Transcript of the Testimony of IDD-TAC Meeting

Date: July 11, 2019

Case: Department for Medicaid Services
COMMONWEALTH OF KENTUCKY

CABINET FOR HEALTH AND FAMILY SERVICES

DEPARTMENT FOR MEDICAID SERVICES

"INTELLECTUAL AND DEVELOPMENT DISABILITIES

TECHNICAL ADVISORY COMMITTEE MEETING"

HELD AT:

KENTUCKY CABINET FOR HEALTH & FAMILY SERVICES

DEPARTMENT OF PUBLIC HEALTH

275 EAST MAIN STREET

FRANKFORT, KENTUCKY 40621

DATE:

JULY 11, 2019
ATTENDEES:

Rick Christman - KAPP
Sherri Brothers - ARC of Kentucky
Katie Bentley - CCDD
Wayne Harvey - KAPP
Bethaby Day - Humana Caresource
Johnny Callebs - The Columbus Organization
Alice Blackwell - DDID
Elizabeth Kries - DDID
Amy Staed - KAPP
Tanya Raymer - DAIL
Lee Ann Magre - Wellcare
Shawna Dellecare - Council on Developmental Disabilities
Tracy Reeves - Kaleidescope Inc.
Erin Davis - The Prince Care Group, Inc.
David Coray - CHFS
Liz Steanman - Anthem Medicaid
Steve Shanna - KAPP
Angela Bryant - ADANTA
Aja Jacobi - Employment Solutions
Melissa Marvel - Zoo Group
Sharley Hughes - Medicaid
MR. CHRISTMAN: Welcome everybody. And we'll go around the room. And I just want to let everybody know that everyone's welcome to chime in on this whether you're on the committee or not. We kind of keep this kind of informal, hopefully professional. We're glad you're all here. And I'm Rick Christman and I represent KAPP.

MS. BROTHERS: I'm Sherri Brothers and I represent the ARC.

MS. BENTLEY: Katie Bentley. I represent the Commonwealth Council on Developmental Disabilities.

MR. HARVEY: Wayne Harvey. I represent KAPP for-profit providers.

MR. CALLEBS: Johnny Callebs with the Columbus Organization. I'm not on the committee.

MS. STAED: Hi, I'm Amy Staed. I'm the executive director of KAPP.

MS. TERRIO: Hi, I'm Judy Terrio. I'm the medical director for Medicaid.

MS. SMITH: I'm Pam Smith, I'm the Division Director of Community Alternatives for Medicaid.

MS. HUGHES: I'm Sharley Hughes with Medicaid.
MS. MAGRE: LeAnn Magre with WellCare.

MS. DAY: Beth Day with Humana CareSource.

MR. CORAY: David Coray with Cabinet for Health and Family Services.

MS. DELLECARE: My name's Shawna Dellecare. I'm representing the Council on Developmental Disability from Louisville.

MS. RAYNER: I'm Tonya Rayner with the Department for Aging Individuals.

MS. BLACKWELL: Alice Blackwell with DBIB.

MS. KRIES: Elizabeth Kries with DBIB.

MS. MARVEL: Melissa Marvel with the Zoo Group.

MS. JACOBI: Aja Jacobi with Employment Solutions.

MS. DAVIS: Erin Davis from Prince Care.

MS. REEVES: Tracy Reeves, Kaleidescope.

MS. HUGHES: And we do have a substitute court reporter today? So for those that are outside of the PAC members, if you go to say
something, please say your name first so --

MR. CHRISTMAN: Yeah.

MS. HUGHES: -- that she can have

that on record since she doesn't know everybody.

And before I forget, if you didn't

see the sign outside, the carpet has recently been

cleaned. It may still be damp. So when you walk

out of here, wipe your feet really well so that you

don't do a fancy Olympic-style movement out on the

marble flooring out here. So we don't want anybody

to fall. So wipe your feet off really well when

you get out there.

MR. CHRISTMAN: Did we receive the

January minutes?

MS. BROTHERS: I -- I didn't -- I --

MR. CHRISTMAN: We didn't --

MS. BROTHERS: -- didn't receive

them.

MR. CHRISTMAN: I don't recall

going them either. Or was it -- May was our last

meeting?

MS. HUGHES: I thought I sent them.

MR. CHRISTMAN: Anyway, well,

let's -- let's move on then.

MS. HUGHES: Okay.
MR. CHRISTMAN: Medicaid redesign update.

MS. SMITH: Okay. So we just recently finished the town halls. We did seven in person and then we did the webinar that was recorded and it is out on the website.

We are in the process right now of working on the regulations and finalizing the waiver applications with any changes from public comments and any changes just to -- in alignment of all of them being the final review.

They will go to CMS and the regs will be admitted into the process this summer. We're look -- in fall, big things that we're going to do, we're looking at --

MR. CHRISTMAN: And -- and these reg changes will be based on this --

MS. SMITH: On the new --

MR. CHRISTMAN: -- application on the --

MS. SMITH: Yeah. They -- the regs will be brand-new regs. We -- we're writing --

MR. CHRISTMAN: Based on the --

the --

MS. SMITH: The new waiver.
MR. CHRISTMAN: Their -- their renewal.

MS. SMITH: Uh-huh.

MR. CHRISTMAN: Yeah. So -- and still more. Go ahead. I'm sorry.

MS. SMITH: Yeah. So on the new waiver, so the new waiver applications -- and these are the regs that support them.

MR. CHRISTMAN: Uh-huh.

MS. SMITH: And so there will be a public comment period for those as well. I don't know yet when that will be because it depends on how -- how far it -- how long it takes it to progress through the process till we can get to public comment. But there will be information posted about that.

We also were going to release some minimum standards of practice for the FMAs to help the PDS participants better manage time sheets and taxes, as well as releasing a guide for PDS for participants and their families.

The rate study is going to conclude. We have -- we're in the final step of analysis before they're going to start getting to actually looking at some of the rate settings. That -- we
meet again in two weeks. In two weeks we meet again. But that -- there'll be a second waiver amendment with the updated rates that will then happen once that process is finished and then we will update the payment regs when that is completed.

MR. CHRISTMAN: So is this the last meeting you'll have before you actually issue some proposed regs?

MS. SMITH: No. We have -- so we'll have -- this is the last meeting going through kind of -- they've broken it out and we've done analysis of -- like, last month we looked at benefits and really the -- the support cost.

This time we're looking at the -- let me think of what it is. It's more of the non -- where -- so like your facilities, your -- all of things -- the other -- the other --

MR. CHRISTMAN: Occupancy costs?

MS. SMITH: -- costs.

Right, all of the other costs.

They're not directly related to the work being done but are necessary for the work to be able to done.

MR. CHRISTMAN: Yeah.

MS. SMITH: So we'll look at that.
And then in August they will start sharing -- we'll still continue to meet with the rate study panel and we'll start looking at the model -- what the model's going to look like and presenting that.

MR. CHRISTMAN: So your guess as to when you might issue proposed rates? September?

MS. SMITH: It looks like that it'll be fall. I don't know exactly when.

MR. CHRISTMAN: Okay.

MS. SMITH: It's going to be fall.

MR. CHRISTMAN: Right around that time?

MS. SMITH: Yeah. And there's a -- an update that's going to be posted to the website I hope within the next couple weeks about a rate study that just gives kind of high level information. I got that to review right before I came down here. So we're going to post that on the website soon.

MR. CHRISTMAN: Yeah. So I assume you feel like you got adequate data from the --

MS. SMITH: We did.

MR. CHRISTMAN: -- from the --

MS. SMITH: We had -- and what we
did, we had representation from the service providers or -- that were providing services in every county in the state. We had at least three from every county in the state. We had a good representation between -- they -- they did the mix between rural, urban and a mixed rural and then mixed urban because, you know, we have some counties where part of it might be urban, but when you get out to here, it is very much not urban. So they did a mix. They have even a mix.

So we had four groupings that they looked at. We looked at -- they sliced it multiple ways. So they looked at the for-profits, the publics, the -- you know, all of the different types of providers.

We looked at the large providers verus small providers, and that was based on a definition of -- if there -- you had more than one million in revenue, they were defined as large providers. And then -- so then we had a group of -- the others fell into the small provider bucket.

So they've done a really --

MR. CHRISTMAN: Right.

MS. SMITH: -- Navigant has done an
excellent job of slicing and looking at it from every angle.

MR. CHRISTMAN: Well, do you anticipate your rates will be statewide, though? I mean, they'll be the same rate throughout the state or --

MS. SMITH: Where --

MR. CHRISTMAN: -- do you --

MS. SMITH: -- it's too early to --

MR. CHRISTMAN: Too early --

MS. SMITH: -- to -- really to say --

MR. CHRISTMAN: -- to say?

MS. SMITH: -- that, yeah.

MR. CHRISTMAN: Yeah.

MS. SMITH: They're --

MR. CHRISTMAN: Are you trying to make the Michelle P. rates here more?

MS. SMITH: They're trying -- what they're trying to --

MR. CHRISTMAN: Yeah.

MS. SMITH: -- establish is equitable rates across all --

MR. CHRISTMAN: Okay.

MS. SMITH: -- for -- for the same services. So where services are the same and
there's not really a difference, they're trying to
make those rates make sense.

MR. CHRISTMAN: And there's --
MS. SMITH: So that we don't have --
MR. CHRISTMAN: -- several like that.
MS. SMITH: -- such a disparity.
MR. CHRISTMAN: They're essentially --
MS. SMITH: Yeah.
MR. CHRISTMAN: Yeah, they're
essentially the same.

MS. SMITH: So if you look at HCB,
for the same services that are being provided in
Michelle P., there's a huge difference. So they're
looking at all of those -- they're looking at all
of that.

They're also looking at, you know,
across the provide -- what the -- you know, what
the providers are paying, what it looks like for --
you know, what kinds of caseloads we have, how long
it takes to do the services.

They're looking at, you know, how
many miles are in between individuals so that how
much travel there is because, you know, if --
sometimes when you get out into the rural area, it
might take you 30 minutes to get from one client to
another or some -- in some cases it's longer. So, I mean, they're really -- they are thinking about all of the different options.

We've had a lot of good conversation in the rate study workroom too about, in particular, when you look at some of the skilled services. So you look at nursing for Model 2, it's not just a nurse -- you can't just hire a nurse that just got out of school to be a Model 2 provide -- to be a nurse in Model 2. You need -- we're looking at nurses that have ICU experience or that had respiratory, you know, skill -- skilled respiratory experience. So we're looking at those factors too.

And so what type of employees really need to pro -- should be providing the services as well as looking at what -- what competition is in the market, you know, Amazon or some of, you know, those areas.

MR. CHRISTMAN: Okay. So like pay rates?

MS. SMITH: Yes. So what do --

MR. CHRISTMAN: Yeah.

MS. SMITH: -- we have to pay in order to get employees?
MR. CHRISTMAN: Yeah.

MS. SMITH: And to keep employees.

So they're -- they're taking all of that into consideration. It's a very comprehensive study.

MR. CHRISTMAN: Sounds like it.

MS. SMITH: And LRC -- Van Knoll's grouped with LRC has started coming to the meetings, and we actually are -- so they're doing kind of an audit on the fly as we're doing this whole process.

MR. CHRISTMAN: So that's being coordinated?

MS. SMITH: Uh-huh. Yes.

MR. CHRISTMAN: Yes.

MS. SMITH: Uh-huh.

MR. CHRISTMAN: Okay. Paychecks for people under --

MS. BROTHERS: I was --

MR. CHRISTMAN: Oh, go ahead.

MS. BROTHERS: I was going to say something before we get off that subject. I still have that recommendation that I'd like to make to provide the minutes for those subcommittee --

MS. SMITH: They're out there.

MS. BROTHERS: -- meetings.
I see them. You know, I can get them off -- off of the webpage, but I still wanted them to come to our TAC. I had asked for that before for -- from all of those advisory committees to come to our TAC so that we could have those minutes and then -- you know, right after they meet. I feel like we're still missing some information that's not being --

MS. SMITH: And those -- those are posted probably -- it takes about two weeks after the meeting because they go through a process like here where they -- they get reviewed after they -- the -- the subpanel meeting reviews them. But they are -- they're out there and available at anytime, Sherri, that you-all can -- that anybody can go out there and get them.

MS. BROTHERS: Okay. So that's -- all the information is out there?

MS. SMITH: All of the -- yes, all of the minutes are posted out there.

MS. BENTLEY: On the website?

MS. SMITH: Uh-huh. They're on our -- on the DCA website. And then all of the handouts and things --

MR. CHRISTMAN: What about the waiver
design? Is that --

MS. SMITH: Yes.

MR. CHRISTMAN: -- the one? Yeah.

MS. SMITH: And -- and all of the -- all of the handouts that we gave at the town halls are out there too in electronic format so --

MS. BROTHERS: I've posted all of that. I guess I'm just trying to figure out all the -- so that's all they've met -- is that what you've posted on your website?

MS. SMITH: Yes. Some of the -- rate study meets monthly. Some of them only meet every two months. And so it varies how frequently they meet. But all of the minutes with the exception of the case management one that just happened this week are posted.

MR. CHRISTMAN: Sounds like they have some work to do on that website.

MS. BROTHERS: Well, I mean, I -- so the rate study, how many times have they met?

MS. SMITH: They've been meeting the longest and they meet about once a month. I -- I don't know off the top of my head how -- I don't remember when we started.

MS. BROTHERS: Okay.
MS. SMITH: But they've been meeting -- they started first. So they've -- they've been meeting the longest.

MS. BROTHERS: So there would be numerous minutes on your site for the --

MS. SMITH: Uh-huh, for the rate study.

MS. BROTHERS: Okay. I'm just trying to -- I'll get all those posted, then. I just couldn't -- evidently I couldn't find them, I guess.

MS. SMITH: I can send Sharley -- I can send the link. Can I send the link to you?

MS. HUGHES: Okay.

MS. SMITH: To you?

MS. HUGHES: Uh-huh.

MS. SMITH: Okay.

MS. BROTHERS: Thank you.

I've posted a lot of them to our -- a lot of the families and participants want to see all of that information. So I've been posting them out so that they can see them.

It's hard for them -- some of these, they don't either have internet and they're trying to get it through someone and they print
them and then they give them, you know, at their meetings to people. In eastern Kentucky a lot of people just don't have internet or they can't afford internet. So if we could get it to somebody, we do that, and then they're able to print it off for somebody.

MR. CHRISTMAN: Yeah.

MS. BROTHERS: Like one person would print it off and share it. But if they're having trouble accessing it -- I just need to be able -- if somebody can send it all to me, then I can send it out or something. If I can't -- I mean, I -- I -- can you find it all on there?

MS. BENTLEY: The website's a little bit hard just because there's so much on there.

MS. BROTHERS: Uh-huh.

MS. SMITH: There's a whole lot on there right now.

MS. BENTLEY: That's -- that's what the problem --

MS. BROTHERS: Uh-huh.

MS. BENTLEY: -- is. There's just a lot of information. I help people find this information because they -- they don't -- I don't know if they don't have patience or what, but
they're the ones that don't go through and look through it. So if somebody calls me, I just try to go through and find it and I'll click on it and send them that PDF link to go get the document. But it's just because -- I think it's because there's a lot of stuff on there.

PM: Yeah, there's a lot going on right now so there's a whole lot --

MS. HUGHES: But we want to put out a lot of --

MS. SMITH: We want to --

MS. HUGHES: -- information.

MS. SMITH: -- put a lot of stuff on there.

MS. BENTLEY: Yeah. So it -- it's hard.

MS. HUGHES: You know, we got --

MS. BENTLEY: It's hard.

MS. BROTHERS: Is there a way that you can send us a link to those minutes that would make it easier? I'm just trying to figure out a way that would make it an easier way for the families. I mean, I know that you have those minutes posted on the site over there. I'm just trying to figure out an easier way for them.
MS. HUGHES: Well, we can either send you the link to the homepage, which it's going to be there.

MS. BROTHERS: Right. But then they have to navigate.

MS. HUGHES: But they're going to have to scroll down and check.

MS. BROTHERS: Right.

MS. HUGHES: You know -- you know, instead of sending you -- I mean, because every minute's document's going to be a different link.

MS. BROTHERS: So what's the suggestion to make it easier?

MS. SMITH: Well, what we have told individuals -- and we said this with the -- when we posted -- when we were going to post the PowerPoint and it should be out there from the town halls is that if anybody has difficulty or needs it in another format, all they have to do is contact us.

So if they contact the main number, there's someone that can take the -- and can mail that to them or can get that information to them.

We just need to hear -- we just need to hear from them so --

MR. CHRISTMAN: Okay.
MS. STAED: I have a question. Amy Stead. Proceeding all the TAC meetings, can you-all provide us -- just email us a PDF of those minutes so that we can review them before the TAC meeting? I mean, you send out the emails anyway. Attaching a PDF would be helpful, I think.

MR. CHRISTMAN: Well, I guess, they're not prepared; right?

MS. HUGHES: They're not always ready. The answer, her meetings are not --

MS. STAED: Sure.

MS. HUGHES: -- always --

MS. STAED: Well, the ones that are ready.

MS. HUGHES: I don't send a meeting -- I mean, an email out to anybody on the TACs.

MS. STEAD: Sure.

MS. HUGHES: Because you're then the TAC members.

MS. STAED: I understand that.

MS. HUGHES: You know, so that's all that I send out. So if I send them in something that has got -- it's still going to be the link to their website.
MS. STAED: You can't just attach --

MS. HUGHES: But you're not going to get it if you're not on the TAC.

MS. STAED: But, no, I'm just trying to -- you know, what Sherri's talking about. She needs more information, and she's, you know, been asking for meeting minutes and things like that. I mean, can we not just email out a PDF to the TAC members?

I think that would help you; right.

MS. BROTHERS: Uh-huh.

MR. CHRISTMAN: Talking about the committee --

MS. STAED: Yes.

MR. CHRISTMAN: -- the subcommittee group? The task --

MS. STAED: Yes.

MR. CHRISTMAN: -- force? Yeah.

MS. STAED: You know, any of the information that you're asking for --

MS. BROTHERS: Right.

MS. STAED: -- so that she can put it out there.

MS. HUGHES: Okay. The website that I would send her would be the DCA, Department for
Community Alternatives, website.

MS. STAED: You can't just attach a PDF, then?

MS. HUGHES: Well, I can, but then that's going to make it -- if -- if they've had a bunch of meetings and then I --

MS. SMITH: I mean, she's -- you-all are welcome to -- when you are setting -- getting ready for the TAC, then you-all are welcome -- one or you all can download those and can send them out to the members if you-all want to review --

MR. CHRISTMAN: I'll try to do that.

MS. SMITH: -- if you-all want to review those.

MS. STAED: I can do that too.

MR. CHRISTMAN: Paychecks for people under state guardianship, I -- I had -- that was my agenda item.

Is anybody here from guardianship?

MS. SMITH: No.

MR. CHRISTMAN: Here's the problem. You know, we're trying to encourage supportive employment, but the people who are under guardianship don't get their paychecks. They get a facsimile of it. And you can imagine that's a --
that's a -- that doesn't encourage people to work. You know, they want to have that paycheck. And I kind of understand why. I -- I don't know why guardianship does that. Maybe in a few cases -- maybe they don't want to have -- they don't want to -- them to have money. I mean, maybe they're a severe diabetic and they don't want them to buy candy bars or they don't want them to buy cigarettes.

But that doesn't really -- I don't think that's typical and I don't think there's a need to worry about they're going to accumulate too many assets to make them disqualified for Medicaid because they're going to spend that money. And it is -- and particularly like in our facility, you know, with a facility-based operation, it's very -- would you agree, MS. Jacobi? It's --

MS. JACOBI: Very much so.

MR. CHRISTMAN: People are upset -- and I can understand that -- that they don't get their paychecks.

MS. JACOBI: Uh-huh.

MS. HUGHES: Does it go to the bank account? Is that why they're getting a faxed copy?

MS. JACOBI: Additionally --
MR. CHRISTMAN: It goes to guardianship, and what -- all they get is a -- is a photo copy of the paycheck. That's all we can give them.

MR. HARVEY: Been that way for a long time.

MR. CHRISTMAN: Yeah. And it -- it's -- and if they're -- yeah, it has been that way for a very long time. It's nothing new.

MR. HARVEY: I like getting paid.

MR. CHRISTMAN: Yeah. Yeah. And if we're trying to encourage more employment, it's -- that's -- that's an impediment.

MR. HARVEY: Yeah. But I think the process --

MR. CHRISTMAN: Yeah.

MR. HARVEY: -- if I'm not mistaken, is once they get their paycheck, the supportive employment supervisor or staff has to send that to fiduciary in Frankfort. And then fiduciary sends a -- a check that's a lesser amount, if you will.

MR. CHRISTMAN: Well, some people don't get anything. They just get a --

MR. HARVEY: Yeah.

MR. CHRISTMAN: -- copy of the check.
MR. HARVEY: Yeah. So it's -- it is a -- a deterrent to encouraging people, you know, to --

MS. SMITH: Uh-huh.

MR. HARVEY: -- move forward and -- and try supportive employment.

MS. SMITH: I'll take that and talk to guardianship and --

MR. CHRISTMAN: Thank you.

MS. SMITH: -- get --

MR. CHRISTMAN: Yeah.

MS. SMITH: -- information on that.

MR. CHRISTMAN: And you're right; it's been that way for a very, very long time.

Did you have this one on your agenda?

MS. BROTHERS: Yes.

MR. CHRISTMAN: Yeah.

MS. BROTHERS: So Michelle P. waiver, the PDS representative availability, that's a concern for me on the hours available like from 8:00 to 5:00 or 9:00 to 5:00 and the representative being a volunteer. And why it concerns me is if the participant wants someone to be their representative and that representative works, even if they're just meeting four times a year and they
have to do training on time sheets and et cetera, it may be more than four times a year, five times a year, that -- whoever that representative is -- it could be a parent, a grandparent -- whoever they choose. It's their choice. If you're asking that person to take off work, they may have already had to take off for that individual for therapy, a doctor, for all these other things.

Now we're also asking them to take off for -- to -- for this waiver plan and, I mean, I just think that they should be available, these agencies, after five o'clock to set up these appointments. I mean, that's just -- I feel like we should help these representatives who are volunteering in this position to accommodate them better.

MS. SMITH: That's something that needs to be discussed at that initial meeting with the support broker or with the case manager. To say that they're going to have limited availability so that can be -- that can be discussed in the beginning about that, they're going to need alternate times for meetings and, I mean, it might not be -- that agency might not be a good fit or there might be -- you know, there has to be
discussions about that. But we can't mandate that
agencies provide overtime -- pay staff overtime to
be available -- you know, to be available after
hours for -- for team meetings.

MS. BROTHERS: I guess my concern is,
though, if you're under the Michelle P., right now
you don't have a choice. You have to go with that
particular agency; correct?

MS. SMITH: We --

MS. BROTHERS: The way I'm
understanding it.

MS. SMITH: If there is another -- if
another agency will accept them, then they can go
outside of that. We are opening it up to be the
ads plus -- ads CMHC plus other case managers in
the new waiver. So there'll be even more choice in
the new waiver.

MR. CHRISTMAN: That would help --

MS. BROTHERS: Well -- well --

MR. CHRISTMAN: I think that would
help --

MS. BROTHERS: Right.

MR. CHRISTMAN: -- quite a bit
because you wouldn't be stuck with just --

MS. SMITH: Uh-huh. You're --
MR. CHRISTMAN: -- two providers.

MS. SMITH: -- not going to have a

slim --

MR. CHRISTMAN: Yeah.

MS. SMITH: -- a limited choice, yes.

MR. CHRISTMAN: Yes.

FEMALE SPEAKER: Sherri, are you
talking about the FMAs availability?

MS. BROTHERS: I'm talking about,
yes, the represent --

MR. CHRISTMAN: Like support broker?

MS. BROTHERS: I'm talking about
the --

MS. SMITH: The support broker.

MS. BROTHERS: Yes.

MR. CHRISTMAN: Yeah.

MS. BROTHERS: Yes. They're only
available during that certain hours and that's just
an agent -- that's an agency pro -- you know,
procedure. They're not -- that's the hours that
they're available. So I'm concerned about the --
if the participant wants that representative to
represent them anymore and then them having to miss
work or --

MS. SMITH: I think there has to be
clear communication from the beginning on both sides. So the representative needs to understand, if they understand, it's the individual's choice, but the representative needs to understand what they also are signing up to do, that they, you know, are going to be -- they are going to have these responsibilities. And I think that when we send -- when we send out that participant directed -- that manual --

MS. BROTHERS: Uh-huh.

MS. SMITH: -- in the FMA standards, I think that will help with that.

But I think it has to be communicated both ways. So it has to be communicated to the agency too that you would need meetings outside -- potentially outside of work hours. But I think both it -- it's a collaborative relationship between the two.

MS. BROTHERS: Some agencies --

MR. CHRISTMAN: Go ahead. I'm sorry.

MS. BROTHERS: Some agencies already do that.

MS. SMITH: Uh-huh.

MS. BENTLEY: They -- I don't -- I don't know why, but they do. I don't know if it's
just an exclusion or whatever, but they will meet later and --

MS. SMITH: I think --
MS. BENTLEY: -- on Saturday.
MS. SMITH: -- it's -- it's up to their business. But I think it's up to their individual business practice and business model.

MR. CHRISTMAN: But if we had more providers, as you say --

MS. SMITH: That will help that.
MR. CHRISTMAN: -- more competition, that will --

MS. SMITH: Uh-huh.
MR. CHRISTMAN: -- probably everybody will change to be more convenient. I think you're right that that should help.

MS. SMITH: Uh-huh.
MS. BROTHERS: So if those situations are happening, then that -- those -- okay. All right.
MR. CHRISTMAN: But that fix is a little bit down the road; right?
MS. SMITH: Yes. That will be --
MR. CHRISTMAN: Yeah.
MS. SMITH: -- with the new waivers.
MR. CHRISTMAN: You had a question about adult protection protocol. You had some --

MS. BROTHERS: Right

MR. CHRISTMAN: -- concerns about people trying to -- who may be in bad situations --

MS. BROTHERS: Well, I just wanted to ask about --

MR. CHRISTMAN: -- trying to get out of --

MS. BROTHERS: So if adult protection service is called out to a home on a person who has a disability, and this person with a disability -- I'm just going to give the -- just an incident. I just want to know the protocol. And this person has a disability with probably a mental condition as well, what is the protocol for, like, if someone -- like social services is called in? How do we protect those individuals, I guess, with disabilities?

MS. SMITH: Okay. I'm kind of -- because if adult protective services is being called in, then there's likely -- somebody has noted something that is potential abuse, neglect, or exploitation of the individual.

So by way of calling adult protective
services in, that is protecting the individual and
investigates. I don't know. What are you
referring --

MS. BROTHERS: I know that.
MS. SMITH: -- to about protecting
the individual?

MS. BROTHERS: I understand that part
of it. But what if something isn't being done
after that's done? Then what happens? I guess I
want to know the protocol after that happens.

MR. CHRISTMAN: For a follow-up?
MS. BROTHERS: For a follow-up.
MS. SMITH: It would depend on each
situation. I can get some more information from
DCBS and the group that does adult protective
services. But, I mean, they usually -- I mean,
it's outlined and there should be an incident
report so there's -- there's follow-up on that end
too.

I don't know if you-all had some --
any other input.

MR. CHRISTMAN: Well, maybe at our
future meeting, we can have someone from adult
protective services here to kind of talk about all
that.
MS. BROTHERS: I just want to make sure that the individual --
MR. CHRISTMAN: Yeah.
MS. BROTHERS: -- the individual is protected well in those situations when social services are called out. And they came -- you know, they come to the house and then what follow-up is done? If they come out twice, then what happens?
MR. CHRISTMAN: Right. Or how do they determine if there is an issue?
MS. BROTHERS: Right.
MR. CHRISTMAN: Right. I mean --
MS. BROTHERS: And if -- if a -- a family member is receiving funds from that family. Are the funds being used properly? I mean, what is the -- I'd just like to hear all of that, and how is that being followed up?
MR. CHRISTMAN: Again, I suspect I need someone from adult protective services here who is at the policy level and help us understand that.
MS. SMITH: Okay.
MS. BROTHERS: And this -- this kind of falls in the next one: Plans for services for
aging populations. I have a lot of concerns with the aging population, the people with disabilities, and I have two concerns with that.

One is, there's the aging population as far as there's a group of people who are like in their sixties, who have never been diagnosed, and they're calling in to the ARC. And their family members -- or at this point were -- like, the parent has either passed away and now there's a sibling, and they're like now what do we do because, I mean, these are severe disability cases.

And I -- I feel like that there's something that needs to be done to seek and find. And how do we help these families with this?

And then -- then, of course, then there's this aging caregiver situation as well. I think that is a huge issue that we're kind of not getting enough emphasis on and these individuals are living in their homes by themselves and no one's noticing it and they're just out there in these homes and they're not being taken care of properly. And they're just sitting there. And that's a huge concern for me.

And I'm concerned about nursing homes too, but there's no one here from nursing home,
but -- so there's a lot of concerns, I think, with the aging population.

And I just want to know who -- you know, who do we -- how do we partner all together all of us and best service that aging population? And how do we find these individuals and help them and make sure they're getting the help that they need between all of our organizations and work with the aging best to serve them?

MS. DELLECARE: Hi, my name's Shawna Dellecare. I worked on the family support team at Center Stone under Alma Madden for quite a while. And oftentimes individuals who are that age -- in that age bracket, 50 to 60, they do -- they were very sheltered. They weren't part of public education. They weren't part of waiver services.

So when they contact the crisis teams in Louisville, we -- we are charged to prove what their disability is. But there's no records --

MS. BROTHERS: I know there's no records sometimes.

MS. DELLECARE: -- generally to depend on. So it's based on family report or caregiver report, and case managers are running into difficulty with that because it's not really
proof but, of course, they've known them their whole lives and that has been a huge impediment to people accessing appropriate waivers. Sometimes they can get a HCD waiver -- but it's not comprehensive when we're talking about a person who's aging and needs, you know, more round-the-clock care. So that's something that I am aware of that is an impediment to that age group --

   MS. BROTHERS: Right.
   MS. DELLECARE: -- is specifically if they don't have documentation of their diagnosis, so they're being locked out of waivers.
   MS. BROTHERS: Yes. And they're ending up -- some of them are ending up on the street homeless because I've had some call me and they're -- they're ending up homeless because there's no records. Their parents are dying and their siblings call me and they're like, they don't have any -- you know, they have nothing. They're ending up with nothing and they don't know what to do because they don't have a diagnosis.

   MR. CHRISTMAN: KentuckyWorks and Support Employment --
   And I think, Sherri, you're referring
to KentuckyWorks the governor's initiative and how is that interfacing with supportive employment. Is that what you're --

MS. BROTHERS: Well, with that, I would just like to see if there's a way that we could link that to the Medicaid website so that we can figure out -- our individuals and families can know when the KentuckyWorks meetings are and the supportive employment trainings. Is there a way to do that?

MS. BLACKWELL: There are links -- this is Alice Blackwell. Sorry.

MS. HUGHES: Yeah.

MS. BLACKWELL: There are links from our website for KentuckyWorks and I can't say for sure about the supportive employment training.

It'd be through HDI. But we do have links to that.

MS. BROTHERS: Does that -- does that have the meeting dates on there?

MS. BLACKWELL: Oh, that's right. I don't know for sure. So I'd have to look at that.

MS. BROTHERS: Is there a way you can send those to me?

MS. BLACKWELL: Uh-huh. I'd be happy to.
MS. BENTLEY: The Employment First is meeting tomorrow.

MS. BROTHERS: Right. But the problem is we don't ever get the notices.

MS. BENTLEY: Uh-huh.

MS. BROTHERS: And so I'm wanting a way that it's public knowledge for everyone knows when those meetings happen. Like, it could be posted on some big site.

Like, I know everyone uses the Medicaid site. So is it -- a way to link everything together to where we have one site where everyone can go to and say, Okay. Here's where -- okay. We know employment, supportive employment. We can all see when these meetings are happening. Because these family members want to know and they want to know where to go and what to do.

MS. BENTLEY: We don't have them up and running yet, but we're going to have a calendar on the Commonwealth Council on Developmental Disabilities website that is going to have meeting dates on it. We're just in the process. We've started a database and so that's something that we have that comes with it. And so Paige has been working on that, but it's not finished yet. It
1 should be live soon.

2 MR. CHRISTMAN: And I do know you --
3 you referenced the -- the Employment First. Seems
4 like I attended one of their meetings and there are
5 those folks that are working with KentuckyWorks at
6 the last meeting.

7 MS. BROTHERS: I'm just trying to get
8 them where people know how to attend.
9 MR. CHRISTMAN: Yeah.
10 MS. BROTHERS: Because individuals --
11 it's important for people to be at the meetings,
12 and we just need to know when they are.
13 MR. CHRISTMAN: Well, that seems
14 fairly simple, yeah.
15 MS. BROTHERS: Right.
16 MR. CHRISTMAN: So maybe if we could
17 have a link to --
18 MS. BROTHERS: Right.
19 MR. CHRISTMAN: -- KentuckyWorks --
20 MS. BROTHERS: Uh-huh.
21 MR. CHRISTMAN: You haven't been able
22 to find that, I guess. Okay.
23 MS. BROTHERS: Well, I haven't been
24 able to get it sent to me, as far as email or
25 anything.
MS. BLACKWELL: I'm on it.

MS. BROTHERS: Okay. She's on it.

MR. CHRISTMAN: Thank you.

Information on training providers, terms and numbers of contracts. You're talking specifically here, I suppose, about the training that -- for providers of waiver services like Supportive Employment, Community Access and -- is that what you're --

MS. BROTHERS: Well, that was just some -- a lot of families and -- we've just had a lot of questions come in of wanting to see if that could be posted on the Medicaid site somewhere about the contracts that come in to the Medicaid department and who is doing the trainings and providing those trainings. Is that something that could be public? I know that there is a --

MR. CHRISTMAN: I -- go ahead. I'm sorry.

MS. BROTHERS: No, go ahead.

MR. CHRISTMAN: Well, I had looked for those as well on the Kentucky government transparency site --

MS. BROTHERS: Uh-huh.

MR. CHRISTMAN: -- you know, and
looked at all the contracts between, for example, UK. And --

MS. BROTHERS: Uh-huh.

MR. CHRISTMAN: -- I really could not find it. No. 1, I was having trouble opening some of the attachments, and I assume maybe the -- specifically the training might be buried within another contract -- I mean, part of another contract and I don't know -- I suppose because the Medicaid does have a contract with IHDI; right?

MS. SMITH: Uh-huh. So they have -- so they do -- we have college of direct supports.

And, then, Alice, did they do any of the -- I'm sorry. I know you're doing that too.

MS. BLACKWELL: I was look -- we do have KentuckyWorks' links straight from our website.

MS. BROTHERS: Okay.

MS. BLACKWELL: And also we have an HDI link, which I was scrolling through just to see if I could see some training. I haven't found it yet, but, you know, it's little bitty screens.

MS. SMITH: Do they do any live trainings for us, or is it all the --

MS. BLACKWELL: I'm sorry?
MS. SMITH: -- with college of direct support with HDI?

MS. BLACKWELL: HDI does live training.

MS. SMITH: They do some.

MS. BLACKWELL: But they're in the process of changing that training somewhat is what I recall, and I think Jeff sent that information to us all.

MS. BROTHERS: About Support Employment?

MS. BLACKWELL: About Support Employment training.

MS. SMITH: Yeah, he did. Yeah.

MS. BLACKWELL: Because that's the -- the -- of course, the CVS is not a live training. That's --

MS. SMITH: Uh-huh. Right, through the -- right.

MS. BLACKWELL: Do you want me to find that again? Resurrect that information?

MS. SMITH: I've got it. No. I do -- I do have that.

And then the other training -- so, of course, we have things with TRIS on the TRIS site
with EKU about MWA. That's where all of the
trainings are for MWA.

MR. CHRISTMAN: At EKU?

MS. SMITH: Uh-huh. With TRIS --

uh-huh. And we -- then the other -- any other live
trainings are done by cabinet -- it's cabinet staff
or sister agency staff. The major -- the bulk of
the live trainings are done by cabinet staff. So
it would be --

MR. CHRISTMAN: Yeah, but there's a
lot that comes through IHDI as you know. And --
are those competitively bid? I assume they are.

MS. SMITH: I honestly have come into
it -- well, the contracts were established. So I
do not know.

MR. CHRISTMAN: Yeah.

MS. SMITH: I have not --

MS. BLACKWELL: Of course, we have
the live medication administration training.

MS. SMITH: Uh-huh.

MS. BLACKWELL: And that's part of
our staff.

MS. SMITH: Right.

MS. BLACKWELL: Training for our
staff.
MR. CHRISTMAN: Well, I think there's been some frustration -- I -- I'm glad to see that they're, you know, looking at Support Employment, but I think there has been some frustration among the writers about the -- you know, the convenience of the training, the lengths of the training. Maybe there's a better provider out there that we could -- you know, I don't know if there's a competitive bidding process.

But I would like to see -- what is the contract between IHDI and Medicaid and DBID and -- is it competitively bid?

MS. BLACKWELL: Well, remember the --

MR. CHRISTMAN: Yeah.

MS. BLACKWELL: -- the Support Employment training is required by voc rehab. So that's the training that -- and -- and as a provider of Support Employment training, you are a voc rehab vendor so you --

MR. CHRISTMAN: Yeah.

MS. BLACKWELL: -- are teaching that training on --

MR. CHRISTMAN: But it doesn't have to be that training. It could be some other training. It could be another provider.
MS. BLACKWELL: I don't know --
MR. CHRISTMAN: It doesn't have to be --
MS. BLACKWELL: -- if it could be or not.
MR. CHRISTMAN: -- IHDI, I assume.
MS. BLACKWELL: I don't know.
MR. CHRISTMAN: Yeah. Right. Well, that's why I'm asking. Does it have to be IHDI or is it -- is it a competitive bid process? Or might somebody have a better mousetrap?
MS. BROTHERS: I guess I'm just wanting --
MR. CHRISTMAN: Yeah.
MS. BROTHERS: -- the families just wanted to know a list of who is actually, I mean --
MS. BLACKWELL: So are they wanting a --
MS. BROTHERS: I guess the trainings that -- that --
MS. BLACKWELL: That are available?
MS. BROTHERS: Right.
MS. BLACKWELL: For who?
MS. BROTHERS: Well, that are just being provided to --
MS. BLACKWELL: So who?

MR. CHRISTMAN: Providers.

MS. BROTHERS: Everyone.

MS. BLACKWELL: Okay. So -- so would they want to have the information about the College Direct Support as well, the list of trainings, you know, the required trainings and what have you and staff too that are also available for family members if they would like to?

MS. BROTHERS: I think so because --

MS. BLACKWELL: Okay.

MS. BROTHERS: -- you know, I mean, if family members are -- are -- can do these, I think a lot of family members would do them but they probably don’t know what --

MS. BLACKWELL: I think there are --

MS. BROTHERS: -- what's --

MS. BLACKWELL: -- some.

MS. BROTHERS: I -- I just don’t think they know they’re available.

MS. BLACKWELL: Uh-huh.

MS. BROTHERS: So it --

MS. SMITH: And that’s one of the things we’re working on with a case manager because that’s part of what should be communicated with
them, the trainings, how to get to them, what
trainings are available, and we're -- as part of
waiver redesign, we're revamping training. We're
taking a really hard look at training and -- and
looking at making it consistent. Right now it
differs from waiver to waiver what trainings
anybody has to take or how they get to them.

And so we're looking at making that
consistent across all the waivers. And there will
still be some specific trainings that won't -- that
won't be for every population, but that may be
required for, say, brain injury waiver or for STL.
But we're looking at still how can we make that
consistent across the board and make it more
readily available and, you know, where people know
that this is what's available, this is where I go,
this is how I do it.

MR. CHRISTMAN: And, like I said, I
had some frustration with the transparency. But I
assume we can ask -- do an open records request for
specifically --

MS. SMITH: Uh-huh.

MR. CHRISTMAN: -- contracts that
IHDI has with --

MS. SMITH: Uh-huh.
MR. CHRISTMAN: -- Medicaid, DBID, and -- and information too about, well, how are those let? Is it -- is it a competitors process?

MS. STAED: Yeah. Was there --

MR. CHRISTMAN: Yeah.

MS. STAED: -- RFP?

MR. CHRISTMAN: Yeah. I don't know.

MS. STAED: I don't know either.

MR. CHRISTMAN: Yeah.

MS. BENTLEY: I can't imagine that it wasn't a RFP.

MS. SMITH: Okay. So, then, that was before my time.

MS. BROTHERS: Are those bids -- can I ask? Did the bids come out?

MS. SMITH: That's what I don't -- that's what I said with -- with --

MS. CHRISTMAN: Yeah.

MS. SMITH: -- the RFP. That's what -- I'm not sure. I -- that was before the -- before I started.

So I'm not sure what process that went through. Those were already established contracts. So you can go through, you know, open records and request that information.
MR. CHRISTMAN: Yeah, I think that's what we'll need to do.

MS. BROTHERS: Because if there's a list that you can get on that bidding process, I mean, I think we should all be --

MR. CHRISTMAN: Thinking about it.

MS. BROTHERS: I mean, I just wanted to see if there's --

MR. CHRISTMAN: Uh-huh.

MS. BROTHERS: Okay.

MR. CHRISTMAN: You -- I guess this is another protocol issue that you wanted to bring up. There are some residential settings that are highly scrutinized. What's the -- who had that as an agenda item?

MS. BROTHERS: I think I did.

MR. CHRISTMAN: I think so. Please.

MS. BROTHERS: Okay. I think I just wanted an update on that.

MR. HARVEY: Okay. Was that related to the final rule?

MS. BROTHERS: Uh-huh.

MR. HARVEY: Oh, I remember that.

MR. CHRISTMAN: Oh, to the final rule.
MS. BROTHERS: I think so.

MR. HARVEY: Yeah. Lori Grisham used to update us on.

MS. BROTHERS: Yeah.

MR. HARVEY: Yeah.

MS. BROTHERS: Right.

MR. CHRISTMAN: Is that what you're referring to?

MS. BROTHERS: Uh-huh.

MR. CHRISTMAN: Oh, okay. That's --

MS. BROTHERS: I just wanted to see an update on that.

MR. CHRISTMAN: That's correct.

Yeah, highly scrutinized -- yeah -- settings.

MR. HARVEY: Heightened scrutiny.

MR. CHRISTMAN: Heightened scrutiny, yes. And I do know that -- you know, you did have a couple meetings on that, I guess. We got through some of them. Is that still going on with --

MS. SMITH: Uh-huh. I think we got through -- didn't we get through all -- there was -- CMS has come out with some revised direction --

MR. CHRISTMAN: Uh-huh.

MS. SMITH: -- on how we can look at
those. And I think that, for the most part, most
of ours with that direction we're going to be able
to make the decision on and they're not even going
to have to go to CMS. So there's still, I think,
one more meeting on -- before we can start that
process. But we are working on that, and that was
just recently that that --

MR. CHRISTMAN: Right.

MS. SMITH: -- that we had that --

that that meeting occurred so --

MR. CHRISTMAN: If I recall what Lori
said, that as you got through -- in other words,
you're doing this in tranches, I guess, and you
would send it in as you -- to CMS make a decision.

MS. SMITH: Yeah. So they're --

MR. CHRISTMAN: And I think --

MS. SMITH: -- going to send some

of those --

MR. CHRISTMAN: -- kind of -- Kentucky

is probably ahead of the curve.

MS. SMITH: We are.

MR. CHRISTMAN: Don't you think?

MS. SMITH: We are very much ahead of

the curve.

MR. CHRISTMAN: Yeah.
MS. SMITH: And made -- some of those that we sent in, we're going to be able -- with the new direction, we'll be able to review those. And I don't have it with me so -- and I don't want to quote because I will -- I'm afraid I will get it wrong, but we'll be able to take some of those back and they won't -- and be able to make decisions on them. And we won't even -- they won't have to go back to CMS. So --

MR. CHRISTMAN: Yeah.

MS. SMITH: -- that should speed up the process.

MR. CHRISTMAN: Right. But I assume CMS is overwhelmed?

MS. SMITH: Well, if they have -- how many states that they have --

MR. CHRISTMAN: Yeah.

MS. SMITH: -- to look --

MR. CHRISTMAN: Right.

MS. SMITH: -- at. So, yes.

MR. CHRISTMAN: Yeah. Right.

MS. BROTHERS: Will we be reviewing any more coming up anytime soon -- residential sittings?

MR. CHRISTMAN: You said there was
MS. SMITH: There is -- I don't know how many --

MS. BLACKWELL: There -- there's several.

MS. SMITH: Yeah. So I need --

MR. CHRISTMAN: We'll wait

MS. SMITH: -- to -- yeah. So I --

MS. SMITH: -- since Lori has left I've -- I am just getting meshed in that whole -- in that whole process. So I'm going to get -- I'll get with Alice and -- and the group to see where we are.

MS. BLACKWELL: Hurry.

MS. SMITH: Yeah. I was going to say, yeah, Alice.

MS. BLACKWELL: Run.

MS. SMITH: I've got to hurry before --

MS. BLACKWELL: (Making noises.)

MS. SMITH: You can't go until I get to talk to you about that.

(Mindiscernible crosstalk.)

MR. CHRISTMAN: Are you getting ready to retire?
MS. BLACKWELL: July 31st.

MS. SMITH: So I have 21 days.

MS. BLACKWELL: And I'm gone a week.

MR. CHRISTMAN: Make it 14.

MS. BLACKWELL: Sorry.

MS. HUGHES: Yeah. That is just five workdays so --

MR. HARVEY: She just had to throw that at you.

MS. BENTLEY: And look how happy she looks.

MS. SMITH: I was going to say, she's like smiling ear to ear.

MR. CHRISTMAN: Enough of this stuff.

MS. BLACKWELL: Yeah. It's been 20 years.

MR. CHRISTMAN: Oh, it hasn't been that long.

MS. BLACKWELL: Yeah, it's been 20 years. I know.

MR. CHRISTMAN: Are you sure? Okay.

MR. HARVEY: Seems no less than 40; right?

MR. CHRISTMAN: It seems that way,

yeah.
Incident reports involving health and safety, that was a concern you had too, Sherri, I think.

MS. BROTHERS: It was mine. Okay.

So --

MR. CHRISTMAN: I guess you're wanting -- is there -- are you asking here, like, if there's a residential setting that's had a lot of complaints about health and safety, is that information available -- what are you -- I'm trying to remember what you had in mind there in terms of informed choice.

Want to go back to that one?

MS. BROTHERS: Incident involving health and safety.

MS. BLACKWELL: You can always request information through the open record request if you have --

MS. BROTHERS: Uh-huh.

MS. BLACKWELL: -- particular questions about a particular agency.

MS. BROTHERS: Uh-huh.

MS. BLACKWELL: You'll receive a report if it's --

MR. CHRISTMAN: Right.
MS. BLACKWELL: -- approved to be sent that would be redacted of any identifying information. You can request findings reports. You can request investigation reports. If they're still in process, of course, they can't be released.

MS. SMITH: Yeah. They have to be in the final stage before we can release them.

MS. BLACKWELL: They have to be finalized.

MR. CHRISTMAN: Medicaid does decertify organizations that have issues with this. And I know for a fact they do.

Sherri, you were saying that some of your membership have concerns about the wages direct support professionals are being paid?

MS. BROTHERS: Yes, they do. I think that that is -- but I think that's going to fall into this waiver redesign --

MS. SMITH: It's going to be rate studied, yeah. There's -- it would be --

MS. BROTHERS: I guess you already kind of explained it when you were saying all that about across the waivers and how you're looking at all of that --
MS. SMITH: Uh-huh.

MS. BROTHERS: -- when you were explaining that earlier. So I think you kind of covered that when you went over how each waiver is not really paying the same for those support professionals.

MR. CHRISTMAN: I think Shannon McCracken wanted this technology services and waiver design. She's not here. But is that something that's being considered? And I know we do have resident technology based -- or I don't know if I'm using the right term, but --

MS. SMITH: Residential?

MR. CHRISTMAN: Yeah. For --

MS. SMITH: Okay.

MR. CHRISTMAN: -- in residential.

MS. SMITH: So we -- we have changed some -- we've tried to delineate more between goods and services and equipment and technology -- assistive technology. But it is continuing in the waiver. So there is assisted -- I think the service is called assisted technology, is what it ended up being called.

And in the waivers -- it's in all of the waivers. And I just -- I pulled SCL. It's on
Page 81 of the SCL reg that's out on the website.

MR. CHRISTMAN: Yeah. I think there's a lot of people think there's a good, maybe a -- you know, something that this -- you know, technology assisted residential services is kind of just getting off the ground --

MS. SMITH: Uh-huh.

MR. CHRISTMAN: -- and apparently it does make really good sense for some people.

MS. SMITH: Yeah. We actually just had --

MR. CHRISTMAN: Yeah.

MS. SMITH: -- somebody the other day that we had just moved into technology-assisted residential.

MR. CHRISTMAN: Yeah. Yeah.

MS. SMITH: So with -- there's no plan to -- to do anything with it. I mean, it still will be available.

MR. CHRISTMAN: Right.

MS. BROTHERS: Well, it's making their lives better. I mean, it's definitely making --

MS. SMITH: Well, and individuals that are able to function with -- I mean, it gives
them more freedom and independence. And we've --
we're actually doing a separate look at
technology-assisted residential --

MR. CHRISTMAN: Maybe we could --
MS. SMITH: -- because --
MR. CHRISTMAN: -- do some
promotion --

MS. SMITH: Uh-huh.
MR. CHRISTMAN: -- or get more
organizations to think about that.

MS. SMITH: Uh-huh.
MR. CHRISTMAN: Because I think the
people that are using it is kind of just
concentrated.

MS. SMITH: It is. It's very --
MR. CHRISTMAN: Yeah.
MS. SMITH: I think we have one
provider and about one --

MR. CHRISTMAN: Yeah.
MS. SMITH: -- one case --
MR. CHRISTMAN: Yeah.
MS. SMITH: -- manager, I think. But
the person that we just moved, he was so excited.
It was really -- it was neat to read his -- to read
the packet that was submitted for helping him to
transition from -- he transitioned from a residential home into this, and he was so excited to be living in his own -- in his --

MR. CHRISTMAN: That's a big change.


MR. CHRISTMAN: Yeah.

MS. SMITH: Yeah. It was -- it was really neat.

MS. BROTHERS: He's making a lot of progress too.

MR. CHRISTMAN: Uh-huh.

MS. BROTHERS: Major progress.

MR. CHRISTMAN: Exceptional support need for the additional level of care. I -- I'm assume -- I don't know -- I can't remember who suggested that, but that leads back to the task force.

MS. SMITH: Yeah. And we're --

MR. CHRISTMAN: Yeah.

MS. SMITH: -- going to have -- we had to -- because of all of the travel with the town halls and everything, we did not get to meet.

MR. CHRISTMAN: Right.

MS. SMITH: That will be rescheduled.

Like, there's so many vacations and things going --
MR. CHRISTMAN: Yeah.

MS. SMITH: -- on. So I'm looking at early August.

MR. CHRISTMAN: Yeah, I saw that.

MS. SMITH: We're going to reschedule.

MR. CHRISTMAN: Yeah.

MS. SMITH: We'll reschedule that and get back on track with that task force.

MR. CHRISTMAN: Yeah, because there are, as you know, a lot of providers that are concerned about that.

MS. SMITH: And it's across the board. It's not just --

MR. CHRISTMAN: Yeah.

MS. SMITH: You know, we're having it in Model 2. We're having it in a -- I mean, we're having it in brain injury. It's not, you know, just one particular --

MR. CHRISTMAN: I can imagine.

MS. SMITH: -- waiver. Yeah.

MR. CHRISTMAN: Yeah.

New interpretation of work and day training PA denials.

Yes, that is a problem. Apparently,
at Carewise -- and I don't know if there's anybody
else who's, you know, had that -- wanted that
discussed here, but there are instances now that
seems to be occurring that the word "work" or
"employment" or anything appears in the PA, they
deny the PA.

MS. SMITH: So Alicia had -- and I
was trying --

MR. CHRISTMAN: Yeah.

MS. SMITH: -- to get them on my
phone, but my phone is not working to be able to
read you these --

MR. CHRISTMAN: Yeah.

MS. SMITH: -- examples. So what we
have traced this back to because we --

MR. CHRISTMAN: Yeah.

MS. SMITH: -- you know, looked at.

How Carewise has denied is the way the goals and
objectives were written. It wasn't about that they
were trying to prepare somebody for employment --
that they were trying to teach them. It was about
them actually just doing work.

MR. CHRISTMAN: Well, I don't know if
that's the case in our experience.

MS. SMITH: So if there's specific
examples, if you-all can send them to me and I -- we will gladly speak --

MR. CHRISTMAN:  Yeah.
MS. SMITH:  -- to Carewise. And I've done that on many other things. But the ones that we -- the ones that we did have, it was really about how the case manager had presented ti.

MR. CHRISTMAN:  Yeah.
MS. SMITH:  They were just coming and actually being a janitor. It wasn't about that they --

MR. CHRISTMAN:  I got it.
MS. SMITH:  And, in fact --
MR. CHRISTMAN:  Yeah.
MS. SMITH:  -- it was about -- you know, they were preparing him to -- he wanted to do something specific -- I can't remember --
MR. CHRISTMAN:  Yeah. It was --
MS. SMITH:  -- and when they were reenrolled --
MR. CHRISTMAN:  It was pretty specific --
MS. SMITH:  Yes.
MR. CHRISTMAN:  -- for a job.
MS. SMITH:  Yes.
MR. CHRISTMAN: Certainly, that's deniable.

MS. SMITH: Yeah. Well --

MR. CHRISTMAN: But I think they've been overreacting to that --

MS. SMITH: So I --

MR. CHRISTMAN: -- in my opinion.

MS. SMITH: So I need --

MR. CHRISTMAN: Yeah.

MS. SMITH: You know, I need those examples so that I can --

MR. CHRISTMAN: Yeah.

MS. SMITH: -- give those to Care -- because that makes it more impactful when I talk to Carewise if I say, okay. Here --

MR. CHRISTMAN: Yeah.

MS. SMITH: -- here's some examples.

So if -- if those can be sent to me, then --

MR. CHRISTMAN: Yeah.

MS. SMITH: -- we'll --

MS. JACOBI: Aja Jacobi. To add to that, when they are resubmitting their plan with objectives that absolutely do not have the word "work," they're still being denied.

MS. SMITH: Okay. Yeah.
MS. JACOBI: And it's being denied --
MS. SMITH: So I need those examples.
MS. JACOBI: -- over and over. Once it gets denied once, it's getting denied. And what we're running into as a provider is that initial denial, we lost the billing for two months.

    And, I mean, some of these people that they're denying on, they might work one hour a week. The rest of their time they're spending in our other programs. We're not -- aren't able to bill for any of that. So we -- I --
MS. SMITH: Okay.
MR. CHRISTMAN: Yeah. But the word "work" in a plan should not be enough to --
MS. SMITH: No, it shouldn't because --
MR. CHRISTMAN: Yeah.
MS. SMITH: -- because technically that's part of what the service --
MR. CHRISTMAN: People --
MS. SMITH: -- is, is that you're --
MR. CHRISTMAN: -- right.
MS. SMITH: Right.
MR. CHRISTMAN: Yeah, I know.
MS. SMITH: That you're -- you're
training them and help -- because one of them I saw that got approved, it was about that he wanted to learn to cook his own meals or to do something with food and so it was them helping him prepare the menu and him cutting up things and him gathering --

MR. CHRISTMAN: Yeah.

MS. SMITH: -- the ingredients. And so that took on a whole different meaning than just he's preparing meals or he's -- he's doing this -- because that looks like, well, he's just --

MR. CHRISTMAN: Work.

MS. SMITH: -- coming and working.

So -- but if you will send me -- please send me those examples.

MR. CHRISTMAN: Yeah.

MS. SMITH: So that I can go over that with Carewise.

MR. CHRISTMAN: Yeah.

MS. SMITH: Because we certainly don't want to --

MR. CHRISTMAN: Yeah.

MS. SMITH: -- be denying -- them --

MR. CHRISTMAN: Yeah.

MS. SMITH: -- to be denied -- denied inappropriately.
MR. CHRISTMAN: And it may not be across the board with Carewise. It may be one --

MS. SMITH: Exactly. And --

MR. CHRISTMAN: -- worker --

MS. SMITH: -- I can point that --

MR. CHRISTMAN: -- who doesn't quite --

MS. SMITH: -- way if I --

MR. CHRISTMAN: -- quite understand what's --

MS. SMITH: -- have the examples --

MR. CHRISTMAN: -- going on where.

MS. SMITH: I can drill down --

MR. CHRISTMAN: Yeah.

MS. SMITH: -- to who --

MR. CHRISTMAN: Right.

MS. SMITH: -- if it's one person that needs --

MR. CHRISTMAN: We can do --

MS. SMITH: -- needs to be --

MR. CHRISTMAN: We can do that.

MS. SMITH: Yeah.

MR. CHRISTMAN: Thank you.

Wayne, you had an issue. You asked No. 16 to be on the agenda.
MR. HARVEY: Yes. I think it was --
I think it was the July meeting from last year --

MR. CHRISTMAN: Uh-huh.

MR. HARVEY: -- for the TAC that we received clarification in regards to MAP 95s and what was going to be expected in reference to stuff, you know, case manager signatures on receipts and things of that nature.

And we asked at that point in time if we need to go back and, you know, look after receipts and stuff that were in years past because before this new interpretation came about last year on the -- on MAP 95, as long as you have the receipt to show that that particular item was purchased for that person or whatever, you know, and a person got what the MAP 95 was for, then there was never an issue with it. You know, it was never recouped on providers.

MS. SMITH: You're talking about on the audit? So it's not an issue on -- with authorization. It's an issue when they're coming out and doing billing audits or --

MR. HARVEY: Well, here's the issue, Pam, is -- is providers are telling me that they're getting hit with recoupments and so forth where
they've actually got the receipt that shows that they actually purchased what the MAP 95 was for because the MAP 95 is nothing to a provider other than a pass through. It -- they don't make no money off a MAP 95 or anything.

And then what's happening is they're getting recouped on MAP 95 items and -- and they're actually having to pay money back to Medicaid and everything, but the individual got their Depends or got their Ensure, got whatever it was that they were supposed to receive.

MS. SMITH: Can you have somebody send me some examples so I can look and see what's happening?

MR. HARVEY: Okay. Yeah --

MS. SMITH: Because that shouldn't -- I mean, if you have the -- if you have the receipts and there's an authorization and --

MR. HARVEY: Well, now -- now there is a new interpretation around that, and we understand that that came out July of last year where we -- we were asked to make sure that case manager's signatures were on the receipts and all that. And we asked then, you know, Hey, is that going to be retroactive because the billing
reviews -- they're coming about three years behind.

MS. SMITH: Right. They're behind.

Yeah, they're --

MR. HARVEY: Yeah, they go --

MS. SMITH: They're behind.

MR. HARVEY: They go back into like

reviews --

MS. SMITH: Because we have to --

MR. HARVEY: -- that are going now

are going back --

MS. SMITH: -- we typically --

MR. HARVEY: -- back into 2016.

Well, those 2016 receipts don't have --

MS. SMITH: Well, and the directive

wasn't there in 2016 --

MR. HARVEY: Right.

MS. SMITH: -- about the signature.

MR. HARVEY: Exactly. And that --

and that's -- that's all I'm asking --

MS. SMITH: Yeah.

MR. HARVEY: -- is can there be some

consideration because the end result is, you know,

the individual's got what they were supposed to get

and the provider can show a receipt that -- that

ties to that billing that shows that, you know,
Hey, yes, this money was spent on this --

MS. SMITH: Uh-huh.

MR. HARVEY: -- but because there wasn't certain things done around the receipt --

MR. CHRISTMAN: That wasn't a requirement at the time.

MS. SMITH: Yeah. So can you send me -- I need to look into that because --

MR. HARVEY: Well, what I'll say --

MS. SMITH: -- that --

MR. HARVEY: -- is that wasn't being enforced at the time.

MR. CHRISTMAN: Okay.

MR. HARVEY: Is what I'll say. I think the regulation, when it was rewritten, had required certain things in there but nobody's light went off and nobody was telling providers about it until halfway through last year. And it -- and it was one of these very -- this -- this very TAC meeting -- I'm pretty sure it was this July meeting of last year. But we got this guidance and we asked at that point in time, Well, do we need to go back in time --

MR. CHRISTMAN: Yeah.

MR. HARVEY: -- and -- and try to
make sure that these receipts and stuff have all
this other information and stuff that we can show
that they were tied to a specific PA and
everything?

MS. SMITH: And --
MR. HARVEY: And we were told it was
going to be going forward.

MS. BROTHERS: Something I know I've
talked about with Johnny in his former role is when
providers come to any --
MR. HARVEY: Uh-huh.

MS. BROTHERS: -- group or
representative of a specific issue, if you would
direct them to us --

MR. HARVEY: Uh-huh.

MS. BROTHERS: -- so we can actually
talk to them about their specific issue, we can
often get to the root cause of it because something
always gets lost in translation along the way. And
then we can address system faster if we find them,
but we can also help get providers sort of through
what that specific issue is without it, you know --

MS. SMITH: Blowing up into something

that --

MS. BROTHERS: Yeah. It doesn't have
to always rise to these kind of levels. The
providers are coming. Please, say, Hey, call them.
We'll talk to you about it.

MR. HARVEY: Absolutely. And I
couldn't agree more. The -- I think one of the
issues that providers are seeing now, though, as
you're talking about documents that have been in
archives for, you know, two or three years because
that's where they're going and pulling these
documents from when these billing reviews come
around because they're not in the current review
year, you know, for their -- for certification
purposes or anything.

MS. BLACKWELL: We're not recalling
that we currently are in --

MS. SMITH: '16.

MS. BLACKWELL: -- '16.

MS. SMITH: Yeah. As I say, most all
of the items we -- they're -- we're usually always
six months to a year behind because we give that
time -- for timely filing, because you have a year
for timely filing.

MS. BLACKWELL: Okay.

MS. SMITH: So we're always at least
that much --
MS. BLACKWELL: But we should be in '18.

MS. SMITH: But we should be in '18, yeah.

MS. BLACKWELL: And we haven't had the MAP 95 for how many years? Do you know? I don't know. It's been awhile. So -- so, yeah, if you'd let -- just let --

MR. HARVEY: MAP 95's been around ever since I've been associated with waiver programs.

MS. BLACKWELL: Nothing in the DSL program --

MR. HARVEY: But it may have been called --

MS. BLACKWELL: -- for awhile.

MR. HARVEY: -- something a little different --

MS. BLACKWELL: It's not separate.

MR. HARVEY: -- when it was other things but --

MS. BLACKWELL: But if they would just reach out, we would be happy to --

MR. HARVEY: Well, I'll reach out after this meeting and --
MS. SMITH: Yeah. Send that, please.

Send -- yeah.

MR. HARVEY: Well, I mean, I'm one of the agencies that -- that has an issue with it because we just had a review and that went all the way back --

MS. SMITH: Yeah. Send --

MR. HARVEY: -- to '16.

MS. SMITH: Send the examples to me and I'll work with Elizabeth and Alice and we'll figure out what's going --

MR. CHRISTMAN: We had --

MS. SMITH: -- what's going on.

MR. CHRISTMAN: -- some similar things, but really ours is a --

MR. HARVEY: Yeah, I'm not the only one. I mean --

MR. CHRISTMAN: Yeah.

MR. HARVEY: -- I've had -- I've had several others that's said that about the same issue.

MR. CHRISTMAN: If we get cited --

MS. SMITH: Yeah, can --

MR. CHRISTMAN: -- for something from '15, '16 and then we get cited for it again in '16,
'17 because it was wrong in '15, '16 --

MS. SMITH: But if nobody told you that it was --

MR. CHRISTMAN: It was wrong, we get cited for it again.

MS. SMITH: Yeah. So --

MR. HARVEY: Well, that --

MR. CHRISTMAN: I --

MR. HARVEY: -- that's --

MS. SMITH: I just need -- I need some --

MR. HARVEY: Yeah.

MS. SMITH: -- specific examples so that we can go -- so that we can dig into --

MR. HARVEY: Yeah.

MS. SMITH: -- what's -- what's going on and we can figure out who is -- what group is auditing that -- that far back because we're -- because I know I just saw Dale's. We -- we just looked at something with them, and I know the time frame that they're looking at and it's not back that far so --

MR. HARVEY: I'll be more than happy to share some examples with you.

MS. SMITH: Please, yeah, so that --
MR. HARVEY: But I think it's just --

MS. SMITH: -- I can --

MR. HARVEY: -- the -- it's a simple -- it's a simple thing where a different interpretation came into play and now, you know, it's being applied to -- to an error where, you know, that just wasn't the interpretation --

MS. SMITH: Uh-huh.

MR. HARVEY: -- we went by, you know. Used to if you had the receipt that showed that that item was purchased, you were good to go. And somewhere along the way that just changed. And -- and I understand that things are going to change along the way, but, you know, that's -- that's what that whole agenda item was about.

MS. SMITH: Okay. Well, I'll look for those examples from you --

MR. HARVEY: Okay.

MS. SMITH: -- and we'll -- we'll look into what's going on.

MR. CHRISTMAN: And then our standing agenda item.

MS. SMITH: Okay. Okay. So for Michelle P., we have -- there's a total 6,680 and there's copies coming -- coming around to you-all --
that are on the waitlist right now. We have 4,799 of those that are under 21 and 1,881 are 21 or older. We are allocating 324 slots on 7/15. It was 325, but there was a person who had been on the list, a duplicate, and they had been allocated earlier and they're receiving services. So there'll be 324 that go out on 7/15.

We're in the process now of looking at -- with waiver redesign -- how to -- what we can do with the waitlist as far as if there are individuals that need services but they're lower on the list what we can do to kind of access the -- them and try to get people that need services sooner to get those services. So we're -- we're working on that.

MR. CHRISTMAN: And the pediatric protocol is -- that's part of waiver redesign?

MS. SMITH: Yeah. We're looking -- we are specifically -- there's going to be training specifically on how to do the assessments and capture the information related to children.

MR. CHRISTMAN: As you've said, you have the tool. It's just a matter of --

MS. SMITH: Uh-huh.

MR. CHRISTMAN: -- getting people --
MS. SMITH: Yes.

MR. CHRISTMAN: -- to figure out --

MS. SMITH: To figure -- to --

MR. CHRISTMAN: -- to get to know how
to use the tool.

MS. SMITH: To know how to use the
tool, uh-huh.

MR. CHRISTMAN: Yeah. That's great.

And does that require -- does that require a waiver redesign, or is that something you're moving okay?

MS. SMITH: That was -- we were going to -- that's something we were going to do --

MR. CHRISTMAN: So that's a --

MS. SMITH: -- anyway. That --

MR. CHRISTMAN: -- partial waiver today.

MS. SMITH: It just --

MR. CHRISTMAN: Yeah.

MS. SMITH: -- fell in with -- as we're developing trainings for waiver --

MR. CHRISTMAN: Yeah.

MS. SMITH: -- redesign and
developing, you know, manuals and those things, it kind of naturally fell in with that, but we --

already we're going to do some training on the --
the assessments and how they were being conducted so --

MR. CHRISTMAN: Yeah. And like you said before too, in the future, it's going -- it's going to be less regulation-based and more --

MS. SMITH: Yeah, so what --

MR. CHRISTMAN: -- guideline --

MS. SMITH: -- right.

MR. CHRISTMAN: -- and --

MS. SMITH: So what we have --

MR. CHRISTMAN: -- yeah.

MS. SMITH: What we've done is -- is if you think about it kind of from the top down, the waiver applications are, you know, kind of the big and they're very general in some places.

MR. CHRISTMAN: Uh-huh.

MS. SMITH: The reg gets a little more specific. Then the manuals that will be incorporated to the reg will be more detailed as far as this is how you do it. These are, you know, more to drive how the agencies --

MR. CHRISTMAN: Like guidance?

MS. SMITH: -- write their policies and procedures. Right.

MR. CHRISTMAN: Like --
MS. SMITH:  It will be guidance, yes,
MR. CHRISTMAN:  -- self-regulatory
guidance.
MS. SMITH:  Yes.
MR. CHRISTMAN:  Yes.  Right.
MS. SMITH:  Yes.
MR. CHRISTMAN:  Got it.  That'll be
good.
MS. SMITH:  So we -- we're working on
all of those right now.  So with SCL, we have zero
in the -- in the emergency category.  We have 141
urgent and 2555 in future planning for a total of
2696, and I think we have 98 -- I lost my piece of
paper -- 98 available slots right now.  That is
what Alicia had --
MR. CHRISTMAN:  For SCL?
MS. SMITH:  For SCL, uh-huh.
MR. CHRISTMAN:  And I gather too
your -- before people now can get added to the
waiting list from Michelle P., they're getting a
little bit more scrutiny?
MS. SMITH:  Yes.  Yes.  There's --
you are being screened or it's not just you fill
out a form and say, I want to be on the list.  They
are being screened for an actual ID or DD
FEMALE SPEAKER: Can I ask a question?

MS. SMITH: Uh-huh.

FEMALE SPEAKER: It's come to my attention that there's no longer a yearly update with the people on the SCL waitlist.

MS. SMITH: It goes -- it goes out -- out on the -- there's not one that goes out in mass, but it goes out for everyone on their -- in their birth month.

FEMALE SPEAKER: The month that they're born?

MS. SMITH: Uh-huh, yeah, we do --

FEMALE SPEAKER: That's what I was told was different, that that doesn't happen anymore maybe.

MS. SMITH: Yeah, it -- I just seen -- I just saw one a couple weeks ago. They go -- they go out at the end of May and they're -- but they are going out.

FEMALE SPEAKER: Okay. And on that it's a checkbox, yes, you want to stay on it or no, you don't. Something has changed on that form. Because in the past people were able to put updated
information. They were asked, you know, what is your current situation, and it was sort of used as a somewhat screener to know if -- if they did need to move up to urgent or emergency. And someone told me that that is no longer on there. It's just a check yes or no.

MS. SMITH: We can look into the letter. I'm not looking at -- I --

MS. BLACKWELL: We no longer -- we used to issue those.

MS. SMITH: Yeah. But now they -- with them coming out at the end of every May -- but they were designed to mimic so --

MS. BLACKWELL: Yeah.

MS. SMITH: I mean, to -- I'll look into that. I'll look into it.

MR. CHRISTMAN: It was an automatic on an MW case?

MS. BLACKWELL: Uh-huh.

MS. SMITH: Yeah. And it'll -- in the month of -- the month of their birth, it'll come -- everybody's goes out. Michelle P., we still do a mass mailing and it is -- I just -- we get so much returned mail, it is unbelievable.

MR. CHRISTMAN: And that goes to the
MS. SMITH: Uh-huh, or whoever their -- if they have designated an authorized rep, it'll go to them.

MR. CHRISTMAN: This last agenda -- or this Medicaid eligibility issue came in and is from Sarah Bell with Bluegrass-New Vista. And I'll try to summarize it here a little bit, but -- and then hopefully I can get the point across what she's asking here.

But she sees there's a -- a pattern of some Medicaid eligibility issues -- and this is a relative to Michelle P. -- that when an individual has their Medicaid eligibility pending for waiver status in MWMA, the case manager -- since it's pending, the case manager is not able to submit that person's initial plan of care.

And so since, I guess, they're still trying to get things to the MWMA, the DCBS worker portal is not showing Michelle P. Waiver enrollment or the approval of the LOC.

And she was curious -- and I guess that's causing a problem -- obviously, it is. And she -- they were curious as to how often the system updates occur between DCBS, Kentucky HealthNet, and
MWMA. I guess there's some lag --

    MS. SMITH: They are --

MR. CHRISTMAN: -- times there.

    MS. SMITH: No. There's a --

MR. CHRISTMAN: Yeah.

    MS. SMITH: -- MWMA and -- and

Benefind are -- I mean, they share like the -- the
LOC gets approved, then MWMA and it is in Benefind
under worker portal. And then depending on where
in the process -- so they're -- Kentucky HealthNet
is going to have the most current eligibility.

    So these -- it sounds like that
they're not compatible for waiver and that happens
for every -- for every single waiver across the
board.

    A lot of times it is they're waiting
on their MRTs or they're waiting on some other
thing with some other disability determination or
they're waiting on financial information from the
parents. I mean, I'd really have to look at -- I'd
need her to send me the individual people because
there can be a variety of reasons that it -- that
it's in that status.

    But we're looking at changing that --
it's not going to be this year. Probably be
sometime next year -- in changing the process so that they can be enrolled in MWMA once the level of care is approved. But they won't be able to bill anything until everything is done, but because they'll show enrolled in MWMA, they'll be able to enter the plan of care.

So we're looking at -- at changing that around a little bit, but right now that is the current process.

But if she's seeing some that she doesn't believe should be in that status or they're staying in it for a very long time, then I just need those examples so that we can look at them.

MR. CHRISTMAN: Okay.

MS. SMITH: And have DCBS look at them.

MR. CHRISTMAN: But if I understand you -- if I'm understanding you correctly, this would -- this fix you're talking about would make it easier for the DCBS workers to --

MS. SMITH: It'll make it easier for the case manager.

MR. CHRISTMAN: And the case manager.

MS. SMITH: Because they'll be able to enter that initial plan of care immediate -- or
after the LOC is approved, they'll be able to initial -- enter that initial plan of care. Now, they won't be able to bill anything until everything is completely done with DCBS and they have -- you know, they have Medicaid eligibility, they're in the right type of assistance, and then their patient liability and waiver statement are showing on the MMAS so --

MS. BROTHERS: I have a question about the MRTs. How long do they typically take till they get MRTs?

MS. SMITH: It varies. I've seen it take a really long time and I've seen it not take a long time, and I don't know what -- that process is, you know, completely handled outside of us so --

MR. CHRISTMAN: And MRT is?

MS. SMITH: It's the --

MR. CHRISTMAN: What does it stand for?

MS. SMITH: It's the medical -- I'm going to make something up. Watch. Because it basically -- it's when it goes to the review -- the medical review team with --

MR. CHRISTMAN: Okay.

MS. SMITH: -- with -- within
eligibility for them to make a determination on
disability and the --

MR. CHRISTMAN: Thank you.

MS. SMITH: Uh-huh.

MR. CHRISTMAN: Okay. I wasn't sure.

MS. SMITH: Yeah.

MS. BROTHERS: I wanted to ask a
question --

MS. SMITH: Uh-huh.

MS. BROTHERS: -- also about the
local offices. Is more training going to be
provided to them? I know you're talking about the
Medicaid redesign.

So my concern -- a lot of our
families have the concern of when they go to the
local offices -- because everything has to be
redirected back to those local offices. And we
find that that's where our -- most of our problems
happen, is lack of training there.

MS. SMITH: All I can --

MS. BROTHERS: Are they going to get
a lot training in those offices?

MS. SMITH: I will tell you that
they're -- they -- when things happen, we need
people to speak up so that we can -- they're
constantly training people and, you know, we have a good group here that we work with that works with the field. And, I mean, the minute that we get something that they need to investigate or there's a problem and somebody needs training, they're doing that.

    But if I don't know about it or they don't -- you know, I don't know what to communicate to them or they don't know about it, then they can't do anything about it. So that's -- we need people to speak up and tell us, you know, what -- what office it was, who it was, when they were there, what were they doing.

MS. BROTHERS: Uh-huh. And another thing about -- let me ask you about this MRT. So that should be in the computer and not being done on the paper form? I mean --

MS. SMITH: I'm not sure how they -- how all of that connects because I am not involved in that process. So I'm not -- I'm not sure how they -- all of that gets together.

MS. BROTHERS: Okay. It just concerned me a little bit that that was still being done on paper forms.

MS. SMITH: And I don't know that it
is. I'm not sure.

    MS. BROTHERS: It is. So --

    MR. CHRISTMAN: Just out of curiosity -- and -- and anybody here can comment on this, but I know a couple of years ago there's a -- the Benefind -- they identified -- would -- would look and renewing eligibility was a huge, huge issue.

    Do people feel it's improved?

    MS. BROTHERS: No.

    MR. CHRISTMAN: No?

    MS. BROTHERS: No. It's still struggling.

    MR. CHRISTMAN: Is it better? No?

    Or it's still an issue?

    MS. BENTLEY: I don't know if people don't know -- if they're confused about the information that has to be put in, but the people that I've been working with haven't seen a lot of those come their way. And I know Alicia's gone and recently the -- it's -- they're still struggling.

    They're still really struggling.

    MR. CHRISTMAN: Who are the --

    MS. BENTLEY: It's like, okay. Just don't use Benefind. Stop. Because it's that bad
MR. CHRISTMAN: The people you're talking about are individual serve -- who want services?

MS. BENTLEY: Yes. And they're having a really difficult time.

MR. CHRISTMAN: Initial but not renewals? Because I think that was part of a big problem. They would get denied after they've been -- received -- wasn't that kind of the issue?

MR. CALLEBS: There's a lot of issues.

MS. BENTLEY: Yeah.

MR. CALLEBS: Well -- and there's still people being switched over into the wrong health plan like Global versus Optimal or --

MS. BENTLEY: Yeah.

MR. CALLEBS: And then they just -- everything stops.

MR. HARVEY: That still happens, but it's not as bad as it --

MS. BENTLEY: I mean --

MR. HARVEY: -- was.

MR. CHRISTMAN: Not as bad as it was.

What was I hoping to hear that.
MR. HARVEY: Yeah, that still happens from time to time. Somebody will get placed in the wrong plan.

MR. CHRISTMAN: Yeah.

MR. HARVEY: But it's not near as frequent as it used to be.

MS. BENTLEY: Uh-huh.

MR. CHRISTMAN: But still --

MR. HARVEY: Yeah, it still --

MR. CHRISTMAN: -- it can?

MR. HARVEY: -- happens.

MR. CHRISTMAN: That still happens?

MR. HARVEY: Yeah. Yeah, randomly --

MR. CHRISTMAN: Yeah.

MR. HARVEY: -- for whatever reason.

MR. CHRISTMAN: Yeah.

MR. HARVEY: Yeah.

MS. BENTLEY: I think something else you have to think about is people have different levels of computer skills too.

MR. CHRISTMAN: Right.

MS. BENTLEY: And some people Google's their first language, and for some of us, it's not. So it's a little bit more challenging, I think, sometimes --
MR. CHRISTMAN: Yeah.

MS. BENTLEY: -- and some people feel more comfortable sitting with a person and looking at a person and answering and asking questions than they do. Okay. Is this the right information that I'm supposed to send in? So, you know, I think there's a lot of -- a lot of things that could be factored in there.

MR. CHRISTMAN: And I think too we just -- with the discussion too, some DCBS offices are better than others; right? I mean, it just kind of depends on who the manager is; right? And they do have a lot of turnover apparently.

MS. BENTLEY: That's what I was thinking, the turnover.

MR. CHRISTMAN: Yeah.

MS. BENTLEY: But the system that allows you do that thing through the mail is phenomenal. Like, when you can do -- like, updates, something you can send your information in for the update, that's really nice. I've only gotten to do that one time for my son, but I love it. And nothing came back so I was really excited. So it works.

MR. CHRISTMAN: Anything else?
MR. HARVEY: Question about MWMA --

MWMA, yeah. That's it. There's some rumors floating around that DMS may be looking to -- to push that to where all providers have to participate in MWMA or have to upload stuff to MWMA rather than just case managers. Is there any --

MS. SMITH: We are -- so not in the initial phases, but in -- I think it's in Phase 2, which is mid next year, we are going to open it back up to direct service providers. That will allow for critical incidents, will allow notes to be in there so you don't -- well, for audits. So it eases, you know, some of those audits. And it will allow direct service providers to be able to see what the case manager has submitted and will be able to see what's been approved, what -- you know, what's went back and forth, the goals and objectives. So it'll give the direct service providers much more insight.

We are working on -- this will happen -- the first phase, we're changing the PA letters so that when the PA letters come out, they're comprehensive. They go to everybody and it has all of the services that are -- have been
approved, have been denied, that are pending for --
and every provider. So every provider's listed on
the PA so that there won't be any questions
about -- I know sometimes an individual will go to
280T or two adult days and -- and there won't be
any question about that. It'll all be there now.
So I'm excited about that. It looks
really nice too, the letter.

MR. HARVEY: But, I guess, is there
going to be a ramp up to bring direct care
providers on --

MS. SMITH: We haven't -- we're
still -- yeah. We're still looking at that because
there'll be training and there'll be -- so we're
looking at what the best way is to do that, but
they'll be communication coming out about that
probably towards the end of -- the end of the year
because we --

MR. HARVEY: Okay.

MS. SMITH: -- we've developed that
plan. But, yeah, we know we're going to have to --
we've made -- in the -- in the changes we're making
with redesign so there's -- there's significant
changes since people saw it the first time. So
we're going to do training again and ramp -- and
likely we'll try to ramp it up so -- so that we're not just on-boarding all at one time a great big bunch of people.

MR. HARVEY: Yeah. But they --

MS. SMITH: I think --

MR. HARVEY: -- see --

MS. SMITH: I think the --

MR. HARVEY: -- that it's a requirement and then not know how to --

MS. SMITH: Right. Exactly.

MR. HARVEY: -- do it.

MS. SMITH: No. You -- no. You will know how to do it before the requirement is there.

I -- I promise that so --

MR. CALLEBS: So that's middle of next year --

MS. SMITH: Yeah.

MR. CALLEBS: -- probably?

MS. SMITH: I think it's -- I think we start -- I can't remember what the target -- completion date is middle of next year or if we start it.

It's in Phase 2. So we just are --

we just finished the design for Phase 1, and that's what goes in at the end of this year. We're
starting Phase 1.5, which will go in early next year, and then Phase 2 begins. We'll start -- as we're -- once the design's finished for 1.5, we'll start the design for 2.

MR. CHRISTMAN: I'm a little bit over my head when we talk about this, you know, IT stuff. But, you know, many of us have -- you know what I mean? So many of us have invested already in electronic, you know, records keeping.

MS. SMITH: Uh-huh.

MR. CHRISTMAN: And will there be like an interface --

MS. SMITH: We are -- we are going to -- that'll be something that we'll have to talk about during design. But, yeah, I mean --

MR. CHRISTMAN: Yeah.

MS. SMITH: -- potentially. There's nothing that's off the table.

MR. CHRISTMAN: Yeah.

MS. SMITH: But we -- we haven't even delved into the design yet.

MR. SHANNON: That was discussed three or four years ago.

MR. CHRISTMAN: Uh-huh.

MR. SHANNON: And it became fairly
complicated because there were a variety of
electronic records. That was the message then.

MR. CHRISTMAN: Yeah.

MR. SHANNON: Maybe that can be
addressed.

MR. CHRISTIAN: That is a -- yeah.

Some of us are very happy with the systems we have.

Do we have access to plans of care
through Oasis that the case manager writes?

MS. JACOBI: We upload everything
into Oasis.

MR. CHRISTIAN: Including plans of
care?

MS. JACOBI: Yes.

MR. CHRISTIAN: So we're pretty --
like really, really happy with that. And if we
would have to double, you know, enter things and --

MS. JACOBI: It's our monthly
summaries and --

MR. CHRISTMAN: -- yeah -- that would
be -- we'd be unhappy.

MR. SHANNON: You can join us. Some
of us are already in that pool.

MR. CHRISTMAN: In what? The pool --
oh, the --
MR. SHANNON: Double entry.
MR. CHRISTMAN: Yeah. The what?
MR. SHANNON: The double entry.
MR. CHRISTMAN: Oh, the double entry, yeah. That's --
MS. SMITH: Well, you know, that's not --
MR. CHRISTMAN: Yeah.
MS. SMITH: -- that's not the intention so --
MR. CHRISTMAN: Oh, I know, but I'm just -- it's --
MS. SMITH: -- we --
MR. CHRISTMAN: -- yeah.
MS. SMITH: So, I mean, every --
we're going to look at -- we're -- we're going to look at all of the options so -- and hopefully there will be a way to interface.
MR. CHRISTMAN: The only -- that would be -- I'm glad you're considering that. And so -- and, I guess, back on this -- Aja, back on this -- these denials of the plan of care. There's also an issue with the time lapse, I guess --
MS. JACOBI: Uh-huh.
MR. CHRISTMAN: -- between -- so
that's something we'll be sharing with you too even though we've got it corrected or it shouldn't have been flagged to begin with. There's all that time --

MS. JACOBI: There's a gap -- yeah.
MS. SMITH: -- between --
MR. CHRISTMAN: There's a gap.
MS. JACOBI: We had a six-week gap on one --
MR. CHRISTMAN: Yeah.
MS. JACOBI: -- of ours.
MS. BROTHERS: I'd like to make one more comment about what Bluegrass -- I think you had brought up about the Medicaid eligibility.
MR. CHRISTMAN: Yeah.
MS. BROTHERS: I think this is something that you can take back to the redesign, Pam, and maybe I'll repeat -- I think it's -- might have been discussed already. But when individuals turn 18 and they just happen to be -- their Michelle P. comes up at that particular time and they're applying for their SSI, and they have 60 days during this plan to get everything in place, that's not enough time, of course, for that -- for them to apply for SSI, get approved. And I know
that then you've got to go through this MRT and the process of that. But just think about -- I think that 60 days is probably not enough time for everything if they're turning 18 right at that time that they get approved for that Michelle P.

MS. SMITH: We're -- we're making a good cost extension to all of the waivers.

MS. BROTHERS: Okay.

MS. SMITH: So -- and we today considered -- we look at that today if it is -- if it's somebody that -- and we've extended that time before if we know that's the situation, if they -- and they have truly -- they've followed through and that they've been doing everything timely, we will -- we don't -- we don't take away the slot or close them out so --

MS. BROTHERS: Okay.

MR. CHRISTMAN: Well, Pam, you got your hands full.

MS. SMITH: I got a lot. You-all -- is there some that you-all are supposed to send me, though, so --

MR. CHRISTMAN: That's just what you needed is more work to do. Sounds like you already got.
MS. BLACKWELL: Pam, I have information --

MR. CHRISTMAN: Yeah.

MS. BLACKWELL: -- about the -- this will help you a little.


MS. BLACKWELL: The question about the updates and what the information used to be on --

MS. SMITH: Thank you.

MS. BLACKWELL: -- for FCL it used to contain that information like back in the day --

MS. SMITH: Uh-huh.

MS. BLACKWELL: -- like what was submitted with the application. However, we have no way of revising the information on the MWMA without a new application. If a person thought that perhaps they met an emergency, they would need to submit the emergency form that's available, and I have that link now and I'll send that to you.

MS. SMITH: Okay. Okay.

MR. CHRISTMAN: Well, I guess we're ready to adjourn, then, if nobody has anything.

We'll adjourn. Thanks.

(Meeting is adjourned.)
I, AMANDA R. PERRY, Reporter and Notary Public, State of Kentucky at Large, whose commission as such will expire February 23, 2021, do hereby certify that the foregoing meeting was recorded by me at the time, place, for the purpose and with the appearances set forth herein and thereafter correctly transcribed under my direction and supervision upon computer.

Given under my hand this 20th day of August, 2019.

________________________  
AMANDA R. PERRY  
Notary Public, State-at-Large,  
Notary ID 574060