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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

JULY 22, 2016

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ORIGINAL

1 MR. STEVENSON: Well, I'll tell you what,
2 what we'll do is let's go around the room and do some
3 quick intros here. And if you would, state your name
4 and your title and the organization that you're with
5 so that we can get that on the record. That would be
6 great.

7 My name is Chris Stevenson and I am the
8 Chair, with Patty, of the TAC, and I'm also a
9 representative of Leading Age of Kentucky. I'm also
10 the CEO of Cedar Lake in Louisville.

11 MS. KING: Sandy King, Passport Health Plan,
12 Provider Relations.

13 MS. STONE: I'm Stephanie Stone, Manager of
14 Outcome Care at Passport Health Plan.

15 MR. ANNO: And I'm Jake Anno (phonetic) with
16 the Behavioral Health Team at Passport.

17 MS. WATKINS: I'm Cami Watkins. I'm with
18 Trinity Support Services in London, Kentucky,
19 Director.

20 MR. SMIDDY: W.J. Smiddy, Administrative
21 Director, Trinity Support Services, London.

22 MR. GRESHAM: Earl Gresham, Assistant
23 Director, Medicaid.

24 MS. GRESHAM: Lori Gresham, DMS.

25 MS. WHEELER: Dawn Wheeler, DMS.

1 MS. CHILDS: Lyris Childs, DMS.

2 MS. SMITH: Pam Smith, Manager with HPE.

3 MS. MARTIN: Nikki Martin with HPE.

4 MS. HIEATT: Mary Hieatt, Humana CareSource.

5 MS. FISH: Stacy Fish with the Office of

6 Administrative and Technology Services. I'm the

7 Director of the Division of Medicaid Systems.

8 MS. BEATTY: Janet Beatty with DDID.

9 MR. CALLEBS: Johnny Callebs with Independent
10 Opportunities in Richmond representing KAPP, Kentucky
11 Association of Private Providers.

12 MS. SANDERS: I'm Laura Sanders. I'm the
13 Medicaid Program Assistant Section Supervisor with
14 DCBS.

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

16 MR. STEVENSON: Okay. Shannon.

17 MS. MCCRACKEN: Oh, hey! Shannon McCracken.
18 I am the Executive Director of KAPP.

19 MR. STEVENSON: Very good. Shannon, if you
20 want to --

21 MS. MCCRACKEN: Okay.

22 MR. STEVENSON: -- come on up. Okay. Great.
23 And on the phone go ahead. Go ahead. Christan, go
24 ahead.

25 MR. STEWART: Christan Stewart, parent of a

1 Michelle P. waiver recipient.

2 MR. STEVENSON: All right. And Patty.

3 MS. DEMPSEY: Patty Dempsey from ARC of
4 Kentucky.

5 MR. STEVENSON: Okay. All right. Thanks
6 everyone. I appreciate it. We got the transcript
7 from the last meeting, all 100 plus pages or however.
8 It's long. And so we want to keep our wording down to
9 a minimum.

10 Okay, everybody. Let's do some update. We
11 have our agenda. Hopefully everybody has their agenda
12 in front of them. I am still working on getting some
13 -- I know we're looking at a couple of members still
14 to join. I'm working on getting an ICF family member
15 and then also a person that is served in ICF and then
16 maybe to have a person that represents them. So I've
17 got two possibilities that I'm working on and I'm
18 going to follow up with them within the next two weeks
19 here to confirm they have gone on the site and put
20 some data in. So hopefully we get our three vacancies
21 full by the next time that we meet. Let's keep our
22 fingers crossed. Okay.

23 MS. DEMPSEY: Hey, Chris?

24 MR. STEVENSON: Yes, ma'am.

25 MS. DEMPSEY: Hey, Chris?

1 MR. STEVENSON: Yes, Patty.

2 MS. DEMPSEY: Hey, two -- the reason I had
3 that on there, too, is there's been two submissions
4 sent in, two applications, some time ago and actually
5 one of them was for -- I think it was for a person
6 receiving services living in residential, and actually
7 they had got -- they sent an application and then they
8 got a couple requests two different times for
9 additional information and backup information from the
10 provider what have you, and then it just got dropped.
11 And so there's names out there that have been
12 submitted, but they're not approved.

13 MR. STEVENSON: Okay.

14 MS. DEMPSEY: So then the person doesn't hear
15 anything back.

16 MR. STEVENSON: Okay. And Dawn or Lori, I
17 know we talked about maybe at the last meeting seeing
18 if there was that one person that was still in the
19 pipeline that could be pushed through. I don't know
20 if you-all know anymore about that.

21 MS. WHEELER: No.

22 MR. STEVENSON: Okay. If there is a person
23 waiting in the queue, who would be the person to --
24 that we would work with, do you know?

25 MS. WHEELER: Do you?

1 MR. GRESHAM: It would be Dawn. She'll look
2 into it.

3 MR. STEVENSON: Okay. Thanks, Earl.

4 MS. WHEELER: Thanks, Earl.

5 MR. STEVENSON: Other duties as assigned.
6 There you go. Thank you, Dawn. Yeah, if you could
7 look into that, that would be helpful to just find
8 out. Because I think there was--thank you,
9 Patty--there was a person that was receiving waiver
10 services; right, Patty?

11 MS. DEMPSEY: Yeah. It's actually a lady, a
12 lady that's receiving waiver services from the eastern
13 part of the state. And, anyway, submitted the
14 application some time ago. So who do we check with,
15 Dawn?

16 MR. GRESHAM: Yes.

17 MS. DEMPSEY: Okay. Okay. I'll do it.

18 MR. STEVENSON: Okay. Thank you. Okay. The
19 Statewide Transition Plan, actually an update on our
20 MAC recommendations, and Shannon is the Executive
21 Director of KAPP. I've asked her to come to the table
22 to talk about -- I know that you were there with --

23 MS. MCCRACKEN: Rick.

24 MR. STEVENSON: -- Rick Christman that made
25 those recommendations. Rick couldn't be here, but can

1 you speak in his stead to tell us an update on that?

2 MS. MCCRACKEN: Well, there was not a quorum
3 for the MAC that day, so we'll have to do it again I
4 guess.

5 MR. STEVENSON: Okay.

6 MS. MCCRACKEN: But our recommendation was,
7 well, in regards to MWMA, but we've done a lot of work
8 together with Stacy at OATS and Commissioner Miller
9 since then. So --

10 MR. STEVENSON: Yeah, on the
11 recommendation --

12 MS. MCCRACKEN: -- our recommendation will be
13 different based on what we've worked on.

14 MR. STEVENSON: So it will be different. I
15 know that we've said that if we want MWMA to wait a
16 year on that for some training, can you give us an
17 update on what you --

18 MS. MCCRACKEN: Yeah, I'm sorry. I don't
19 have that recommendation in front of me. I haven't
20 read it in a few days, months, weeks. We did ask for
21 a delay just so we could try to fix some issues and
22 things and get training. Since that time, trainings
23 were added so -- and in doing that, too, we've had
24 some discussions about the reason why direct support
25 providers needed to input things. And, well, we're

1 working with Commissioner Miller on a provider letter
2 for that, and it looks like only case managers will
3 use MWMA and we're very happy about that.

4 And then Stacy and I met on Monday and we are
5 hopefully coming up with a plan to really truly get
6 some case managers to the table to test real issues
7 and problems they're having and try our best to
8 identify where people are getting hung up, what's
9 happening. And KAPP's position is that if, you know,
10 if it's working well for case managers as it was
11 intended to, and when it does it will be a great thing
12 and we're excited about that.

13 So we're just kind of waiting to finalize and
14 Commissioner Miller asked me if we could get the
15 Federal ID number issue resolved before we issue a
16 provider letter. And I told him we were fine with
17 that as long as the regulatory bodies understood that
18 providers would not be held to the regulation or not
19 cited on those issues. So that's where we are right
20 now. So it's big progress.

21 MR. STEVENSON: Sounds positive. Sounds
22 positive.

23 MS. MCCRACKEN: Big, positive progress.
24 We're very happy about that, so thank you.

25 MR. STEVENSON: Okay. Good.

1 MS. DEMPSEY: Okay. I think, too, like if
2 there wasn't a quorum, my question on that is I never
3 did see a response from Medicaid. So, like, if there
4 wasn't a quorum then actually there wasn't a response;
5 right?

6 MS. MCCRACKEN: Right.

7 MR. STEVENSON: That's right. That's right.

8 MS. DEMPSEY: Okay. Gotcha. Okay.

9 MR. STEVENSON: I think that was the --
10 Patty, you had another recommendation that's escaping
11 me right now, asking about if we were going to go to
12 1115, wasn't that right?

13 MS. DEMPSEY: Yeah. Right. Exactly. Yeah.

14 MR. STEVENSON: Yeah. And we haven't heard
15 anything, although we have since received a lot of
16 good information from the governor on 1115 waiver
17 outside of the ID community. So I guess we're still
18 waiting. We would have to wait to hear back from MAC
19 once they have a quorum.

20 MS. DEMPSEY: Okay. Okay. Thank you.

21 MR. STEVENSON: Okay. We'll certainly carry
22 both -- we'll carry the 1115 request over, but when it
23 comes to the other recommendation, Shannon, do you
24 feel like there's sufficient progress to where we
25 wouldn't have to pursue that further?

1 MS. MCCRACKEN: Oh, it would not be the same
2 request, absolutely --

3 MR. STEVENSON: Okay.

4 MS. MCCRACKEN: -- based on the work that's
5 happened since.

6 MR. STEVENSON: Okay. That's good.

7 MS. MCCRACKEN: Yeah. No, that's a positive.

8 MR. STEVENSON: Okay. Statewide Transition
9 Plan Initial Approval - Summary of CMS' Final
10 Approval. Anyone want to take this?

11 MS. GRESHAM: Yes.

12 MR. STEVENSON: Lori.

13 MS. GRESHAM: So we did -- we have received
14 -- we're the second state to receive our initial
15 approval. Yay.

16 MR. STEVENSON: Yeah.

17 MS. GRESHAM: So they sent out a
18 communication, I'm sure everybody has read it on their
19 website, telling us here's the things we want you to
20 address. We've been having ongoing communications
21 with CMS to see what do you expect from -- you know,
22 what do you want us, how do you want us to address
23 that, and talking about those site specific
24 assessments how do you want that information, all
25 those different things, what they anticipate the

1 heightened scrutiny process to look like. And it's
2 just ongoing communications basically waiting for CMS
3 to give us some additional written guidance to say
4 here's what we expect of state. It's not just
5 Kentucky.

6 MS. MCCRACKEN: Right.

7 MS. GRESHAM: It's all states to give them
8 that information.

9 MR. STEVENSON: Okay.

10 MS. MCCRACKEN: I did an anchor national call
11 the other day and they had me and Ohio and Tennessee,
12 the directors from those three states, kind of give an
13 overview of it, and people wanted to know -- and all
14 those look very different obviously.

15 MS. GRESHAM: Um-hum. Yes. They're all very
16 different systems.

17 MS. MCCRACKEN: All very different, which is
18 fine. I guess I wanted to bring to the table the
19 question of what -- how we're addressing CMS' concern
20 because their main concern is reverse integration,
21 that we're relying too heavily on reverse integration.

22 MS. GRESHAM: Um-hum. And when we look --
23 and that was -- that piece, when we actually talked to
24 them, that's a template kind of that they send to
25 everybody that has those examples in their here's ways

1 that you can't. That certainly, for Kentucky, was not
2 the only way. For instance, ADHCs, because they're
3 medical models they bring in a lot of people for --

4 MS. MCCRACKEN: Right.

5 MS. GRESHAM: -- community inclusion. And
6 that was an example in that piece. We have pointed
7 out to them that that was solely one example and
8 here's several.

9 MS. MCCRACKEN: Okay.

10 MS. GRESHAM: And so that was more of a
11 blanket statement for all of the states, hey, don't --
12 reverse integration is not community involvement and
13 so --

14 MS. MCCRACKEN: Well, our letter really gives
15 examples about how we responded though that says --

16 MS. GRESHAM: Yeah. Because those were
17 specific examples that were in our Transition Plan --

18 MS. MCCRACKEN: Right.

19 MS. GRESHAM: -- among others.

20 MS. MCCRACKEN: Okay.

21 MS. GRESHAM: So that wasn't the only
22 examples. They just noted, hey, you're saying this
23 is --

24 MS. MCCRACKEN: Okay.

25 MS. GRESHAM: -- community. We just want to

1 make sure that you understand that alone cannot --

2 MS. MCCRACKEN: Yeah.

3 MS. GRESHAM: -- doesn't warrant community
4 inclusion.

5 MS. MCCRACKEN: Right. But it -- I don't
6 mean to keep coming back, but I mean, I'm concerned
7 that CMS is concerned because we're providers and our
8 day training centers, because of the rates honestly,
9 it is much cheaper to do reverse integration then to
10 do true integration. At 220 a unit per person you
11 can't do person-centered community integration. So
12 that's where we come at it from and I know that it was
13 a lot of people's response was that answer.

14 So we just didn't -- we want to know and be
15 involved in how the Cabinet is responding to that.
16 Because the initial approval, yeah, we are proud of
17 that, but by definition the part that was approved is
18 the easier parts. I mean, Kentucky's plan is divided
19 into round one and round two, and it says in it round
20 one are the easier things to implement. Round two is
21 the meat of it. It's the hard stuff. And we won't
22 really decide if we do that well or not, CMS will.

23 So, the initial approval is on the easy part,
24 and I'm not trying to downplay the victory of that,
25 but I think we still have a long way to go, and we're

1 scared. I mean, you-all can write an explanation that
2 maybe CMS says okay, but we're the ones that have
3 heightened scrutiny and have to do this and decide
4 whether or not we can continue to be funded. That's
5 scary.

6 MR. STEVENSON: Um-hum.

7 MS. MCCRACKEN: So it says specifically, you
8 know, in day training that we're relying too much on
9 that, and I know that our ADTs, day training centers,
10 rely too much on that because that's all they can
11 afford to do.

12 MR. STEVENSON: Shannon, could you give an
13 example, just for those that may not understand, what
14 you mean by reverse integration?

15 MS. MCCRACKEN: In saying how do you provide
16 community integration, a solution often has been I'll
17 bring in somebody from the community to teach art
18 class or to do different things. So bringing the
19 community in to the setting.

20 MR. STEVENSON: Bring in a school group.
21 Yeah.

22 MS. MCCRACKEN: Yeah. And that's what a lot
23 of people rely on because that's doable. That's a lot
24 more doable than individually taking people out into
25 the community and integrate them. Community access

1 did not work as we hoped it would and not many people
2 get that. So the solution is rewriting the waiver and
3 that is my biggest push for that, and I think that for
4 us to be able to -- well, I know for us to be able to
5 really truly succeed and do this, we have to have the
6 service structure to be able to do it and to get
7 people into the community and do it.

8 So, with all due respect, I say that a lot,
9 but I don't know that Kentucky is really embracing the
10 spirit of the rule fully to understand that we have to
11 integrate people and it can't just be done by policy
12 and regs. It has to be done with resources, and I
13 know you've heard me say that a lot. But, I mean,
14 that's the position is we have to be able to do it
15 effectively, not just satisfy CMS with a plan, a
16 written plan.

17 MS. GRESHAM: So to take back to our
18 discussion, I've written would like more information
19 on actual reverse integration solutions; address rates
20 and service structures within regs.

21 MS. MCCRACKEN: Absolutely. And we'd like to
22 be part of that rather than be told how we're going to
23 comply.

24 MR. STEVENSON: Absolutely.

25 MS. MCCRACKEN: Because things on paper may

1 get approved, but how they work in reality, which
2 that's what we've been dealing with our waiver for
3 four years, looks good on paper, but it ain't working.
4 So, that's the request is to be involved in that
5 process rather than be told how we're going to do it
6 later. We need to know if it actually can be done to
7 succeed.

8 MR. CALLEBS: I have a question, Chris.

9 MR. STEVENSON: Um-hum. Go ahead, Johnny.

10 MR. CALLEBS: Lori, the heightened scrutiny
11 process, is CMS saying anything more about how they
12 will go about that or do they still plan on coming
13 on-site to every site or is it taking a detour?

14 MS. GRESHAM: Our latest call with them they
15 indicated that they're realizing, hey, we don't have
16 the resources to go to every single site. Hmmm,
17 imagine that. And so that they will be relying
18 heavily on states to take away the ones that don't --
19 there's no way to meet that criteria, and then looking
20 a lot at, you know, the documentation that's provided.
21 And then if from that they can't make a determination
22 that, yes, they are, then they will do site visits.
23 It's kind of -- and, again, that was all in telephonic
24 communication and we are, as always, we want written
25 confirmation of how this process is going to be laid

1 out. And so CMS is --

2 MS. MCCRACKEN: Nobody knows that yet; right?

3 MS. GRESHAM: Right. CMS is just doing very
4 preliminary this is what we think. So, you know, in
5 one call they told us, well, we expect your heightened
6 scrutiny packets to be five pages. And we're like,
7 ummm, no. You know, we're --

8 MS. MCCRACKEN: It's not possible.

9 MS. GRESHAM: Right. Just our client surveys
10 are five pages, you know. We're going to be sending
11 you anything that we think shows integration. And so
12 they were like, oh, well, okay. Well, we'll figure
13 that out. And so then I think they're kind of taking
14 a step back within their own processes and realizing,
15 you know, we need to make sure that we're looking at
16 every single piece of documentation that comes to us.

17 MR. CALLEBS: So do you get the sense that
18 their hope is that they can make the determination
19 through a paper review?

20 MS. GRESHAM: Yes.

21 MR. CALLEBS: Is there hope and avoid all
22 this travel to several hundred addresses in Kentucky?

23 MS. GRESHAM: That is -- that's what it
24 appears. I think they're realizing there's no way for
25 them to be able to do that. And so for Kentucky, we

1 are really making sure that we get as much information
2 when we're talking to clients. Tell me, what do you
3 go do every day, you know, pulling those things. They
4 have always requested client surveys, direct service
5 provider surveys, and so I think that we have a really
6 good survey that really tells our clients are saying,
7 yes, I go in the community, here's what I do, I like
8 this. And so that we think, as Kentucky, that that
9 will be monumental in that.

10 And so far we have not -- just in our
11 preliminary, we haven't really done an in-depth, we
12 haven't seen any providers that we say, hey, I don't
13 think that you're going to make it. So we're very
14 hopeful that all of our providers will pass that.

15 MR. CALLEBS: Okay. Thank you.

16 MS. MCCRACKEN: That's -- I mean, we like
17 that, but that sets us apart too. It worries me when
18 I see like Tennessee that, I mean, they absolutely
19 will close day training centers and sheltered work
20 centers based upon their summary of this. So, I don't
21 think Kentucky is that much different or better. It's
22 just our process is different. So, you see why that
23 makes us nervous? That CMS will say, no, not in the
24 end. So it's more -- you understand, it's more than
25 just getting a plan approved.

1 MS. GRESHAM: Um-hum.

2 MS. MCCRACKEN: I mean, we have to have
3 significant change we believe. So we just worry about
4 that, how it's going to happen or if it's going to be
5 forced to happen in the end. Because that's one of --
6 that's the other CMS concern for Kentucky specific is
7 that it's too late. The requirement for the actual
8 hard, real change is pushed to the wall. It's between
9 2018 and 2019. So, how does Kentucky respond to that?

10 MS. GRESHAM: And what they were looking at,
11 they didn't think that we were going to even be
12 addressing providers until then. They thought that
13 that was when we were saying, hey, you might not be in
14 compliance.

15 MS. MCCRACKEN: Not even looking at providers
16 until then?

17 MS. GRESHAM: Right. That's what they read
18 our Transition Plan to say was that we wouldn't even
19 be starting our heightened scrutiny process until --

20 MS. MCCRACKEN: Well, it doesn't say that.
21 How could they interpret that?

22 MS. GRESHAM: Because they looked at one
23 piece instead of looking at the whole package. And
24 they were like, oh, and we told them we've already --

25 MS. MCCRACKEN: They don't look at our

1 timeline when they do that?

2 MS. GRESHAM: (Shaking head.) That's --

3 MS. MCCRACKEN: Because your initial --
4 that's hard to believe --

5 MS. GRESHAM: Right.

6 MS. MCCRACKEN: -- Lori, because -- and I'm
7 not saying you, but --

8 MS. GRESHAM: Right. I understand.

9 MS. MCCRACKEN: -- their initial approval is
10 based on the first round --

11 MS. GRESHAM: Right.

12 MS. MCCRACKEN: -- which is the site surveys.

13 MS. GRESHAM: Right.

14 MS. MCCRACKEN: So that doesn't really make
15 sense.

16 MS. GRESHAM: Well, they thought we weren't
17 communicating to the providers that, yes, you are in
18 fact in heightened scrutiny. They thought we were
19 doing that initial and hadn't -- weren't going to
20 communicate to providers.

21 MS. MCCRACKEN: Okay.

22 MS. GRESHAM: They thought even our second,
23 our two bucket, that you can come in to -- we believe
24 you are integrated, you just need some changes. They
25 thought we weren't even discussing with them the Final

1 Rule at all until the regulations, and have now told
2 them, you know, we're already starting to talk to
3 providers about this is what Final Rule is, this is
4 what we expect. All they saw was that this was when
5 the reg was active, not that we were doing preliminary
6 work up front to say here's how we get this reg into
7 implementation. They thought it wasn't going to even
8 start work until that reg.

9 MS. MCCRACKEN: Okay.

10 MS. GRESHAM: That was the date they were
11 looking at.

12 MS. MCCRACKEN: Okay.

13 MS. GRESHAM: That preliminary reg is not --

14 MS. MCCRACKEN: Yeah. I see the last year as
15 being that's when if people have to move or close,
16 that that's a lot and nobody knows really how that's
17 going to happen in that last year.

18 MS. GRESHAM: Right. And that is one of the
19 things that's on ours to really look --

20 MS. MCCRACKEN: Okay.

21 MS. GRESHAM: -- at that process --

22 MS. MCCRACKEN: Okay.

23 MS. GRESHAM: -- to say, okay, if we get
24 there and there is somebody, then what? That is a
25 process --

1 MS. MCCRACKEN: Okay.

2 MS. GRESHAM: -- that we are really starting
3 to look at of where we believe we do need additional
4 work to say, okay, you don't meet compliance, you
5 don't want to meet compliance.

6 MS. MCCRACKEN: Okay.

7 MS. GRESHAM: You know, you want to get --
8 what do we do in that?

9 MS. MCCRACKEN: Okay.

10 MS. GRESHAM: So that is something that we
11 are actively looking at to even set up those
12 structures.

13 MS. MCCRACKEN: Okay. Steve is a provider
14 representative too. I don't know if he would agree
15 with this, but I don't think it should even have to be
16 a formal recommendation. I think that we should agree
17 at this moment that providers have to be involved in
18 this process, or should be, in developing how this is
19 going to work. We could help you get this approved.
20 We could help Kentucky succeed in this; right? I
21 mean, this is our world what we have to do. So I
22 don't think it should just be, you know, scratching
23 out a plan on paper and then, you know, implementing
24 it by regulation. We've got to figure it out
25 together, so . . .

1 MR. STEVENSON: Absolutely. I mean, this is
2 something that we don't want to have to take to the
3 MAC to --

4 MS. MCCRACKEN: No.

5 MR. STEVENSON: -- receive approval to, you
6 know, providers be involved in this whole process. So
7 for what it's worth --

8 MS. MCCRACKEN: No. We're in this one
9 together. We've got to be.

10 MR. STEVENSON: Absolutely.

11 MS. MCCRACKEN: We've got to get it approved.

12 MR. STEVENSON: Absolutely.

13 MS. MCCRACKEN: And comply.

14 MS. GRESHAM: And we are going to have more
15 webinars in August. We've just --

16 MS. MCCRACKEN: Yeah, I saw that.

17 MS. GRESHAM: -- requested with our people
18 who do our webinars, hey, what dates do you have? And
19 as soon as we have all of those firmed up we will
20 publish those. So we are looking at continual --

21 MS. MCCRACKEN: Okay.

22 MS. GRESHAM: -- communications to --

23 MS. MCCRACKEN: Similar to what we did, that
24 format with the stakeholders and things?

25 MS. GRESHAM: We believe so.

1 MS. MCCRACKEN: Okay. Awesome. The only
2 comment I had from that, I heard people say that
3 parents didn't really know about those.

4 MS. GRESHAM: And we have addressed that
5 with --

6 MS. MCCRACKEN: Okay.

7 MS. GRESHAM: -- specifically with DDID --

8 MS. MCCRACKEN: Okay.

9 MS. GRESHAM: -- to say, hey, let's make sure
10 our consumers know and are aware.

11 MS. MCCRACKEN: Okay. Thank you.

12 MR. STEVENSON: Since our last meeting,
13 discussing the communication issues, it sounds like
14 we're resolving some of those communication issues,
15 and if we can get that to the families, that's even
16 better. Patty, Christan, anything on your end?

17 MR. STEWART: No.

18 MS. DEMPSEY: No.

19 MR. STEVENSON: Okay. Anyone else regarding
20 the Transition Plan? Thanks.

21 Okay. Let's do some updates on the SCL
22 waiting list and also -- well, we'll get into Michelle
23 P. here in a second, but as we always like to do we
24 like to get updates on SCL, the current number being
25 served, the number on the waiting list, whatnot. So,

1 if we could get an update on that, that would be
2 great.

3 MS. BEATTY: The number of people who have a
4 PA in the SCL waiver is 4,689. And there are 170
5 people on the emergency list. There are about 10 to
6 15 new folks put on the waiting list. I didn't get
7 that exact number.

8 MS. DEMPSEY: How many on the waiting list?

9 MR. BEATTY: I'm not sure. I didn't bring
10 that number. Sorry.

11 MR. GRESHAM: The total number is 2,295.

12 MR. STEVENSON: Did you hear that, Patty?

13 MS. DEMPSEY: How many?

14 MR. STEVENSON: 2,295.

15 MS. DEMPSEY: Okay. Got it. So, like, are
16 there people on the emergency waiting list still?

17 MR. STEVENSON: Yes, 170 people.

18 MS. DEMPSEY: Okay. Okay. Thank you.

19 MR. STEVENSON: Okay. And then is --

20 MS. MCCRACKEN: Earl, are those counted in
21 the 2,295, the 170?

22 MR. GRESHAM: Yes.

23 MS. MCCRACKEN: Okay.

24 MR. STEVENSON: Okay. And also there was a
25 -- what's the update on the distribution of new slots?

1 MR. GRESHAM: Still waiting for CMS to
2 approve the waiver.

3 MR. STEVENSON: And the time frame we think?
4 Was it -- do you recall?

5 MR. GRESHAM: Not sure honestly. The SCL RAI
6 is about to be submitted to CMS and they have 90 days
7 to review it.

8 MS. MCCRACKEN: The what is?

9 MR. GRESHAM: SCL RAI. Where they ask
10 questions.

11 MS. MCCRACKEN: RAI? Oh, okay.

12 MR. CALLEBS: Earl, do you know is the -- the
13 primary holdup is still the transition of the
14 therapies?

15 MR. GRESHAM: It shouldn't be. Most of that
16 should be taken care of. I know HCB is going live
17 with the transition on September 15th.

18 MR. CALLEBS: Okay.

19 MS. MCCRACKEN: Is it August 15th or
20 September 15th?

21 MR. GRESHAM: September 15th.

22 MS. MCCRACKEN: Is it? Okay.

23 MR. GRESHAM: So, with HCB going live it
24 shouldn't be that -- I mean, everything should be set
25 up for the other waivers as well.

1 MR. CALLEBS: Okay.

2 MS. MCCRACKEN: So we don't know what the
3 holdup is?

4 MR. GRESHAM: CMS has to have time to review
5 the SCL waiver once we give them the questions back --
6 the responses to the questions.

7 MS. MCCRACKEN: Okay. So are those
8 published? I didn't know that process. It's sort of
9 like -- I've never heard that term before just
10 personally, RAI.

11 MR. STEVENSON: What was that again?

12 MR. GRESHAM: Yeah, Request for Additional
13 Information.

14 MS. MCCRACKEN: Okay.

15 MR. STEVENSON: Gotcha.

16 MS. MCCRACKEN: Is that public that, or is
17 it --

18 MR. GRESHAM: I don't know if it's published.
19 Once we submit it you could request an open records,
20 and I'll have to find out if we put it on the web or
21 anything. I honestly don't know.

22 MS. MCCRACKEN: Can you kind of summarize
23 what the questions are?

24 MR. GRESHAM: It's 36 pages. No, I can't.

25 MS. MCCRACKEN: Or the subject of them, what

1 their problem is?

2 MR. GRESHAM: It's all kinds of different
3 things. They just go through and ask different
4 questions for where they are not understanding or
5 whatever.

6 MR. STEVENSON: Earl, can you notify the
7 committee to let us know when that's submitted so we
8 know when to make --

9 MR. GRESHAM: Sure.

10 MR. STEVENSON: -- a records request?

11 MR. GRESHAM: Absolutely.

12 MR. STEVENSON: Thank you. Any other
13 questions about SCL? The number of people that we
14 look to potentially serve additional is how many?

15 MS. MCCRACKEN: What was that?

16 MR. STEVENSON: How many additional people we
17 look to serve once it's been approved.

18 MR. CALLEBS: Slots that would be released?

19 MR. STEVENSON: Yeah, slots. Slots released.

20 MS. MCCRACKEN: 220; is that right?

21 MR. GRESHAM: 2 something.

22 MR. CALLEBS: 240.

23 MS. BEATTY: I've heard 240.

24 MS. MCCRACKEN: 240?

25 MR. GRESHAM: I think it's 240.

1 MS. MCCRACKEN: Those are ones that were
2 approved by the last budget.

3 MR. STEVENSON: Right. Right.

4 MR. CALLEBS: And then presumably this holds
5 or is likely to increase between now and then, so the
6 170 emergency status would, of course, take priority
7 so that leaves about 70 if that number holds steady.

8 MS. BEATTY: Which isn't historical. It
9 keeps going up.

10 MR. CALLEBS: Right.

11 MS. MCCRACKEN: Wow! Since the May meeting
12 the emergency list went from 119 to 170.

13 MR. CALLEBS: So more than likely all 240
14 will be taken up by people on the emergency -- in
15 emergency status, waiting status.

16 MS. BEATTY: That's possible.

17 MR. STEVENSON: Okay. Let's move on to
18 Michelle P. Let's talk about their waiting list and
19 active number being served. Lyris.

20 MS. CHILDS: Currently we have 5,356 members
21 on the waiting list.

22 MR. STEVENSON: I'm sorry. Please repeat.

23 MS. CHILDS: 5,356.

24 MR. STEVENSON: Thank you.

25 MS. CHILDS: And we just did a mailout, of

1 course, in June, June 24, of 200 for allocations.

2 MR. STEVENSON: Okay. And the number of
3 individuals currently being served?

4 MS. SMITH: 10,048.

5 MR. STEVENSON: 10,048. And are we still
6 around 60 percent of those under 21?

7 MS. SMITH: It's about 63 percent, so it's
8 3,396 are -- well, are under 18. It's a little bit
9 higher for under 21.

10 MR. STEVENSON: So it's 63 percent is the
11 under 18 number?

12 MS. SMITH: Yeah, it's the under 18 number.

13 MR. STEVENSON: Questions about Michelle P.?

14 MS. MCCRACKEN: I guess just about the waiver
15 renewal is all I'm curious about.

16 MR. STEVENSON: Okay. Let's talk about the
17 Michelle P. waiver renewal at this point. Shannon,
18 you have a question?

19 MS. MCCRACKEN: Just the status of it. We
20 were just asking about that.

21 MR. GRESHAM: The Commissioner's office is
22 reviewing the waiver right now. Once they're done
23 with it then we'll submit it to CMS and submit it for
24 public comment.

25 MS. MCCRACKEN: The next month then do you

1 think?

2 MR. GRESHAM: Sure hope so.

3 MS. MCCRACKEN: Okay.

4 MR. STEVENSON: Additional questions about
5 renewal? I know we're kind of waiting at this point.
6 Patty, Christan, any questions about Michelle P.?

7 MR. CALLEBS: There are two other items,
8 Chris, underneath.

9 MR. STEWART: Yes. Again, Earl, what did --
10 I'm sorry, I didn't catch the time frame as far as
11 public -- you said there was going to be public
12 comment about the revisions. Do you know what time
13 frame that will occur?

14 MR. GRESHAM: As soon as we get the approval
15 to submit it to CMS, then the information will go out
16 in the papers and it will be on the website to accept
17 public comment for 30 days.

18 MR. STEWART: Do you have any idea or could
19 you ballpark it when that roughly would be?

20 MR. GRESHAM: Hopefully within the next
21 couple of weeks.

22 MR. STEWART: Okay. And also I had one
23 related question. I know recently I found out Seven
24 Counties was audited with regards to the clinical
25 documentation sheets for Michelle P. waiver, and

1 apparently there was a significant sum of money that
2 was recouped by Medicaid because the documentation
3 sheets were deemed inadequate. And so Seven Counties
4 recently has provided quite a bit more education with
5 regards to what's needed or required on those medical
6 documentation sheets. Does anyone have a comment or
7 know about that situation?

8 MR. GRESHAM: No, sir. I don't know about
9 that specific situation.

10 MR. STEWART: Because at least as far as on
11 the consumer end of it, I realize that there is
12 certainly a need for proper documentation, but again,
13 it seems like the pendulum has swung too far and the
14 amount of documentation being required or requested is
15 just enormous, you know, for these providers of
16 services. And just, you know, I realize it's most
17 likely if it's regulation driven to follow the
18 regulation as far as what's required on those clinical
19 documentation sheets, but I didn't know if anyone knew
20 about it or if there is anyone that I could be
21 directed to to find out more information about that
22 situation.

23 MR. GRESHAM: Do you know who the audit was
24 completed by?

25 MR. STEWART: No. I don't have those

1 specifics other than just generically it was the
2 Department of Medicaid.

3 MR. GRESHAM: Well, either -- it's kind of
4 strange because while we'll send out the recoupment
5 letter, the audit is actually conducted by a
6 subcontractor.

7 MR. STEWART: Um-hum.

8 MR. GRESHAM: And if it was completed last
9 month, I don't know that we would have sent out the
10 letter yet. It could be a citation letter possibly,
11 but without knowing the specifics of that issue, I
12 can't really answer it.

13 MR. STEWART: Okay. I'll try to find more
14 specifics about it and bring it to the next meeting or
15 as well, if anything, I can find your email and send
16 it to you.

17 MR. GRESHAM: Yeah. If you can do that, that
18 would be great and I can follow up with it.

19 MR. STEWART: Okay.

20 MS. MCCRACKEN: Christan, this is Shannon. I
21 can't let that pass without assuring you Seven
22 Counties is not alone. There are many, many providers
23 with significant recoupment for minor documentation
24 errors since 2014. It's a new trend.

25 MR. STEWART: Right.

1 MS. MCCRACKEN: And there are many providers
2 with attorneys and having dispute resolution meetings
3 and beyond, and some are starting to be successful.
4 So that's not anything that's dying down soon.

5 MR. STEWART: Right. And that's what I've
6 heard before. You know, I've heard of these problems
7 with other providers, but I know, you know, just
8 bringing it down to the consumer level and employees,
9 you know, the amount of documentation now that Seven
10 Counties is requesting is fairly significant even for
11 small periods of time. And it's, you know, placing a
12 significant burden on us to provide that documentation
13 and it just seems like it's a little bit over the top,
14 especially for instance, for respite. You know,
15 previously there was a fairly straightforward
16 statement that you would use for respite that seemed
17 to encompass, you know, the needs. And now they're
18 requesting significant more amounts of information
19 similar to CMS, you know, even for respite and it just
20 doesn't seem necessary.

21 But I was just trying to get clarification on
22 what prompted this and as well maybe what I need to do
23 is just go back to the regulation and find out the
24 particulars for respite and CMS and what is required
25 to see if the response from Seven Counties is even

1 appropriate.

2 MR. CALLEBS: Christan, this is Johnny. Is
3 the recoument based on documentation from CDO, people
4 who are doing CDO in Michelle P.?

5 MR. STEWART: Yes. Yes, that's my
6 understanding. There was CDO for both CLS and respite
7 and apparently it was because the documentation
8 provided by the employees for, you know, the time
9 covered was not sufficient and were given -- I don't
10 know the specifics, but you know, even on it for my
11 employees and I try to QA, you know, what they send in
12 and have them correct things that doesn't seem
13 appropriate. But it seems as though, you know, decent
14 summaries were being submitted and still weren't
15 sufficient.

16 And, you know, again, I understand both sides
17 of it, but I realize that there needs to be proper
18 documentation. But it just seems like now that there
19 was a bunch of stuff put in just for verbiage versus,
20 you know, what actually happens in allowing, you know,
21 -- you know, proper documentation to occur. But it
22 took -- it's just frustrating because the time
23 involved is increased without really having that time
24 to take care of, you know, the documentation now
25 that's being requested.

1 MR. CALLEBS: Sure. Is the recoupment in
2 that case, if it involves CDO, does the recoupment
3 come from a provider like Seven Counties or is it
4 money asked back from the recipient who is the
5 employer?

6 MR. SHANNON: It's who got the money. So the
7 dollars go to the agency. The agency then reimburse,
8 you know -- pays the salaries on CDO, so it comes out
9 of the provider.

10 MR. CALLEBS: From the provider. Okay. Do
11 they in turn get it from --

12 MR. SHANNON: No.

13 MR. CALLEBS: No. It's just a loss for the
14 provider?

15 MR. SHANNON: Yeah. Because the individual
16 doesn't have the money.

17 MR. CALLEBS: Neither does the provider.

18 MR. SHANNON: I understand that. I'm just
19 trying to explain what happens.

20 MR. CALLEBS: I understand.

21 MR. SHANNON: But, and you know, and I
22 represent them. You know, I understand it in the
23 right way.

24 MR. CALLEBS: I'm agreeing with you.

25 MR. SHANNON: That's the breakdown --

1 MS. MCCRACKEN: Yeah.

2 MR. SHANNON: -- is that you can't --

3 MS. MCCRACKEN: Because you've already paid
4 for the service. I mean, you've paid to have it.

5 MR. CALLEBS: You've already paid that.
6 Yeah. Okay.

7 MS. MCCRACKEN: Yeah.

8 MR. SHANNON: And it's wages that they've
9 already spent.

10 MS. MCCRACKEN: Yep.

11 MR. SHANNON: There's not a way to recoup it
12 back from them.

13 MR. CALLEBS: Yes.

14 MS. MCCRACKEN: We understand.

15 MR. CALLEBS: Thank you.

16 MR. STEWART: Yeah.

17 MR. CALLEBS: Well, and also underneath the
18 Michelle P. is a subcategory of a 40 hour regulation
19 asking if there was a change. Christan or Patty, was
20 that your question about the 40 hour a week?

21 MR. STEWART: Yes. That is my question and
22 that's why I was wondering when the -- you know, once
23 the new waivers or new regulations are approved when
24 that was going to be out for public comment. Does
25 anyone know if that was specifically addressed or

1 changed or is it still the same?

2 MR. GRESHAM: Can't really discuss it until
3 it goes out for public comment because anything can
4 change between now and then.

5 MR. STEWART: Okay.

6 MS. DEMPSEY: Actually, it was one of our
7 questions too because there's still a lot of buzz
8 about that on the 40 hour restriction, which actually
9 limits people's flexibility; right, Christan?

10 MR. STEWART: Yes. That's correct.

11 MS. DEMPSEY: Yeah. And so there's actually
12 a lot of talk going on about it right now among
13 families. And actually, (inaudible) brought it up at
14 this TAC group that actually has taken it to the MAC
15 several times too, but you know, in hoping that would
16 be changed in the reformation. And so, anyway,
17 because it does restrict what people -- it restricts
18 people's flexibility. So anyway, but no comment on
19 that for right now; right?

20 MR. GRESHAM: That's correct.

21 MS. DEMPSEY: Okay. Okay. Thank you.

22 MR. CALLEBS: And there was also a final
23 issue on Michelle P. on the agenda, budget amounts.
24 Was that your issue, Patty?

25 MS. DEMPSEY: Yeah. And on the budget

1 amount, like, it's my understanding that the budget
2 amount is still the same. The hours are restricted to
3 40 hours, which actually cuts some people's budgets.
4 And so it's my understanding the way the regs are
5 going that that 40,000 limit is still going to be
6 there. So, yeah, that was the question so . . .

7 MR. CALLEBS: Okay. So that's tied into the
8 40 hours?

9 MR. STEVENSON: Right.

10 MR. CALLEBS: Okay.

11 MR. STEVENSON: Okay. Anything else
12 regarding Michelle P.? Any additional questions,
13 concerns?

14 MS. MCCRACKEN: Earl, this is something maybe
15 -- I don't expect you to answer it today, but maybe we
16 could address it as an agenda item next time is the
17 auditing schedule for waivers. Because you still have
18 -- we have certification review for current for the
19 past year and then we're still going back into '14 for
20 a lot of -- everybody just wants, you know, is there a
21 plan to bring that up to date? Is there additional
22 contractors for that purpose or will we ever be up to
23 date?

24 MR. GRESHAM: You can't ever be up to date
25 because you have to allow for the year timely filing.

1 MS. MCCRACKEN: Well, sure. I just meant
2 consistently behind like where we know what to expect.

3 MR. GRESHAM: No, honestly.

4 MS. MCCRACKEN: Never?

5 MR. GRESHAM: Because staffing fluctuates and
6 right now we're -- it's difficult to hire anybody. So
7 we're constantly in catchup mode right now.

8 MS. MCCRACKEN: Okay.

9 MR. GRESHAM: We were almost there and then
10 we had several people retire, and so we're trying to
11 get to that point. I don't have an ETA on when that
12 will happen.

13 MS. MCCRACKEN: Okay. But that's the goal
14 obviously.

15 MR. GRESHAM: Yes.

16 MS. MCCRACKEN: Okay. I was curious if one
17 was more behind than the other and things. It's just
18 difficult to archive, go back and dig and you really
19 don't know what to expect, so . . .

20 MR. GRESHAM: Right.

21 MS. MCCRACKEN: Okay. You think you're done
22 with those notes and, nope, you're not.

23 MR. STEVENSON: Okay. I think we updated on
24 MWMA unless there's --

25 MS. MCCRACKEN: Do you have an update or --

1 MR. STEVENSON: Oh, go ahead.

2 MS. MCCRACKEN: That's why I figured she was
3 here.

4 MR. STEVENSON: Go ahead. I'm sorry.

5 MS. FISH: I didn't know if Earl wanted to
6 say anything prior to me. All right. So again, Stacy
7 Fish. I'm on the IT side, Division Director for the
8 Division of Medicaid Systems. So MWMA falls under my
9 division, so I've learned a lot since I've been there
10 in this past year, so bear with me. I still don't
11 have quite all the processes and procedures down.

12 But I wanted to start with saying thank you
13 for working with our contact center and reporting
14 issues. That's really honestly -- I know it may be
15 painful for you-all to stop during your day and make
16 that phone call, but that's the only way we can find
17 out what the issues are and attempt to fix them. So,
18 I appreciate, you know, that continued contact with
19 our contact center.

20 And Shannon stole a lot of my thunder
21 earlier, but --

22 MS. MCCRACKEN: Sorry. Go ahead.

23 MS. FISH: No. It's absolutely okay.

24 MS. MCCRACKEN: Say it again.

25 MS. FISH: Yeah. We've worked together with

1 the Commissioner's office, Shannon, myself, Mary
2 Yarmuth from Active Day. We had an excellent meeting,
3 I thought, on Monday. Very positive changes coming.
4 I'm sure everyone has heard the term the F-E-I-N issue
5 and that's really kind of how things are organized in
6 MWMA. We worked with them, got their vie in on some
7 system changes that we would like to implement where
8 things will now show more at a location level. So
9 when you-all are going -- Active Day is a great
10 example. So right now you're seeing Active Day and
11 you'll see two of them based on their Federal Tax ID.
12 We are going to start changing the screens where those
13 things are appropriate to all the different locations
14 at a provider number, name level. I think that will
15 cause a big relief for you-all, especially if you're
16 transferring cases within other agencies and stuff
17 like that.

18 So Shannon alluded to it, we are going to
19 have them come in, Active Day, anyone Shannon
20 identifies to help us with our testing for that. I
21 think that will be a very positive experience to make
22 sure that they're comfortable, particularly Active Day
23 because this one drastically affects them.

24 And then also what she alluded to, I'm going
25 to work with you, hopefully after this, to get you-all

1 in and get those case managers in, maybe also some
2 from Active Day. We can only handle a small group,
3 but we'd like to get people in and work in front of us
4 so that we can see where the issues are, where they're
5 running into roadblocks and then what we can do to fix
6 those. So I think those are very positive things
7 coming.

8 MS. MCCRACKEN: Yes.

9 MS. FISH: Specifically, on our screen
10 changes to things at a provider name level. We're
11 looking to put that into our production environment
12 August -- the evening of August 5th. So it should be
13 available to everyone August 6th. So we're really
14 excited. We've not only changed screens so that will
15 help you, we've also changed there was an element of
16 this that affected notices going out and not all
17 locations being on the notice. Just for logistics
18 wise and we can't stuff, you know, 100 pages into an
19 envelope, we're actually going to even remove that
20 list of agencies from the notice. And we have
21 developed a new website for Medicaid. It's a new
22 provider directory giving some advanced filtering
23 capabilities. You're able to answer, hey, are you
24 looking for a waiver provider? And then filter out
25 some of that that way even based on waiver program

1 type and stuff.

2 So, we'll have that as a resource. If they
3 don't have access to the internet or maybe your case
4 managers don't have access, member services will have
5 access to this and will be able to assist people and
6 find providers near them.

7 So I think we took a two-prong approach, and
8 I appreciate your patience over the past few months as
9 we've develop particularly the additional website to
10 accommodate the notice changes. But very positive
11 things are coming.

12 MS. MCCRACKEN: Thank you. It's been a long
13 time. We appreciate it very much.

14 MR. STEVENSON: Um-hum.

15 MR. CALLEBS: Can I ask a question?

16 MS. FISH: Yes, sir.

17 MR. STEVENSON: Will Carewise be involved
18 also in this small group training? I know there's
19 been a lot of back and forth. Seems to be a
20 disconnect, too, between MWMA and maybe the folks
21 at --

22 MS. FISH: I don't think we would do that
23 together with these case managers.

24 MR. CALLEBS: Okay.

25 MS. FISH: But, you know, my friend is down

1 there at the end of the table, those are who I work
2 with to go through with Carewise issues. And I have,
3 I've heard that consistently from Shannon, from you,
4 from several other places that there seems to be a
5 lack of training and a lack of understanding on that
6 side. So I'm open to whatever we can do to help.

7 MR. CALLEBS: Okay. Well, yeah, it's still
8 new to a lot of people, MWMA, and so there is
9 sometimes if you call or you're directed to call
10 Carewise and then when you do, Carewise says we don't
11 know anything about that, you need to call --

12 MS. FISH: Yeah, and Shannon and I talked
13 about that. Thank you for reminding me. One of the
14 things that we are going to instruct our call
15 center--I've been out some this week so I haven't had
16 a chance to do this yet--but I want to sit down with
17 them this afternoon and tell them if your providers
18 call our MWMA call center first and really they think
19 it should be a Carewise issue, I'd like our call
20 center to coordinate that for you. And we can figure
21 out and work with HPE, work with Carewise, on the back
22 end to figure out what the issue is, get it resolved
23 and then our MWMA contact center can reach back out.

24 Now, if your providers know, truly, I need to
25 talk to Carewise for whatever, then yes, please

1 continue to reach out directly to Carewise. But if
2 it's one of those you're on the fence, we can help
3 you. Because I don't want people to be shuffled back
4 and forth. It's just bad customer service.

5 MR. CALLEBS: Sure. Thank you.

6 MS. SMITH: A lot of the providers have our
7 direct email, you know, have that UM research box that
8 we have and so we have staff that monitor that. So
9 you know, any time too, somebody is frustrated, you
10 know, we certainly don't want people being, you know,
11 spun in circles that, you know, we might not have the
12 answer but a lot of times we can get you out of, okay,
13 wait, no, it truly goes here, it truly goes here and
14 can facilitate helping that happen. So, please, you
15 know, any time that happens they can direct it to us.

16 MS. MCCRACKEN: What is that email?

17 MS. SMITH: It's `um_research@hpe.com`.

18 MS. MCCRACKEN: Hpe?

19 MS. SMITH: Hpe.

20 MS. MCCRACKEN: I've never heard of that.

21 MS. DEMPSEY: Okay. I have a question.

22 MR. STEVENSON: Go ahead, Patty.

23 MS. DEMPSEY: Chris, thank you. Actually, I
24 know the computerized MWMA system, which they throw
25 you into theirs, mostly is a provider issue, but

1 actually there are people receiving letters right now
2 that are coming from the MCOs, which is they go out to
3 family members and individuals right now across the
4 state. And I guess this is -- I think it's an MWMA,
5 although the people that called us actually are
6 calling in some other computerized system and I don't
7 think there is another one unless I'm wrong. But
8 what's happening is people are getting letters across
9 the state from MCOs and they're actually getting
10 cards. And these are people that are on Medicaid
11 waiver services --

12 MS. MCCRACKEN: Yep.

13 MS. DEMPSEY: -- that actually would not be
14 eligible for Passport or Carewise, so -- and I know
15 they've been calling -- I'm not sure who they've been
16 calling at the state. But I don't know if you-all are
17 aware of that, but there's a lot of letters going out
18 that are putting people that are not supposed to be on
19 MCO services. Are you aware of that?

20 MS. FISH: This is Stacy, so thank you.
21 Earl, if you don't care if I take this one?

22 MR. GRESHAM: That's fine.

23 MS. FISH: I have heard of this. I do not
24 know the intimate details of this. But the other
25 potential place that they could be calling is through

1 the Benefind Hotline; right? Because a lot of those
2 things are eligibility things that would filter
3 through DCBS or whoever assisted with that, entering
4 that application. So, I don't know the details and
5 I'm sorry I can't provide those to you, but I can --

6 MS. MCCRACKEN: Just to try to connect the
7 dots, Laura, you were here last time and you said your
8 DCBS workers, there was one issue where they weren't
9 seeing the bottom of the 552 to see that they were
10 waiver.

11 MS. SANDERS: Um-hum.

12 MS. MCCRACKEN: And that was causing people
13 to be put into MCOs; right?

14 MS. SANDERS: Yeah. It's where -- because
15 waivers are interfaced with our system now. So if
16 there's a problem with the interface and the system
17 doesn't know that that person is in waiver, it's
18 treating them like they're not and saying oh, we
19 need --

20 MS. MCCRACKEN: Right.

21 MS. SANDERS: -- to enroll them in an MCO.

22 MS. MCCRACKEN: So are those separate issues
23 or is that all connected in some way? I'm not smart
24 enough to --

25 MS. SANDERS: I'm not enough of a computer

1 person to know. In my brain they're connected, but I
2 don't know.

3 MS. MCCRACKEN: Is it?

4 MS. FISH: Based on what she said I would
5 assume that that was connected.

6 MS. MCCRACKEN: Okay. Well, I will --

7 MS. FISH: I just don't have an update on
8 that.

9 MS. MCCRACKEN: I'll just add on to what
10 Patty is saying where people are getting letters,
11 participants are getting letters. It also makes the
12 providers not able to bill for the person. And I've
13 asked providers, and on average, people have five to
14 six people that they are not being paid for that they
15 cannot. And day service providers are saying you
16 can't come to day training. They lose their
17 transportation. We have people that can't go to the
18 dentist.

19 MS. SANDERS: Because of the MCO enrollment?

20 MS. MCCRACKEN: Yes.

21 MR. CALLEBS: Yes.

22 MS. SANDERS: And I don't know, it might be
23 DMS, because I don't know. But I thought that I had
24 been told that even if they were enrolled in an MCO
25 incorrectly, the provider could still bill. Is that

1 not correct?

2 MS. MCCRACKEN: Well, it's not happening.

3 MR. CALLEBS: No.

4 MS. SMITH: Most times it is at the patient
5 level is if all the segments are on file --

6 MS. SANDERS: Uh-huh.

7 MS. SMITH: -- yes, but most times the
8 patient liability segment there's a date issue or
9 there's something --

10 MS. SANDERS: So it's two issues, yeah.

11 MS. SMITH: Right, there is. I think it's
12 several things together I think.

13 MS. SANDERS: Yeah. It's because that level
14 of care did not interface correctly, it's enrolled
15 them in an MCO. But the level of care is not there
16 for the provider to bill. So, they're connected but
17 they're two separate issues. They should be able to
18 bill even if somebody is in an MCO is my
19 understanding.

20 MR. SHANNON: No.

21 MS. MCCRACKEN: We're not.

22 MR. SHANNON: No, we cannot.

23 MS. MCCRACKEN: No.

24 MR. CALLEBS: You can, but you won't be paid.

25 MR. SHANNON: You cannot be in two waivers.

1 MS. MCCRACKEN: Good point, Johnny. That's
2 the answer.

3 MR. CALLEBS: You can bill.

4 MR. SHANNON: You can't be in two waivers,
5 and what happens is the recipient of Michelle P. or
6 SCL, they get kicked out because they're enrolled --

7 MS. MCCRACKEN: Right.

8 MR. SHANNON: -- erroneously in an MCO. And
9 I don't know what the technology is, but that's the
10 reality. So what happens is, I guess the system sees
11 it per member per month going to an MCO, therefore,
12 they can't be in a waiver because you can't be in both
13 and the waiver provider doesn't get paid. This
14 happens on a regular basis.

15 MS. MCCRACKEN: Yes.

16 MR. SHANNON: And either the Owensboro or
17 Henderson DCBS office, I've gotten calls from them
18 every four or five months for the last four years that
19 some reason something happens there. So it is a
20 persistent problem. I suspect the Benefind issue is
21 driving the increase in this right now. People
22 mistake their place, but this is not a new problem.
23 This has been going on --

24 MS. MCCRACKEN: We -- no.

25 MR. SHANNON: -- since the --

1 MS. MCCRACKEN: 2011.

2 MR. SHANNON: -- 2011 whenever it first went
3 in.

4 MS. MCCRACKEN: Since the MCOs first came to
5 Kentucky, it started happening then and we kind of
6 resolved it just by education.

7 MS. SANDERS: Yeah.

8 MS. MCCRACKEN: And then it has definitely
9 spiked with Benefind.

10 MS. SANDERS: Yeah. Because of the influx.

11 MS. MCCRACKEN: Spiked. So up to the point
12 there are probably hundreds of people that are in that
13 situation right now and providers can't bill. And we
14 don't know how to help.

15 MR. SHANNON: And providers don't know about
16 it until their claim is denied.

17 MS. FISH: Yeah. And I don't mind to go back
18 and find out some more information.

19 MS. MCCRACKEN: Okay.

20 MS. FISH: I'm just not intimately aware of
21 it.

22 MS. MCCRACKEN: Okay.

23 MS. SANDERS: And Stacy would be the person.

24 MS. DEMPSEY: Okay. Let me just tell you
25 that people are getting cards and it says first place

1 was Benefind and they have been calling and then so
2 they get the -- when it got down to it that it was and
3 it's probably because it's combination, it is an MWMA
4 issue. But what's happening is the problem is so
5 they're calling as soon as they can, the families are,
6 calling the state. So what happened are people are
7 getting -- they're not getting -- they're getting the
8 colored cards in the mail to use and they can't use
9 that. So they're not getting changes for services
10 because they're not getting the blue and white card
11 for waiver services. Okay. So, I just wanted to make
12 that clear.

13 MS. MCCRACKEN: And I was told the other day
14 when I was advocating for somebody that needed to go
15 to the dentist and we could not -- it's been four or
16 five months we can't resolve this issue. And so
17 finally we were told -- I think Alisha told us, well,
18 go ahead, she can go to the dentist using the MCO.

19 MS. SANDERS: Yeah. That's . . .

20 MS. MCCRACKEN: But that's so messy. She's a
21 waiver person. We don't know what to tell people. So
22 I'd love to help fix this by just -- if there's any
23 way to tell me do you want me to gather by spreadsheet
24 the providers -- the people that I know that are on an
25 MCO?

1 MR. SHANNON: List of names on a spreadsheet
2 to Leslie Hoffman. That's what we've done and that's
3 been a success.

4 MS. DEMPSEY: Okay.

5 MS. MCCRACKEN: Okay. Is that --

6 MS. FISH: That's not my call.

7 MR. SHANNON: I mean that's what we've been
8 told to do.

9 MS. MCCRACKEN: Yeah.

10 MR. SHANNON: That's who I call.

11 MS. MCCRACKEN: Well, I'm just hearing, you
12 know, is it DCBS, OATS, Benefind. I don't know where
13 to turn which would be best.

14 MR. SHANNON: Leslie Hoffman. I mean she
15 told us directly send it to her.

16 MS. MCCRACKEN: Yeah. She's told us to do
17 that too and we've done and --

18 MR. SHANNON: So when we get the name, we
19 send it on to her and we don't have the problem here.

20 MS. MCCRACKEN: And to her credit, I mean, a
21 lot of them are resolved, but a lot of them just say
22 received and sent on for further research and we never
23 hear back. So I don't know. I just want the most
24 effective way to resolve this specific issue if I can.
25 Anybody want it?

1 MR. GRESHAM: You can either email it to me
2 or Leslie.

3 MS. MCCRACKEN: Okay.

4 MR. SHANNON: Yeah, I was told Earl too.

5 MS. MCCRACKEN: All right.

6 MR. GRESHAM: Yep.

7 MS. FISH: I think it sounds like they
8 already have a process in place to contact either my
9 division or the other and, I mean, I would be happy to
10 help them.

11 MS. MCCRACKEN: I appreciate that, but I
12 also --

13 MR. SHANNON: I would prefer an
14 organizational solution so it doesn't happen again.

15 MS. MCCRACKEN: Absolutely. But I also deal
16 with the real issues that I've had one person for four
17 months emailing people on one person that can't get
18 off the MCO and back and resolved.

19 MS. DEMPSEY: Is that you Shannon?

20 MS. MCCRACKEN: This is Shannon. And I've
21 emailed everybody --

22 MS. DEMPSEY: Okay.

23 MS. MCCRACKEN: -- in the Cabinet just about
24 to resolve for this woman without success.

25 MS. DEMPSEY: I don't have -- I don't have

1 the name in front of me, but the family members when
2 they had called the state, they gave them the person's
3 name to call and I don't have that right now, but I'll
4 send that to you.

5 MS. MCCRACKEN: Okay. Thank you.

6 MS. SANDERS: And Shannon, you're welcome to
7 send it to me. It may be that it's already --

8 MS. MCCRACKEN: Okay.

9 MS. SANDERS: -- been received somewhere
10 without a name.

11 MS. MCCRACKEN: Okay. Well, this will be a
12 new list, just a comprehensive with just the specific
13 MCO issue. Because it should not be hard to resolve,
14 I know, but there are lots of cases that people are
15 just -- they come to me after they've gone to
16 everybody else that they know to go to.

17 MS. SANDERS: I'm the least technical person
18 in the room because I deal with words and --

19 MS. MCCRACKEN: But you've been very helpful
20 and that means a lot.

21 MS. SANDERS: But I do know, and Stacy can
22 confirm, they are aware and that they're working on it
23 in some form or fashion with the MCO enrollments and
24 the interface. So that's -- we feel your pain because
25 we get the same number of names that -- you know,

1 we're getting the other end of it, so it's a problem.

2 MS. MCCRACKEN: Well, I'm a fixer. I'm a
3 project manager. I want to help. That's what I told
4 Stacy. And if you tell me how to help you fix it, I
5 just -- if people know exactly what to send and who to
6 email. And Leslie has helped with a lot of those
7 billing type of issues, but this one is different and
8 specific. Okay.

9 MS. DEMPSEY: Thank you.

10 MR. STEVENSON: Okay. Thank you. And I
11 guess we'll just continue on, Laura, with an update.
12 I know that last meeting we had you were talking about
13 there's some Bridge-The-Gap Training with staff. Can
14 you give us an update on that?

15 MS. SANDERS: They've started that training
16 as far as started -- I don't know if they've actually
17 started it or they're going to start it in a couple of
18 months. I haven't been in on --

19 MR. STEVENSON: And that's starting with
20 Jefferson County first?

21 MS. SANDERS: That was my understanding, yes,
22 to educate workers. We're also having a policy panel
23 in August, the 24th, 25th and 26th. Medicaid is going
24 to have -- Medicaid eligibility is going to have one
25 day of that policy panel and we're going to address a

1 lot of -- we're going to cram as much as we can into
2 one day where we think there's a disconnect in the
3 knowledge that workers have. And we'll actually be
4 meeting with program specialists and SRAs, NSRAAs, and
5 then they'll take that back to field workers.

6 So, yeah, we're getting it out there as
7 quickly as we can. It's just they've had a lot from
8 that in the last few years, so we got to get them back
9 up to speed on how everything works.

10 MS. MCCRACKEN: We had a provider request for
11 an idea, and I'll just throw it out there, but --

12 MS. SANDERS: Okay.

13 MS. MCCRACKEN: -- like a call center type
14 thing, a small like call center specifically for
15 waiver at DCBS.

16 MS. SANDERS: I know there's a provider line
17 that you can call.

18 MS. MCCRACKEN: Or just, you know, that you
19 get somebody that knows what we do.

20 MS. SANDERS: It's my understanding there is
21 a provider number. It's not specifically for waiver,
22 but there is a provider number.

23 MS. MCCRACKEN: Do you know that?

24 MS. SANDERS: I don't know it off the top of
25 my head, but I can send it to you.

1 MS. MCCRACKEN: Okay. That would be great.

2 MS. SANDERS: Yeah. And it's, like I said,
3 it's not specifically for waiver, but it is for
4 providers and it's staffed with experienced workers
5 that would probably -- you know, would be better able
6 to help if it's a complicated issue, and I'll send you
7 that.

8 MS. MCCRACKEN: I appreciate that.

9 MR. STEVENSON: Laura, would you send that to
10 Dawn? And Dawn, if you could just send that to the
11 group.

12 MS. WHEELER: Uh-huh.

13 MS. SANDERS: Yeah. And I'll get your email
14 address afterwards.

15 MS. MCCRACKEN: We're on the cusp a lot of
16 times in waivers and we're just big enough to be a
17 pain in the neck, but not big enough to get attention
18 like, you know, health and welfare and things like
19 that, so . . .

20 MS. SANDERS: Yeah. There is a provider
21 line.

22 MS. MCCRACKEN: Gotcha. Thank you.

23 MR. STEVENSON: Anymore questions about -- to
24 Laura about the DCBS issues? And we skipped down --
25 we skipped the update on the 1115 waiver. I think

1 that we were seeking some feedback from the MAC, but
2 just any general updates about 1115 waiver that
3 affects IDD services?

4 MR. GRESHAM: The only thing we're allowed to
5 say is that it does not affect the waivers and any
6 other communication has to come out from the
7 Commissioner's office.

8 MR. STEVENSON: Does not affect the waivers,
9 okay, at this time.

10 MS. MCCRACKEN: Patty, there is a group, I
11 don't know if you're on that email list, there's an
12 advocacy leader group Steve and I are involved in
13 that. Darla Bailey has pulled it together just to --
14 at the request of Mr. Birdwhistell.

15 MS. DEMPSEY: Right. Right.

16 MS. MCCRACKEN: Okay. We had an initial
17 meeting.

18 MS. DEMPSEY: I'm on that list.

19 MS. MCCRACKEN: Okay. Good.

20 MS. DEMPSEY: I couldn't make it to the
21 meeting, but hopefully we'll make it to the next one.
22 I'm on that list. Thank you.

23 MS. MCCRACKEN: Yes. And that's specifically
24 -- I know there's a communication back. We've had two
25 meetings and now Commissioner Miller is going to meet

1 with that group prior to August 1st I think is the
2 request, so . . . and that's specifically addressing a
3 lot of the issues where people are--I can say it, Earl
4 can't--there are some overlap issues where people with
5 IDD are affected by some of the things, but they're
6 trying to help us define and resolve and ease those
7 fears or concerns. That's how I would characterize
8 it.

9 MS. DEMPSEY: Okay. Thanks. Yeah.

10 MR. STEVENSON: Okay. I know that it's a
11 challenge for the -- when it comes to the 1115 waiver
12 and MCO activity around this population, it is a
13 challenge to find metrics related to folks with
14 disabilities when it comes to their health outcomes,
15 behavioral outcomes. And that's something that I know
16 that our organization, Cedar Lake, and I know that
17 KAPP is working on, certainly Leading Age will be
18 discussing as well, is how do we begin working with
19 those MCOs or provider organizations or others in
20 other states that we're trying to learn from to
21 develop metrics and understand what it is that they're
22 looking for so that organizations -- I know
23 specifically for Cedar Lake we're looking at trying to
24 identify and understand areas of improvement based on
25 key performance indicators or quality metrics. And as

1 we develop those and KAPP develop those and Leading
2 Age, we'll certainly advise this group on areas that
3 we can identify and hopefully co-create. You know, we
4 want to be involved in the process to develop these
5 metrics so that we're at the table and not on the
6 menu.

7 MS. MCCRACKEN: Leslie had mentioned that
8 you-all are getting more requests in Medicaid from CMS
9 as far as data and outcome data and things, so we
10 really -- I mean, it only makes sense to us that, you
11 know, we be involved in assisting on how that's done.
12 Again, you know, not cook up something and serve it to
13 us, but we'd like to be involved with that because
14 we're kind of starting that process on our own. We
15 actually have hired a consultant from a group that
16 advises MCOs and does this in other states and
17 provider associations to help us begin that process
18 and what's most useful. So we're just trying to not
19 be naive that this is happening in a lot of other
20 states and there are conversations happening in
21 Frankfort about how our waivers would fit into this,
22 and we want to be proactive and hopefully do it well.

23 MR. STEVENSON: And while we'd like to have
24 plenty of time to discuss those, we're finding that
25 some states, you know, say, oh, this is a 3 to 5 year

1 plan and in 12 months it's enacted. And there's not a
2 lot of sense of what it is that they're identifying to
3 create efficiencies and specific health outcomes that
4 they're looking for. So it's a little frightening and
5 that's why we're keeping our eyes wide open in the
6 nation, and it would be good to have a discussion
7 around here as we develop more of that information and
8 bring it to the table.

9 MS. MCCRACKEN: We're the hardest population
10 to fit in that peg, too, because we're not traditional
11 health -- you know, I mean, everybody we support also
12 has health issues, just like we do, it's part of their
13 life. But long-term services is really a different
14 animal to try to make that work. And states haven't
15 done it long enough to see who's done it well, who's
16 done it poorly. So maybe we can do it our own way and
17 do it well, so . . .

18 MR. STEVENSON: Okay. At this point we've
19 run through the agenda. Are there any other agenda
20 items that need a discussion?

21 MS. DEMPSEY: Hey, Chris, one question about
22 the Medicaid eligibility if you don't mind --

23 MR. STEVENSON: Sure.

24 MS. DEMPSEY: -- that I think on eligibility,
25 and probably--I just wanted to make this group

1 aware--because I don't know if there's anybody there
2 from DCBS, but this goes along with some of that
3 information at the DCBS offices. There's additional
4 questions now when people go in to the offices to do
5 their applications and processes what have you that --
6 and there's some new questions being asked and one of
7 those questions are--and this is just to make you-all
8 aware--one of the questions are like what are the
9 parent's income and -- which really doesn't apply.
10 And they're having to take proof of income now to the
11 DCBS offices, which actually if a person is on waiver
12 services, actually that does not apply the parent's
13 income for that. And I just didn't know if anybody
14 was hearing anything about that and just wanted to
15 throw it out there so you-all were aware of it.

16 MS. SANDERS: I can address that. That is
17 actually not a change. When a child is in waiver we
18 do not count the parent's income. KYMMIS wasn't as
19 flexible a system as is Workaportal, so the kind of
20 workaround was not to enter the income. But the
21 policy has always required that we enter it so that if
22 the child is discharged from waiver it can go ahead
23 and make a correct determination to see if they're
24 still eligible because this is a more integrated
25 system. So we're not counting it, but we need it

1 there because if they are discharged we don't want to
2 just cut them off. We want to be able to still give
3 them Medicaid if they're eligible. And to do that we
4 have to have the parent's income.

5 MS. DEMPSEY: Okay.

6 MS. SANDERS: So that was kind of like an old
7 system thing and a new system thing. There has not
8 been a change. It's really a change in procedure. So
9 that's why we're adding that.

10 MS. DEMPSEY: Okay. So that's why that
11 question is being asked now and --

12 MS. SANDERS: Yes.

13 MS. DEMPSEY: -- hadn't been asked in the
14 past; right?

15 MS. SANDERS: Yes. Yes.

16 MS. DEMPSEY: Okay.

17 MS. SANDERS: Yes. And workers are confused
18 about that too and we've sent some stuff out and let
19 them know. Because they're like, well, I don't need
20 that. Well, you do if you want to make sure that
21 we're getting all the information to continue services
22 if they're discharged from waiver.

23 MS. MCCracken: Okay. That makes sense.

24 MS. SANDERS: Because we're trying to prevent
25 just cutting children off if they're still eligible.

1 MS. DEMPSEY: So are the parents required now
2 to take proof of income?

3 MS. SANDERS: Yes.

4 MS. DEMPSEY: Okay. So they are required to
5 do that then?

6 MS. SANDERS: Yes, they are. We need that in
7 there. We're not going to count it if they're in
8 waiver, but we need it in the system so that if
9 something happens we can correctly determine their
10 ongoing eligibility. So yes.

11 MS. DEMPSEY: Okay. And who is this I'm
12 talking to?

13 MS. SANDERS: This is Laura Sanders with
14 DCBS. I'm the --

15 MS. DEMPSEY: Oh, okay. Okay. What's your
16 first name?

17 MS. SANDERS: Laura.

18 MS. DEMPSEY: Oh, Laura.

19 MS. SANDERS: Yes.

20 MS. DEMPSEY: Okay. Thank you, Laura. So
21 have you-all been getting calls on this because we've
22 got about --

23 MS. SANDERS: Yes.

24 MS. DEMPSEY: -- 5.

25 MS. SANDERS: Yes.

1 MS. DEMPSEY: Okay.

2 MS. SANDERS: Yes.

3 MS. DEMPSEY: Okay. So we should just refer
4 them to you then; right?

5 MS. SANDERS: You can refer them to us,
6 that's fine, and we can answer the question. The
7 worker should be able to explain it too, because we've
8 sent information out to workers explaining the
9 necessity for this. And we really should have always
10 been doing it. It's just at some point was not
11 getting done and I think it was just because it was an
12 old system and it wasn't quite as flexible as this
13 system is. But, really, the policy has always been
14 that we get it up front and it's in there in case we
15 need it, so . . .

16 MS. DEMPSEY: Okay. That's very helpful.
17 Thank you very much. Because I really didn't have any
18 idea what was going on, so thank you very much.

19 MS. SANDERS: Yeah. It was just an issue
20 that came to light when we went to the new system,
21 so . . .

22 MS. DEMPSEY: But I will tell you though what
23 some of the parents that had called us about it have
24 told us that when they told DCBS offices that their
25 income was not required, then they were kind of

1 slacking off and saying, well, okay, you don't have to
2 bring your income, your statement of income.

3 MS. SANDERS: Yes. And that is going to be a
4 topic of conversation at our policy meeting. So we
5 recognize --

6 MS. DEMPSEY: Okay. Okay.

7 MS. SANDERS: -- we recognize that, yes, and
8 that's already been targeted and we are going to talk
9 about it.

10 MS. DEMPSEY: Oh, okay. Thank you very much.
11 I appreciate it.

12 MS. SANDERS: You're welcome.

13 MR. STEVENSON: Thank you, Laura, for being
14 here. Thank you.

15 MS. DEMPSEY: Thank you, Chris.

16 MR. STEVENSON: Thank you, Patty. Okay.
17 Looking at the next date that we are to get together,
18 there's a conflict with several of the folks that are
19 on the committee here for that Friday, September 16th,
20 and looking to reschedule that for Friday, September
21 9th from 10 to 12 if that works. For Patty and
22 Christan, does Friday, September 9th work for you?

23 MS. DEMPSEY: Actually, it sounds good to me.

24 MR. STEWART: Yes, that should work.

25 MR. STEVENSON: Okay. We'll just -- Dawn, if

1 you would, let's just re-issue that date to the 9th.

2 MS. WHEELER: I'll make sure the room is
3 available.

4 MR. STEVENSON: Thank you. Okay. Anything
5 else? Everyone, thank you for being here. Have a
6 great weekend and see you next time. Thanks guys on
7 the phone. Thank you.

8 (The meeting was adjourned at approximately
9 11:15 a.m.)

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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 hearing was reduced to shorthand writing by me;
 8 that the foregoing is a full, true and correct
 9 transcript of said meeting to the best of my ability.

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 8th day of August, 2016.
 15 My commission expires the 23rd day of August, 2019.

16
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 18 *Michele P. Keown*
 Michele P. Keown
 Notary Public
 State at Large, Kentucky
 Notary ID 538426
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