

**Intellectual and Developmental Disabilities Technical Advisory Committee  
James F. Thompson Room  
275 East Main Street  
Frankfort, Kentucky  
March 16, 2016 – 10:00 a.m. EST**

TAC members in attendance: Chris Stevenson; Johnny Callebs, Rick Christman, Christan Stewart, and Chastity Ross (telephonically).

Managed Care Organization (MCO) representatives in attendance: Sandy King, Passport; LeAnn Magre (telephonically), WellCare.

Medicaid staff in attendance: Gregg Stratton, Erin Varble, Lyris Childs, Division of Community Alternatives; Pam Smith, HP; Janet Beatty, Division of Developmental & Intellectual Disabilities; Alisha Clark, Deborah Bailey and Robbie Eastham, Department for Medicaid Services.

Others in attendance: Shannon McCracken, Ky. Association of Private Providers; Stephanie Adams, Commonwealth Council on Developmental Disabilities; Lauren McGrath, Seven Counties; Steve Shannon (telephonically), Ky. Association of Regional Mental Health-Mental Retardation Programs; Melanie Willson.

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The meeting was called to order by Co-Chair Stevenson. Introductions were made by those in attendance. A quorum was present.

There was discussion concerning TAC members still needed on the committee. Applications are in to the Governor's Office for a consumer who participates in a residential community Medicaid waiver program and a consumer who participates in a nonresidential Medicaid waiver program, and still needed is a representative of an individual who resides in an ICF. Ms. Varble will contact the Secretary's Office and email the TAC with an update.

Current number on waiting lists for waivers: Ms. Beatty reported that for SCL only, there are 2,015 people on the waiting list; 54 are in emergency status; 40 are urgent status; 320 people have prior authorization for a Participant-Directed Service (PDS); 4000+ are currently receiving SCL services. Ms. Adams noted that Governor Bevin has included 171 SCL slots in the next two years of the budget, and Ms. McCracken noted that there are 240 slots that were allocated in the last budget that are waiting to be released when the regulation is finalized.

For Michelle P. Waiver, Ms. Childs reported that there are 4,976 applicants on the waiting list and 60% are children under 21. Ms. Smith reported there are 9,971 active members.

Mr. Callebs asked about the ICAP assessment tool and Ms. Childs stated that is a pilot project administered by Eastern Kentucky University staff. Ms. McCracken read a letter dated March 3, 2016 from Leslie Hoffman, and in the letter it noted that questions should be directed to Alisha Clark. Co-Chair Stevenson asked Ms. Clark if she could get clarification on whether the test pilot is for adults or children under 21. Co-Chair Stevenson asked Ms. Clark to look into the possibility of a member of the TAC assisting in this project.

Current status on enforcing Michelle P. Waiver CDO CLS hours to 40 per week: Mr. Stratton stated that anyone who has a new LOC as of April 1, 2016, when their plan of care is submitted, anything that exceeds 40 hours, with the exception of respite, will be denied by DMS. The consumer and representative does have an opportunity to adjust the plan down to be compliant. If they choose to be noncompliant, it will be denied and they have a right to appeal. The budget will be issued as previously requested until the Secretary's final order is received. If it is still an adverse action, a further appeal can be made to circuit court.

Participant-Directed Services in SCL Program – employment-related costs that have been shifted to individuals: Ms. Adams stated that the PDS Committee and Community Integration Committee of the House Bill 144 Commission made a recommendation to change the language regarding waivers to allow for flexibility in paying for pre-employment and ongoing employment costs. She noted that the KRS includes

language prohibiting payment for nondirect services, and by removing or amending this language, it could cover the cost of the pre-employment or ongoing employment costs. The Commission has not voted this up or down yet.

DCBS eligibility issues: Co-Chair Stevenson introduced Shannon McCracken, Executive Director of KAPP, and she addressed the following issues of concern:

- Participant recertification in SCL and Michelle P. through DCBS and finding DCBS workers knowledgeable about issues
- Long delays on the telephone and in person to receive assistance from DCBS office
- Would like to identify one person in each county that understands the SCL Program
- Not processing MAP-24C's in a timely manner
- Long delays and problems in changing participant addresses, can take up to 30 days
- Trying to understand who generates MAP 552
- Case managers being allowed to come to DCBS offices to correct issues
- MWMA was intended to be an application process, not an electronic record

Mr. Stratton during the meeting sent an email to the Director of DCBS to ask for their representation at the next TAC meeting and Mr. Stratton will let the TAC know who that contact person will be. Ms. McCracken noted that Rhonda Bell in the Commissioner's Office has also been helpful in addressing some of these issues. Mr. Callebs asked if there was someone who could offer assistance on these topics of concern until the TAC meets again, and Ms. Clark stated that she would offer assistance on individual cases and be in contact with the DCBS offices.

PDS Budget Amounts – can these be discussed/determined prior to decision on whether to opt for PDS: Ms. Smith stated that the budget is determined on a plan of care. If the PDS model is chosen, the planning process goes forward and then a budget is determined.

Recommendation #1: A motion was made by Co-Chair Stevenson and seconded by Mr. Callebs to amend Recommendation #1 to read: To stop recoupment process until clarity is given to the interpretation of regulation review guidelines. Reviewers are using language such as "handwritten and original" in reference to type of documentation that is necessary to meet the regulation, although such language is not found in the written regulations, and for the creation of a regulatory interpretation work group made up of select Quality Administrators and providers to discuss and clarify regulatory interpretation and to create or enhance communication tools that are shared among all QA's and providers. Motion passed unanimously.

Ms. McCracken stated that she had spoken to Commissioner Steve Miller about this issue and he asked for examples of inconsistencies. Commissioner Miller pledged to step up communication efforts through provider letters, emails, FAQ's and website information. Ms. Clark clarified that there are no recoupments associated with second-line reviews done by Medicaid nurses, but Ms. McCracken stated that there are conflicting opinions concerning this

Recommendation #2: This recommendation was made at the last TAC meeting and will be forwarded to the Medicaid Advisory Council (MAC). The TAC recommends that the Department be given authority to waive nonmaterial deficiencies in documentation that are on-reoccurring as pertaining to billing audits for Waiver Program. Recoupment of these minor deficiencies has created a significant issue for providers as the exacting nature of these deficiencies have created financial hardship on providers. The TAC asks that Kentucky Medicaid change its regulation to waive these nonmaterial, non- reoccurring deficiencies going forward. These two recommendations will be made to the MAC at its March 18, 2016 meeting.

Other Items: Mr. Callebs noted that the Cabinet has agreed to withdraw the KARES regulation. The program still exists as an option but is no longer mandatory and will not be in any regulation. Ms. McCracken clarified that providers are not against the check but are concerned about the lack of availability of fingerprinting centers and the hours available to do so, especially in rural areas.

The meeting was adjourned.

(Minutes were taped and transcribed by Terri Pelosi, Court Reporter, this 20<sup>th</sup> day of March, 2016.)