

Intellectual and Developmental Disabilities Technical Advisory Committee (IDD TAC) Meeting July 14, 2014

Technical Advisory Committee (TAC) Members Present:

Johnny Callebs- Independent Opportunities/KAPP
Dr. Eric Wright, Ed. D- CCDD
Christian Stewart- Michelle P Waiver Parent Rep.

Department for Medicaid Services (DMS) staff present:

Gregg Stratton- Division of Community Alternatives, HCBS Branch Manager
Sheila Davis- Division of Community Alternatives, MH/IDD Branch Manager
Lyris Cunningham- Division of Community Alternatives, MH/IDD Branch
Marla Smaltz-Walker- Division of Community Alternatives, MFP Branch Manager
Ann Hollen- Division of Community Alternatives, MFP/KY Transitions
Lori Kays- Division of Community Alternatives, MFP/KY Transitions
Earl Gresham- Division of Community Alternatives, Assistant Director
Erin Varble- Division of Community Alternatives, Director's Office

Department for Developmental and Intellectual Disabilities (DDID) staff present:

Janet Cox- SCL Waiver Manager

Others Present:

Marylee Underwood- CCDD
Pam Smith-UM Operations Manager, HP

The intellectual and Developmental Disabilities Technical Advisory Committee (IDD TAC) met on July 14, 2014 in Frankfort, KY.

Dr. Eric Wright chaired the meeting.

- I. Meeting was called to order by Dr. Eric Wright.
- II. This will be Eric's last meeting; Chasity Ross will be taking his place.
 - a. Several other vacancies will need to be filled.
- III. Introductions were made.
- IV. Link for website- Erin to send out to everyone.
- V. TAC had several items they wish to take to MAC.
- VI. Martin School did a report on the cost of Background checks and other requirements for direct service workers. (see handout-Martin School)
 - a. Kentucky requires several different checks, which can cost up to \$372 per employee. This can get very expensive if you have multiple employees.
 - b. Three different ways to pay for these: Employer paid, Employee paid or Agency paid.
 - c. Many states do offer assistance. Kentucky does not.
- VII. Want to have a recommendation for the writing of the new SCL/MPW Reg within the next year.
 - a. No deadline for MPW.

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- b. Currently, BHDID rewrote waiver for MPW in 2011. That waiver is good for 5 years; never sent to LRC though.
 - i. Never been able to implement the waiver.
 - ii. Currently in holding pattern waiting on what Secretary wants to do.
- c. Want to recommend some flexibility on who pays for background check services.
 - i. Marla recommends that TAC emails Sharley Hughes and request to be a line item on MAC agenda.
 - ii. Erin to get Eric Sharley's email address.
- VIII. KARES program, federal grant to cover a set number of background checks.
 - a. Is there a way to get PDS users access to these funds?
 - b. There is a finite number of background checks available under KARES- after grant is expired will have to think of something else.
 - i. KARES- doesn't pay for all of it, just a portion or the cost.
 - c. Gregg recommends getting someone from KARES to come talk at next meeting.
 - i. Stephanie Barnes Bramer or Barbara Rossell for CDS.
 - ii. REG: 906KAR1:190
- IX. Where are they going to recommend this money comes from?
 - a. Eric wants to keep it the same as it is in the MPW reg.
 - b. Trouble is the MPW is going to mirror the SCL.
 - i. This is a distinct possibility.
 - c. Currently in SCL there are about 70 people that use PDS out of 4000 recipients.
 - d. MPW is the opposite; currently have about 7000 people using the PDS.
 - e. If one person has already paid for the background checks for and employee, and they also work for someone else, do they both have to pay for checks?
 - i. No, there will be some overlapping of checks. (may already have their TB skin test or CPR certification)
 - ii. However you will have to run a background check, etc.
- X. How much does it cost Independent Opportunities as a Provider?
 - a. Not sure, but we are constantly hiring, training, interviewing. Turnover of about 50-60%.
 - b. Turnover is high for CDS as well.
- XI. Sheila recommended that Eric go back to the Martin School and see if they could give him the number of IDD population in the states used in survey.
 - a. Could get it through UK?
 - b. See if the amount of funding correlates with the population size.
 - i. Smaller the population more state funding?
- XII. Currently for MPW- just have to be 18 yrs. Of age, High school diploma and a clean background check.
 - a. Under SCL II, going to have to be 18 yrs. Of age, clean drug and background check. Participate in 30-40 modules of CDS, CPR certification.
- XIII. Sheila states that the MPW is written exactly like the SCL II. Just never gotten implemented.
 - a. These items are put in place for those parents/caregivers who may not have the knowhow to weed out potential employees who may become abusive or neglectful, or already are and bounce around from person to person.

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- XIV. Decide to wait on making any recommendations to the MAC, want to revisit the MPW Waiver and see what it says about background checks and whatnot.
- XV. DAIL is also working on a way to minimize some of these training costs.
- XVI. Aqua Therapy- Janet spoke about it at last meeting.
 - a. Physical Therapy in a pool and must be a therapy pool.
- XVII. SCL II transition- Have about half the population transitioned from SCL I to SCL II.
- XVIII. Supported Employment-not having enough hours to keep jobs- it is getting better, but is being addressed on case by case basis.
 - a. Work with providers and case managers alike to create appropriate plans.
 - b. HP also working with providers to get the paperwork filled out correctly to justify the plans of care.
- XIX. Behavioral Supports- A lot of their hours have been cut as well.
 - a. Exceptions are not being approved, but they are looking to see if the supports allotted have already been approved. If not, exceptions are being denied.
 - i. Saying to continue services even though they are not approved and then they will get backdated.
 - ii. Providers saying they can't do that.
- XX. G-Tubes- Several SCL recipients that have to have medicine administered by a nurse. No nurse in the area.
 - a. Want to continue living independently, but since they require nurse to administer meds, they may have to go back to institutional living.
 - b. Kentucky board of Nursing won't allow it.
 - c. Is there a way to work around this?
 - d. This should be taken to the board of Nursing.
- XXI. Changes are coming through the Legislature for children in schools who take insulin and medication.
- XXII. Personal Care- Everything in EPSDT are on a case by case basis. Most examples seem to be that the nurse didn't want to provide the personal care.
 - a. Pam to follow up with Cathy Terry and Patricia Biggs.
 - b. Anything offered through state plan will not be offered through the waivers.
 - c. EPSDT will cover for clients under 21 years of age, if it is deemed medically necessary.
 - i. More than likely, Personal Care for an adult would be covered through a waiver if it is medically necessary.
- XXIII. Incontinent Supplies- HH agencies are backing out.
 - a. Terry Brownson was going to make a recommendation to MAC, however he is not present at this time to find out what happened.
 - b. Pam to send out who the provider that offers supply only incontinent supplies.
 - i. Personal Touch (northern KY) and Professional (Corbin), Nurses Registry (Lexington).
 - ii. EPSDT are covered for children who would not normally be in diapers at that age.
 - iii. Can be reimbursed through CDO budgets as well.
 - c. Can you get a CON (Certificate of Need)?
- XXIV. Nothing new about Community Access.

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- XXV. Official approval has happened for SCL slots, awaiting CMS funding to use those slots. Will happen mid to late August.
- XXVI. Next meeting is scheduled for September 9th at 10AM in the James Thompson Conference Room.
- XXVII. Adjourned.