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INTELLECTUAL AND DEVELOPMENTAL
DISABILITIES TECHNICAL ADVISORY
COMMITTEE (IDD TAC) MEETING
JAMES F. THOMPSON TRAINING ROOM

2ND FLOOR

275 EAST MAIN STREET

FRANKFORT, KY 40621

MAY 20, 2016

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ORIGINAL

1 MR. STEVENSON: This is Chris Stevenson and I
2 co-chair with Patty. And everybody have an agenda in
3 front of them? We will -- as we typically do, we like
4 to go around and do introductions. We have Dawn here
5 with -- Dawn Wheeler?

6 MS. WHEELER: Yes.

7 MR. STEVENSON: Dawn Wheeler that's taking
8 over for Erin and just -- I was telling Dawn in the
9 meeting that this is a Technical Advisory Committee
10 that, you know, that was called by the Medicaid
11 Advisory Committee, so we advise them on the matters
12 of Intellectual and Developmental Disabilities. And
13 we have an agenda that we come up with once a quarter,
14 we go through it. We have the Cabinet staff that
15 helps assist us with answers and direction. And then
16 typically this Committee will come together and
17 develop recommendations for the Medicaid Advisory
18 Committee.

19 We have some guests here as well, so we like
20 to start off by just doing some intros. And for the
21 sake of our court reporter -- and what's your name?

22 REPORTER: Michele.

23 MR. STEVENSON: Michele. Michele would like
24 to know your name, give your full name and your title
25 and that you work for either the Cabinet or if you're

1 a private provider, whatever it is, just to give her a
2 reference point. And then before you speak, including
3 those on the phone, just go ahead and say your name so
4 she can reference back to who's saying it and then she
5 can -- it will help her out that way. Does that help?

6 REPORTER: Yes. Yes. Thank you.

7 MR. STEVENSON: Okay. Awesome. Very good.
8 Well, I'll start out. My name is Chris Stevenson.
9 I'm the President of Cedar Lake in the Louisville area
10 and I'm also a KAPP member, but I'm a representative
11 of Leading Age of Kentucky for this group. And I'll
12 pass it over to Rick.

13 MR. CHRISTMAN: I'm Rick Christman. I'm the
14 CEO of Employment Solutions in Lexington and I am here
15 representing KAPP.

16 MR. STEVENSON: And that's the Kentucky
17 Association of Private Providers just so you know.

18 MS. KING: Sandy King, Passport Health Plan,
19 Provider Relations.

20 MS. SANDERS: Laura Sanders. I'm a Section
21 Supervisor in the Medicaid Program Assistance Section
22 and I'm here representing DCBS.

23 MR. STEVENSON: Okay. Very good.

24 MS. MAYER: Hi! Good morning. I am Teresa
25 Mayer and I am the Admin Specialist for SCL.

1 MS. STONE: Stephanie Stone with Passport
2 Health Plan and Behavioral Health.

3 MS. MARTIN: Nikki Martin with Hewlett
4 Packard Enterprises.

5 MS. SMITH: Pam Smith with Hewlett Packard
6 Enterprises.

7 MS. GRESHAM: Lori Gresham, DMS.

8 MS. CLARK: Alisha Clark, DMS.

9 MS. BAILEY: Debbie Bailey, DMS.

10 MS. MCGRATH: I'm Lauren McGrath from Seven
11 Counties.

12 MS. MOWDER: Kristan Mowder, CareSource. I'm
13 an assistant through Humana CareSource Product,
14 Behavioral Health.

15 MS. MAGRE: LeAnn Magre. I'm with WellCare.

16 MS. RUTH: Tracy Ruth. I'm the Executive
17 Director at Kaleidoscope.

18 MS. RENEE NOLT: Passport of Kentucky.

19 MS. CHILD: Lyris Childs, DMS.

20 MS. WHEELER: Dawn Wheeler, DMS.

21 MS. MCCRACKEN: Shannon McCracken. I'm the
22 Executive Director of KAPP, Kentucky Association of
23 Private Providers.

24 MS. WELLS: And I'm Tonia Wells. I'm with
25 the Department for Aging and Independent Living.

1 MR. CALLEBS: Johnny Callebs representing
2 KAPP, Kentucky Association of Private Providers.

3 MR. STEVENSON: Okay. Very good. And let's
4 go on the phone now. Patty, we got you. Go ahead and
5 introduce yourself, Patty.

6 MS. DEMPSEY: Okay. Patty Dempsey with the
7 ARC of Kentucky, Statewide Advocacy Organization.

8 REPORTER: I'm sorry, I didn't get what she
9 said.

10 MR. STEVENSON: Say that again, Patty.

11 MS. DEMPSEY: You couldn't hear me?

12 MR. STEVENSON: No.

13 REPORTER: No.

14 MS. DEMPSEY: Okay. Patty Dempsey with the
15 ARC of Kentucky.

16 MR. STEVENSON: ARC of Kentucky, A-R-C.

17 REPORTER: Thank you.

18 MR. STEVENSON: Okay. And Christan.

19 MR. STEWART: Yes. This is Christan Stewart.
20 I'm a parent representative of my son with Michelle P.
21 Waiver.

22 REPORTER: My son what? I'm sorry.

23 MR. STEVENSON: His son is represented under
24 the Michelle P. Waiver. Okay. Gregg.

25 MR. STRATTON: Gregg Stratton, Department of

1 Medicaid Services working with CDO.

2 MR. STEVENSON: C-D-O. And Earl.

3 MR. GRESHAM: Earl Gresham, Medicaid.

4 MR. STEVENSON: Okay. Anybody else join us
5 on the phone?

6 Okay. Well, we'll go ahead and get started
7 if everybody has their agenda in front of them. I
8 just wanted to quickly touch base on the addition of
9 -- I know we've got six active members and we have
10 three more that we need to add. We've got one in cue
11 and we've got a representative of an intermediate care
12 facility and then a representative of an individual
13 that receives -- supports an individual in an
14 intermediate care facility. I've reached out to two
15 individuals and we're playing phone tag as we speak,
16 but hopefully we hear back from them. They were --
17 when I was at the Leading Age board meeting there were
18 a couple of good references given to me of people who
19 could serve on this committee. So I will -- I'm going
20 to steer them to the website to be able to sign up to
21 become a member and then hopefully we'll have all
22 three and then we can push it through and get it
23 approved. And Dawn, we'll have to talk more about how
24 to do that because Erin was working with us on getting
25 those. So I'll talk to you after this meeting. Okay?

1 MS. WHEELER: Okay.

2 MR. STEVENSON: Okay. Just as a follow-up to
3 our MAC recommendations that were made at the -- was
4 it the June meeting that we had? No, June. Where are
5 we? What month are we in?

6 MR. CALLEBS: It's May.

7 MR. STEVENSON: Strike that. March meeting.
8 Thank you. We haven't heard back officially in
9 writing regarding our recommendations. Does anybody
10 know where that might be for the Medicaid Advisory
11 Committee responding to those recommendations?
12 Anybody here know? Alisha?

13 MS. CLARK: I don't know. No, I don't.

14 MR. STEVENSON: Usually we hear between the
15 meetings and it's surprising we haven't heard
16 anything.

17 MS. GRESHAM: I'll follow up with that.

18 MR. STEVENSON: Okay.

19 MS. CLARK: Normally -- normally who do you
20 hear from?

21 MR. STEVENSON: Oh, good question. I have to
22 look.

23 MS. CLARK: Okay.

24 MR. STEVENSON: Who would it be?

25 MS. WELLS: She thought it might be Barbara,

1 but we'll --

2 MR. STEVENSON: Yeah. Usually Barbara is the
3 one that sends it and then there's -- yeah, that's
4 true.

5 MS. MCCRACKEN: You have to hear back by next
6 Thursday; right? Because that's the next time --

7 MR. STEVENSON: By next Thursday.

8 MS. CLARK: We'll check on that for you.

9 MR. STEVENSON: Okay. And if you would email
10 the group just as far as that, that would be helpful.
11 Thank you.

12 Okay. As we shout out the different agenda
13 components, those of you that brought it up, please
14 speak. The Department for Medicaid Services and
15 Provider Site Visits. Who listed that as an agenda
16 item? Was that you, Patty?

17 MS. DEMPSEY: I did. Can you hear me, Chris?

18 MR. STEVENSON: Yeah. We can hear you. Go
19 ahead.

20 MS. DEMPSEY: Okay. This is Patty. I did
21 that one. And the reason we put that on there, we
22 just wanted to hear like for an update. It actually
23 kind of goes back to the recommendation that was made
24 to the MAC, and it was our understanding that for the
25 meetings that Medicaid had had previously, they were

1 going to be doing their site visits, like a lot of
2 them in June and July. So, and actually they were
3 going to include some consumers or some other people
4 on those visits and we just wondered if there was an
5 update.

6 MS. GRESHAM: Yes. This is Lori Gresham.
7 To --

8 MS. DEMPSEY: Hi, Lori.

9 MS. GRESHAM: Hello. I had them pull numbers
10 yesterday afternoon so that I would have the most
11 updated numbers. We are 65 percent complete and
12 there's a sheet going around that I'll send out to
13 everybody so you-all will have that. There are 88
14 visits remaining for a total of 249 visits. We expect
15 to be done by mid July, and that's as long as no new
16 providers pop up and we have to add them to our list.

17 The site visits seem to be very well
18 received. We, at the beginning, had a few concerns
19 that were quickly addressed and taken care of and it
20 seems to be going well. We do have some consumers.
21 The ARC provided us some, the DD Council provided us
22 with some, and all of those folks have been reached
23 out to. Some of them haven't contacted us back yet.
24 We have had some site visits where either consumers or
25 their family members have attended, so . . .

1 MS. MCCRACKEN: They have already?

2 MS. GRESHAM: Um-hum.

3 MS. MCCRACKEN: Because we haven't heard of
4 any.

5 MS. DEMPSEY: Okay. Thanks.

6 MS. GRESHAM: You're welcome.

7 MR. CHRISTMAN: I had a question also.

8 MS. GRESHAM: Um-hum.

9 MR. CHRISTMAN: Now, these site visits are
10 for the people, I presume, that got the Category 4s?

11 MS. GRESHAM: Correct. Um-hum.

12 MR. CHRISTMAN: Now, there's a lot of people
13 in Category 2s --

14 MS. GRESHAM: Um-hum.

15 MR. CHRISTMAN: -- which is not 1, so what
16 happens to people in Category 2? Will they be getting
17 some sort of visit or some sort of follow-up?

18 MS. GRESHAM: With your regular
19 certifications --

20 MR. CHRISTMAN: Okay.

21 MS. GRESHAM: -- we will be doing those
22 visits. They are going over your compliance plan with
23 you to kind of discuss how you-all can come into
24 compliance, you know, kind of looking for those
25 things. And to let you know, hey, this is what we're

1 seeing, you know, that kind of thing. So those will
2 be with your regular certification reviews.

3 MR. CHRISTMAN: Beginning now?

4 MS. MCCRACKEN: Can I just add though?

5 MR. CHRISTMAN: Yeah.

6 MS. MCCRACKEN: Not until after the reg is in
7 effect.

8 MS. GRESHAM: Right.

9 MR. CHRISTMAN: Oh, not until --

10 MS. GRESHAM: Not until the reg is in effect.

11 MS. MCCRACKEN: Yes. Because some people
12 have been having reviews now thinking why not --

13 MS. GRESHAM: Yes. It will be when the reg
14 is in effect.

15 MR. CHRISTMAN: So that would be after July
16 1?

17 MS. GRESHAM: Um-hum.

18 MS. MCCRACKEN: July or August.

19 MR. CHRISTMAN: Okay.

20 MS. GRESHAM: July or August 1.

21 MR. CHRISTMAN: Okay.

22 MR. STEVENSON: That was Rick.

23 MR. CHRISTMAN: Sorry.

24 MR. CALLEBS: I have a question.

25 MR. STEVENSON: Johnny.

1 MR. CALLEBS: Johnny. One question I had was
2 for Category 4 --

3 MS. GRESHAM: Um-hum.

4 MR. CALLEBS: -- providers, can you talk some
5 about the Department's discretion in sending those
6 forward?

7 MS. GRESHAM: Yes.

8 MR. CALLEBS: There's been some
9 discrepancy --

10 MS. GRESHAM: Yes.

11 MR. CALLEBS: -- and different messages
12 about --

13 MS. GRESHAM: Yes.

14 MR. CALLEBS: -- do all get sent or do you
15 have some discretion to determine that community rules
16 are met here and that one doesn't get sent.

17 MS. GRESHAM: CMS has kind of been back and
18 forth with us even on this, but basically the most
19 recent direction that we have given is we cannot take
20 someone out of Category 4. If they're placed there
21 based on location we can't say you're not Category 4
22 based on your integration. The only discretion we
23 have is to say you cannot overcome this presumption.
24 So, if you're in Category 4 based on your location, if
25 we think that you can overcome that presumption, then

1 we will send you on to CMS.

2 MR. CALLEBS: Okay.

3 MS. GRESHAM: If we look at your information
4 and there's no possible way that you can come into
5 compliance, then we have the discretion to say, I'm
6 sorry, you are no longer a home community based
7 provider. But we don't have the discretion to look at
8 your integration and say, yes, we think you meet this.
9 That would be CMS's decision.

10 MR. CALLEBS: Okay.

11 MS. MCCRACKEN: This is Shannon. If you say
12 that can -- does that mean there's no opportunity for
13 public comment or anything beyond that?

14 MS. GRESHAM: I'm not sure how that process
15 will look yet. We have not had any providers that
16 have come into that category yet, so . . .

17 MS. MCCRACKEN: Okay.

18 MR. CALLEBS: That's good news. So no one
19 has --

20 MS. MCCRACKEN: Yeah.

21 MS. GRESHAM: Yeah.

22 MR. CALLEBS: -- come under that?

23 MS. GRESHAM: Our hope is that we can. We
24 want to send all of those Category 4s because we want
25 the providers to stay.

1 MR. CALLEBS: Sure.

2 MS. GRESHAM: So that's our hope. We haven't
3 come across any yet that we have seen that there is no
4 way they can come into compliance, so . . .

5 MR. CALLEBS: Okay.

6 MR. STEVENSON: Very good. Okay. Patty, any
7 other questions regarding the follow-up there to the
8 visits?

9 MS. DEMPSEY: No. No. That's great. Thank
10 you, Lori.

11 MS. GRESHAM: You're welcome.

12 MR. STEVENSON: Any other questions about
13 that agenda item? Thanks, Lori. I appreciate that.

14 MS. GRESHAM: You're welcome.

15 MR. STEVENSON: Okay. The Supports for
16 Community Living Waiting List. Lyris, I guess we can
17 just get some information on some of the stats
18 regarding our waiting list.

19 MS. CHILDS: Yeah. The Supports for
20 Community Living information will be handled by
21 Alisha.

22 MR. CLARK: I can do that.

23 MR. STEVENSON: Okay. Thank you.

24 MS. CHILDS: She's got that information.

25 MR. CLARK: The total is 2203 with 119 under

1 Emergency; 38 under Urgent; and 2046 friction under
2 Future Planning.

3 MR. STEVENSON: Okay. And the number of
4 individuals currently served on SCL, do we have that
5 number? Alisha, do you know what that current number
6 of SCL served at this point?

7 MR. CLARK: We are at capacity, 4701.

8 MR. STEVENSON: Okay. Any questions about
9 SCL waiting list or currently served?

10 MS. DEMPSEY: Yeah, I do. I have a quick
11 question, Chris. On the Supports for Community Living
12 Waiting List, that number, I think you said Emergency
13 is 119 and the reason we mention that is we had got a
14 couple of calls on that. On that, why is the
15 Emergency Waiting List continually growing on SCL? I
16 mean . . .

17 MS. CLARK: Right now all the slots are
18 filled and they do reconcile for any unduplicated,
19 unused spots and then they reallocate those if
20 somebody doesn't utilize those services.

21 MS. MCCRACKEN: I think she's asking about
22 the budgeted slots.

23 MS. CLARK: The budgeted slots?

24 MS. MCCRACKEN: Yeah.

25 MS. CLARK: I do not have any further

1 information as far as when those will be released.

2 MR. STEVENSON: Shannon, what was the
3 budgeted slot number, do you know what that was?

4 MS. MCCRACKEN: Well, Leslie had told us
5 there were like 240 that were in the previous budget
6 that were being held up until CMS approves this
7 waiver, so it could be August. I think there's 240.
8 Does that sound right, Steve?

9 MR. SHANNON: Yeah.

10 MR. STEVENSON: Okay. Until the new regs.
11 Okay.

12 MS. DEMPSEY: Okay.

13 MR. STEVENSON: Okay. So did you hear that,
14 Patty, that it could be --

15 MS. DEMPSEY: I can't --

16 MR. STEVENSON: Yeah, the 240 -- 240 slots
17 could be held up from prior until August potentially.

18 MS. DEMPSEY: Okay. For the new regs? Okay.
19 Thank you.

20 MR. STEVENSON: Yep. Yep.

21 MR. GRESHAM: Hey, this is Earl. I just have
22 one comment about the last section. It's not until
23 the regs are final; it's until the CMS approves them
24 with their application.

25 MS. DEMPSEY: Okay. So you're thinking,

1 Earl, that will be August then?

2 MS. MCCRACKEN: Or September.

3 MR. EARL: It may be August, it may be a
4 little later. But we're looking at, I think, right
5 now our timeline is about July to August.

6 MS. DEMPSEY: Okay. Okay. Thank you.

7 MR. STEVENSON: Okay. Very good.

8 MS. GRESHAM: Just an update on the MAC
9 recommendations, Barbara did send out an email on 4-25
10 to --

11 MR. STEVENSON: Did I miss that?

12 MS. GRESHAM: -- everyone with that response.

13 MR. STEVENSON: Oh.

14 MR. CALLEBS: I didn't get it.

15 MR. STEVENSON: I'd have to look and see
16 because I don't remember.

17 MS. GRESHAM: I see Chris's name. I'm just
18 kind of looking through the list. I see Chris's name
19 on here.

20 MR. STEVENSON: I might have missed that.

21 MS. GRESHAM: But I'll ask her to resend that
22 to --

23 MR. STEVENSON: Yeah. Please do.

24 MS. MCCRACKEN: What's her last name,
25 Barbara?

1 MS. GRESHAM: Epperson.

2 MR. STEVENSON: Okay. Thank you. Okay. The
3 update on the Michelle P. Waiver Submission and
4 Timeline. Was that you, Patty?

5 MS. DEMPSEY: Yeah, that was me. And
6 actually you can tie that in with another one that's
7 down there on the list. But actually, I was just
8 wondering what the timeline was for the Michelle P.
9 Waiver, what's to be submitted? And the DMS had held
10 some stakeholders' meetings, which was real helpful,
11 and anyway, I was just wondering for sure what that
12 timeline was on getting that Michelle P. Waiver filed?

13 MS. CLARK: I don't have the exact timeline.
14 We're hoping it will be soon. Of course, the
15 Governor's budget kind of held us up and then we had
16 to pull that back to look at everything financially,
17 but we're hoping to have that out soon.

18 MS. DEMPSEY: Okay.

19 MR. CHRISTMAN: Are you referring to the
20 regulations or the Waiver Renewal?

21 MS. CLARK: The Waiver Application for Public
22 Comment.

23 MS. CHRISTMAN: And then the Regulations will
24 be looked at after that or . . .

25 MS. CLARK: Yes.

1 MR. CHRISTMAN: Do you have to get it back
2 from the federal government before -- I mean, you're
3 going to have to wait for approval, I assume, from the
4 feds before you revise the regulations or am I wrong
5 on that?

6 MS. CLARK: No. Earl, and correct me if I'm
7 wrong on this, but we'll send that off. We'll be
8 working on the regulations.

9 MS. CHRISTMAN: While it's in process?

10 MS. CLARK: While it's in process.

11 MS. CHRISTMAN: Okay.

12 MS. MCCRACKEN: Public comment on the Waiver
13 reg.

14 MS. CHRISTMAN: And public comment.

15 MR. GRESHAM: That's correct.

16 MS. CHRISTMAN: Is it the case then that the
17 regulations couldn't go into effect until you get the
18 Waiver renewed from the federal government?

19 MS. CLARK: Correct.

20 MS. CHRISTMAN: Okay.

21 MR. STEVENSON: Okay. Patty, did you have a
22 part two to your question?

23 MS. DEMPSEY: Yeah. I was going to see if we
24 could go ahead and pick up, because that would be
25 under Michelle P. too, if we could go ahead and pick

1 up the forty-hour limit that's there down a few more
2 spaces there on our list. And what I was wondering,
3 the reason I mention that, I was wondering if there
4 was -- and actually I think I said regulation. I
5 meant the application. In the Michelle P. Waiver
6 application is there any change in that forty-hour
7 limit?

8 MS. CLARK: That I cannot speak to at this
9 time.

10 MS. DEMPSEY: Okay. Okay. All righty.
11 Thanks.

12 MR. STEVENSON: Okay. Any other questions up
13 to this point?

14 (No audible response.)

15 MR. STEVENSON: I want to move on to the
16 status of the pilot project for the Michelle P.
17 children's assessment. We received a little bit of an
18 update at the KAPP meeting, but Alisha, do you want to
19 speak to that?

20 MS. CLARK: We are currently in the middle of
21 that pilot project, and Leslie is sending out another
22 letter to all Michelle P. Waiver members because I
23 think there was a lot of, you know, guardians,
24 recipients, that were very concerned that they were
25 going to lose eligibility over this. This does not

1 determine their eligibility. This is just looking to
2 see if our assessment tools match up to one another to
3 see, you know, what the outcome of this is. Both
4 children and adults are in the pilot project. So,
5 that letter, we've sent it to HP to go out. It might
6 be going out today. If not, within the next few days
7 it should be going out to families.

8 MS. SMITH: It should go out today.

9 MS. CLARK: It should go out today?

10 MS. SMITH: Um-hum.

11 MS. CLARK: Okay. Thank you.

12 MR. STEVENSON: And is there a timeline as
13 far as potential completion of this and looking at --
14 the real issue that surrounded this was that, you
15 know, we've all said that there's a new Autism Waiver
16 in town and it's the Michelle P. Waiver. So, you
17 know, help me understand what the time frame is to
18 potentially look at reining this in? Because the
19 original intent wasn't to provide it to children but
20 for the adults. But is there a time frame to look at
21 really addressing this issue and taking some action?

22 MS. CLARK: That I can't really speak to. I
23 mean, we've got to get the results back first to see
24 what this assessment tool looks like versus the
25 assessment tool that we're currently using. And I

1 don't think we can really speak to it until we know.

2 MR. CHRISTMAN: Would it be fair to say that
3 the result of all of this could be eventually though
4 that some children who are on the Michelle P. Waiver
5 could lose their eligibility?

6 MS. CLARK: I mean, as long as they meet -- I
7 mean, if they meet level of care, then they're going
8 to continue on the Michelle P.

9 MR. CHRISTMAN: Well, I thought we were
10 talking in terms of, for example, we felt that the
11 adult assessment tool was so inappropriate that a lot
12 of children who were probably minimally disabled were
13 getting eligible for the Michelle P. Waiver; right?
14 I've heard it stated in this meeting that people from
15 other states were coming here because you could get
16 money to raise your children in Kentucky. That was
17 stated in this meeting.

18 So, I assume that some children who really
19 are not adequately -- who are minimally disabled, or
20 perhaps not disabled at all, would lose their
21 eligibility after we implement this protocol.

22 MR. CLARK: I mean, if the individual in
23 question does not meet level of care then --

24 MS. CHRISTMAN: Yes. And that's what this
25 assessment is going to determine, right, level of

1 care?

2 MS. CLARK: Right now we're looking to see if
3 this assessment tool and the assessment tool that
4 we're currently using, to see how they match up. And
5 I don't really --

6 MR. CHRISTMAN: The one for adults?

7 MR. CLARK: The one that we're currently
8 using, yes.

9 MS. CHRISTMAN: Yes. Right.

10 MS. CLARK: And then the pilot project --

11 MR. CHRISTMAN: Yeah.

12 MS. CLARK: -- to see how they match up. And
13 until we have that information, I don't really think
14 that we can speak to what's going to be in the future.
15 Earl, you can correct me if I'm wrong.

16 MR. EARL: No. You're . . .

17 MR. STEVENSON: I'm sorry, Earl. Say that
18 one more time.

19 MR. EARL: I said nope, you're right.

20 MR. STEVENSON: Okay.

21 MR. CHRISTMAN: So we can't say it's even
22 remotely possible that any children might lose their
23 eligibility or --

24 MR. GRESHAM: We're saying that we don't know
25 until we get the results of the pilot test what's

1 going to happen. We can't tell you what --

2 MR. CHRISTMAN: Can we say it's possible?

3 MR. GRESHAM: Everything is possible.

4 MR. CHRISTMAN: Okay.

5 MR. GRESHAM: But we can't say that, yes,
6 it's going to happen or it's not going to happen.
7 We're saying we're waiting until we get the results.

8 MR. CHRISTMAN: All right.

9 MR. STEVENSON: Well, clearly, there's a lot
10 of frustration in this room. I think all of us have
11 this frustration and we'd love it see it be expedited
12 just because we've been talking about this for the
13 past three years it seems like, at least two.

14 MS. CLARK: Well, the pilot is in process.
15 So we have at least moved along to --

16 MR. STEVENSON: Sure.

17 MS. CLARK: -- we have it working.

18 MR. STEVENSON: Thank you. Okay.

19 Patty, this might be yours too; lack of
20 pediatric skilled nurses providers. Families have
21 commented --

22 MS. DEMPSEY: Yeah. I mean --

23 MR. STEVENSON: Yeah. Go ahead.

24 MS. DEMPSEY: Yeah. Thank you-all for
25 putting that on there. But the reason I put that in

1 there, and I'm not sure -- I think this would be some
2 -- somebody needs that to look at that and that was
3 brought up by a couple of parents and actually someone
4 from the Commission for Children With Special
5 Healthcare Needs, that the issue is the lack of
6 pediatric skilled nursing providers and families not
7 being able to get help with children who are vented or
8 responds. It's because there's no -- there's no
9 respite or help for the families that actually are in
10 those situations. And their question was -- and
11 actually, this would be discussed maybe more at the
12 next meeting because a couple of the people that
13 brought it up maybe could come to the meeting. And
14 their question was why is it different for the
15 pediatric skilled nurse until 18 and then a regular
16 nurse at 18. So trying to figure out what the
17 difference is there.

18 So I'm not as familiar with it and so I
19 suggested to a couple of people that have brought this
20 up maybe they come to the next TAC meeting.

21 MR. STEVENSON: Okay.

22 MR. STRATTON: Hey, Patty, this is Gregg
23 Stratton.

24 MS. DEMPSEY: Hi, Gregg.

25 MR. STRATTON: Hey, good morning. I'll tell

1 you what, Patty, I've got a Home Health TAC meeting
2 next week. Let me put that on the agenda; is that
3 okay?

4 MS. DEMPSEY: Yeah, that would be great.

5 MR. STRATTON: Okay. I'll put that on the
6 agenda and I'll send you an invite in case you want to
7 come by and visit. Otherwise, I'll ask that they
8 discuss that.

9 MS. DEMPSEY: Okay. And which TAC is that?

10 MR. STRATTON: It's the Home Health TAC.

11 MS. DEMPSEY: Home Health TAC. Okay. And if
12 you let me know, I can let one of the parents know
13 that said she would make the trip up here to talk
14 about it if you needed her to, because she knows more
15 about it than I do, and so . . .

16 MR. STRATTON: Okay.

17 MS. DEMPSEY: Okay. That would be great.

18 MR. STRATTON: And just give them my contact
19 information if you would and I'll make contact with
20 them.

21 MS. DEMPSEY: Okay. Okay. Thanks.

22 MR. STRATTON: Okay, Patty.

23 MR. STEVENSON: Thanks, Greg. Thank you,
24 Patty.

25 MS. DEMPSEY: Okay.

1 MR. STEVENSON: Okay. We wanted to move into
2 an MWMA presentation, but unfortunately -- well, it
3 really wouldn't help you on the phone. We were going
4 to put this on a projector on the wall but we don't
5 have everything that we need. So, Shannon, if you
6 just want to speak to some of the statistics that you
7 have found and give us a little bit of background.

8 MS. MCCRACKEN: Yeah. And I already have
9 sent this to -- I sent it to Leslie yesterday and I
10 believe she distributed it maybe. I don't know if you
11 guys got it.

12 MS. CLARK: I got it. I was copied on it.

13 MS. MCCRACKEN: I did. I sent it to both of
14 you. I'm sorry. I'm not sure if she sent it out. I
15 had told her -- well, let me back up.

16 Okay. This is a result of, well, a couple of
17 years of working on this. After reg review though,
18 that's where I'll start, April 11th, I had spoke to
19 the Legislative Committee that day, ARS, and expressed
20 the concerns that we had for readiness and training,
21 and also especially for service providers who weren't
22 initially trained on MWMA. It was initially created
23 and designed for case management, which KAPP supports.
24 That makes sense to us, you know, the transitioning of
25 the paper process to an electronic application

1 submission process and for level of care.

2 Case management agencies were trained by
3 Deloitte trainers back in late '14, early '15 on the
4 system. Although, I don't know, I struggle to call it
5 a training. I mean, it was really an introduction to
6 the system. Pretty overwhelming. The Deloitte
7 trainers, not their fault, they don't understand
8 Kentucky and what we do and the Waivers. So it was an
9 outside contractor working with providers and we
10 really had no contact within the Cabinet, people that
11 we knew. Even our Quality Administrators who is
12 sometimes the only person that some providers have to
13 ask questions of, told them they didn't know anything
14 about it and didn't understand it.

15 Two years ago Pamela Waller was given to me
16 as a contact by Tabitha when I kept asking about it,
17 which was great. We had a contact. And at that time
18 it's just case management that we're working on.

19 So I'm saying this because I've heard a lot
20 of comments about providers being resistant and
21 refusing to be trained and just not wanting to do the
22 system. So I'll say that, that I sought out a contact
23 and was given Pamela Waller. Probably wore her out.
24 She's laughing because she knows, but I had a call
25 with her every week about KAPP issues and I worked

1 then, before it was even required, to get KAPP case
2 management agencies to agree to work on this and pilot
3 and be testers for Pam, and we did this for a while.
4 Steve knows I invited KARP too, and we brought Pam to
5 our KAPP meeting a couple of years ago trying to get
6 any pieces of information we could and understand it
7 and make it work.

8 Quickly, you know, we had a lot of
9 difficulties. A lot of difficulties. And
10 difficulties with getting help from the Help Desk and
11 having still no friendly person at the Cabinet that
12 understood what we do and understood our lingo and
13 language to talk to us, and it's very frustrating. I
14 know Steve and I went to a meeting with Deloitte
15 representatives. I know Earl was there, I'm not sure
16 if anybody else in the room was, and we took
17 collectively our 22 pages of concerns and problems
18 with the system. That was last November. Some of
19 those were answered and resolved, but we never had a
20 follow-up meeting or anything after that. And that
21 was obviously the timing of the new administration.

22 So, in January I received an email that
23 Pamela Waller was gone. Great working with you,
24 Shannon, but I'm gone. Looked for her replacement.
25 There wasn't one. So, you know, I'm the leader over

1 101 member agencies and who look to me for answers and
2 I don't have any. I don't.

3 So, continued on with the reg process. I
4 think I fought as hard as I could on that to say, you
5 know, we agree with the case management requirements
6 in the regulations, looking at Michelle P. and SCL,
7 which is primarily what our providers do currently.
8 But the added requirements, after we received
9 clarification in March of 2015 that this was not
10 intended to be an electronic record, it never was
11 intended to be. One side of this building said it
12 was, one side said it wasn't. I kind of put those
13 together and was clarified in writing on March of '15
14 that it has not intended to replace your electronic
15 records. Then the Michelle P. and SCL Regulations
16 came out with the requirement for all service
17 providers, not just case managers, residential, day
18 training providers, et cetera, to begin using the
19 system to put in daily notes and incident reports. I
20 can't tell you -- I could start naming the number of
21 people, well Alisha did, you know, over 4,000 in the
22 waiver and multiple services and daily notes and
23 incident reports, the administrative burden of that
24 putting it into the system.

25 So, that is what we really thought about and

1 went to the Committee on April 11th to say, please,
2 either delay this or remove that requirement for those
3 service providers because it doesn't make sense. I've
4 been a supervisor for a long time and some of you
5 probably have, and I've done it for retail work, I've
6 done it in this type of work. I've supervised
7 hundreds of people. And I think I've been an
8 effective supervisor in the sense that, you know, even
9 if it's a corporate thing that I have to introduce to
10 staff, the best way to bring people on board with that
11 is to sell them on the benefits of how it makes your
12 job better, even if it doesn't. Figuring out a way to
13 encourage people and make them understand why we're
14 doing this and making them comfortable with it and
15 understanding it.

16 This is no different. We're not employees of
17 the Cabinet -- we sort of are. We're customers too,
18 although it's like Walmart in a small town. We don't
19 have any options, so I guess that affects it too.
20 But, we're just -- the communication on this starting
21 with nobody can help you except this outside entity,
22 Deloitte, and still to this day our Quality
23 Administrators and the Department who oversees us
24 can't and won't help us. And I don't know how to say
25 that any more and the people that we support,

1 providers are not just resistant to things, when they
2 don't see the reason for something, they don't see a
3 benefit and nobody is talking to them and they're
4 trying to serve people daily. We don't have time to
5 do what we do daily and then to have an administrative
6 burden put on us to this extent and we don't even know
7 why. It makes no sense. The people do get mad. They
8 get mad and they shut down and they get resistant.

9 So that is a problem of communication and
10 training. So, but, it is not only training, and I
11 have a lot of information to show that the people who
12 have been trained and are trying, the system is not
13 working. And that goes to the list that Steve and I
14 went to. There's so many bugs. It is not user
15 friendly and nobody will listen. And I don't know how
16 to say that any more clear. And I sent this to the
17 Secretary's office yesterday with this message that
18 I've been saying for months and years, we just need
19 somebody to care. We just need somebody to care about
20 this.

21 I'm not crying, I promise you. I'm a little
22 sick, so . . . but we -- I am passionate about this
23 though and for months and years the Cabinet has been
24 listening to Deloitte and not providers. And that's
25 not only ineffective, it's offensive. It really is.

1 So we're to this point: On April 11th after
2 the committee heard Leslie Hoffman and Veronica Cecil,
3 which it was implied that we just refused. The
4 training was there and we just refused. And I went up
5 to Eric Clark and told him that that's not true. It's
6 not true. This is what we need. And that day, I
7 said, since this thing is approved, I just want a
8 group of people in the Cabinet to meet with providers
9 to discuss problems. We want to work with you. We
10 want to make this work. It's in the regs, it's done,
11 so let's fix it.

12 And, secondly, to identify training needs and
13 insure they're met before the reg goes into effect and
14 we're held accountable. That's all we want and I
15 don't think that's unreasonable. This is not just a
16 video game. This is putting in trying to get PAs for
17 service. This is trying to get authorizations to
18 provide service and to get paid for it. There are
19 problems, massive problems, and that's all I ask for.

20 So a month later I heard nothing, no answers
21 on this. So I suggested -- I know everybody is busy
22 and up at DMS you guys are working on the Michelle P.
23 Application. So I told Leslie, I'm going to survey
24 providers. Maybe that will give us a good start. I'm
25 just going to survey. And not just KAPP members

1 because I didn't want anybody to say I just, you know,
2 influenced everybody's decision. In an unprecedented
3 move, I sent it to all providers on the provider
4 listing and asked my members to share, because we
5 don't share information with nonmembers typically.
6 But, got to have some benefit to membership.

7 But this I wanted more and I still, right
8 now, I'm actually going to share some results with you
9 straight off of Survey Monkey because I had an email
10 pop up that I have 12 new responses. People just keep
11 going with this. And I don't have to tell people
12 don't respond to voluntary surveys unless they care
13 about the subject. They don't. Unless you're
14 mandated by Regulation to do it.

15 Okay. I did the survey in two ways
16 intentionally. The first one is on case managers
17 because, as I said, that's who it was intended for and
18 there were classroom trainings for case managers in
19 2014 and 2015. That should tell you right there that
20 it's been a while. And the Waivers that people work
21 under, the case managers, most were Michelle P. and
22 SCL, but we do have some respondents from ABI, and
23 long-Term care and HCB. Basic questions, one was:
24 Are you currently using MWMA for your case management
25 work? The largest response is 43 percent that says

1 I've tried and given up. I'm not using currently.
2 And those are people that were trained, tried, worked
3 on this and they've given up.

4 MS. CLARK: May I interrupt just for a
5 moment?

6 MS. MCCRACKEN: Yeah.

7 MS. CLARK: Could you tell us what the
8 categories were to choose from?

9 MS. MCCRACKEN: Yes. Okay. 4 percent said
10 I'm using MWMA for all plans. That was 11 people; yes
11 for some plans, that was 9 percent. The next one --
12 let's see. I'm trying with some success, 19 percent;
13 I've tried with no success, 17 percent; I've not tried
14 at all, 6 percent; what is MWMA? 3 people said that,
15 3 case managers said that.

16 MS. CLARK: And how many responses were those
17 out of that?

18 MS. MCCRACKEN: 260.

19 MS. CLARK: Okay.

20 MS. MCCRACKEN: But 43 percent said I've
21 tried and given up and that's most of the people that
22 I know. Because within KAPP, the case managers, we
23 worked with them to do this and encouraged them to do
24 it. Because, I mean, initially that's what I do. I
25 mean, I want things to work. I want KAPP providers to

1 be the most informed, knowledgeable and effective and
2 know how to do these things. I wanted us to be the
3 leading edge on this, but I'm in that category that
4 give up.

5 Describe the level of training you've had
6 with MWMA. And this -- this shows you the case
7 managers surveyed, 263 responded on this question; 72
8 percent went to the initial case management trainings
9 that were offered by Deloitte. I asked the question:
10 If you declined to attend or attend those trainings,
11 and there were 5 percent that declined or couldn't; 12
12 percent said I was not aware of any trainings offered
13 by Deloitte. And those are not KAPP members or they
14 would have known, but 12 percent of the people, 32
15 people; and then 11 percent say I've still not
16 received any training on MWMA. I did a little digging
17 on the comments in those and I sent all the comments
18 to you-all because they're the best part. I won't get
19 into all that, but they really explain a lot of these
20 answers better. But those are some case management
21 agencies or case managers that have come on since
22 those trainings in early '15.

23 Okay. I wish you could see this because it's
24 really effective, but -- do you find MWMA to be user
25 friendly? I thought that was a very simple response.

1 88 percent no.

2 How helpful is the Help Desk? The largest
3 response is 45 percent not helpful. They don't
4 understand my questions; 32 percent say somewhat
5 helpful, they're usually able to assist me with
6 issues; 19 percent said not at all helpful; and 3
7 percent said very helpful, they resolved my issues
8 quickly and easily.

9 I have asked people, these are case managers,
10 if they've tried to upload documents by focus tools,
11 et cetera, into MWMA, 36 percent said I found
12 it--somebody got tired of me--36 percent I found it to
13 be difficult and time consuming; 27 percent I was
14 successful, but it took a very long time; 17 percent
15 hadn't tried to upload; 13 percent were unsuccessful
16 and 7 percent found the process to be quick and easy.

17 Do you need more training? And these are
18 case managers who already received classroom training.
19 Do you need more training? 66 percent said yes, I
20 need additional retraining or additional training; 20
21 percent said no, I need no additional training; and 14
22 percent said yes, I've never been trained.

23 MR. STEVENSON: Hold on, Shannon. Did
24 somebody join us on the phone?

25 MS. WILSON: Yeah. This is Melanie Tonya

1 Wilson.

2 MR. STEVENSON: Did you Tonya?

3 MR. CHRISTMAN: Melanie Tonya.

4 MS. WILSON: Melanie Tonya Wilson.

5 MR. STEVENSON: Melanie, hey, how are you.

6 MS. WILSON: I'm fine. How are you?

7 MR. STEVENSON: Great. I'm not sure if --
8 we've got some background noise. If you-all don't
9 mind muting your phone, that would be great.

10 MS. WILSON: Sure. I apologize.

11 MR. STEVENSON: That's okay. Thank you.

12 MS. MCCRACKEN: Okay. Case managers, if you
13 did attend the training, please assess the knowledge
14 of the trainers. And that varies from 33 percent were
15 N/A on that, they didn't answer it or just had no
16 opinion; 30 percent said they didn't understand
17 Kentucky Waivers, but they did know their system very
18 well; 27 percent said I didn't feel they understood my
19 job, tasks or the system's purpose.

20 If you have a general question or problem
21 with MWMA now that the Help Desk can't resolve, who
22 would you call? 7 percent said me; 13 percent--and I
23 don't know what to do--13 percent said my QA, and the
24 responses under that will tell you that the QA have no
25 idea, none; 28 percent said SHPS Carewise; and 64

1 percent said I have no idea who could help me. No
2 idea. Earl is probably not -- Leslie gave everybody
3 his email the other day as the person, so he may get
4 flooded.

5 What type of training would be most helpful
6 to you? And these are the case managers who have
7 already been trained. 66 percent say hands-on
8 instruction; 43 percent say classroom training. And
9 there are lots of comments about webinars, video
10 tutorials, job aids that it's just useless to people.
11 They just -- and case managers have done them.
12 They've been trained in every way possible and that's
13 their responses.

14 Okay. Any questions on the case management
15 before I share the other?

16 (No audible response.)

17 MS. MCCRACKEN: Okay. The Waiver Service
18 Providers, which I thought one of these providers
19 emailed Earl after the meeting to say I've not been
20 trained and how do I do that. And she was told to use
21 the job aids and that and she has done that I
22 confirmed with her. But she's expecting training and
23 he told her that we had the trainings in '14 and '15
24 and she said I'm not a case manager. I didn't know
25 back then that I would even need access to the portal.

1 And that's what everybody says. We had no idea it was
2 for us. We were told it was for case managers. And
3 then suddenly, boom, it's dropped in the regs. And
4 that's shocking, too, that a lot of people didn't even
5 know it's in the regs. They don't even know that it's
6 a requirement that's getting ready to happen.

7 Okay. And there's no plans. That was a
8 response to that there are no plans for training. I
9 didn't know that until yesterday that there are no
10 plans for training due to budget is what I think. But
11 we don't want Deloitte to train us. I mean, we need
12 people who understand what we do to train us and we
13 don't understand why it's not the Quality
14 Administrators who are in our agencies constantly and
15 all over the state. We don't understand that. If
16 they can't handle it, then we shouldn't be expected to
17 do it. That's for certain.

18 Okay. Then I sent one to non-case management
19 providers and I received 178, so about 80 providers
20 that aren't KAPP members in this sample. And just for
21 readiness, are you ready for MWMA. What Waivers do
22 you provide services for and we have most people,
23 about 86 percent, are SCL, Michelle P. We have some
24 ABI and about 7 percent were HCB providers that
25 responded.

1 Please assess your readiness for utilizing
2 MWMA. And I can email this to the group too, the
3 results. 39 percent said we know we have to do it,
4 but unsure how to get training; 27 percent not trained
5 yet. That's probably the same people answering two
6 different ways, a big group; 21 percent -- 21 percent
7 said I don't have any idea what MWMA is or how to use
8 it; trained but not using it, 8 percent; fully
9 trained, already using it, ready to use it, 3 percent.

10 Do you have a process defined for uploading
11 daily service notes and incident reports within your
12 agency? 59 percent no; 28 percent didn't realize this
13 was a requirement; and 13 percent said yes.

14 Have you seen any information on training for
15 MWMA? 179 people answered this and 79 percent said
16 no, they've seen nothing; and 21 percent said yes.

17 Have you ever called the Help Desk for MWMA?
18 46 percent no, we haven't done anything with it yet;
19 36 percent no; and 18 percent said yes.

20 Again, I asked this question: Who would you
21 call to access information about MWMA? 73 percent
22 said I have no idea who to call. No idea who to call;
23 14 percent would call their QA; and 2 percent said
24 SHPS Carewise, but that makes sense because they're
25 not case managers, they don't do that; and 10 percent,

1 call me.

2 Do you need training on MWMA? 82 percent
3 said yes, I need training. I've had no training at
4 all; 16 percent, yes, I've had some, but need
5 additional or refresher training; 2 percent say no,
6 I'm fully trained and understand the system. And I
7 know that some providers somehow got into the case
8 management training just because they were curious; 1
9 percent said no, I don't need any help. I don't know
10 who that percent is, but good luck.

11 What type of training would be most helpful
12 to you? 70 percent hands-on training; 57 percent
13 detailed tutorials; and then 52 percent classroom
14 training; and 47 percent webinar.

15 What are your biggest concerns -- I'm almost
16 finished. I promise. This is 9 of 10. What are your
17 biggest concerns with MWMA? Check all that apply.
18 And it's pretty -- they're all concerns, but 85
19 percent is lack of training on the system. That's
20 their biggest concern; 79 percent--and they could
21 check all that applied, so almost everybody checked
22 everything--but 79 percent of people are concerned
23 with the administrative burden and work flow; 73
24 percent duplication of effort. And it is duplication
25 of effort. It is nothing more. We have to have

1 electronic records in our agencies or records in our
2 agencies whether they're electronic or not, so there
3 is no benefit to providers or to the system to do
4 this. Now, if we were told you're going to be
5 uploading things and you'll no longer have QAs in your
6 agencies, we might be able to understand that or
7 understand that there would be a change and might be
8 able to get behind it, but it doesn't make sense to
9 us. It's duplication of effort. It's not reporting.
10 It's not adding to outcomes. There's no quality
11 process to this other than putting things in to get
12 them here.

13 Let's see. The other is the auditing of
14 notes and incident reports from Frankfort without
15 provider input or explanation, 69 percent. And the
16 system hasn't been fully tested, 69 percent.

17 Do you already use an electronic record
18 system? 56 percent do not, but other people have said
19 the ones they use, but 25 percent; 7 percent; 10
20 percent; 1 percent, all those use some sort of other
21 electronic records currently. Okay. And the system
22 does not interface with those. So, you put something
23 in that way, you still -- you've paid for a system or
24 created a system that does not speak to MWMA. For an
25 electronic system you upload into that, then you need

1 to download the document and then upload it into MWMA.
2 So, or you take paper and you scan it and upload it
3 into MWMA and it takes a very long time. I've seen it
4 done. I've gotten screenshots of this process from
5 providers.

6 Okay. I won't go into the comments, but
7 that's probably -- I'm going to send that to everyone
8 because those are the meat.

9 All right. All of that said, another
10 significant issue has come to my attention by a member
11 that also provides HCB services. And if it's true, if
12 this was what happened, it really could grind the
13 system to a halt and I'm really concerned about it. I
14 haven't shared this with everybody yet, but this was
15 detailed by an HCB provider at Active Day. They don't
16 mind if I share this. They want help so . . . she
17 writes that all of their centers cannot be onboarded
18 into MWMA because each one was not separately
19 incorporated with its own tax ID number, which is not
20 a requirement. You can have one federal ID number and
21 apply for multiple Medicaid provider numbers in
22 Kentucky. Each Active Day Center has its own Medicaid
23 provider number, 19 of them, and the MPI number, but
24 not it's own federal tax ID number. Active Day is
25 organized under two corporations in the state of

1 Kentucky, each with its own tax ID. 12 centers are
2 under one corporation with all the same tax ID number
3 and 7 are under the other all with the same tax ID
4 number. The result was that one center representing
5 each corporation and tax ID number appears in MWMA and
6 none of the other 17 centers can appear. So, in the
7 system there are two Active Days. This is obviously
8 not acceptable to us from a referral standpoint from a
9 case management perspective. Active Day of Richmond
10 appears in MWMA and is under one of our corporations
11 and Active Day of Fort Thomas represents the other.

12 Subsequently, another individual from MWMA
13 called us and tried to help. His name was Ken Sanders
14 and he communicated our issue to the Implementation
15 Committee and was told that nothing could be done.
16 The entire system is based on the tax ID number as the
17 unique identifier. Obviously, when dealing with
18 Medicaid, the more appropriate unique identifier would
19 have been the Medicaid provider number or an MPI
20 number even. This has caused us many issues and
21 impacted our business in negative ways. We have had
22 case managers trying to make a referral to one of our
23 centers and they were not able to find us in the
24 system. Assumptions have been made that we were no
25 longer in that county and referrals were given to

1 someone else. A home health agency was trying to send
2 us the referral information about a client and could
3 not find us to allow the information to be
4 transmitted.

5 Recently, we were called by Carewise and told
6 that they could not issue us a PA because one of our
7 centers was not in the MWMA system and they did not
8 have access to the provider number. MWMA as it is
9 programmed today does not work for us and probably for
10 many other organizations with similar structure.

11 So I discussed this with KAPP members and I
12 found at least 16 companies so far that have one
13 federal ID number and multiple Medicaid provider
14 numbers. These includes large providers of services
15 across all Waivers, like Neuro Restorative for ABI,
16 ResCare, all the Khakis, I believe they have 11
17 provider numbers under one federal ID number, Applied
18 Behavioral Advancements, Chris George, he has eight
19 provider numbers, supports a lot of people across the
20 state. Active Day obviously, Kaleidoscope,
21 Tri-Generations, Independent Opportunities, Seven
22 Counties, Bluegrass, et cetera. There were more, but
23 those are some of the larger.

24 The problems experienced by Active Day above
25 is only the beginning because they're just rolling

1 into this now. And then it will be ABI, then it will
2 be Michelle P. and then it will be SCL. And if that's
3 true, I tend to believe it is because I had providers
4 calling me over the last year, Cathy was one of them,
5 saying case managers have put -- somebody from Khaki
6 Bowling Green called and said all of our people are
7 under Khaki Frankfort and that's why because I've
8 confirmed that their federal ID number is linked to
9 Khaki Frankfort. So, and if that causes us not to be
10 able to get PAs, then . . . I'll just leave it there.
11 It's done.

12 So anyway, I've made this request to the
13 Secretary's office and I know he shared it. Eric
14 called me this morning and he shared it with
15 Commissioner Miller and I told him that I was making
16 the request of the TAC and I will make it to the MAC
17 next week, that we want a provider letter excluding or
18 -- I forget how it was. I know it can be done because
19 in SCL too we had a provider letter for a very long
20 time telling us to ignore certain sections of the
21 regulation for about a year. It can be done, so we
22 would like to ignore the references to MWMA for a
23 year, at least, until this is fixed, beyond that if
24 it's not. And we're not just looking to say we don't
25 want to do it. That comes with a promise from me as

1 the KAPP Executive Director. I don't know, I can't
2 speak for other associations, but I'm willing to help.
3 I want to be involved in that to look at both fixes,
4 solutions and also the training issue if we can help
5 with that, suggesting a trainer process possibly that
6 would work.

7 All right. So that's the recommendation. I
8 don't know if that needs to be worded differently, but
9 we want a provider -- that's what I asked for
10 specifically, a provider letter to all Waiver
11 providers, all Waivers, delaying the implementation of
12 MWMA for one year. The letter should disregard any
13 reference to MWMA and all Waiver regulations for that
14 year. Providers want to be a part of the bug fixes,
15 testing and training processes to insure readiness.

16 Oh, this is the other. We also request that
17 the faxing processes for prior approval at LOC to SHPS
18 Carewise remain in place during that year to insure
19 there is no gap or loss in services.

20 MR. STEVENSON: Okay.

21 MR. CHRISTMAN: I'll make that motion.

22 MR. STEVENSON: May I --

23 MR. CHRISTMAN: Yeah.

24 MR. STEVENSON: Let me just add something
25 real quick.

1 MR. CHRISTMAN: Yeah.

2 MR. STEVENSON: Maybe in addition, I don't
3 know if this is up for discussion, but in addition to
4 that recommendation, you know, during this year,
5 during the year, you know, to state there are serious
6 concerns about the need, use and ongoing utilization
7 of the system. Recommendation of the Technical
8 Advisory to respectfully request ongoing intensive
9 training of the system or the creation of for proper
10 utilization for the long-term effective use of the
11 system. Intensive training would be defined as
12 hands-on classroom training potentially conducted by
13 Quality Administrators. It is further recommended
14 that the IDD TAC members are representing providers be
15 included in the creation of this training system to
16 insure issues are addressed and appropriately resolved
17 to insure the success of MWMA.

18 I think that those two could go together and
19 say while this year off that we're suggesting that
20 there's intensive training in a provider working with
21 the Cabinet resolution to this.

22 MS. MCCRACKEN: That's pretty much the thing
23 for everything. We want to change the culture of
24 this. That, you know, not just say we had stakeholder
25 meetings or we talked to KAPP or we invited them to

1 one meeting. You've got to ask providers, the people
2 that have to use this. And we would be your biggest
3 cheerleaders if that happened and it worked and we
4 could do this. I don't understand it.

5 MR. STEVENSON: Right.

6 MS. MCCRACKEN: Don't understand it.

7 MR. STEVENSON: So we have a part one and a
8 part two to this recommendation and we can fold it
9 together what you have written and what I have written
10 here --

11 MR. CHRISTMAN: Sure.

12 MR. STEVENSON: -- if that's sufficient.
13 Now, if we've got Patty or Christan on there that --
14 and I guess we need a motion. So Rick, do you --

15 MR. CHRISTMAN: Yes.

16 MR. STEVENSON: You made a motion? Okay.

17 MR. CHRISTMAN: To incorporate both parts of
18 the delay, the one-year delay and the training. This
19 is part two.

20 MR. STEVENSON: Okay.

21 MR. CALLEBS: And just to clarify, it will be
22 a minimum of one year and longer if it still doesn't
23 work; is that correct?

24 MR. CHRISTMAN: Sure.

25 MR. CALLEBS: Minimum one year.

1 MR. STEVENSON: Yes.

2 MR. CHRISTMAN: Yeah.

3 MR. CALLEBS: But longer if --

4 MS. MCCRACKEN: I've developed software. It
5 takes a while to fix it and I'm just concerned about
6 that. That was the reason we put --

7 MR. STEVENSON: Okay. We'll have the or
8 longer language in there as well.

9 MR. CALLEBS: Well, it's been in place for 2
10 or 3 years now and it still doesn't work.

11 MS. MCCRACKEN: A year until -- oh, well no,
12 a year and then longer if it's not resolved.

13 MR. STEVENSON: Okay.

14 MS. MCCRACKEN: But we're committed to doing
15 it and making it work, but it's going to take some
16 time.

17 MR. STEVENSON: Okay. I have a motion. Do I
18 have a second?

19 MR. CALLEBS: I'll second.

20 MR. STEWART: Second.

21 MR. STEVENSON: Okay. Christan seconds.

22 MR. STEWART: Yeah, I second.

23 MR. STEVENSON: Anymore questions regarding
24 this recommendation?

25 MS. MCCRACKEN: Let me just add to the logic

1 of training QAs. If QAs are going to remain in place,
2 or even some of them, if they're going to be working,
3 or whoever will be working with provider agencies,
4 there's a benefit in them understanding the system for
5 ongoing supports. And if it's a concern for budget,
6 we certainly don't want to make our only source of
7 information Deloitte.

8 MR. STEVENSON: Right. Okay. Okay. Any
9 other questions or comments regarding the
10 recommendation?

11 (No audible response.)

12 MR. STEVENSON: Okay. All in favor signify
13 by saying aye.

14 (Response with aye.)

15 MR. STEVENSON: Anyone opposed?

16 (No audible response.)

17 MR. STEVENSON: Okay. Very good.
18 Recommendation carries.

19 MS. DEMPSEY: Hey, Chris. This is Patty.

20 MR. STEVENSON: Yeah, Patty.

21 MS. DEMPSEY: Because there was a lot of --
22 and I don't disagree with anything, just all the
23 problems that have been going on with Deloitte but --
24 because also I had some concerns from people that are
25 receiving services as well that were concerned about

1 the electronic system. But I'm probably not going to
2 vote until I see the -- can I delay that until I see
3 the recommendation? Because I really didn't hear all
4 of your second part, and I apologize for that, but I
5 didn't know --

6 MR. STEVENSON: I can read that. If you need
7 us to read it, we can read it again if that would
8 help. Because my understanding is we can't conduct
9 business once we've closed the meeting.

10 MS. DEMPSEY: Oh, yeah. You're right.
11 Right. Yeah, if you could -- could you read both of
12 them?

13 MR. STEVENSON: All right. We'll read them
14 one more time. Go ahead, Shannon, if you want to read
15 your part.

16 MS. MCCRACKEN: Sorry. I just closed it out.
17 Okay, Patty. My recommendation was for a provider
18 letter to be issued for all Waiver providers delaying
19 the implementation of MWMA for one year, longer if the
20 system is not prepared at that time. The letter
21 should disregard any reference to MWMA and all waiver
22 regulations during that time. Providers want to be
23 part of the bug fixes, testing and training processes
24 to insure readiness. We also request that the faxing
25 processes for prior approval and level of care to SHPS

1 Carewise remain in place as a backup system during
2 that year to insure there is no gap in or loss of
3 services.

4 MS. DEMPSEY: Okay. Okay. That was one of
5 my concerns would be lack of services for anybody.

6 MS. MCCRACKEN: Well, we don't want that,
7 so . . .

8 MS. DEMPSEY: Okay.

9 MR. STEVENSON: Right. And the second part
10 is that during this year it's recommended --
11 recommendation of the committee to request ongoing
12 intensive -- to request intensive training of the
13 system for proper utilization and long-term effective
14 usage. Intensive training would be defined as
15 hands-on classroom training conducted potentially by
16 Quality Administrators. It's further recommended that
17 the IDD TAC members are representing providers be
18 included in the creation of this training to make
19 certain issues are addressed and appropriately
20 resolved to insure the success of MWMA.

21 MS. DEMPSEY: Okay. And this is the -- so
22 KAPP is not really opposed and providers are not
23 really opposed to the system; it's just there's been
24 so many problems; right?

25 MR. STEVENSON: Correct.

1 MS. MCCRACKEN: Problems, Patty, and the lack
2 of training. People just aren't prepared to be held
3 accountable by regulation.

4 MS. DEMPSEY: Okay. And then it wouldn't
5 affect people that are receiving services. Okay. I'm
6 good. Okay. I heard you.

7 MR. STEVENSON: So do we have your vote of
8 yea or nae. Do you vote --

9 MS. DEMPSEY: Yea.

10 MR. STEVENSON: Yea. Okay. We're good. All
11 right. Good deal. Any other questions?

12 (No audible response.)

13 MR. STEVENSON: Shannon, anything else?

14 MR. CALLEBS: May I ask --

15 MR. STEVENSON: Johnny.

16 MR. CALLEBS: -- just because we have so many
17 Cabinet folks here today in the room and some online
18 or on the phone. Is there any initiatives planned in
19 the Cabinet or the Department to train providers or is
20 it recognized as an issue even? Like, I mean, we
21 support a lot of people of the agency I work for. We
22 don't have a single person out of 560 employees that
23 has a MWMA account or portal, or whatever you call it.
24 I've had zero training. I've been invited to zero
25 trainings. I have no idea how to obtain training. I

1 don't know who to call to ask. Well, yesterday Leslie
2 Hoffmann said if we have questions that we could
3 direct them to Earl. But, gosh, I feel sorry for Earl
4 if he's going to get every single call about MWMA. I
5 don't know that one person can take all of that.

6 MS. MCCRACKEN: Well, he did answer that
7 unfortunately no in-person training is scheduled at
8 this time. We'll look into possibilities of
9 instructor-led training in the future, but currently
10 you will need to utilize the web-based training and
11 job aids. After you've completed that if there's
12 something that isn't covered, let us know. And that's
13 it.

14 MR. STEVENSON: Okay. And I'd like to --

15 MR. CALLEBS: That's all anyway.

16 MR. STEVENSON: The language of
17 instructor-based training I think is good language, so
18 I'm going to put that in here. I think it's better.
19 Okay. Shannon, thank you.

20 MS. MCCRACKEN: You're welcome.

21 MR. STEVENSON: Appreciate that. And I don't
22 know if Johnny got his questions -- I guess he
23 answered it, I guess Earl answered it there, so
24 nothing at this time.

25 MS. MCGRASH: I have one question.

1 MR. STEVENSON: Go ahead.

2 MS. MCGRASH: It's probably too late in the
3 game to really dive into this, but the component
4 around the duplicate efforts. And so it's just kind
5 of a curiosity that if the functionality of the other
6 reporting or something like is already happening for
7 the agencies and then that's a requirement through the
8 system, can there be a way that, from a technologic --
9 technology standpoint we can say that can only move
10 forward if there's interoperability between the
11 systems--and I don't know electronic systems--so that
12 if you're doing that on one end it's automatically
13 uploaded through the system.

14 MS. WELLS: There are efforts in regards to
15 KHBE (phonetic), and I can't tell you what it stands
16 for--I'm Tonia Wells--and so those are efforts in
17 regards to looking for means in which to put the
18 systems together. But in regards to interfacing,
19 every provider uses a different type of system and so,
20 you know, based on just listening to what Shannon
21 said, you know, if you think about those many
22 providers plus then you're adding in four or five
23 other Waivers, you know, the ability for the Cabinet
24 to have interfacing with all of those different types
25 of systems is just probably not feasible. But we are

1 looking at means in which to share information without
2 the duplication in regards to records. Most of the
3 systems that providers have, and they can all correct
4 me because I know they will if I'm wrong, are billing
5 mechanisms also --

6 MS. MCCRACKEN: No.

7 MS. WELLS: -- a lot of them are, and so it
8 will generate, you know, the ability to bill as well.
9 And so this system was never meant to be a billing
10 mechanism. It was just more to be a record. And so
11 that was one of the other issues that we've run into
12 is for some providers they are duplicating because
13 their system is a system of billing and then we have
14 our system that helps with the actual documentation
15 component.

16 MS. MCCRACKEN: How does it help?

17 MS. WELLS: Well . . .

18 MS. MCCRACKEN: It helps you-all.

19 MS. WELLS: Absolutely it does. And it will
20 help you-all. I could be the cheerleader for the MWMA
21 system, but I don't think this is the place or the
22 time to do that, so . . .

23 MS. MCCRACKEN: I do. We need some help. I
24 do want to say that. I'm glad Lauren brought that up
25 because that was another piece and that could go along

1 in this year.

2 MR. SHANNON: That goes back three years,
3 that issue.

4 MS. MCCRACKEN: Yes. Absolutely. But it
5 could be addressed during this year along with the
6 request for continued working on it, but not all the
7 systems have anything to do with billing. They are
8 electronic records systems to allow, well, some
9 contractual work and people not to have offices. And
10 trust me, people have looked at every way to cut costs
11 in the last couple of years --

12 MR. CHRISTMAN: Yeah.

13 MS. MCCRACKEN: -- because of the additional
14 costs in the Waiver. So I work in my basement and my
15 car so I can pay people what they should make. But
16 Therap, that's a national company that some of our
17 providers use it. Jason Laws, their representative
18 called me and he said we interface with systems in --
19 we don't understand this. The Focus people, Oasis
20 people, they're all willing to sit down --

21 MR. CHRISTMAN: Yeah.

22 MS. MCCRACKEN: -- and look at this and be
23 part of this and they want to be at the table. I know
24 they contacted Polly -- Polly Mullins-Bentley or Polly
25 Bentley-Mullins, I can't remember which way it goes,

1 but she's --

2 MR. CHRISTMAN: She's in KHIE.

3 MS. MCCRACKEN: -- but she's in KHIE, yeah,
4 and they've met with her some of these folks. I mean,
5 this is directly, even for them, it's killed Kentucky
6 businesses too. I mean, it's just -- and some of them
7 even put in bids for this thing and had no chance
8 because Deloitte was already living here. So we just
9 -- you know, it's just a killer. It's killer. And
10 then all the way down to the providers.

11 So anyway, and then we're having conference
12 calls about the future of managed care and I'm meeting
13 with Mr. Birdwhistell next week and all this coming at
14 use too thinking about this. One of the suggestions
15 that a consultant gave me was that we need to really
16 look at electronic records for our providers as a way
17 to, you know, gather outcome data and begin having
18 data so that we can market our services and be viable
19 in a managed care world. Well, I looked at him and I
20 said, we're mandated to use a system that doesn't do
21 anything to gather outcomes or to do that. So there's
22 no way I can sell providers on doing another system or
23 anything.

24 So that's so concerning. And I know the
25 Cabinet is getting that from CMS also to start looking

1 at outcome gathering. And I said this when I heard
2 Leslie say it the other day, to not be involving
3 providers at that level is a root of the next big
4 problem them for us. I don't understand it. We're
5 your best resource. It has to start there. A couple
6 of years we'll get some mandate for outcomes that, if
7 were all here to -- you know, that's going to cost us
8 more and be another administrative burden when we can
9 be part of the solution now. And MWMA should be that.
10 If we've spent 101 million dollars or whatever it is,
11 it should be doing something towards the future and
12 for outcomes and what we need, so. . .

13 MR. STEVENSON: Well, that's the intent of
14 this group is to come up with some recommendations to
15 help heal some of the ailing parts of the system. So
16 thank you, Shannon, for presenting that --

17 MS. MCCRACKEN: You're welcome.

18 MR. STEVENSON: -- for taking the initiative
19 to gather that information. We'll certainly use that
20 when we present it to the MAC, some background
21 information when we make our recommendation. Okay.

22 MS. MCCRACKEN: We were heard by the
23 Department of Justice and given a reprieve on the
24 overtime extension rule. I said, surely to God if we
25 can get a meeting with Secretary Perez we can do

1 something within our own state to get some help.

2 MR. STEVENSON: Okay. I'm going to leave
3 this subject. Anything else? Last call.

4 (No audible responses.)

5 MR. STEVENSON: All right. Participant
6 directed services -- actually, before I go there, one
7 thing I forgot to do was the Michelle P. Waiver stats.
8 That's one thing we did have, Lyris, that we didn't do
9 yet. So if you could give us some active members and
10 waiting list information and number of kids under 21.

11 MS. CHILDS: I've got that one. The total
12 number of members that are on the waiting list, or
13 individuals, is 5,364.

14 MR. CALLEBS: On the wait list?

15 MS. CHILDS: Uh-huh.

16 MR. CALLEBS: 5,364.

17 MS. CLARK: There's 10,023 active members and
18 250 slot allocations were sent out on what day?

19 MS. SMITH: May 13th.

20 MS. CLARK: May 13th?

21 MS. SMITH: Yes.

22 MR. STEVENSON: On when?

23 MS. SMITH: May 13th.

24 MS. CLARK: May 13th.

25 MS. SMITH: Last Friday.

1 MR. STEVENSON: And of that total of 5,364,
2 how many are children?

3 MS. CLARK: 72 percent are under the age of
4 21.

5 MR. STEVENSON: Okay. Any other questions
6 related to Michelle P. waiting list or active list?

7 (No audible response.)

8 MR. STEVENSON: Okay. Thank you. Okay.
9 Participant Directed Services Employment Costs and/or
10 any changes in the Waiver language. Patty, was that
11 you?

12 MS. DEMPSEY: That is me. And, actually,
13 this has been ongoing for some time about employment
14 costs. We bring it up all the time everywhere to
15 everybody we can think of because it is an issue for
16 Participant Directed --

17 MR. STEVENSON: Hey, Patty, I'm sorry to
18 interrupt. We can't hear real well. Can you speak --

19 MS. DEMPSEY: Okay.

20 MR. STEVENSON: There you go. That's it.

21 MS. DEMPSEY: Okay. Sorry. Yeah. On
22 Participant Directed Services, like I say, we've
23 talked about that for a long time at several different
24 places because the employment costs is up to the
25 individual to take care of those costs to be able to

1 Participant Directed Services. And actually, the
2 reason it's on there this time is in the new Waiver
3 language that's being written for Michelle P., it's
4 my understanding--and Gregg, I guess you're probably
5 still on here--under Michelle P. I assume that would
6 go from CDO to Participant Directed Services. And we
7 just wondered if there were any changes being made as
8 it's being written on how those employment costs would
9 be handled. Anybody there?

10 MR. STEVENSON: Gregg, are you still on?

11 MR. STRATTON: Yeah, I'm still on.

12 MR. STEVENSON: Okay.

13 MR. STRATTON: Patty, give me the question.

14 I was trying to switch from hands free down to the
15 mic.

16 MS. DEMPSEY: Okay. On Participant Directed
17 Services, we still have a lot of, a lot of, a lot of
18 questions and comments on people that are Participant
19 Directed having to pick up their own employment costs
20 for those pre-employment fees that have to do with
21 hiring. And as you know, we commented on that quite a
22 bit on how that's really putting a burden on people
23 that are trying to self-direct. So, just wondering,
24 one of the questions was in the new Waiver language
25 application that's being written in Michelle P., it's

1 my understanding that it goes to -- that will now be
2 Participant Directed Services.

3 So is there anything -- are there any changes
4 being made on how that is in Michelle P. versus SCL?

5 MR. STRATTON: Well, as you mentioned, it
6 will go to PDS when the new Waiver is approved, and we
7 have sought guidance in the past on the pre-employment
8 costs from CMS, but we haven't gotten a definitive
9 answer. I hope that we'll have something once we get
10 the Waiver application posted for public comment
11 because I know that's going to be a concern of a lot
12 of members. So once we get that question posed, then
13 we'll have to present it back to CMS for follow-up.

14 MS. DEMPSEY: Okay. So, you may be looking
15 at it a little bit differently than the way it
16 currently is; right? No?

17 MR. STRATTON: You mean as far as SCL?

18 MS. DEMPSEY: Well, no, no. The way -- the
19 way that people are responsible for paying employment
20 costs now. I mean, it can't come out of their budget
21 still or that type thing?

22 MR. STRATTON: We have not been given that go
23 ahead, no.

24 MS. DEMPSEY: Okay. Okay. All righty.
25 Thank you.

1 MR. STRATTON: Okay.

2 MR. STEVENSON: Okay. Any other questions
3 related to that?

4 MS. MCCRACKEN: Is the topic PDS or is it --

5 MR. STEVENSON: Pardon?

6 MS. MCCRACKEN: What is the topic, PDS?

7 MR. STEVENSON: PDS.

8 MS. MCCRACKEN: For all Waivers or . . .

9 MR. STEVENSON: Yeah. We're talking about
10 for all Waivers, Patty?

11 MS. DEMPSEY: Yeah, for all Waivers. Any PDS
12 services for any Waivers.

13 MS. MCCRACKEN: Okay.

14 MR. STEVENSON: Okay. Patty, is that your
15 next item as well?

16 MS. DEMPSEY: Yeah. The question was, and
17 we've been getting questions about this, it's like
18 some people are hearing that Department for Medicaid
19 Services may be looking -- may be considering an 1115
20 Waiver for all Waiver services. That includes SCL,
21 HCB, SHLPE (phonetic), Ventilator Dependent, the two
22 ABI Waivers. So we're hearing that -- we keep hearing
23 that, so we thought we would just throw out the
24 question and see there is -- if that's being looked
25 at.

1 MR. STEVENSON: Anybody know if that's --

2 MS. CLARK: I don't think anybody in here can
3 answer that question. I've not been involved in any
4 meetings regarding this, so . . .

5 MR. STEVENSON: Shannon, you haven't heard
6 anything? Nothing?

7 MS. MCCRACKEN: No comment.

8 MR. STEVENSON: Oh, now we're at the no
9 comment stage.

10 MS. MCCRACKEN: It's not my place.

11 MS. DEMPSEY: Is there no comment?

12 MR. STEVENSON: No. There was -- we were
13 joking. It sounds like we don't have anyone in the
14 room that can actually speak to that, Patty.

15 MS. MCCRACKEN: It would just be hearsay, so
16 I don't want to say anything.

17 MS. DEMPSEY: Okay. Well, then the other
18 suggestion was that we have there that that go on our
19 list of recommendations to go to the MAC, that that
20 question be taken to the MAC as well.

21 MR. STEVENSON: So you're making a
22 recommendation that we ask that question?

23 MS. DEMPSEY: To the MAC, yes.

24 MR. STEVENSON: To the MAC. Any thoughts,
25 discussion?

1 MS. DEMPSEY: To the MAC, at the MAC meeting.

2 MR. STEVENSON: Yeah. Okay. Any questions
3 related to that? Any opposition to that, to ask that
4 question?

5 MR. CHRISTMAN: Does she want to make a
6 motion?

7 MR. STEVENSON: Patty, do you want to go
8 ahead and make that motion?

9 MS. DEMPSEY: I do. I do. I will make that
10 motion.

11 MR. STEVENSON: All right. So there's a
12 motion on the floor to ask the question is DMS
13 considering an 1115 Waiver for all Waiver services,
14 SCL, SHLPE (phonetic) Waiver, HCB, Ventilator
15 Dependent, both ABIs. Do we have a second?

16 MR. CALLEBS: Christan.

17 MR. STEVENSON: Christan, was that you? Do
18 we have a second?

19 MR. CHRISTMAN: Second.

20 MR. STEVENSON: All right. Rick seconds.
21 Okay. All in favor, significant by saying aye.

22 (Response with aye.)

23 MR. STEVENSON: Okay. We will ask that
24 question, Patty.

25 MS. DEMPSEY: Okay. Thanks.

1 MR. STEVENSON: Sure. We're going to move on
2 to DCBS Eligibility. Who brought that forward?
3 Johnny, did you bring that forward?

4 MR. CALLEBS: I included it because it was
5 kind of left over from the last meeting in March.
6 There was a discussion about the multitude of problems
7 with people just mysteriously going out of payment
8 status because of 552 issues or a recert didn't happen
9 or lack of access to DCBS offices, or lack of
10 knowledge on the part of the DCBS worker and so many
11 new employees, maybe they don't know what a 552 is,
12 what Waiver services are, that type of thing.

13 So, as a consequence, most providers have, at
14 any given time, a multitude of people that they're
15 supporting who are not on Medicaid on this day and it
16 may take weeks to get them back on. In the meantime,
17 all claims deny --

18 MS. MCCRACKEN: We're saying that they didn't
19 get documents that were faxed that we have faxed
20 confirmation of and tell them, sorry, you got to start
21 the whole process again. We're dragging out parents
22 that are, you know, ill and --

23 MR. CALLEBS: Right.

24 MS. MCCRACKEN: -- somebody out of payment
25 status, the one I told you about the other day,

1 Alisha, since June of '15.

2 MR. CHRISTMAN: Yeah.

3 MR. CALLEBS: Right. It's a huge problem.

4 MS. MCCRACKEN: Can't get it fixed.

5 MR. CALLEBS: Transportation stops, access to
6 doctors, pharmacy.

7 MS. MCCRACKEN: Yeah. I had somebody else I
8 told to call E&A (phonetic) yesterday because she
9 can't -- her Medicaid is out for months. The ADT that
10 she goes to won't let her come. She has no
11 transportation. And she also has a severe toothache
12 and the physician -- the dentist won't touch her. And
13 so, I think it's to that point now, I mean, again,
14 back to my other theme, I mean, somebody has got to
15 care. It feels like we're the only ones that care and
16 it's not gotten better. It's gotten worse since
17 the --

18 MR. CALLEBS: Yeah.

19 MS. MCCRACKEN: -- last meeting, March,
20 so . . .

21 MR. CALLEBS: And so I think because of those
22 issues we had invited a DCBS representative, and I'm
23 sorry, I didn't get a chance to --

24 MS. SANDERS: That's all right.

25 MR. CALLEBS: Of course there's someone

1 that -- yeah, I didn't mean it that way, but those
2 were some of the issues reported --

3 MR. CHRISTMAN: Yeah.

4 MR. CALLEBS: -- last time. So if you
5 wouldn't mind to reintroduce yourself and then we can
6 just --

7 MS. SANDERS: Sure.

8 MR. CALLEBS: -- maybe get some help or maybe
9 talk about solutions.

10 MS. SANDERS: My name is Laura Sanders. I'm
11 a Section Supervisor of the Medicaid Policy Assistance
12 Section upstairs. We do policy.

13 MR. CALLEBS: Okay.

14 MS. SANDERS: So, I just say that as because,
15 you know, DCBS we have central office and then we have
16 the service regions. And the service regions are
17 actually what's in charge of the services, you know,
18 the local DCBS offices. I will tell you that there's
19 not one thing that you said that I wouldn't validate
20 that's gone on, you know.

21 MR. CALLEBS: Okay.

22 MS. SANDERS: I know that they're looking at
23 it. That we're working very hard. To me, I think one
24 of the biggest issues is, like you said, you have
25 workers out there that don't know what a 552 is. So a

1 provider calls and says I need a 552. They don't even
2 know where to start. Is the issue that this person
3 never applied and they need to apply? Or is the issue
4 that the Medicaid is there but something is going on
5 and we need to do something so that that 552
6 information gets in there so that they can bill and
7 get paid?

8 MS. MCCRACKEN: Right.

9 MS. SANDERS: So I do know that they are
10 starting what's called Bridge The Gap next week, which
11 is a training specifically to take workers that have
12 some what we call -- and I'll use the term adult
13 medical and that's just the term that we use for
14 people that would have 552s or level of cares, and to
15 educate them on what they're seeing and what they need
16 to do when somebody calls. So that is starting next
17 week.

18 MS. MCCRACKEN: That sounds great.

19 MR. CALLEBS: In all regions or all counties?

20 MS. SANDERS: They're going to start it in
21 Jefferson County because that's one of the largest --
22 you know, that's our most populous area. And I know
23 that Pat Walden, the branch manager, is going to
24 personally attend that training to make sure that it's
25 meeting the needs of the workers and that the

1 communication between who is training and what's being
2 said is cohesive. That they're not getting two
3 different messages. And this is being held by the
4 Training Branch and not by Deloitte, so this is our
5 trainers that know how to train our workers and know
6 how to verbalize to them so that they understand and
7 they can take that back to the local office and do
8 something. So that is starting, so . . .

9 MS. MCCRACKEN: Appreciate that.

10 MR. CHRISTMAN: That's good.

11 MS. SANDERS: And I know that there were a
12 lot of system issues. You know, it's been big changes
13 for us too and you talked a lot about the concerns
14 with MWMA and we've went to a new system too. And so
15 that's been -- that's been hard on workers.

16 MR. STEVENSON: Yeah.

17 MS. MCCRACKEN: I noticed that from case
18 managers that that's been one of the start of many
19 additional problems was the fact that you couldn't
20 call and talk to anybody.

21 MS. SANDERS: We had problems before without
22 a doubt, and that just kind of -- it just kind of went
23 like a mushroom.

24 MS. MCCRACKEN: Yeah.

25 MS. SANDERS: You know, it just went -- it

1 blew up. So, right now the way system is supposed to
2 work, if somebody has Medicaid in the system and
3 they're active and it's a type of Medicaid that will
4 support the level of care, then it's supposed to be
5 all automatic, which takes the need out of, you know,
6 the old way of the, you know, worker having to look
7 for a pro-cert and actually enter it and all that.
8 It's supposed to be all automatic. I don't think
9 we're there yet because there were a lot of bugs with
10 that when was first went live.

11 MS. MCCRACKEN: Now Leslie mentioned
12 something on the 552, I forget how she explained it --

13 MS. SANDERS: Yeah.

14 MS. MCCRACKEN: -- but that it was causing
15 people -- it didn't recognize that they were Waiver --

16 MR. CALLEBS: Well, she said the screen
17 wouldn't -- it would show information, but it wouldn't
18 show you the complete screen. So down below that was
19 cut off were like the 552 information or something
20 like that.

21 MS. MCCRACKEN: It goes into managed care.

22 MR. CALLEBS: Yeah. It would kick people
23 into managed care. People didn't --

24 MS. SANDERS: It was taking people because it
25 wasn't recognizing that Waiver, it was putting people

1 in managed care when it shouldn't be.

2 MS. MCCRACKEN: That's a lot of work for
3 everybody when that happens.

4 MS. SANDERS: Yeah.

5 MS. MCCRACKEN: Yeah.

6 MS. SANDERS: And I know that they are
7 working. They're working on that. They've done
8 several fixes since we went live. And I am seeing a
9 small decrease in the issues that I'm seeing in
10 central office. Now, that's not to say that we still
11 don't have a big mountain to climb, but I think we're
12 on the right path to getting this resolved.

13 I think the Bridge The Gap Training will help
14 immensely. Because right now, from what I see and I
15 talk to workers every day, they email me, they link me
16 all day long. That's mainly what I do 12 hours a day
17 now. And it's that they don't understand how you go
18 from this point to this point. They just don't have a
19 good knowledge of how the whole flow works. And I
20 know if I don't understand what your problem is and
21 how you do your stuff, then it's hard for me to know
22 what I need to fix on my end.

23 So, and I was really -- I'm glad I came
24 today, Pat was off, because it really helped me to
25 hear you say what issues you-all are having with the

1 MWMA because we don't see that side of it at all.

2 We're not -- you know, we're not in that, so . . .

3 MS. MCCRACKEN: Well, I do want to say that
4 Leslie Hoffman, a couple of months ago, she said, have
5 everybody email me. And I said, are you sure? So
6 providers have been emailing her and I saw her phone
7 the other day and she showed me and it was just like
8 constant. And, I mean, I appreciate that, but I think
9 maybe the amount of them maybe we need to look at
10 another process, whether we -- people send it in a
11 form format.

12 MS. CLARK: Anything that you-all can do to
13 put them on like a spreadsheet helps us --

14 MS. MCCRACKEN: Okay.

15 MS. CLARK: -- because then we've got these,
16 you know. And I think it would help DCBS too because
17 what we do, we route it to Member Services. Because
18 if the information isn't there and it just didn't
19 cross over to our claim system, then that's something
20 Member Services and Medicaid can update and then I can
21 push it back out to you-all and say, hey, this has
22 been updated. If it's something that DCBS has to do,
23 I think it would be easier as well if they receive,
24 you know, one email with multiple individuals on it so
25 that we don't have all these ones and twosies email

1 that we're trying to go back and then respond to.

2 MS. MCCRACKEN: Okay. I don't want --

3 MS. CLARK: And the most information possible
4 too because we get --

5 MS. GRESHAM: Oh, yes. We get so many because
6 we all kind of connect to each other, so . . .

7 MS. CLARK: And I'll just tell you, DCBS,
8 they use Social Security numbers whereas we may use
9 Medicaid IDs. So the more information that can be
10 provided is, you know, helpful because then I'm not
11 having to look up a Social to put it on to send to
12 Member Services to try to help them out.

13 MS. MCCRACKEN: Okay. Well, we want to make
14 it simple because I started thinking about that, I
15 don't know, because I see her respond to some because
16 people copy me, I got it, forward it on, but I don't
17 if they followed up. I don't know. Some she's able
18 to resolve quickly and others I don't know.

19 MS. CLARK: And there's some that I might
20 have responded to and maybe just responded to them and
21 not you, but --

22 MS. MCCRACKEN: That's fine. It's just
23 impossible to track it all and I knew it could be
24 pretty well too.

25 MS. CLARK: Yeah. It's . . .

1 MS. MCCRACKEN: Okay. Well, we'll look at a
2 process maybe to make it simpler.

3 MS. SANDERS: Yeah. As much information
4 about, you know as far as the person and what the
5 problem is. That helps us know where to look. If you
6 send it, we're going to look at it and we're going to
7 try our best, but we've got so much coming in right
8 now. I've got five people. They're working 15 to 20
9 hours overtime a week to try to get this stuff
10 answered. But, you know, it's just a small group of
11 people --

12 MS. MCCRACKEN: Right.

13 MS. SANDERS: -- that I have to work with.
14 But everything that comes into our mailbox -- we have
15 a central mailbox. Every single thing is logged and
16 then assigned and then we know when it came in and we
17 know who it was assigned to. So if we don't answer
18 you because we just didn't get to it, you can just say
19 hey, I sent this down and we can follow up and see
20 where we're at, you know.

21 MS. MCCRACKEN: Okay.

22 MS. SANDERS: And we're trying to fix as much
23 as we can in central -- our normal process prerelease
24 was that most of the things we would send to the field
25 and have them do. Because that's really what our job

1 is is policy and so we send it and say hey, you need
2 to fix this or you need to fix that. It's also an
3 educational tool. Because if you tell somebody what
4 they did wrong or what's happening, then they can use
5 it the next time and maybe it won't come to us at all.
6 But since this, we're trying to resolve as many
7 issues --

8 MS. MCCRACKEN: Okay.

9 MS. SANDERS: -- ourselves because we know
10 people need the services. I mean, we know.

11 MS. MCCRACKEN: And in most cases in
12 residential setting, I mean, we don't stop providing
13 services. We have to.

14 MS. SANDERS: Yeah. And they will. I mean,
15 it's serious.

16 MS. MCCRACKEN: I mean, I know Johnny had
17 somebody that supported since June of '15
18 residentially and he didn't kick her out I don't
19 think. I mean, you're still providing every service.

20 MR. CALLEBS: I still have her, but no claims
21 were paid.

22 MS. CLARK: Is that KB?

23 MS. MCCRACKEN: Yeah.

24 MS. CLARK: Okay. And there was another
25 email, just to let you-all know, another email that

1 was sent back down.

2 MS. SANDERS: And what's that --

3 MS. CLARK: Initials are KB. I'll send it --

4 MS. SANDERS: Send it to me.

5 MS. CLARK: Do you want me to send it

6 directly to you?

7 MS. SANDERS: That would be great.

8 MS. CLARK: I'll do that.

9 MS. MCCRACKEN: And that's -- I was going to
10 tell you that, and that's been happening a little bit
11 and I don't handle things that way, but people, you
12 know, when they say, I'm sorry, we didn't get that and
13 you have like the financial report or something and
14 the DCBS worker said I didn't get it. And you say,
15 well, I faxed it two months ago. Here's my
16 confirmation. And they say too bad, you have to start
17 over. And I don't do that. I said no, that's not
18 right. So Rhonda Bell has helped me a couple of times
19 in that, but I don't want people to do that. It's not
20 right.

21 MS. SANDERS: No, we don't. And again,
22 that's a service regions issue. Are you faxing -- do
23 you know if they're being faxed to like local offices
24 or it's going to the centralized mail?

25 MS. MCCRACKEN: Oh, it went to where it was

1 supposed to be. We confirmed it.

2 MS. SANDERS: Because we now, since we're
3 lease five, we have centralized mail which can, you
4 know, gets all our mail and fax. And those people,
5 they take every single thing that is received and they
6 scan it in and it's uploaded.

7 MS. MCCRACKEN: Yeah.

8 MS. SANDERS: Which if it's faxed to a local
9 office, you know, I worked in a local office for 20
10 years. It lays on the fax machine, somebody picks it
11 up, somebody lays it over, it gets put in a stack and
12 then, you know. So the worker that's looking on --
13 the electronic case worker, you know, case record that
14 you called said I don't see it, I can't help --

15 MS. MCCRACKEN: Right.

16 MS. SANDERS: -- when it could be sitting in
17 the pile of faxes beside the fax machine.

18 MS. MCCRACKEN: Sure.

19 MS. SANDERS: But with centralized, those
20 people, they scan every single thing in as it is
21 received.

22 MS. MCCRACKEN: Okay.

23 MS. SANDERS: So if you're not using that
24 number, I would strongly encourage you to use that
25 number. It may mitigate some of the stuff not getting

1 where it needs to go.

2 MR. CALLEBS: Yeah.

3 MS. MCCRACKEN: Do you know that number?

4 MS. SANDERS: I don't off the top of my head
5 because I don't fax them, but if you want to email me,
6 it's laura.sanders --

7 MS. MCCRACKEN: Okay.

8 MS. SANDERS: -- I'll give you the fax
9 number. There's actually two. And then I'll give you
10 the mailing too.

11 MS. MCCRACKEN: Okay. Thank you.

12 MS. SANDERS: And so . . .

13 MS. MCCRACKEN: Okay. Thank you.

14 MS. SANDERS: Because, you know, we don't
15 want people to have to submit four and five times.
16 That's ridiculous.

17 MS. MCCRACKEN: No.

18 MR. CALLEBS: Well, the Bridge The Gap
19 initiative, obviously that's going to take some time
20 if it's starting in Jefferson County only. That
21 leaves 119 counties.

22 MS. SANDERS: It may be more. That's all I'm
23 aware of.

24 MR. CALLEBS: Yeah. Okay.

25 MS. SANDERS: Pat could answer that. I'm

1 sure it's just the beginning.

2 MR. CALLEBS: Sure.

3 MS. SANDERS: But I just know what they're
4 initially doing next week is they're starting that,
5 so . . .

6 MR. CALLEBS: Okay. Thank you.

7 MS. WELLS: And they've done some training
8 already though --

9 MS. SANDERS: Yes.

10 MS. WELLS: -- where they actually brought
11 several groups of people like by 20s, I think groups
12 of 20 individuals coming in to Frankfort to be
13 trained, and that was like a month -- it was the same
14 time, so April. When did we have that meeting?
15 April. So in April they were bringing some
16 individuals and that was --

17 MS. SANDERS: They may have been doing it
18 then.

19 MS. WELLS: -- to help them get up to speed
20 too because of all of the new hires --

21 MS. SANDERS: Yeah.

22 MS. WELLS: -- that they've had to do. So
23 that was coordinated by something regional, SAR?

24 MS. MCCracken: SRI.

25 MS. SANDERS: SRIs, yeah.

1 MS. WELLS: SRIs.

2 MS. SANDERS: And that may be. Yeah. If
3 that was under them, then yeah.

4 MS. WELLS: That was an effort that they've
5 done, so I think SU was talking about, you know,
6 things are -- they know that there's needs and so
7 they're --

8 MS. SANDERS: Absolutely.

9 MS. WELLS: -- trying to address those as
10 quickly as possible. And, unfortunately, I think
11 priority is the pharmacy, you know, getting people
12 their medicine, you know, like the individuals getting
13 their medicine and things like that. So providers'
14 needs are probably a little bit lower honestly than
15 the individual need. And I mean, but you can
16 appreciate that. Wouldn't you rather have someone
17 have their medication then, you know, you get your
18 reimbursement first? And, you know, I would hope that
19 you would think that, client before provider.

20 MS. MCCRACKEN: We think so or are expected.

21 MS. WELLS: Absolutely. But, you know, they
22 are trying to get those individuals.

23 MR. CALLEBS: I don't know. When you go for
24 a year, I mean, you know . . .

25 MS. WELLS: Right. That sounds like a

1 special case not necessarily, but --

2 MR. CALLEBS: Yeah.

3 MS. WELLS: -- they're making lots of efforts
4 to try to get that down.

5 MR. CALLEBS: Sure.

6 MS. WELLS: So hopefully as she said, you are
7 hopefully seeing a lot better turnaround.

8 MR. CALLEBS: Actually, well, that's my
9 point. No, it's getting worse. It's not improving is
10 my point. Like I said, there are long lists generated
11 every week, several times a week actually, about
12 people -- different people and some who just stay on
13 there week after week after week that do not get fixed
14 back into payment status. It's not getting better.
15 It's increasingly worse. So that's why I wanted to
16 bring it up. I mean, that sounds like a good
17 initiative, but I think it will take some time --

18 MS. SANDERS: It's going to take time. Oh,
19 yeah.

20 MR. CALLEBS: -- because we're a pretty good
21 size state and everything. So my question is in the
22 meantime until things significantly improve and this
23 is rolled out maybe in all regions, you know, is there
24 a go-to person or somebody that providers can call if
25 you've exhausted things, you've faxed it where it's

1 supposed to be faxed, you've emailed where it's
2 supposed to be emailed. You've attempted to make a
3 visit to your local office for resolution, nothing
4 works -- and that happens frequently. Nothing works
5 to get this person back in payment status. There is
6 no 552 and you can't find one anywhere for this
7 person. I mean, who can providers call and just
8 attempt, just plead for help, because it's a --

9 MS. SANDERS: I mean, I don't have one
10 problem giving my name. I really don't.

11 MR. CALLEBS: Well, I'm going to put it out
12 there.

13 MS. SANDERS: But, you know, I can handle one
14 thing at a time. Well, sometimes I do about five at a
15 time, but you know, I can't do 20.

16 MS. MCCRACKEN: I understand that.

17 MR. CALLEBS: I understand.

18 MS. SANDERS: I don't want to say call me and
19 then me sit there for a month getting back to them
20 because I just don't have the time.

21 MR. CALLEBS: Sure. You're just one person.
22 I understand that. We're in the Bluegrass Region, for
23 example, and it is very tough in Fayette County.

24 MS. SANDERS: Yeah.

25 MR. CALLEBS: It's very, very hard to get --

1 if somebody has a 552 issue, it is sometimes next to
2 impossible to get it resolved.

3 MS. SANDERS: And I will say this, from an
4 eligibility standpoint it's not, and it very well
5 could be, but it's not always simply a matter that
6 something is wrong on the system. Sometimes the
7 person is not eligible or they haven't applied. I
8 have gotten lists from providers and there will be at
9 least two or three names on there where that person
10 has never made an application.

11 So I don't know what they're telling the
12 provider. They may be saying oh, yes, I've went or I
13 tried, maybe they tried, they couldn't get through.
14 But we have no application on the system anywhere, so
15 you know, that happens too. So there could be a lot
16 of different things other than just -- certainly, if
17 it's just a matter of the 552 is not on there, we want
18 to get that fixed. We should and we'll get that
19 fixed. But you're dealing with people and you've got
20 to call them --

21 MR. CALLEBS: Right.

22 MS. SANDERS: -- and, you know, they're
23 telling you one thing and we're telling you another
24 thing.

25 MR. CALLEBS: Sure.

1 MS. SANDERS: And those two things don't
2 always match up, which happens.

3 MR. CALLEBS: Well, in my experience, the
4 vast majority of the issues are people who have been
5 Medicaid recipients for --

6 MR. SHANNON: A long time.

7 MR. CALLEBS: -- decades and --

8 MS. SANDERS: A long time and they've fallen
9 off.

10 MS. MCCRACKEN: Yes.

11 MR. CALLEBS: -- they have intellectual
12 disability --

13 MR. SHANNON: The Waivers, we've been doing
14 those Waivers for a long time.

15 MS. MCCRACKEN: Right.

16 MR. CALLEBS: -- from birth, you know, and
17 it's lasted forever and they've been on it and then
18 all of sudden without warning their claim is denied --

19 MS. SANDERS: They're off.

20 MR. CALLEBS: Right. There's a 552 issue or
21 some other technical problem and then it takes months
22 to --

23 MS. SANDERS: To get it fixed.

24 MR. CALLEBS: -- sort through it and you're
25 not sure why and you can't really reach anybody or get

1 an appointment to sit down with somebody to try to
2 shuffle through it. So that's part of the frustration
3 just --

4 MS. SANDERS: I know.

5 MR. CALLEBS: -- you can't get in to see. I
6 mean, we're held hostage. Only somebody at a DCBS
7 terminal can assist you. And if you can't get to
8 anybody at a DCBS terminal, you really can't do
9 anything.

10 MS. SANDERS: No. And that's --

11 MS. MCCRACKEN: Here's an answer of an
12 example that we were told this week where a case
13 manager said that she had been on the phone most of
14 the did for a non-eligibility issue. She was told to
15 go to Medicaid first thing on Mondays or to go to the
16 DCBS office first thing on Mondays. She said the
17 workers start fresh on Mondays and take anyone who
18 walks in over any phones calls. She said to take six
19 months of their financial statement, current ID of the
20 person, they will not accept an expired copy, and have
21 the participant sign the MAT-14. Even if they have a
22 guardian, they'll talk to you then.

23 MS. SANDERS: I'm not surprised.

24 MS. MCCRACKEN: I just wanted to tell you
25 this. I mean, these are the things people are

1 getting.

2 MS. SANDERS: No. Because we get the same
3 issues and there's nothing you can --

4 MS. MCCRACKEN: It's like going and buying
5 tickets for a concert, show up early.

6 MS. SANDERS: Yeah. There's nothing you can
7 tell me that would raise my eyebrows at this point and
8 go oh, I can't believe they said that.

9 MS. MCCRACKEN: No, I'm not trying to be --

10 MS. SANDERS: -- because they're saying it.

11 MS. MCCRACKEN: And that's the most recent
12 advice we got, and so now the program director told
13 all the case managers get there first thing Monday.
14 Meet them in the parking lot.

15 MR. CHRISTMAN: While they're still fresh.

16 MS. SANDERS: What county is that by the way?

17 MS. MCCRACKEN: I think that one is in Taylor
18 maybe.

19 MS. SANDERS: Oh. Taylor County is going to
20 be in for a busy Monday morning.

21 MR. CALLEBS: Yeah. But thank you, Laura. I
22 appreciate the information.

23 MS. MCCRACKEN: Yes. Thank you.

24 MR. CALLEBS: And Tonia, you said massive
25 people came and got training, but still . . .

1 MS. SANDERS: And I'll check on that one, but
2 if you've got somebody sitting there for a year, feel
3 free to email me and I --

4 MS. MCCRACKEN: We'll do that.

5 MS. SANDERS: -- promise you I will look at
6 it and tell you whatever I can.

7 MS. MCCRACKEN: Maybe a PSA on MAT-552s.
8 It's been ten years I'm talking about this.

9 MR. CALLEBS: Something. Yeah.

10 MS. SANDERS: I know.

11 MS. MCCRACKEN: I call it the unicorn because
12 it exists but nobody ever --

13 MR. CALLEBS: Never gets fixed.

14 MS. MCCRACKEN: You don't know if it exists,
15 but nobody has seen it, they don't know what it looks
16 like, but nobody knows what it is or how to get it,
17 where to find it.

18 MS. SANDERS: And to kind of go off of that,
19 we're having an issue too, the DCBS workers, in that
20 because of correspondence issues with the system right
21 now, we can't see the actual 552. It's supposed to be
22 in the correspondence.

23 MS. MCCRACKEN: It said that in this email
24 too.

25 MS. SANDERS: Yeah.

1 MS. MCCRACKEN: Yeah. Lovely.

2 MS. SANDERS: Yeah. It's supposed to be in
3 our correspondence module. So if you say, you know, I
4 didn't get one or I, you know, whatever. We're
5 supposed to be able to go to correspondence, pull it
6 up and say okay, we see it. We can send it to you.
7 If you can't pull it up on Kentucky Health-Net, which
8 is my understanding that they're supposed to be. We
9 can't see them either right now.

10 MS. MCCRACKEN: That's what the problem was
11 with this provider saying that it wasn't visible.

12 MR. CALLEBS: Yeah.

13 MS. SANDERS: Yeah.

14 MS. MCCRACKEN: Couldn't load it.

15 MS. SANDERS: So if you call the worker and
16 you say can you send it to me and they say, well, I
17 can't see it, they're probably telling you the truth,
18 so . . .

19 MS. MCCRACKEN: That's it. Yeah. Okay.

20 MS. SANDERS: We can't see it either and you
21 said unicorn, because I made that comment the other
22 day, I said, it's like a unicorn. Everybody talks
23 about it but nobody has ever seen one, so . . .

24 MS. MCCRACKEN: You could brand it, you
25 know --

1 MS. SANDERS: I could.

2 MS. MCCRACKEN: -- a unicorn, nobody would
3 ever forget it.

4 MS. SANDERS: And it's my understanding
5 they're aware of that and that they're working very
6 hard to fix it and I will be just as thrilled as
7 you-all when it gets fixed.

8 MS. MCCRACKEN: I believe you. Awesome.

9 MS. SANDERS: I will be.

10 MR. STEVENSON: Laura, can we have you come
11 back to our July 22nd meeting and --

12 MS. SANDERS: Sure.

13 MR. STEVENSON: -- and give us a follow-up.
14 That would be great.

15 MS. SANDERS: Hopefully, maybe it will --
16 let's cross our fingers it will get better. But if
17 you have, you are welcome to email me. You are more
18 than welcome.

19 MR. CALLEBS: Well, thank you very much.

20 UNIDENTIFIED SPEAKER: We have that problem
21 too, Laura, because I've emailed you several times and
22 I just wanted to say thank you for the help that
23 you've given me and your team for 552s because the
24 ones I've had have been big issues too.

25 The 552 not being able to see it in the

1 system and a lot of people or providers, I think have
2 been told, that you can still bill if you can see the
3 segment.

4 MS. SANDERS: That's what -- yeah. Pat just
5 told me that the other day. Is that not correct?

6 UNIDENTIFIED SPEAKER: Well, you can, but a
7 lot of our providers say that they won't because they
8 are -- they don't want to be, I guess, liable for
9 something that doesn't show up later.

10 MS. SANDERS: Yeah. That makes perfect sense
11 to me.

12 UNIDENTIFIED SPEAKER: So some of them still
13 won't until they actually see the hard copy.

14 MS. SANDERS: No. And Pat had made that
15 comment to me the other day, and she made the
16 follow-up comment, but then they don't know what the
17 patient liability is so they --

18 UNIDENTIFIED SPEAKER: Right.

19 MS. SANDERS: -- don't know what to bill the
20 individual. So you're kind of asking to somebody to
21 go on blind faith that they're going to submit a bill.
22 You know, I'm not on the billing end of things, but I
23 know that's like me going to Walmart and just saying,
24 you know, whatever, here. Here's my check. Just
25 write it out. I mean, I want to know what I owe and

1 what I'm going to get paid. I mean, that just makes
2 sense to me. That's just common sense.

3 UNIDENTIFIED SPEAKER: Now your email that
4 you said that goes to your group, does that go to --
5 who all can get that?

6 MS. SANDERS: The MSVD mailbox?

7 UNIDENTIFIED SPEAKER: Uh-huh.

8 MS. SANDERS: We all in our section have
9 access to that mailbox. We have one admin assistant
10 that actually monitors the mailbox from 8 to 4:30 and
11 assigns it out in that and we do try to respond. If
12 it's dire need or urgent, we do try to respond to that
13 as quickly as possible. And we don't make -- we don't
14 differentiate in my section. If you say it's dire
15 need or urgent, we will respond regardless of what the
16 issue is as if it's dire need or urgent. But, you
17 know, if you send everything up as dire need or urgent
18 then everything becomes dire need or urgent, so we
19 will treat it all the same. My staff is directed to
20 look at every dire need or urgent that comes in before
21 they leave from work if it hits the mailbox before
22 4:30, to at least start on it to see what we can do,
23 so . . .

24 MS. MCCRACKEN: That's very helpful. Thank
25 you.

1 MR. CALLEBS: Thank you.

2 MS. SANDERS: So I apologize. It's rough
3 times and I'm not --

4 MR. CALLEBS: Not your fault.

5 MS. SANDERS: -- going to say it's not.

6 MR. CALLEBS: Just to make everyone aware,
7 it's a significant, serious, chronic problem --

8 MS. SANDERS: Yes.

9 MR. CALLEBS: -- that we've got to get a
10 handle on --

11 MS. SANDERS: We do.

12 MR. CALLEBS: -- to provide -- keep everybody
13 in services. So thank you.

14 MS. SANDERS: No, it is. It is.

15 MR. STEVENSON: Thank you, Laura.

16 MS. SANDERS: You're welcome.

17 MR. STEVENSON: Well, we've come to the end
18 of the agenda. I'll ask Patty, Christan, Gregg or
19 Earl on the phone, any new business? Anything you
20 want to bring up?

21 MS. DEMPSEY: Actually, I only have one thing
22 if you can hear me. And actually, it's got to do with
23 number two on our agenda, potential TAC members. I
24 think I missed that part early on. But there is --
25 and I think you said -- well, anyway, there's an

1 application in. It's been in for about six months for
2 a person that is received residential -- they may been
3 residential or received the residential part. So we
4 need to follow up and see if anything has been done on
5 that application. So we may have one more potential
6 member there.

7 MR. STEVENSON: Okay. Good. I'll follow up
8 with you on that, Patty.

9 MS. DEMPSEY: Okay. Great.

10 MR. STEVENSON: Okay. Anything else on the
11 phone? Anybody else?

12 MR. STEWART: This is Christan. No.

13 MR. STEVENSON: Okay. All right. Anybody
14 here? Anything else?

15 (No audible response.)

16 MR. STEVENSON: Okay. Well, once again, I
17 want to thank you for everybody's time. That was an
18 absolutely full agenda. We got some good notes, some
19 good recommendations we'll make. And the next -- the
20 next meeting for us is July 22nd from 10 to 12. And
21 the next MAC meeting is -- what's the date, Shannon?

22 MS. MCCRACKEN: May 26th.

23 MR. STEVENSON: It's May 26th. The MAC
24 meeting is May 26th where we would make those
25 recommendations. And Patty, will you be going to that

1 meeting by chance?

2 MS. DEMPSEY: I could, yes.

3 MR. STEVENSON: That is one that I'm afraid I
4 might miss because I have a -- our company's annual
5 meeting is that day, so that's going to be tough for
6 me to do that. So we'll write up these
7 recommendations and if you can be there, we'll send it
8 to you.

9 MS. DEMPSEY: Okay. Okay. Sounds great.

10 MR. STEVENSON: Okay. Great. All right,
11 everybody --

12 MS. MCCRACKEN: I'll be there if I can.

13 MR. STEVENSON: And Shannon, yeah, it sounds
14 like Shannon will be there too.

15 MS. DEMPSEY: Okay.

16 MR. STEVENSON: All right. Very good.
17 Everybody thank you for your time. We are adjourned.
18 Take care.

19 (The meeting was adjourned at approximately
20 11:46 a.m.)

21 *** **

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23

24

25

1 STATE OF KENTUCKY)
) SS.
 2 COUNTY OF JEFFERSON)

3 I, Michele P. Keown, a Notary Public, within
 4 and for the State at Large, do hereby certify that the
 5 foregoing meeting was taken before me at the time and
 6 place and for the purposes in the caption stated; that
 7 the meeting was reduced to shorthand writing by me;
 8 and that the foregoing is a full, true and correct
 9 transcript to the best of my ability of said meeting.

10 I further certify that I am neither of
 11 counsel nor of kin to the parties to this action, and
 12 am in no way interested in the outcome of said action.

13
 14 Witness my signature this 9th day of June, 2016.
 15 My commission expires the 23rd day of August, 2019.

16
 17 *Michele P. Keown*
 18 Michele P. Keown
 19 Notary Public
 20 State at Large, Kentucky
 21 Notary ID 538426
 22
 23
 24
 25

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