely with the Department of Education to get guidance to teachers who are still interacting with students through distance learning on signs of potential abuse or neglect. We are also working to educate the public on signs of potential abuse and how to report through social media, media outreach, an on-going paid media campaign, and through Dr. Levine's daily briefing. We also provided this group with a media kit with talking points and social media posts so our partners across the DHS system could help educate their constituencies, and I want to thank all of you who have helped lift this message up. I think these efforts are beginning to pay off, because over the last few weeks, we have seen a continuous increase in reporting. From May 4 to 8, we received a weekday average of 437 calls per day to ChildLine, whereas from March 23 through 27, we received an average of 318 per day.

Reports to ChildLine allow the proper authorities to begin assessments and investigations that may not otherwise start if the report isn't made. Anyone who suspects that a child is being abused or neglected can contact ChildLine at 1-800-932-0313, and we will continue to make this reminder. Thank you to everyone who has helped lift this message up over the past few months.

Fingerprinting Guidance

Two weeks ago, Governor Wolf signed Act 18 of 2020, which extends the time period for certain professions to obtain an FBI background check upon hiring. Certain individuals who are required to

obtain an FBI background check are given additional time to meet this requirement if they are unable to complete their fingerprinting scan due to the COVID-19 pandemic.

DHS has published an [FAQ document](#) explaining Act 18 of 2020, who it applies to, and what people should know. Thank you all for your patience as we've worked through this. And, as a reminder, we still strongly encourage individuals to get fingerprinted and obtain their FBI Criminal History Clearance as soon as they are able, and a map of operating Identogo locations is available [here](#).

Office of Income Maintenance Updates

SNAP Online Ordering

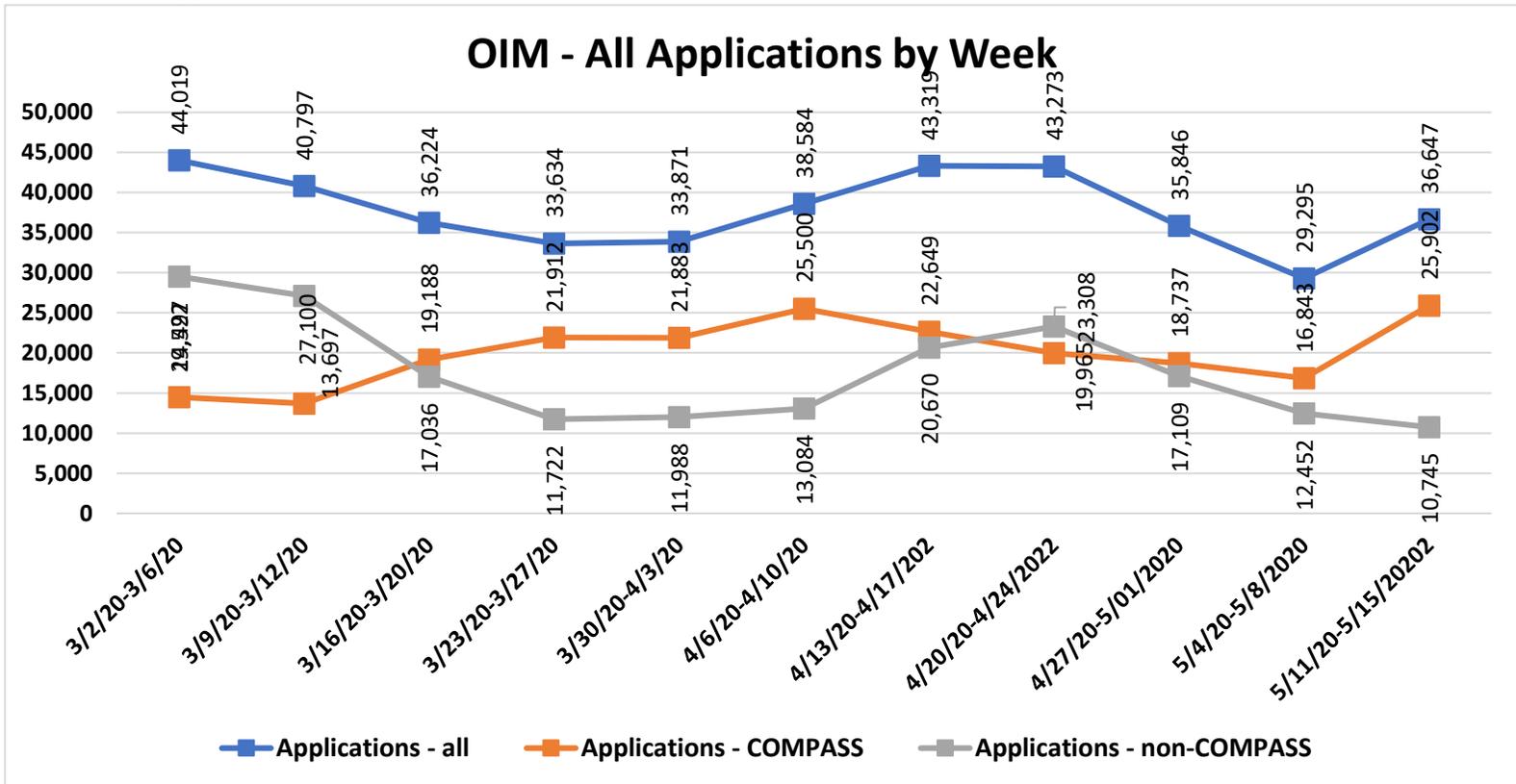
We have some exciting news to report today – earlier this week, Pennsylvania [received approval](#) from Food and Nutrition Service to join the pilot program that lets SNAP recipients purchase groceries online through participating retailers.

Now that approval has been received, DHS is working with its EBT vendor and approved retailers to implement system changes necessary to implement online payment for PA's SNAP recipients. These system changes will take approximately two weeks to complete the testing and validation. Implementation could not begin without FNS' approval. Now that approval has been received, DHS expects to have online grocery purchasing activated for SNAP recipients by the beginning of June. Once active, only eligible food items normally paid for by SNAP will be able to be purchased online with SNAP benefits. Delivery fees, driver tips, and other associated charges may not be paid for with SNAP benefits. Due to the expedited timeframe to implement, this initiative does not include the ability to transact Cash Assistance benefits using the EBT card. Therefore, individuals will need to use another method of payment to cover the non-allowable fees such as a pre-paid debit card.

The pilot program currently includes three approved retailers: Amazon, Walmart, and ShopRite. Retailers that are interested in participating must contact FNS to review the requirements to be added to the program. And, just as a reminder, retailers that do not wish to join the pilot program can still offer delivery or pick-up flexibility options for SNAP recipients by using mobile EBT processing equipment that would allow customers to pay with SNAP when groceries are delivered or picked up. Farmers markets may be able to receive this processing equipment at no cost [through a grant opportunity](#) provided by DHS.

Thank you all for your patience as we waited for approval on this. I'm really glad that we will be able to extend this flexibility to SNAP recipients in the next few weeks. We will continue to keep you posted on this implementation timeline and when it is officially available.

Applications Data



After about three weeks of declining application numbers, we did see an uptick of about 7,000 applications last week. This follows a decline of about 6,000 applications between the first and second weeks of May, so we are still below the numbers we were seeing prior to COVID-19 and the shutdown that followed. We do, however, have data on enrollments for April and we are seeing increases in Medicaid, CHIP, and SNAP.

- Medicaid enrollment has increased by 62,000 people or 2.2 percent since February, for a total enrollment of 2.89 million people.
- CHIP enrollment surpassed 200,000 children in April, up from approximately 186,000 children in March.
- SNAP enrollment has increased by 123,000 people since February to 1.86 million Pennsylvanians enrolled – a 7.1 percent increase.

While we still don't have a clear picture of why we have not yet seen a surge of applications, we have a theory as to why there was an increase in enrollment. Before COVID, we would see about 2 percent of our Medicaid population leave each month, either due to failing to renew Medicaid coverage or experiencing another life change. Some of these individuals would reapply the next month. Since COVID, we've been directed by CMS to ensure Medicaid and CHIP coverage continues even if the household is otherwise ineligible with the only exceptions being a move out of state, voluntary withdrawal from the program or death of a recipient. This means that we may not see the normal churn in MA applications because individuals are remaining eligible. Many people are not being disenrolled from SNAP or TANF

either. For these programs we have extended recertification periods into the future, so people are not recertifying at this time. Because of this, we are not seeing people leave these programs unless they report a change to their case that makes them ineligible. We are still taking steps to examine the volume of applications and our enrollment in Medicaid, SNAP, and TANF.

We are also now accepting applications for both the Emergency Assistance Program and the LIHEAP Recovery Crisis Program that was announced last week. To date, just over 1,900 people have been approved for EAP out of 4,300 applications, and about 800 people have applied for the LIHEAP Recovery Crisis Program. We've processed just under 200 LIHEAP Recovery Crisis Applications so far, and of that group, 142 applications have been approved.

Applications for these programs can be submitted through [COMPASS](#), and paper applications are available at www.dhs.pa.gov. Thank you, as always, for your support in connecting your constituents to these programs.

Stigma Stories

We need to make sure those who qualify and could use help understand how they can apply for services, and we think there is an opportunity to reframe some misconceptions about public assistance. We have been trying to encourage use of public assistance through media outreach and digital media, but it may be difficult for people who haven't used these programs previously to see how they can help them navigate the challenges of this time.

To help shift this, we want to tell the stories of people who have been helped by public assistance programs. We want to highlight people and families who are the reason why these programs are so important. Many of you have more direct connections to the people served by DHS' programs, so if you know anyone who would be willing to share their story, please contact our Communications Director Ali Fogarty at alfogarty@pa.gov. Depending on a person's comfort level, there are different ways and levels of anonymity that we can accommodate for this, but our first step is to start collecting a repository of stories that can be part of a broader campaign to better humanize these programs and provide real testimony to the difference they can make during times of uncertainty like what we currently face.

Thank you all in advance for your help with this effort.

143 Day in PA

I think many of us are familiar with the Mr. Rogers quote that rings true here now more than ever: "When I was a boy and I would see scary things in the news, my mother would say to me, "Look for the helpers. You will always find people who are helping."

This Friday, May 22 is the 143rd day of the year, making it 143 Day in Pennsylvania – our official day of kindness inspired by the lessons and legacy of Mr. Rogers. In honor of 143 Day, let's spread a little kindness in our communities.

You can make an appointment to donate blood, spend a little time volunteering with your local food bank or pantry, or visit the United Way of Pennsylvania's 211 website at www.uwp.org/211gethelp to find organizations in your community that need extra help. Or you can do something as simple as

sharing resources like [COMPASS](#), 211, the number for DHS' Support and Referral Helpline, or a local food bank or pantry on your social media. You may be helping someone without realizing. You can also visit www.pa.gov/143-Day for more ideas of how to help out and spread kindness in your community.

People who work in the human services field know better than anyone that when we all take a little bit of time for a small gesture, that impact grows quickly and reaches more of our friends and neighbors. I hope you'll join me by participating in 143 Day on Friday and encouraging your family, friends, and coworkers to do the same however you can.

Share and spread the word about 143 Day with the hashtag #143DayinPA. These times are challenging and isolating, but we are in this together.

May 13, 2020 Update

Testing in Long-Term Care Facilities

There is a lot of attention and concern surrounding how COVID-19 is affecting residents and staff of long-term care facilities like nursing homes, personal care homes, and assisted living facilities.

The Department of Health (DOH) is [implementing a robust testing strategy](#) that will help staff detect COVID-19 and isolate anyone affected by or exposed to the virus. The testing will be performed on anyone entering the facilities, including residents and staff, to prevent the virus from also entering. Results from these tests will help facilities group residents based on health status and exposure and better understand the extent of COVID-19 in their facility. The federal government will be supplying testing kits to facilities that do not have enough, and the Pennsylvania National Guard will use mobile testing units to support facilities that need assistance with testing. This expanded data will help the state and our partners continue to respond to the needs of our long-term care facilities caring for Pennsylvanians who face a high risk of complications if they contract COVID-19.

We remain committed to supporting long-term care facilities, and I know this move towards universal testing will strengthen our response as we navigate this pandemic together.

Reopening Updates

Last Friday, 24 counties transitioned to the yellow phase of the reopening, and most of Southwest Pennsylvania will move to this phase this Friday, May 15. We are continuing to work on a plan to safely reopen our County Assistance Offices to the public. We are assessing the needs of each office to determine what adjustments are necessary to ensure the health and safety of our staff and clients. As we solidify what these resumed operations will look like and counties begin to move from red to yellow, we will communicate when and how these offices will open and operate.

Our program offices continue to issue guidance and respond to questions regarding what is permissible for the reopening phase, and all guidance coming from DHS will be in line with Governor Wolf and the Department of Health's recommended timeline for reopening as well as guidance issued by DOH and the CDC.

I urge our partners and providers to heed this guidance as well. We must be careful and deliberate during this process so we can avoid a situation where a county has to move back to the red phase as much as possible.

For child care providers in a county still in the red phase, information about applying for a waiver is available through OCDEL, and the process is very simple. Please do not resume operations without this waiver unless Governor Wolf indicates that your county has moved to the yellow phase.

Thank you all for your cooperation and patience during this time. We all want to begin to resume operations as they once were, but we know the risk of COVID-19 is still very real. Working carefully and deliberately together will help us operate in a way that mitigates that risk, and we appreciate your partnership and the adjustments you have made to keep your staff and the people you serve safe.

OIM Updates

LIHEAP Recovery Crisis

We previously indicated our intent to launch a LIHEAP Recovery Crisis Program using additional LIHEAP funds from the Coronavirus Aid, Relief, and Economic Stimulus, or CARES, Act. Late last week we received word that Pennsylvania would receive \$34.9 million in LIHEAP funds through CARES, and DHS will use these and funds remaining from the 2019-2020 LIHEAP season to fund the LIHEAP Recovery Crisis Program.

The program will begin on Monday, May 18 and will offer a crisis benefit as well as a supplemental payment for households that previously received a crisis payment during the 2019-2020 LIHEAP season. These benefits will be paid directly to utility companies or fuel providers with a few exceptions to help qualifying families offset costs for home utilities.

Pennsylvanians may qualify for LIHEAP Recovery Crisis benefits if they were notified that their utility service will be shut off in the next 60 days, have had their main or secondary energy source completely shut-off, are in danger of being without fuel in 15 days or less, or if they owe funds to a provider that would constitute a service termination if not for the Public Utility Commission's temporary moratorium on termination. The program will run through August 31, 2020 or until all budgeted funding is expended. The maximum benefit for the Recovery Crisis Program will be \$800, and eligibility guidelines will be the same as those used during the 2019-2020 LIHEAP Season.

We are going to formally announce the program shortly, and we are sending social media graphics and messaging regarding the program. We appreciate any help you can give to get the word out about this program. Our hope is this will be another option to help individuals and families who are feeling the impacts of the current economic uncertainty meet essential needs during this time, so thank you for your support in this effort.

Emergency Assistance Program

Last Friday, we publicly announced our Emergency Assistance Program, which provides a one-time cash benefit to families who have experienced a significant income reduction or complete job loss due to COVID-19. We began accepting applications for this program on Monday, and in the two days of this program, we received more than 3,400 applications.

We appreciate you helping us spread the word on this program so we can get this benefit out to people who need it. These numbers definitely show that there is a real need for this assistance, so thank you for helping lift this up.

SNAP Updates

If you were on last week's call, you may remember that we received approval from the federal government for the Pandemic Electronic Benefit Transfer program, or P-EBT, during our briefing. We expect to begin issuing the P-EBT benefits to families that also receive cash assistance, SNAP, or Medicaid and the National School Lunch Program in the next week, but I wanted to remind you all that families who have experienced a change in income can still apply for the National School Lunch

Program. If eligible, they will receive a pro-rated P-EBT benefit.

Families can apply for the National School Lunch Program through [COMPASS](#), so I encourage any family who has experienced a job loss or change in income due to the pandemic to see if their family could get a little extra help through the P-EBT program. Families that never applied but whose children receive free or reduced cost lunches do not need to submit an application. We've also heard concern that families who receive reduced-price lunch but have outstanding debt for these lunches will not receive these benefits. This does not affect their participation in P-EBT, and they will still receive this benefit.

We are still waiting for approval from the federal government for our request to participate in the online grocery pilot, and we also submitted a request to Food and Nutrition Service to extend our waiver allowing face-to-face interviews for SNAP quality control to be conducted by phone.

This request would permit these interviews to continue by phone through November, and we hope that the federal government will allow us to keep this option that keeps both staff and clients safe while meeting program integrity requirements.

Application Data

We have been actively looking at our weekly applications volumes for Medicaid, TANF and SNAP the past two months. Our initial thought was we would see a significant increase in applications because of the number of people who have recently become unemployed. To date, we have not seen any significant surges in applications and in fact the past few weeks we have seen a decrease in applications – from 43,319 four weeks ago to 29,295 last week.

Some states have experienced a significant increase in applications. One reason for the differences in experience between the states is the different dates states began to shut down, for example California was 3- 4 weeks ahead of Pennsylvania. Also, we believe that some states included a “backlog” of applications in their count of applications. We did not have, nor do we currently, have any backlog in applications. I also want to report that we are still processing applications in the same timeframes we did prior to COVID-19. Specifically, for Medicaid we are making determinations in 12.2 days on average and for SNAP, our average application determination time is 6.2 days. One reason for the lack of a surge in applications is the fact that we are not currently terminating anyone from Medicaid, unless they voluntarily withdraw, pass away or move to another state. In general, we see 2% of our Medicaid population leave each month. Some of these individuals leaving include those who failed to renew their MA. In some cases, these individuals will reapply for services the next month. Another factor to consider is the high SNAP participation rate in Pennsylvania. Pennsylvania has been recognized by FNS as one of the states with the highest estimated enrollment of those who are potentially eligible.

We are still taking steps to examine the volume of applications and our enrollment in Medicaid, SNAP, and TANF. We want to make sure those in need understand how they can apply for services. There are two things we will be doing in the coming months to try to better understand why we are not seeing an increase in applications. First, we are working with the University of Pittsburgh to survey newly unemployed individuals to understand why newly unemployed individuals may or may not be applying for benefits and any barriers that exist to applying for benefits. Second, we are working internally within the Commonwealth to do some data matching to identify if there are areas of the states where we are

seeing a higher number of people on unemployment insurance who are not enrolled in Medicaid or SNAP. We also hope to see other potential demographic factors that provide us information as to why people may not be applying. This will help us target outreach or other strategies that help us work with populations in need.

Our goal is to make sure that people who could be helped by these services know we are here and what is available, so these efforts will broaden data available to help us reach more people.

Family First Implementation Delay

Earlier this week, we announced that Pennsylvania received approval from the federal government to delay full implementation of the Family First Prevention Services Act until July 1, 2021.

If you are unfamiliar with this, the Family First Prevention Services Act is a federal law that prioritizes providing services to children and families in the least restrictive manner and with their families as much as safely possible. It allows states to use federal payments for trauma-informed evidence-based prevention services to allow children who may otherwise be placed in congregate care settings to stay with their parents or relatives. In the event placement outside the home occurs, the law directs federal funding towards family-like settings or other specialized settings that are best suited to a child's individual needs. We recognize that the pandemic has greatly altered life and operations for county child welfare agencies and service providers, and we want to be sure that there is adequate time and resources to successfully implement this shift.

The additional implementation time will allow for interested providers for specialized settings to apply or to adjust their programs to meet standards outlined in the Family First Prevention Services Act. Specialized settings are trauma-informed child residential facilities or supervised independent living programs specializing in providing care and treatment for children and youth with special circumstances. Additionally, the delay will support our efforts to build additional evidence-based prevention programs used by counties in a way that safely keeps families together, allows for staffing and data needs to be met, and will not result in the loss of federal funds.

I want to thank our county child welfare agencies and service providers for your partnership in this implementation thus far.

Mental Health Awareness Month

I wanted to take a minute to highlight Mental Health Awareness Month, which is recognized annually in May. Normally, this month would be marked by events in the Capitol and around the commonwealth. Obviously we cannot do that this year, but we are doing what we can to lift this message virtually through social media and through the press.

Far too many people struggle with mental health or substance use disorder issues in silence, and only about half of people impacted by mental illness seek treatment. Too often, stigma of behavioral health disorders keeps people from seeking the treatment they need.

COVID-19 and the challenges coming from this pandemic are only amplifying stress, anxiety, and fear people may face every day, and for some, those feelings may be surfacing for the first time during this pandemic. If you or someone you know are experiencing these feelings, please remember you are not alone.

The Support and Referral Helpline is still available 24/7 for anyone needing someone to talk to or extra support during this time. The helpline can be reached toll-free at 1-855-284-2494 or at 724-631-5600 for TTY. Please remember this resource and take advantage of it if you need it. No one needs to be alone during this time.

May 6, 2020 Update

Reopening Pennsylvania

We continue to prepare to support providers in counties that will transition to the yellow phase and our expectations for this phased reopening. Even as we prepare to restart certain operations in the 24 counties that will move to yellow on Friday, we must remember that this is not a return to normal life. This is just the beginning, and the dangers of the pandemic are still very real. We must all still do all we can to prevent spread of COVID-19 to avoid these counties going back under a stay at home order.

When a county moves to the yellow phase, child care providers are permitted to reopen without a waiver. Our Office of Child Development and Early Learning has prepared a webinar to review considerations and guidance on reopening. Child care providers preparing to open should continue to consult guidance issued by the Centers for Disease Control and Prevention for [child care that remains open](#). This guidance speaks to steps providers should take to keep child care spaces safe and properly monitor staff and children for potential exposure to and symptoms of COVID-19.

Many stakeholders are looking for the Department of Health or DHS to issue guidance specific to Pennsylvania child care. The CDC is the most current and update information relating to COVID-19. As the CDC learns more about the virus, this guidance is the most trusted source of information.

Because there is still great risk of potential spread and outbreaks of COVID-19 during the yellow phase, we are not relaxing operational changes for all DHS-operated and licensed functions. Mitigation efforts in licensed facilities serving older Pennsylvanians, people with disabilities, people with mental illnesses, and youth in the child welfare system should continue until otherwise directed.

Our Office of Developmental Programs published guidance on May 4 specific to community service providers for what components of services may be resumed and the conditions under which they may resume.

We are also preparing for the eventual reopening of County Assistance Offices in counties that transition to yellow. Our CAOs will not immediately reopen on May 8. We must equip the offices with adequate protective equipment like masks, sneeze guards, and cleaning supplies to maintain building safety guidelines and keep workers in these offices safe once they open for public access. All CAO services continue to be available through [COMPASS](#), the helpline and customer service centers, and other channels, and we are not ending waivers that limit the need for in-person service like accepting self-attestations and not requiring in-person interviews. Our goal is to keep both CAO staff and the public that visit CAOs safe, so we are not rushing reopening public access until offices are equipped to manage additional public traffic given the public health risk.

Supporting Long-Term and Congregate Care Facilities

As Pennsylvania makes progress in managing the COVID-19 pandemic, we know that residential settings continue to experience challenging outbreaks among their residents and staff. Long-term and residential care facilities serving older adults, people with disabilities, and people with mental illness play an invaluable role in supporting aging Pennsylvanians and other special populations. People served in these settings often have co-occurring disabilities and chronic medical conditions like heart or lung disease

and diabetes, making them immunocompromised or putting them at greater risk of a more aggressive case of COVID-19 and serious complications from the virus.

We are working closely with the Pennsylvania Department of Health and other partners across Pennsylvania to support long-term and congregate care facilities throughout the public health crisis. All congregate care providers operating in communities across Pennsylvania – group homes serving people with intellectual disabilities, personal care and assisted living facilities, and private intermediate care facilities, among others, are expected to continue to closely heed recommendations for safety in long-term care facilities from DOH and the CDC as well. Specifically, we are working closely with licensed providers to adhere to the CDC's long-term care facility guidance that speaks to screening for COVID-19 and visitation restriction as we try to limit the spread of COVID-19.

Long-term care providers are in an extremely precarious situation in this pandemic, and we are doing all we can to allow necessary operational adjustments and provide support from the state level. DOH and PEMA have been updating guidance regarding PPE distribution and are directing resources towards nursing facilities and other congregate long-term care facilities based on need. Congregate facilities who have a critical need for PPE should contact the program office under which they are licensed for assistance with this process.

We also continue to issue new guidance as necessary and will make additional requests to the federal government to support the flexibility we all need to properly respond as the pandemic evolves. As mentioned previously, we are not beginning to scale back these adjustments as counties transition to yellow because situations in these facilities can be delicate. We do not want to risk new or more serious outbreaks by moving too quickly.

We're also facilitating support networks between long-term care providers, the Jewish Healthcare Foundation, health systems, and health care quality units to help assist with preparedness, mitigation, and infection control efforts. Health systems involved with this effort continue to engage with personal care homes and assisted living residences to provide educational support and clinical coaching to help prevent the spread of COVID-19. Just last week, the health systems also began reaching out to nursing facilities to help with infection control efforts as well.

We also know that COVID-19 testing for these long-term care facilities remains a concern. DHS is currently following the guidance of the CDC as well as DOH when determining when it is appropriate to test long-term care residents. If guidance regarding testing changes, we will communicate that to our licensed providers and provide guidance.

This is an incredibly difficult time for many people, and people providing care in long-term and congregate care facilities and in the community must endure these challenges while maintaining continuity and services for people under their care. On behalf of the Wolf Administration, I want to thank everyone working in direct care and long-term care. Each of you do critical work every day, and right now, that work comes at great personal risk. Despite this, that work and care goes on because it must. These dedicated professionals cannot abandon the people they serve, and we will continue to support our licensed providers as they navigate this pandemic. We are with you, and we will overcome

this challenge and the months to come together. Thank you, again, for your commitment to and protection of your patients and residents.

Coverage for uninsured individuals

While coverage for COVID-19 testing is mandatory for individual and marketplace insurance, Medicare, Medicaid and CHIP, individuals who are uninsured have been concerned about how to get their testing covered.

As part of the Family First Coronavirus Relief Act and CARES Act, the U.S. Department of Health and Human Services, administered through the Health Resources & Services Administration (HRSA) will provide claims reimbursement to health care providers generally at Medicare rates for testing uninsured individuals for COVID-19 and treating uninsured individuals with a COVID-19 diagnosis. The first day HRSA is accepting claims from providers is today, May 6, and they will accept claims for services back to February 5, 2020.

Providers should access the [HRSA website](#) for more information, what services are covered and who is eligible, and to submit claims.

Office of Income Maintenance (OIM) Program Updates

Data Update

We experienced a dip of approximately 7,400 applications between April 27 and May 1 as compared to the previous week – a 17 percent decline.

We are not sure exactly why this occurred, but so far for this week, we are seeing a bit of a rise. Nearly 800 more applications were received on Monday, May 4 than Friday, May 1, which is typical. We tend to get more applications in on Mondays compared to other days during the week. As some sectors begin to return to work or people begin receiving unemployment compensation, this could affect what we experience in benefits application.

We are still encouraging people to apply for these programs, especially those who may not have needed public assistance previously. I participated in a media briefing on this earlier today with First Lady Wolf and Secretary Redding of the Department of Agriculture, communicating availability of these programs and supports will continue as we navigate the months ahead.

Emergency Cash Assistance

Last week, I shared information about the Emergency Cash Assistance Program (ECAP) we will launch soon. ECAP will be open to families with a child under age 18 or pregnant women making 150 percent of the Federal Poverty Guidelines or less. Families must also meet resource limits and have at least one person who was employed as of March 11, 2020 and lost employment or experienced an hour and wage reduction of at least 50 percent for at least two weeks due to the pandemic. Eligible families will receive a one-time payment equal to two months of TANF benefits for their household size, so a family of three would get an average one-time payment of \$806.

We are formally announcing this program tomorrow and will begin accepting applications on May 11 online through COMPASS or through a shortened paper application. The program will run through June 12 or until all funds are expended.

ECAP is designed to help low-income families stay financially stable during this period, and I want to thank you all in advance for helping us spread the word on this opportunity.

SNAP Waiver Status

At this point, you likely remember that we have requested authority to establish a Pandemic Electronic Benefit Transfer (P-EBT) program to provide SNAP benefits for children who normally receive free or reduced-price school meals through the National School Lunch Program.

During today's call, we received approval on our P-EBT program from Food and Nutrition Service (FNS). Now that the program has been approved, we will begin to issue this benefit to families within 15 days.

We also formally submitted our request to join the United States Department of Agriculture's SNAP online grocery payment pilot, and we are awaiting approval of this request.

Unfortunately, we did hear back from FNS on a waiver DHS submitted on April 1, 2020 requesting authorization to allow contracted SNAP-Ed providers to assist in distribution of school lunches. FNS sent a letter dated May 1, 2020 denying the waiver request citing SNAP-Ed activities and associated costs, including staff time, must meet the current Federal guidelines. Based on the denial, SNAP-Ed staff will not be permitted to assist in the distribution of school lunches.

Fingerprinting

As announced last week, HB 360 passed the Senate with language to provide temporary relief from the fingerprinting requirement to some individuals working with children. The House concurred in those changes. Just today the Senate convened briefly and signed the bill, so it is on its way to the Governor for signature.

DHS and our sister agencies are finalizing guidance for affected individuals.

April 29, 2020 Update

Reopening Pennsylvania

Many of you are aware that Governor Wolf and Dr. Levine have begun to discuss what a reopening process would look like for Pennsylvania. While this process will be phased and gradual in order to protect public health, DHS is working closely with our partners across the administration to prepare for what the reopening will look like for our DHS-run and licensed services and facilities.

You all can understand why we must be careful and deliberate in this process. All of us want to go back to normal life however we can, but we must continue to diligently follow social distancing and mitigation guidelines even as we reopen to do what we can to try to avoid a future resurgence. With that being said, we want to work with our providers so that when they are authorized to begin resuming services, they operate and provide services in a way that keeps staff and the people we serve safe.

Program offices will be issuing guidance as to how providers can operate through the reopening phases as well as recommendations on how to provide services in an adjusted manner. We are also working on a plan to safely reopen our County Assistance Offices to the public. As we solidify what these resumed operations will look like and counties begin to move from red to yellow, we will communicate how these offices will open and operate.

The threat of COVID-19 will not disappear completely as we move to yellow and to green eventually, so we must continue to be cognizant of this as we move forward. Specifically, we will need to remain cognizant of the fact that for our seniors, people with disabilities who are dependent on some level of care, and people who are immuno-compromised or have other conditions that put them at higher risk to contract and/or become ill from COVID-19, the threat of COVID-19 will remain very real until we have a vaccine. On behalf of these more vulnerable Pennsylvanians, we need to remain vigilant, in the red, yellow and green phases.

We will have more information to share on this in the coming days and weeks, and I want to thank you all in advance for your patience and flexibility as we navigate what will become our new normal.

Applications for Public Assistance Programs

There has been a lot of interest in data and trends we are seeing on public assistance applications, so we are going to begin providing an update on this each week.

We are anticipating that the economic challenges of the pandemic will eventually cause the public assistance system to see increased need, but we are not at that point yet. Since many of the impacts of this crisis didn't occur until late March, we wouldn't anticipate seeing increases until April's enrollment data, which becomes available in mid-May. We are monitoring application data closely, though. At this point, we have not seen a significant spike in overall applications, and our application level is about where it was before the crisis began.

We experienced about three weeks of declining applications from mid-March until early April, which occurred due to a significant decrease in paper applications. Online applications through COMPASS did increase during this period, but not enough to compensate for the decline in paper applications. We are

beginning to see paper applications increase again and we are seeing nearly the same number of applications now as we did prior to the CAOs closing to the public.

In previous recessions, there was often a delay in terms of an impact on Medicaid and other public assistance applications. We expect the same will happen here as the increase could come from Pennsylvanians who may not have previously used DHS' programs. There is likely a knowledge gap regarding what kind of help is available and how someone could qualify, and, unfortunately, there's likely some level of stigma or fear of turning to a government program. We are communicating availability of these programs regularly through DHS' social media, press releases, and media availabilities, and we are working on messaging targeted to Pennsylvanians who may not be familiar with or do not see themselves as someone who could be helped by SNAP or other DHS programs. We understand that it may be difficult to ask for help from the government if you've never taken that step before, but we need all Pennsylvanians to know that they do not have to weather this period alone.

We will share this messaging when it is ready as we did with resources on child abuse, and we hope you can help us get this information out to the people you serve and your constituents.

Emergency Cash Assistance Program

The economic disruption caused by this pandemic is affecting families and communities across Pennsylvania in different ways. For many low-income Pennsylvanians, especially those awaiting unemployment compensation, this disruption could be completely destabilizing, and we must do what we can to help them weather this uncertain period.

DHS is in the process of establishing an emergency cash assistance program to extend support to families with low incomes using existing Temporary Assistance for Needy Families (TANF) funds. The emergency cash assistance program would be open to families with a child under age 18 or a woman who is currently pregnant. Families must meet emergency cash assistance income and resource limits and have at least one person who was employed as of March 11, 2020 and lost employment or experienced an hour and wage reduction of at least 50 percent for at least two weeks due to the pandemic. Eligible families will receive a one-time payment equal to two months of TANF benefits for their household size, so a family of three would get an average one-time payment of \$806.

We are finalizing details of the program and plan to announce more broadly and begin accepting applications in the coming days. When the program is formally announced, we will send you a copy of the press release so you are aware and can alert the people you serve.

Status of Other Office of Income Maintenance Initiatives

DHS' Office of Income Maintenance continues to work on numerous initiatives to extend support to Pennsylvanians during the public health crisis and recovery period to follow.

LIHEAP Crisis

On last week's call, we mentioned that we intend to begin a LIHEAP Crisis program to help with home energy bills during the public health crisis. We are still waiting for word from the federal government on

how much additional LIHEAP funding Pennsylvania will receive, so we do not have more information to share at this time.

Pandemic Electronic Benefit Transfer (P-EBT)

We are still awaiting approval on the P-EBT program. DHS and the Department of Education have answered numerous questions from FNS, so we hope to receive authorization soon so we can extend this assistance to families across Pennsylvania. Again, this program will assist families eligible for free and reduced-price meals as children no longer have access to these meals with schools closed.

SNAP Online Grocery Purchasing

We are very close to submitting our plan to FNS to bring Pennsylvania into the pilot for online grocery purchasing through SNAP. As mentioned last week, it is important to remember that participation in this does not mean that retailers can work through DHS to begin to accept online SNAP payments. Retailers still need to work through FNS for this, and currently, just Amazon, Walmart, and ShopRite would be available for online payment in Pennsylvania.

Once our plan is submitted and approved, we will work with these retailers and our EBT vendor Conduent to activate online ordering for SNAP recipients in Pennsylvania. I encourage any retailer who is interested in accepting online payment for SNAP participants to contact FNS to join the pilot.

As a reminder, retailers can create flexibility for SNAP recipients looking to utilize delivery or pick-up options without having to join the federal pilot program or seek approval by using mobile EBT processing equipment that would allow customers to pay with SNAP when groceries are delivered or picked up.

Letters to United States Department of Agriculture and Congressional Delegation

We appreciate the flexibility we've been given thus far to make adjustments to our SNAP program, but we still think that more could be done to help us utilize SNAP in a way that truly meets the need presented by this crisis.

Yesterday, Governor Wolf sent letters to Pennsylvania's congressional delegation and United States Department of Agriculture Secretary Sonny Perdue requesting greater flexibility for SNAP moving forward and reconsideration of denied waivers. Specifically, we are asking both Congress and the USDA to:

- Allow for low-income households with a student who is attending an institution of higher education to receive SNAP benefits. Current SNAP rules do not allow college students to be counted when determining a household's monthly SNAP benefit. Now that students are home, these families may not have the resources, either monetarily or in food supply, to support the additional person now residing with them. FNS previously denied this waiver, saying they did not have the authority to make this change to federal SNAP policy.
- Permit additional SNAP payments to all enrolled households. Pennsylvania previously requested authority to issue an extra payment equal to half a month's benefits to all SNAP households. FNS interpreted the Families First Coronavirus Response Act to mean an extra payment that would bring households up to the maximum monthly benefit. However, this interpretation means that

households currently receiving the maximum monthly benefit – 40 percent of Pennsylvania’s SNAP households – received no extra assistance. Broader issuance of emergency payments would help to further shift some demand from the emergency food system and into grocery stores, directly supporting Pennsylvania’s struggling retail and agriculture economy. Congress must be clear about how future SNAP payments should be allocated so we can maximize support to SNAP households during this difficult period.

- Allow states to accept self-attestation for verification documents when we are unable to obtain such information due the pandemic.
- Permit states to exclude Pandemic Unemployment Compensation from the SNAP grant benefit calculation. This is not counted as income for Medicaid or the Temporary Assistance for Needy Families (TANF) programs, but is for SNAP. Counting this short-term payment as a regular payment would create an administrative burden that could result in households being removed from SNAP for a short period, only to be eligible again when payments end. This would create unnecessary confusion and loss of benefits for households that were eligible for SNAP prior to losing their employment.

Our focus should be easing processes for people needing assistance during this time, not creating hurdles that could result in loss of benefits, and we appreciate the support of the USDA and Congress to make this possible.

Elective Procedures

Earlier this week, the Department of Health announced hospitals may begin elective admissions and may perform elective surgeries and procedures if they are able to do so without jeopardizing patient health and safety and the hospital’s ability to respond to COVID-19. Ambulatory surgical facilities may do the same. Because of this, guidance issued by the Office of Medical Assistance Programs in response to elective procedures during the public health crisis is now obsolete. OMAP is revising the previous operations memo in light of these new recommendations.

Fingerprinting Update

We continue to work towards a solution on fingerprinting. HB 360, introduced by Representative Topper, was amended yesterday with language to provide a reprieve for individuals seeking their FBI clearances under the CPSL in order to work with children. The Senate passed this bill today and sent it back to the House, where it passed the concurrence vote.

Once it is signed into law, we will work quickly to issue guidance on any changes to the fingerprinting process. In the meantime, everyone should continue to attempt to get FBI fingerprint checks necessary to keep vulnerable Pennsylvanians safe. This bill will be a short-term solution for the challenges faced right now, but if you are able to get fingerprinted, you should continue to do so.

I would like to thank the legislature for their fast assistance in addressing this important issue for foster and adoptive parents, child care facility workers, and teachers. I hope this can be fully resolved soon.

Budget Update

There continues to be interest in how and when stimulus funding will be available to support providers. We hear these requests, and we are communicating these requests to the Governor’s Budget Office.

Over the past week, the Governor's Budget Office has received guidance for funds under the CARES Act. Pennsylvania will receive approximately \$4.964 billion. Of this amount, \$3.9 billion will be used and distributed by the state and \$1.0 billion will go to local governments. These funds are intended to be used to address the needs throughout the state due to the impact of COVID-19.

The Governor's Office is working closely with the legislature to determine the most appropriate way to distribute these funds to assist providers with their financial needs, and as we have more information to share, we will keep you all in the loop. Thank you all for your patience as we navigate this process.

Thank you all again for taking time out of your day to join us today and for all you are doing to serve the people of Pennsylvania during this time.

April 22, 2020 Update

Fingerprinting Update

We continue to understand the difficulty of attaining FBI fingerprint clearances due to the limited number of available sites. We are working on multiple efforts to alleviate this situation.

We are working with legislative staff to prepare language to provide a temporary reprieve for some individuals who are required to be certified or recertified under the Child Protective Services Law. This reprieve would still require individuals to complete available state clearances, sign an attestation where the individual confirms in writing that they have not been convicted of certain offenses, and complete the FBI clearance within certain timeframes following the lifting of the Governor's orders.

As we are awaiting this temporary reprieve, DHS has supported temporary mobile sites to help alleviate the current needs. Our first mobile site was earlier this week. During the call, we mentioned that a second site would take place on Thursday, April 23 in Allegheny County. Earlier this evening, we received word that this site was canceled and will be rescheduled. We apologize for any inconvenience. While we are doing what we can, these mobile sites will in no way meet the full demand or lessen the need for the legislative solution, which we continue to work towards.

Preventive Efforts in Congregate Settings

As we fight this pandemic, we remain keenly focused on doing all we can to protect vulnerable populations under DHS' care and oversight.

Long-term and residential care facilities serving older adults, people with disabilities, and people with mental illness are feeling particular strain and pressure due to the circumstances we're facing. People served in these settings often have co-occurring disabilities and chronic medical conditions like heart or lung disease and diabetes, putting them at greater risk of a more aggressive case of COVID-19 and serious complications if they do test positive. This time creates serious risks and challenges, but these populations are care-dependent, so we cannot lose sight of our obligation to ensure both DHS staff and providers in the community are able to continue these services while keeping residents and staff as safe as possible.

DHS is following all guidance issued by the Pennsylvania Department of Health and the Centers for Disease Control and Prevention in our state-run intermediate care facilities, hospitals for people with mental illness, and youth development centers and forestry camps. We have also directed all congregate care providers operating in communities across Pennsylvania – groups homes serving people with intellectual disabilities, personal care and assisted living facilities, and private intermediate care facilities, among others, to closely heed these recommendations as well. Specifically, we are working closely with licensed providers to adhere to the CDC's long-term care facility guidance that speaks to screening for COVID-19 and visitation restriction as we try to limit the spread of COVID-19.

Long-term care providers are in an extremely precarious situation in this pandemic, and we are doing all we can to allow necessary operational adjustments and provide support from the state level. We continue to issue new guidance as necessary and make additional requests to the federal government to support the flexibility we all need to properly respond as the pandemic evolves. We're also [facilitating](#)

[support networks](#) between long-term care providers, health systems, and health care quality units to help assist with preparedness, mitigation, and infection control efforts. This week, the majority of personal care homes and assisted living residences have been reached by a health system partnering with DHS to provide educational support and clinical coaching to help prevent the spread of COVID-19.

We know that there are concerns around availability of personal protective equipment for community providers. PPE distribution is centralized through a process overseen by the Department of Health and the Pennsylvania Emergency Management Agency. This process is prioritizing hospitals and nursing facilities. For other congregate care settings, including person care homes, assisted living residences, intermediate care facilities, and licensed community homes, they are doing their best to be responsive to other needs as resources become available. Facilities with active cases are prioritized. We also know that COVID-19 testing for these long-term care facilities is also a concern. DHS is currently following the guidance of the CDC as well as DOH when determining when it is appropriate to test long-term care residents.

We know this period is difficult, but we need our care providers to know that they are not alone, and we are doing what we can to listen to your needs and support you through this difficult period. Care providers around Pennsylvania are heroes every day in normal times, and during times of great challenge like we face now, that heroism comes at great personal risk. On behalf of the Wolf Administration, I want to thank everyone working in direct and long-term care. We are with you, and we will overcome this challenge in the coming months together.

State-Run and Licensed Facility Data

I wanted to give an overview of what we are experiencing in our DHS-run facilities – our state centers, state hospitals, and our youth development centers and forestry camps.

As mentioned previously, we are paying meticulous attention to guidance and following protocols to mitigate the risk of COVID-19. Protecting the health and safety of people receiving care and services and our staff who provide these critical services is our utmost priority. We have published and discussed guidance related to changes in admissions and visitation policies to protect residents and staff during the public health crisis.

As the pandemic progresses, we want to be transparent about the status of our state-run facilities. This week, we started publishing [data on cases of COVID-19](#) among staff and people served in these facilities. This information is accessible through the “DHS Data” section of our COVID-19 landing page at www.dhs.pa.gov and will be updated every weekday. The data reflects active cases of COVID-19 among staff and people served, so as individuals recover, they will not be reflected in active case counts.

Currently, positive cases are found among both staff and residents at Norristown, Wernersville and Torrance State Hospitals. Hospital staff and leadership in the Office of Mental Health and Substance Abuse Services have made numerous adjustments to limit further spread as much as possible.

Staff at all state hospitals have their temperature checked and are screened with four standard questions that evaluate risk of exposure to COVID-19 at the beginning of every shift. Anyone who works

a shift longer than eight hours is screened again before the overtime shift begins. Staff who work in the isolation units have temperature taken every four hours. All staff have a final temperature check at the end of their shift before leaving the facility.

Staff with a temperature higher than 100 degrees are directed to go home. Any staff who call off sick are asked to report their reasons to the hospital's Infection Control Nurse so they can be properly counseled on next steps. Staff with possible symptoms of COVID-19 are required to provide documentation from their physician or meet with an infection control professional before returning to work.

Currently, our state hospitals are requiring all residents to wear masks in compliance with the recent guidance from the Department of Health and Governor Wolf. Additionally, residents have their temperature checked every eight hours. Anyone with a temperature over 100 degrees has temperature checks every four hours, and if their temperature does not drop, residents are moved to isolation in the infirmary unit for closer observation.

Both residents and staff who demonstrate high risk for exposure or symptoms of COVID-19 are tested. Residents awaiting test results are also isolated to mitigate risk of further exposure. Presently, test results take several days. DHS is in the process of acquiring testing equipment and supplies to enable a higher volume of tests to be performed with faster test results at multiple locations in the commonwealth, and Norristown State Hospital will be a testing site. Staff are being trained in the proper use and maintenance of the equipment so that testing may begin on site in the near future.

All state hospital staff are utilizing PPE according to Centers for Disease Control and Department of Health guidelines. The kinds of PPE utilized may vary based upon the risk of exposure per area to which staff are assigned, but some level of PPE is mandatory and being provided for all staff on the campuses. Hospital housekeeping staff are using Electrostatic Disinfection Process regularly in all buildings to enhance the cleaning and disinfection processes.

We are monitoring these situations closely and at all other DHS-run facilities should circumstances begin to change. We are working on a method to provide data on our licensed facilities as well, so look for an update in the future on that data.

OIM Programs

LIHEAP Recovery Crisis

As the pandemic progresses, we are working to support access to vital public assistance programs and establish new opportunities to support Pennsylvanians through this difficult period and the months of recovery ahead. The 2019-2020 Low-Income Home Energy Assistance Program (LIHEAP) season closed on April 10, 2020. Before the season ended, there were numerous suggestions to extend the season, expand services, or increase benefit amounts due to the pandemic.

There has been significant interest in this important program and we value the suggestions countless stakeholders have made over the last several weeks. We appreciate all the input we have received and are making adjustments to our proposed LIHEAP Recovery Program in light of those recommendations that will provide utility and energy assistance for households affected by COVID-19's economic

challenges. This program will be funded through LIHEAP funds contained in the Coronavirus Aid, Relief, and Economic Stimulus Act – also known as the CARES Act. However, it has not yet been made clear to us exactly how much funding will be received for LIHEAP. Requests for information to the federal government have been denied, so we cannot move forward until we know how much funding we will receive.

Once funding becomes available, DHS intends to operate a Recovery Crisis program beginning in mid-May and running through August 31, or until funds are expended. Parameters for the Recovery Crisis program will be the same as the normal LIHEAP Crisis program with a few adjustments that take into account circumstances created by COVID-19.

We are ironing out final details on this program, but as soon as we are ready to move forward, we will be asking for your help in making sure the people who need to know about this opportunity can apply and receive assistance. Thank you, as always, for your support and partnership in connecting the people you serve to DHS programs that can help.

SNAP Online Ordering

Over the past several weeks, there has been significant interest in how Pennsylvania can join in the United States Department of Agriculture's pilot program to allow SNAP recipients to purchase groceries online. We share an interest in helping SNAP recipients access this resource and option to help SNAP participants mitigate risk of being exposed to COVID-19, but this is not a program we can simply opt into.

The USDA's Food and Nutrition Services (FNS) is responsible for approving both states and retailers for participation in the pilot. In Pennsylvania, only Amazon, Walmart, and ShopRite would be available through the pilot. If other retailers want to join this pilot, they would need to work through FNS directly. DHS does not have authority to add retailers. I also want to caution that in some states where the program currently exists, SNAP recipients face higher prices and difficulties accessing delivery or pick-up times that other customers are experiencing right now. DHS would not have any authority to address these issues or make accommodations for customers paying with SNAP. Additionally, SNAP funds would not be able to be used for delivery fees. DHS cannot waive this federal requirement, but we would be open to partnering with stakeholders and legislators to suggest that these fees be waived for SNAP customers.

We are planning to join this pilot and are preparing to submit the plan to FNS. If approved, there would be necessary system changes required by our EBT contractor and other business partners to make implementation possible. We have already had conversations with Amazon, Walmart, ShopRite and FIS, the third-party processor and all have agreed to provide commitment letters. We are now working with our EBT contractor to determine the timeline for the required changes that would allow us to make both SNAP and cash benefits available through the EBT card online. As soon we finalize these details, we will submit our plan to FNS. We will provide additional updates as we receive them.

There are options, though, for retailers to create flexibility for SNAP recipients looking to utilize delivery or pick-up options without having to join the federal pilot program or seek approval from anyone. The

pilot establishes a way for SNAP recipients to pay online for groceries, but if a retailer already has mobile EBT processing equipment, they can allow SNAP customers to pay when groceries are delivered or picked up. Wireless point of sale devices can be purchased at any time, and we are working with the Pennsylvania Food Merchants Association so their members are aware of this on-going opportunity to create flexibility for customers paying with SNAP.

We also received a grant prior to the pandemic to provide EBT processing equipment to farmers markets. Interested markets would have to be an approved SNAP retailer through FNS, but once approved, a free mobile point of sale device can be obtained through our EBT vendor, Conduent. These grants also cover setup costs and one year of SNAP transaction fees. We are working with our partners to make farmers markets and their vendors aware of this option.

SNAP Emergency Allotments

We also received updated guidance from FNS regarding the issuing of [additional emergency SNAP allotments](#). States have been granted approval to continue issuing emergency allotments each month until such a time as the Secretary of Health and Human Services rescinds the public health emergency declaration. This means that beginning in mid-May and thereafter, we will issue additional payments to current SNAP households for the difference between what they received in their regular scheduled benefit in the previous month and the maximum SNAP amount for their household size. Current SNAP households that already receive the maximum benefit are not eligible for the additional emergency allotment.

We are drafting a letter to the United States Congress expressing our concern about FNS's interpretation of the Families First Corona Virus Relief Act as it relates to the issuance of the SNAP emergency allotment and requesting additional resources for the 40 percent of SNAP households that do not benefit from this change.

Pandemic EBT

DHS and the Department of Education did [submit our Pandemic EBT plan](#) to FNS on Monday. If approved, this plan would provide SNAP to students who are eligible to receive free or reduced-price meals through the National School Lunch Program. This would provide an approximate benefit of \$365 per child for approximately 958,000 Pennsylvania school-aged children.

We are still awaiting approval, and will keep you all in the loop when this hopefully moves forward. If approved, the first round of payments will be issued 14 days after approval.

Child Care Updates

On April 21, OCDEL released an [updated policy announcement](#) to child care and the Early Learning Resource Centers that Child Care Works (CCW) payments will continue to all providers. Payments will be made based on CCW enrollments for the month of May regardless of whether the provider remained open or closed. The policy continues the suspension of CCW co-payments charged to families if their children are not actively attending child care due to COVID-19 or if the child care is closed.

Last week, we mentioned the receipt of the CARES Act Stimulus funds released through the Child Care Development Fund. OCDEL is continuing to review data and consider stakeholder input to develop a plan to best direct these funds.

The Department of Labor and Industry's website for COVID-19 Employment Opportunities has linked directly to the [DHS COVID-19 Child Care map](#), allowing Pennsylvanians seeking to find work in an open life sustaining business the ability to review available child care near the job or their home. We continue to share available resources with individual families, employers, and associations regarding the availability of child care during COVID-19. Early Learning Resource Centers can connect families with open child care in their communities. The easiest way to identify which ELRCs serve a community is to visit www.raiseyourstar.org.

Stimulus Funding Update

We and the entire Wolf Administration realize the financial strain that the COVID-19 pandemic has placed upon providers. Over the past several weeks, DHS has been collecting data from providers on the impact of COVID-19 and are working closely with the Governor's Budget and Policy Offices to develop plans to help stabilize our provider community to ensure they are there and able to serve participants once the pandemic is over. Part of these plans include accelerating some fourth quarter payments to hospitals so they will receive them in May instead of August. Retainer payments and alternative payment arrangements are another way DHS is providing relief.

Like many of our providers and partners, the state also has been put under a financial strain due to decreased sales tax revenue, payroll tax, and several other income sources – with an estimated \$3 to \$5 billion in projected revenue loss. However, under the CARES Act, Pennsylvania will receive approximately \$2.7 billion, with another \$2.2 billion going to local governments. These funds are intended to be used to address the needs throughout the state due to the impact of COVID-19. While we have begun to receive some of the CARES Act funding, federal guidance is not yet available on how these funds may be used.

The Governor's Office will need to work closely with the legislature to determine the most appropriate way to distribute these funds to assist you with your financial needs, and as we have more information to share, we will keep you all in the loop. Thank you all for your patience as we navigate this process.

April 15, 2020 Update

Child Abuse/Protective Services

This unprecedented disruption creates challenges across nearly every facet of both our personal lives and our work at the Department of Human Services, but one area that brings deep concern is our work to protect children across Pennsylvania.

April is Child Abuse Prevention Month – a month normally marked by state and local recognitions of precious lives affected by and lost to abuse and an opportunity to educate everyone on signs of abuse and neglect and the role we all can play in keeping kids safe. As we navigate this public health crisis and the necessary disruptions, we cannot lose sight of our obligation to do all we can to keep kids safe and prevent child abuse, and the Wolf Administration is not compromising that duty.

Our child abuse reporting hotline – ChildLine – adapted quickly to office closures and transitioned to telework on March 19. We are, however, seeing a decrease in calls. Since March 19, calls to ChildLine have ranged from a daily low of 287 calls to a high of 365 calls on weekdays. The number of calls on Saturdays and Sundays is lower – ranging from 138 to 169 calls per day. These numbers represent a roughly 50 percent reduction in average daily calls to ChildLine since the commonwealth’s implementation of significant social-distancing measures advised by public-health professionals to slow the spread of the COVID-19 virus and save lives. This is in comparison to the same two-week period in 2019. We’re projecting that ChildLine will receive approximately 11,000 calls in April – 5,000 fewer than average thus far this year.

Unfortunately, the data trend of fewer child abuse reports cannot be interpreted to indicate fewer instances of child abuse. Rather, one unfortunate effect of school closures and the general disruption in life is the lack of interaction between children, their teachers, and other mandated reporters in school and other social services settings. We do normally see a drop in reporting during the summer months when school is closed, but during this time when we all must protect ourselves, our families, and our communities by staying home, how are we looking out for children who may be in danger at home?

To try to work against this trend, we are working to educate the public on signs of potential abuse and neglect, how to report to ChildLine, and what people should know when making a report to ChildLine. The Child Protective Services Law specifies who is and isn’t a mandated reporter, but that designation shouldn’t stop someone from making a call if they are concerned about a child’s safety. That call allows trained professionals to properly investigate and intervene if necessary.

We are lifting these messages through an on-going paid media campaign for ChildLine and through social media, but we need your help to reach Pennsylvanians more broadly. We put together a media kit with talking points, social media graphics, and other resources to help educate on child abuse reporting. The resources also include support outlets for parents who are likely experiencing extra stress as a result of this crisis.

I hope that you can join us in helping to do what we can to educate on reporting and preventing child abuse during this difficult time. We can all help keep kids safe – it starts with a call to ChildLine.

Fingerprinting

As mentioned on previous weeks' calls, we continue to work closely with our partner agencies on the fingerprinting issue.

This morning we received new guidance from the federal Children's Bureau regarding fingerprint-based background checks. DHS is currently assessing what this guidance means for Pennsylvanians. We have also continued work in Pennsylvania to determine next steps for moving forward based on our own state laws and regulations.

For the time being, we are actively working on establishing temporary mobile fingerprinting sites for targeted programs to help meet this need. If you are interested in setting up a mobile fingerprinting site for individuals you serve, please email statemobileservices@us.idemia.com. Some IdentoGo locations are also either still operational or beginning to reopen, so I encourage you to call your local site if you or someone you know needs to get fingerprints at this time.

We will keep you all informed as this process and potential solutions develop, and thank you all, again, for your patience.

Education Support and Clinical Coaching Program Update

I wanted to provide a brief update on something we announced during last week's call. Our Education Support and Clinical Coaching Program, which established a learning support network for personal care homes and assisted living facilities that includes the Jewish Healthcare Foundation and health systems across Pennsylvania, is continuing to grow. We've added two health systems – Geisinger and Allegheny Health Network – to help support long-term care facilities during the public health crisis.

The educational support component of this program includes weekly webinars hosted by the Jewish Healthcare foundation on important topics for personal care homes and assisted living residences and direct connections between the facilities and health systems to provide clinical coaching to address needs and challenges. Our hope is that this network will give our facilities the support they need and deserve as we all work through this difficult time. More information on trainings and how to sign up can be found at <https://www.tomorrowshealthcare.org/>.

Child Care

It's been a few weeks since we touched on child care during this call, so I wanted to take a moment to remind you all that while most types of child care centers were closed under the Governor's order to close all non-life-sustaining businesses, many are operating with a waiver from our Office of Child Development and Early Learning to support essential workers with children needing care.

More than 1,500 child care providers are still operating as of today. 725 of these are operating with a waiver, and about 800 of these are family child care homes or group child care in a private residence, which do not require waivers. A centralized list of all operating child care facilities is available on [DHS'](#)

[COVID-19 webpage](#), and this map is updated every day to reflect new waivers and closures.

We are still urging these essential services personnel to consider their options if their child care provider chooses to close even if they are operating with a waiver. If families are able to make alternative child care arrangements at home, please do so to allow vacancies to be used for those who do not have other options, and begin to make an actionable contingency plan if your child care arrangement has to change.

DHS received notification from the federal Office of Child Care regarding the CARES Act Stimulus funds allocated to Pennsylvania in support of the Child Care Development Fund. Pennsylvania received \$106,397,624. Allowable uses for these funds include:

- Payments to child care providers in the case of decreased enrollment or closures to lend support to providers remaining open or for when they reopen;
- Payments to assist with costs of cleaning, sanitation, and other activities necessary to maintain or resume the operation of programs due to the coronavirus. Funds under this activity are available to child care providers, even if such providers were not previously receiving CCDF assistance;
- Providing child care assistance to health care sector employees, emergency responders, sanitation workers, and other workers like grocery store employees deemed essential during the response to the coronavirus, without regard to the income eligibility requirements; and;
- Any other allowable CCDF uses.

DHS is also partnering with Penn State Harrisburg's Institute of State and Regional Affairs on a short-duration, high-effort, mixed-methods research study looking at the impacts of COVID-19 on Pennsylvania Child Care Providers. The study will seek to answer the following questions:

- How have child care providers responded to COVID-19, and what are the financial costs?
- How many child care providers will remain operational without revenue in the next few months?
- What level of investment is needed to cover provider costs to enable their continued operation after restrictions on public movement are lifted?
- What level of investment is needed to ensure that child care services are accessible to families during a transition period of low demand because of unemployment and fear of infection?

Results of this study will inform future investments and allocation of resources to support child care providers' recovery. Providers will be selected to participate through a random selection of all licensed providers, so we encourage all who are contacted to participate.

CAO Updates

We continue to monitor our County Assistance Offices closely and are making more adjustments to keep staff safe while CAO operations continue.

Effective this past Monday, in lieu of the staggered shifts in the larger offices, we implemented dual shifts where some staff will work in the morning and some in the evening. Implementing dual shifts also allowed us to maximize productivity since all staff are working full time. This allows us to continue

to protect employee safety and limit the number of people in an office at one time. Additionally, we are ramping up teleworking capacity for CAO employees. Last week, more than 90 employees were transitioned to telework as part of a pilot, and we now have more than 2,900 staff teleworking with more to come over the next few weeks.

As we face growing economic challenges in the wake of this public-health crisis, assistance programs that help people and families access health care and keep food on the table will be vital in helping Pennsylvania recover. We are committed to doing all we can to keep staff safe as they keep this critical function of government operating and available for Pennsylvanians who need it most.

SNAP Disbursement and Waiver Updates

On Friday, April 10, the Food and Nutrition Service issued blanket denials of certain waivers that had been requested by individual or multiple states, including Pennsylvania.

The first waiver denied pertains to eligibility for college students. Under normal SNAP eligibility rules, college students enrolled more than half-time in an institution of higher education must meet an exception to potentially qualify for SNAP. The exception that most students meet is working at least 20 hours per week. Many other students have meal plans on campus and while these plans do not cover all the nutritional needs for students, they are no longer available since colleges have transitioned to distance learning and low-income students have returned home.

Under federal rules, college students cannot be counted towards a household's SNAP allotment. In other words, SNAP households may be supporting more people without additional benefits to meet this need. This leaves many of these families, who were already struggling, trying to feed an additional family member with no additional financial support. And if they are able to work, students may not be able to meet this exception criteria due to the COVID crisis and cannot qualify for SNAP without risking their health or the health of their families. FNS denied this waiver stating that the Families First Coronavirus Response Act (FFRCA) allows them to adjust SNAP issuance methods and application and reporting requirements, but not to adjust SNAP eligibility requirements.

The second waiver denied is related to the interpretation of the response act as it pertains to the issuance of the SNAP emergency allotment. While all states are approved to provide an emergency SNAP allotment up to the maximum amount for the household size, there was a disagreement about the interpretation of the rule between the states and FNS. States interpreted the language to mean that all SNAP households would be issued an additional payment to cover 14 days' worth of food as recommended by the CDC. FNS interpreted the language to mean that if a SNAP household received less than the maximum amount in the previous month, they would be eligible for the difference between what they received previously and the maximum amount in the subsequent month. The correspondence received by FNS reiterated their position on the issuance of the allotment.

This interpretation means families that received the maximum SNAP payment for their household size – about 40 percent of the cases in Pennsylvania – received no additional funding and, therefore, are unable to fill their pantries as recommended. We are proceeding with issuance of the emergency allotment based on FNS' interpretation and those payments will begin going out on April 16.

The third waiver denial pertains to the state's ability to not reduce or close SNAP benefits when a household's circumstances change or the household is found to be ineligible. This waiver would have resulted in no SNAP reductions or closures during the COVID-19 health emergency, similar to the procedure currently used for Medical Assistance benefits.

We continue to work with FNS and hope that they will reconsider some of these denials in recognition of the serious situation we all find ourselves in.

Pandemic SNAP (P-SNAP)

Pandemic SNAP benefits provide funds via EBT card for low-income kids who are eligible to receive free or reduced price lunch through the National School Lunch Program. These programs are temporary in nature and designed to help meet the gap left by schools closing due to the COVID-19 crisis. Eligibility certifications for the National School Lunch Program are administered by the Pennsylvania Department of Education, however, DHS provides direct certification for about 680,000 kids based on participation in SNAP or Medicaid. PDE certifies students as eligible based on their income, or they can certify schools at large based on the percentage of students that qualify for free and reduced cost lunches.

P-SNAP will allow us to provide additional funds to cover the cost of lunch and snacks for approximately 958,000 kids. To participate in P-SNAP, we are required to submit a detailed plan to FNS outlining the process for identifying the eligible populations and how the funding will be issued.

For the last several weeks, we've been collaborating with PDE to work through the process and we are now working on the formal request with the goal of sending it to FNS by the end of the week. This is yet another opportunity for us to help those families in need, and we hope FNS will support us in this effort. As we have additional updates, we will communicate with all of you.

Job Portal

I wanted to be sure you are all familiar with a new resource launched by the Department of Labor and Industry earlier this week – a centralized job portal for life-sustaining businesses hiring during the public health crisis. This resource is available by visiting [PA CareerLink online](#).

All businesses posted on this resource are life-sustaining and therefore are still operating. And because these jobs are life-sustaining, if people need child care, they would be able to use one of the [operating child care providers](#).

This resource will be updated daily, so I encourage you to refer people you serve who are looking for work during this difficult economic period.

April 8, 2020 Update

Education Support and Clinical Coaching Program

More than 65,000 Pennsylvanians live in over 1,200 personal care homes and assisted living residences throughout the Commonwealth, and these facilities care for some of the most vulnerable Pennsylvanians. Unlike nursing facilities, they normally lack clinical staff, and so direct care workers in these settings may feel ill-equipped to deal with COVID-19.

DHS, in partnership with health care systems and the Jewish Healthcare Foundation, is launching the Educational Support and Clinical Coaching Program to help these facilities during the COVID-19 public health crisis. The educational support component of this program includes weekly webinars hosted by the Jewish Healthcare foundation on important topics for personal care homes and assisted living residences. Our first webinar was scheduled for April 7, and so many people signed up for it that we needed to expand the technological capacity of the webinar.

The Office of Long-Term Living is also reaching out to personal care homes and assisted living facilities to conduct preliminary needs assessments. When needs are identified, they are referred to the five health systems that are partnering with DHS for this initiative: Temple University, University of Pennsylvania, Penn State Hershey Medical Center, the Wright Center, and University of Pittsburgh Medical Center. Outgoing calls from these health systems are slated to begin this week, where the health systems will provide clinical coaching on how to prepare and manage COVID-19. Health systems are also holding daily office hours for individual facilities that need extra coaching, explaining the latest guidance from DOH and CDC.

This is a frightening time for these DHS-licensed facilities and the vulnerable residents they serve. But we have their backs. Collectively, we believe that with the additional educational support and clinical coaching that we are providing, personal care homes and assisted living residences will finally have the support they need.

Fingerprinting

As we discussed last week, we are aware of the ongoing concerns around fingerprinting requirements and limited access to IdentiGo scanning sites because of closures related to COVID-19.

We, in collaboration with the Departments of Education, Aging, and General Services, sent a letter to “Enroll Your Own” fingerprinting sites (approved by the fingerprinting vendor Identigo) asking that they reopen additional locations. Some of these sites have agreed to open up and we will be updating the list of open fingerprinting sites as that information becomes available. Additionally, we understand some Identigo locations are beginning to reopen, so I encourage anyone needing fingerprints to call the closest locations to verify whether they are or aren’t operating as this may begin to change. As a part of our efforts with other agencies, we were able to produce a [map that shows the open fingerprinting sites](#) across the commonwealth. We continue to monitor and update this map.

We are not able to broadly waive this requirement from the state level because it is contained in numerous federal laws like the Family First Prevention Services Act, the Adam Walsh Act, and the Child

Care Development Block Grant Act. However, we continue to work towards solutions that can alleviate the challenges presented by this.

We released guidance on waiving licensing requirements in Personal Care Homes and Assisted Living Residences, but understand that this guidance does not align with information just issued by the Department of Aging. We are working with the Department of Aging to address the discrepancies and will provide clarification.

We know that there are many more people who first obtained clearances in 2015 following changes to the Child Protective Services Law who will need to renew these clearances this year. We are open to temporarily delaying the five-year requirement, but this would need to happen through legislative action. DHS and the Governor's Office are working with the legislature to try to accomplish this, but we know this cannot be our only option. We are also pursuing potentially opening additional, temporary fingerprinting sites that can help us meet this need as we work through the public health crisis.

We will keep you informed as this moves forward and appreciate your patience as we navigate the challenges that arise due to this crisis.

Bureau of Juvenile Justice Services (BJJS) Admissions

Last week, there was some concern and media attention over concerns regarding transfer of youth to juvenile justice facilities operated by DHS.

DHS does not have a right of refusal at these facilities, but we are, however, monitoring operations closely and working with our partners at county juvenile parole offices and delinquency courts to ensure transfers are absolutely necessary and made safely as we navigate this public health crisis. We do not want to risk the health of youth or staff at our youth development centers and youth forestry camps, and operational adjustments are necessary to meet the challenges of this unprecedented period.

As of April 4, we temporarily suspended all transfers to our state-run juvenile justice facilities. This step was taken to allow staff in BJJS to create two ten-bed intake units to mitigate risk of spread at the state-run facilities. Youth awaiting transfer to the YDC/YFC system will be admitted to the intake unit on the same day and remain in the unit for 14 days until they are cleared for entry into their designated program. If any youth test positive for COVID-19 during this 14-day period, that youth will be moved into isolation and the youth who are in the intake unit will re-start their 14 days in the unit to make sure that they do not develop symptoms of COVID-19.

Screening for COVID-19 must occur and be documented prior to admission and include questions about exposure to COVID-19 and assessment for symptoms. Youth who are not documented as having been appropriately screened will not be accepted for admission. Youth who do not pass pre-admissions screening will not be accepted for admission until they are medically cleared for transport.

Youth in the intake unit will have access to a temporary counselor, psychological and medical services, physical activity, and other individualized recreational activities. Social distancing will be enforced, and youth will be able to maintain contact with their family through phone calls, video conferencing, and

letters. Youth will be transported to the YDC or YFC following 14 days without testing positive for COVID-19, without symptoms, or without contact with someone who tested positive for COVID-19.

Transfers to the intake unit will be accepted based on the number of YDC/YFC beds projected to be available 14 days after intake begins and will be based on each program operating at 100 percent capacity. Youth and staff safety is our first priority, so this shift will allow us to maintain our responsibility to provide an option for youth who need these services while recognizing the risk presented by COVID-19.

Federal Funding Requests

Many of you have reached out regarding issuance of funding contained in the federal stimulus bill. At this point, we do not have a timeline for when these funds will become available, but I assure you that as soon as we have more information to share, we will communicate that.

We also wanted to make sure you were aware of three key elements of the federal CARES Act. For those of you that have less than 500 employees, there are the Small Business Administration (SBA) grant and Economic Injury Disaster Loan programs. Also available is the Payroll Protection Program that is available through SBA-approved banks. These programs offer a limited amount of loan forgiveness and other benefits that are designed to keep staff employed. Please consult with your accountant to see if these are right for your situation.

Information about available federal relief programs may be found from the [U.S. Treasury](#) or the [Small Business Administration](#).

Low Income Home Energy Assistance (LIHEAP) update

The LIHEAP program provides assistance with heating needs through the heating season. It was scheduled to close on April 10, and that is the last day we will accept applications for the current season.

DHS knows how vital this program will be to help those who have been financially impacted by the COVID emergency. Because of this, we started to plan a recovery program that would be made available to assist with accumulated bills. We have met with representatives from the PUC, the Energy Association, local community groups, Rural Electric, the Petroleum Association and others to discuss how this program can best be designed to meet the needs of those who need help to recover economically.

To further assist these households, the Coronavirus Aid, Relief and Economic Security Act included additional funding for the LIHEAP program. Pennsylvania anticipates receiving approximately \$50 million in additional LIHEAP funding. This funding can go a long way to helping people in the economic recovery process.

We are working with partners to further develop this plan so that it will meet the needs of as many as possible. We will provide updates as this program becomes more final.

SNAP Waivers

We've previously discussed requests made to the United States Department of Agriculture's Food and Nutrition Services regarding the Supplemental Nutrition Assistance Program – better known as SNAP. As of today, we've requested the following changes to SNAP:

- We sought to delay implementation of rule affecting work requirements for able-bodied adults without dependents – also known as the ABAWD rule. This request was negated by provisions in the Families First Coronavirus Response Act.
- We requested a waiver of the requirements for face-to-face interviews and interviews for expedited SNAP applications. FNS provided a blanket waiver of all SNAP interviews including expedited, application and renewals.
- We requested an extension of SNAP certification periods so households will not lose access to benefits during this public health crisis, which was also waived at the federal level by FNS.
- We are currently awaiting response on two waivers: one that would allow SNAP education providers to assist with distribution of national school lunch program meals, and another that would waive college student eligibility criteria so students and families with college students can receive their own benefits or additional benefits for the household so needs are met during this period.
- We received approval from FNS to issue emergency allotments to all ongoing SNAP households as part of the Families First Coronavirus Response Act. This approval will allow us to increase the current monthly allotment up to the maximum monthly allotment for a household of that size. The approval is for March and April and we will make this as one payment that will be issued on a staggered basis beginning April 16 through April 29. This payment is in addition to their normal April benefit issuance that's made in the first half of the month.

We will continue to keep you all informed as we receive a response on outstanding waivers and if future changes become necessary.

CAO Operational Update

As I've mentioned over the past few weeks, concerns have been raised due to CAO employees continuing to work from the office during this time. I'm aware that there have been questions of whether we would close offices.

CAO staff are the backbone of our public assistance system, and we are committed to keeping them safe as they perform their critical role. Without their work and efforts, benefits applications would not be able to be processed. As we face growing economic challenges in the wake of this public health crisis, assistance programs that help people and families access health care and keep food on the table will be vital in helping Pennsylvania recover. Programs like the Supplemental Nutrition Assistance Program, (SNAP), Low Income Home Energy Assistance Program (LIHEAP), Temporary Assistance for Needy Families (TANF) and Medicaid will be necessary as we weather this public health crisis. We cannot eliminate this function, and we have taken numerous steps to protect the health of these workers as all essential sectors are doing at this time.

Social distancing and staggered shifts were implemented and offices are being cleaned and sanitized regularly. The Department of General Services has been in regular contact with lessors regarding this

expectation. We are also working to scale up teleworking for CAO staff as quickly as we can. This week, more than 90 employees were transitioned to telework as part of a pilot, and our goal is to significantly ramp up the number of staff teleworking over the next few weeks so thousands of our staff will be able to work from home in the very near future. Additionally, over this past weekend, DHS delivered masks to CAOs in all of Pennsylvania's 67 counties so that CAO staff were equipped on Monday morning with cloth masks to help protect against the spread of the COVID-19 virus consistent with the latest guidance from public-health professionals.

Keeping our staff safe is an utmost priority, and we will continue to do all we can to make this possible so operations that allow us to maintain our vital safety net can continue.

Support & Referral Helpline Update

Finally, last week we used this call to announce the launch of our Support & Referral Helpline – a resource for anyone struggling with anxiety, mental health challenges, or other difficult emotions due to the COVID-19 crisis. In the first week since this was launched, the helpline has received nearly 1,300 calls – people who may not have known where to turn without this resource.

The Support & Referral Helpline will continue to be available toll-free, 24/7 throughout this public health crisis, and helpline staff will refer callers to local resources in their community that can continue to help if needed. It can be reached at 1-855-284-2494 or through TTY at 724-631-5600.

Thank you all who have helped us promote this resource, and I hope you'll continue to spread the word for those who need it.

April 1, 2020 Update

1135 Waiver Approval

On Friday, March 27, Pennsylvania received approval from the Centers for Medicare and Medicaid Services for part of our 1135 Waiver request. You can read our press release [here](#) and the approval letter [here](#).

A federal public health emergency allows the federal Secretary of Health and Human Services to grant temporary changes to Medicare, Medicaid, and the Children's Health Insurance Program to ensure needs of people covered by these programs are met during an emergency. The waiver also allows flexibility in how providers are paid for health care services to ensure they are able to adequately respond to and adjust care in light of a public health emergency. States may request these changes through an 1135 Waiver.

Approval received Friday speaks to part of DHS' and the Department of Health's request, and we were given approval to:

- Suspend Medicaid fee-for-service prior authorization requirements and extend pre-existing authorizations through the end of the public health emergency;
- Suspend Pre-Admission Screening and Annual Resident Review (PASRR) Level I and II assessments for 30 days;
- Extend the timeframes for beneficiaries to file an appeal;
- Temporarily waive provider enrollment and screening requirements, including:
 - Payment of an application fee;
 - Criminal background checks and fingerprinting;
 - Site visits; and
 - State licensure, if the provider is licensed in good standing in another state.
- Provide payment to some out-of-state providers who are not enrolled in the Pennsylvania Medicaid program for services rendered to Pennsylvania Medicaid recipients; and
- Provide payment for facility services rendered in alternative settings.

DHS is working on guidance to providers on how we intend to implement operational changes based on these waivers and will issue it as soon as we can. We also continue to work with CMS and will keep you all in the loop if we receive further approval for other requests.

We are also aware that CMS issued additional guidance Monday waiving requirements from their level. We are still reviewing this action and at this time, we're still trying to understand how this affects our programs. When this is complete, we will issue guidance as necessary.

Community HealthChoices

As we face this public health crisis, we are particularly focused on how we can maintain services and supports for the vulnerable populations we serve without jeopardizing their health and safety. A big focus for DHS over the last few years has been transitioning long-term services and supports to the managed care Community HealthChoices program. CHC was implemented statewide in January and provides assistive services through Medicaid for more than 400,000 seniors and adults with physical

disabilities.

We are very cognizant of both the risk of exposure for this population and the importance that this population still gets care. We're working very closely with the three CHC managed care organizations, their network providers, and our stakeholder partners to ensure that necessary care is not disrupted.

This public health crisis is a difficult test of a still new system, but so far we are not aware of major disruptions of life sustaining services, and our CHC MCOs are in regular communication with participants to educate them about COVID-19 and encourage use of telemedicine to keep both participants and direct care professionals safe during this time. On behalf of all of DHS, I am grateful for their partnership and their efforts to keep this population safe while ensuring continuity of services during this unprecedented period.

Personal Care Homes & Assisted Living Facilities

On Sunday, March 29, the Office of Long-Term Living (OLTL) suspended, with conditions, specific license regulations for Personal Care Homes and for Assisted Living Residences. OLTL has also imposed restrictions on visitations and temporarily suspended annual inspections. This guidance is available online [here](#).

MATP

As we face this public health crisis, we are doing all we can to ensure continuity of services however possible. We know, though, that there will be and should be some level of disruption in order to mitigate the spread of COVID-19 and protect people served by DHS' programs.

We know that this crisis is having a significant impact on the Medical Assistance Transportation Program, or MATP. We've advised county administrators and other MATP providers that MATP use should be limited during this time. Elective procedures have been prohibited in certain medical facilities, and non-urgent routine visits should be limited or handled through telehealth, if possible.

Despite this, there are still driver and vehicle shortages. We are encouraging individuals to use personal vehicles whenever possible and will be increasing the mileage reimbursement rate for personal vehicles. More information on this increase is forthcoming. We are monitoring this situation and plan to issue guidance soon.

Mental Health/Warmline

As I've mentioned previously, we're in an unprecedented time for everyone. It's uncertain and very scary. This fear is completely understandable, and the indefinite timeline is likely creating a lot of anxiety during a time where we may be or feel more removed from our support networks. But social distancing doesn't have to mean social isolation, and we want people to know that even as we all face this difficult period, no one is alone.

Beginning at 6 p.m. on April 1, we are partnering with the Center for Community Resources to offer a 24/7 mental health and crisis support line for people dealing with anxiety or other difficult emotions. Callers will be able to speak with staff who are trained in trauma-informed principles and will listen,

assess the person's needs, triage, and refer to other local supports and professionals as needed.

The Mental Health Support Line can be reached toll-free, 24/7 at 1-855-284-2494. We're going to be formally announcing this soon, but I hope you all help us spread the word on this critical resource.

It's a difficult time, and it's easy to feel alone and cut-off from the world, but we need people to know that they are not alone, and support is available. Thank you for the help in advance. We will be sharing information about this resource on our social media accounts, but if you need more information, feel free to reach out to our Communications office at RA-PWDHSPressOffice@pa.gov.

Fingerprinting

We continue to monitor access to fingerprinting services in order to obtain FBI clearances and fully appreciate the impact the closure of fingerprinting sites has had on our providers that offer services to children. This is a critical issue, and we continue to explore all options with our state and federal partners.

Just yesterday and as a result of the approval of our 1135 waiver request, the Office of Developmental Programs (ODP) announced that it will suspend the FBI fingerprinting check for employers hiring staff serving adults and will accept a self-attestation on a temporary basis for staff serving adults if an FBI clearance is unable to be obtained. We are hoping to issue similar guidance for OLTL's providers.

Unfortunately, the ability to provisionally hire is prohibited by federal law for programs and providers serving children so this remains an issue. We are working closely with the Pennsylvania departments of Education and General Services on potential paths forward, but as mentioned in our written update following last week's call, we encourage interested parties to discuss this with federal lawmakers as well.

Federal Funding

I understand that there are likely questions about legislation being passed at the federal level in response to the COVID-19 crisis and how this stimulus funding will be allocated in Pennsylvania. We do anticipate receiving stimulus funds that may affect DHS' programs, but we are still evaluating the level of funding and the exact method of distribution.

One thing we are happy to report, is that it was determined that the federal stimulus check issued to individuals will not be considered income for eligibility purpose for our federal benefit programs, and from what we've been told, individuals who did not file taxes because they receive Social Security will be able to receive this as well.

Once we have more information to share, we will communicate with you all.

CAOs/Essential Staff

As this public health crisis progresses, we find ourselves in an increasingly challenging position with regards to continuity of government. The health and safety of our team is a primary objective and will

continue to be at the forefront of our decisions as we move forward.

As we've discussed previously, our County Assistance Office workers had to be recalled so we can keep eligibility determinations and benefits issuance going. Our CAOs are the backbone of DHS, and their work is needed now more than ever.

Operational adjustments have been implemented in response to the ever-changing tide of this emergency situation. To date, we are doing the following in an effort to protect OIM staff:

- Closing CAOs to the public indefinitely to limit person-to-person contact;
- Enacting staggered shifts in large CAOs, with two groups of staff rotating shifts in a 2-days-on, 2-days-off pattern;
- Mandating social distancing practices such as seating people at least 6ft. apart in offices or switching to staggered shifts in spaces where this is not possible;
- Ordering antibacterial soap, hand sanitizer, and cleaning supplies for all offices and supporting CAOs purchasing items if they become available;
- Collaborating with DGS to send a communication specifically to the CAO lessors reminding them of their contractual obligation to properly clean our offices and requesting that they complete a log identifying when the office was cleaned; and,
- Continuing to explore and evaluate other solutions such as telework and the identification of alternate work sites that will ensure the safety of our staff while maintaining the ability to ensure access to critical benefits.

Since this crisis began more than two weeks ago, there has been significant attention and questions about continuing this work while responding to employee concerns. And that concern extends beyond our CAO staff – while our licensing operations are altered, we are still responding to and investigating complaints. We are still investigating cases of abuse and neglect. We are still maintaining operations at our state-run facilities. There are many functions of government and DHS that cannot run on telework, and we must keep these going to keep the people we serve safe and healthy. We also have an obligation to protect our staff as they do this critical work.

As we make operational shifts to keep these functions going, we must remember that our first priorities are to keep staff safe while ensuring continuity of operations and services. We are doing all we can to respond to suggestions for improvements during this period and new guidance from the federal level, but we must keep these services going. Other states are seeing significant spikes in applications for benefits due to economic challenges associated with the public health crisis, and we expect that this will occur in Pennsylvania as well.

Our staff are working through an incredibly difficult situation – a situation that is likely to become more challenging before it eases. We are and will be receptive to opportunities to make adjustments as we can, but we must remember that the staff who make these adjustments are also the staff that we need to keep essential operations going. As COVID-19 spreads, our staffing levels are being impacted, creating new challenges we have to overcome. We expect our resources to become increasingly strained in the coming weeks and are trying to remain cognizant that we not overload staff, who have a myriad of competing priorities at times.

This is an unprecedented period for all of us, and we really appreciate your partnership and support as we navigate it together.

March 25, 2020 Update

1135 Waiver Request

DHS and the Department of Health submitted our request for an 1135 Waiver on March 24. The application [letter](#) and [checklist](#) are available on DHS' COVID-19 Provider Resources page. As of March 25, we are still waiting for a response from the federal government.

When the president declares a disaster or emergency under the Stafford or National Emergencies Act and the Secretary of Health and Human Services (HHS) declares a public health emergency under Section 319 of the Public Health Service Act, the HHS Secretary is granted additional authority. Under section 1135 of the Social Security Act, this authority permits changes to Medicare, Medicaid, and the Children's Health Insurance Program (CHIP) to ensure needs of people covered by these programs are met during an emergency.

DHS and the DOH submitted an 1135 waiver request to the federal government seeking temporary changes to our Medicaid Fee-for-Service Program, the HealthChoices managed care programs for both physical and behavioral health services, Community HealthChoices (CHC), Home and Community Based Services (HCBS) waivers, the Section 1115 Demonstration waiver for Former Foster Care Youth and Substance Use Disorder, and Children's Health Insurance Program (CHIP). If granted, this waiver request would allow us to:

- Enhance provider access by expediting provider enrollment, permitting services from providers not yet enrolled in the Medicaid program, permitting services from providers enrolled in another states' Medicaid program, and permit payment for services provided in alternate sites of care;
- Enhance benefit access by suspending some prior authorization requirements, permitting non-physician directed services by physician assistants and certified registered nurse practitioners, reducing limitations on institutions serving people with mental illness, reducing need for face-to-face visits for durable medical equipment prescriptions, reducing limitations on service locations, and reducing acute care hospital space demand;
- Enhance benefit access in eligibility by extending continuous eligibility periods and suspending the Pre-Admission Screening and Annual Resident Review (PASRR) assessment for 30 days;
- Ease state administrative burdens by permitting eligibility determinations to exceed typical timeframes, extending grievance and appeal timeframes, and implementing a lock-in period for CHC participants.

Now that the waiver has been submitted, we will keep you all informed of its progress and, ideally, when our request is granted.

Child Care Updates

Child care centers and group child care homes outside of a residence were closed under the Governor's order to close non-life-sustaining businesses, but waivers are being granted to continue operation

recognizing that these services are necessary to allow essential personnel like health care workers, first responders, home care workers, and grocery and food service staff to keep doing the critical work they provide. We continue to receive and process waiver requests for child care centers and group child care homes seeking to continue to operate during this time, and as of March 25, more than 690 child care providers continue to operate with a waiver.

As the non-life-sustaining business closure order is being enforced around Pennsylvania, we are working closely with law enforcement agencies so they know that some child care providers may continue to operate. Child care providers operating with a waiver should be prepared to present this waiver if contacted regarding how or why they are operating during this time. The Office of Child Development and Early Learning (OCDEL) also recently [issued guidance to operating child care providers](#) on keeping children, their families, and staff safe during this public health emergency. We encourage all providers to take this guidance seriously.

We are also urging these essential services personnel to consider their options if their child care provider chooses to close even if they are operating with a waiver. If families are able to make alternative child care arrangements at home, we are encouraging them to allow vacancies to be used for those who do not have other options, and begin to make an actionable contingency plan if their child care arrangement has to change.

We centralized a list of open child care facilities if families working in essential jobs need to contact a new provider. This is now available on [DHS' COVID-19 resources section](#) on the resources for citizens page. We are updating it regularly as new providers request waivers and as some may choose to close.

Early Intervention Guidance

OCDEL continues to develop guidance responsive to child care and early learning providers' needs. Guidance was recently issued for early intervention providers and is available [here](#).

County Assistance Office Updates

Our county assistance offices (CAOs) continue to operate as closed to the public during this time. We are working closely with the unions and the commonwealth's labor relations staff to ensure both continued operations and safe workspaces for our staff doing this essential work.

We are monitoring this situation hour-by-hour and actively working to address employee concerns and implement strategies that mitigate the risk of exposure to the coronavirus while maintaining these essential functions. For example:

- CAOs with large staff complements are implementing staggered shifts – two days on, two days off – rotated between total staff. The Office of Income Maintenance (OIM) is also actively evaluating the use of alternative office locations so that employees will have more space to work and reduced contact with each other. Although the initial focus is on the larger CAOs, 50 or more staff, we will extend mitigation efforts to all CAOs as soon as feasible.
- The Department of General Services, which manages leases with the owners of many CAO offices, is in communication with landlords across the commonwealth about proper cleaning and CDC guidelines. All of these leases include requirements for regular cleaning;

- We have ordered additional sanitation supplies and CAOs have been provided the ability to purchase these items as they become available;
- DHS is also actively evaluating the feasibility of and options to facilitate telework for CAO staff.

We are in constant contact with employee unions to address concerns and collaborate on solutions that protect employees and maintain these essential functions.

SNAP and Food Security Efforts

Maintaining access to food – one of our most basic needs – continues to be a top priority for DHS during this period.

The federal government approved our request to extend the time that people are eligible to receive benefits. This will allow us to continue benefits during this crisis. We also continue to engage with Food and Nutrition Services regarding additional SNAP benefits that may be issued to eligible households during this crisis. We hope to have guidance soon so we can offer additional SNAP assistance to all the SNAP eligible households.

We are also submitting a waiver request to waive restrictions preventing most college students from receiving SNAP. The waiver will allow for low-income households with a student who is attending an institution of higher education to receive additional SNAP benefits to feed the whole family during the COVID-19 emergency.

Federal regulations state that an individual who is enrolled at least half-time in an institution of higher education shall be ineligible to participate in SNAP unless they qualify for an exemption or are employed for a minimum of 20 hours per week. The Wolf Administration's waiver request seeks to give DHS the ability to waive these regulations for students that meet the income thresholds for SNAP benefits until COVID-19 health emergency has ended.

Current federal regulations also state that students not meeting additional eligibility criteria are not included in their household's SNAP eligibility. For example, in a household of three where one member is a student, the household would only receive SNAP benefits for two of the members, despite the student still residing and eating meals with that household. Now that students are home, these families may not have the resources, either monetarily or in food supply, to support the additional person now residing with them.

We know that this pandemic has caused many people and families to find that they are suddenly food insecure and require assistance. The Feeding Task Force has been operationalized to support Pennsylvanians and charitable food networks during this time. The task force is comprised of public, private, and non-profit partners from across the state, including, among others, the Governor's Food Security Partnership state agencies, the Salvation Army, Feeding PA, and the Pennsylvania Food Merchants Association. This centralized hub allows us to determine where our needs are, how many meals are needed, how we are getting food to people, and how we are getting volunteers to help charitable food networks across Pennsylvania.

One example of the task force's work is coordinating a donation of 19 pallets of milk from Powers Brand Communications LLC (Giant Distribution center) to an anti-hunger program serving Centre and Clearfield Counties. If you know of other businesses with resources to share, the task force is collecting this information. Companies can share information about resources available with the Feeding Task Force [here](#).

The Feeding task force has also created a second survey that'll attempt to capture where people who are suddenly food insecure are so we can operationalize and allocate resources appropriately. If people suddenly find themselves needing help keeping food on the table due to COVID-19 mitigation efforts, we are encouraging them to [fill out this survey](#) to help the task force meet food needs around Pennsylvania. If people are in immediate need of food assistance, [Feeding Pennsylvania](#) and [Hunger-Free Pennsylvania](#) are hubs of information for where people can get assistance locally in their communities.

We know that this time is also creating an incredible strain on charitable organizations, so if organizations need volunteers or resources, they may visit the [United Way of Pennsylvania's 211 website](#). We are also encouraging anyone who is healthy and able to consider taking some time to volunteer with their local food bank. Their operations are seriously altered because of this situation, but their services are and will continue to be incredibly needed as COVID-19 continues to disrupt daily lives. We need to be sure our charitable food networks are able to continue their daily operations and meet the needs of their communities, so we will continue to encourage healthy and able people to contact their local food bank to get involved and help their neighbors and community during this time of great need. To find a food bank or pantry in your community, visit [Feeding Pennsylvania](#) and [Hunger-Free Pennsylvania](#).

Protective Services

We've made adjustments to ensure continuity for ChildLine and Adult Protective Services, but these critical outlets are not effective if potential abuse or neglect is not being reported.

People who are mandated reporters under the Child Protective Services Law should report online at www.KeepKidsSafe.pa.gov, but ChildLine is also available to anyone wishing to report, 24/7 at 1-800-932-0313.

Adult Protective Services protects adults who are 18 to 59 and have a physical or intellectual disability. Reports can be made 24/7 to 1-800-490-8505. Reports submitted are still fielded and directed to the appropriate parties to investigate. We appreciate you continuing to lift these resources so we can keep Pennsylvanians safe.

In addition, domestic violence programs and rape crisis centers continue to provide services to victims and survivors. If you need to find rape crisis services, please call 1-888-772-7227 or visit www.pcar.org to be connected with your local rape crisis center. For domestic violence services, please visit www.pcadv.org or call the National Domestic Violence Hotline at 1-800-

799-7233 (SAFE), 1-800-787-3224 (TTY for people who are deaf). If you are unable to speak safely, you can also log onto www.thehotline.org or text LOVEIS to 22522.

March 17, 2020 Update

Medicaid and CHIP Programs

Our offices that oversee and administer Medicaid access for the millions of Pennsylvanians who rely on it – the offices of Developmental Programs (ODP), Long-Term Living (OLTL), Medical Assistance Programs (OMAP), and Mental Health and Substance Abuse Services (OMHSAS) - are working closely together to get [guidance out to providers](#) to support operational changes while aiming for continuity of services.

COVID-19 Diagnostic Testing and Treatment

OMAP is also working with [CHIP](#) and [Medical Assistance](#) program-enrolled providers and managed care organizations to ensure that people needing testing and treatment related to COVID-19 [are able to get this without copays or prior authorizations](#).

Home and Community-Based Services

ODP and the OLTL have submitted waiver requests to the Centers for Medicare and Medicaid Services allowing for flexibility around staffing for direct care and direct support workers. We are working to create flexibility given the evolving situation but are communicating with participants in these programs to ensure that services are still being rendered when needed. The [Appendix K waivers](#) OLTL and ODP submitted were approved on March 18, and we are in the process of drafting guidance to providers pursuant to this.

Update: March 25: The Appendix K waivers were approved.

OLTL has also directed the Community HealthChoices managed care organizations (CHC-MCOs) to not reduce or terminate any personal assistance services or reassess long-term services and supports for at least the next three months. The three CHC-MCOs will also verify service continuity with all long-term care and HCBS participants and to ensure all HCBS participants have an executable back-up plan in place to guard against potential disruptions in service with personal assistance providers and direct care workers.

Telehealth Services

[OMAP](#) and [OMHSAS](#) issued guidance around telehealth to ease this option for providers around Pennsylvania and Pennsylvanians seeking services while observing social distancing and mitigation guidelines.

County Assistance Offices and Public Assistance Programs

We are also doing everything we can to ensure continuity of benefits and application processing for new applications for benefits that come in during this period. This uncertain time is undoubtedly going to create difficult situations for people around Pennsylvania, and we need to continue to administer these vital programs for those who need it most. We also recognize that there may be changes based on federal action that will affect these programs, and we continue to monitor and will adapt if necessary.

CAO Operations

[On March 16, the decision was made to continue to operate county assistance offices but close them to the public.](#) This is necessary to ensure continuity of program operations so we may continue to process applications and maintain existing cases.

I recognize the frustration and concern that this decision has prompted. However, these job functions are essential and cannot be performed off-site with existing technological capacity. We continue to monitor this on a day-to-day, hour-by-hour basis. If additional adjustments become necessary, decisions will be made and communicated, but this work is essential and we cannot abandon the people who need or may need these programs when they need them most.

Medicaid

We continue to accept and process Medical Assistance applications. Individuals can notate on the application if they have a health emergency including COVID-19. We will continue to prioritize Medical Assistance applications where there is an immediate health concern. Self-attestations will be accepted.

SNAP

SNAP certification periods will be extended at least for the next three months so SNAP cases will not be terminated during this period. We have submitted a waiver request to the federal Food and Nutrition Service (FNS) for this extension.

When processing changes to hours worked, we are exercising flexibility as we recognize that this may be difficult to verify as business operations shift across the private sector as well. We are also closely monitoring developments related to the Able Bodied Adults Without Dependents (ABAWD) rule at the federal level. Last week, we submitted a waiver request to FNS to delay implementation of this rule. On Friday night, the DC Federal District Court issued an injunction for the rule. The Commonwealth is exploring ways to ensure ABAWDs do not lose benefits due to the time limits.

We also submitted a request for a SNAP Issuance Waiver that would allow us to issue a payment of 50 percent of a household's maximum SNAP grant to ensure food security and the ability of SNAP recipients to comply with CDC guidelines calling for households to have two weeks' worth of food available. If this is granted, we will communicate this broadly.

TANF

We are encouraging employment and training providers to provide remote services where possible and, if not, exercise flexibility for participants. We are also suspending face-to-face interviews and will not terminate or sanction recipients based on RESET requirements.

LIHEAP

We are evaluating the best possible way to support the needs of the LIHEAP eligible population with the limited federal funds available.

Protective Services

Protective services also continue to be administered by DHS. The Office of Children, Youth, and Families (OCYF) and OLTL continue to operate both ChildLine and Adult Protective Services and will continue to

work with our partners at the county level to ensure these vulnerable populations are protected and referrals are investigated.

State-Run Facilities

The offices that oversee our state-run facilities – ODP, OMHSAS, and OCYF – are restricting access to these facilities, exercising increased cleaning and sanitation efforts, and screening staff to protect the health of people we serve. We recognize that this may create challenges for individuals under the care of these facilities and their loved ones, and we are working to facilitate visiting and interactions through programs like FaceTime and Skype.

Licensing Operations

DHS' routine annual licensing visits are on hold at this time. DHS' licensing offices will continue to monitor facilities and are prepared to respond to and investigate complaints as they are received.

Child Care Operations

Child care facilities [were closed statewide](#) on March 16 to support COVID-19 mitigation efforts. Exceptions to this policy are family child care homes and group child care homes operating inside a residence. All child care providers will continue to receive Child Care Works payments through April. Closures and operational guidance are communicated directly to child care providers and other early education and early intervention providers through the child care certification listserv and the Pennsylvania early education listserv.

This temporary closure of child care facilities may be a burden for Pennsylvania families who depend on this service. Because it is especially burdensome for essential personnel such as health care workers and first responders who must have safe and stable care options for their children in order to report to work, the Office of Child Development and Early Learning (OCDEL) has implemented a waiver process for child care centers and group child care homes that serve these families. Operators of these facilities who seek a waiver from the Governor's temporary closure order should contact OCDEL at RA-PWDRACERT@pa.gov. Waiver requests will be processed as quickly as possible.

Coordinated State Response

The Office of Administration's Division of Emergency Preparedness and Safety Operations (DEPSO) team has been working closely with state agencies and partners around the state to support the COVID-19 response across Pennsylvania since the beginning of February. DEPSO has provided ongoing support to DOH and PEMA at the CRCC through coordination and communications as needed. We have responsibility for Emergency Support Function #6, which is to provide for mass care, shelter and human services including food distribution.

Currently, the Mass Task Force is coordinating multiple food distribution programs to ensure appropriate food availability to our children, older Pennsylvanians and families. The Sheltering Task Force is supporting quarantining and sheltering coordination. The Disabilities Integration Task Force is working to ensure that those with access or functional needs are supported during these trying times.