



Transcript of the Testimony of **IDD-TAC**
Meeting

Date: March 13, 2019

Case: IDD-TAC Meeting, Frankfort, KY

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COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
FOR MEDICAID SERVICES

"INTELLECTUAL AND DEVELOPMENT DISABILITIES
TECHNICAL ADVISORY MEETING"

HELD AT:

PUBLIC HEALTH BUILDING
275 EAST MAIN STREET
FRANKFORT, KENTUCKY 40621

DATE:

MARCH 13, 2019

IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

Page 2

1 A T T E N D E E S:

2

3 Commissioner Carol Steckel

4 Rick Christman - KAPP

5 Johnny Callebs - KAPP

6 Lisa Elstun - KAPP

7 Chris Stevenson - Leading Age

8 Katie Bentley, CCDD

9 Pam Smith - DMS

10 Wayne Harvey - KAPP

11 David Hanna - Passport

12 Cheri Ellis-Reeves

13 Karen House

14 Sherri Brothers

15 Carissa Shell, KAPP

16 Tammy Gannon, Point

17 Evan Charles, DAIL

18 David Crowley, Anthem

19 Jason Squires, Cedar Lake

20 Susan Downs, HCS

21 David Allgood, CAL

22 Brittany Knoth, Path Forward of Kentucky

23 Erin Davis, Prince Care Group

24 David Shannon, KAPP

25 Chris Helm, HCS

IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

- 1 LeAnn Magre, WellCare
- 2 Terri Thomas, Harbor House
- 3 Shawna Dellecave, Council on DD
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IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

Page 4

1 MR. CHRISTMAN: I want to recognize
2 Commissioner Steckel here. Pleased to have you.
3 I don't know if you want to say a few words at
4 some point.

5 COMMISSIONER STECKEL: It's up to
6 you.

7 MR. CHRISTMAN: You never turn down
8 an opportunity to say a couple of words.

9 COMMISSIONER STECKEL: It's amazing
10 how people get to know me so quickly.

11 MR. CHRISTMAN: We'd love to hear
12 whatever topics you'd like to start with.

13 COMMISSIONER STECKEL: I'm thrilled
14 to be here. Unfortunately, I'm only going to be
15 able to be here for a little bit of this
16 meeting. But I'm leaving you in good hands with
17 Sharley and with Pam.

18 And the work that you-all do, the work
19 that you-all help us do, is so critically
20 important for our beneficiaries and for the
21 program. That I am very grateful for you being
22 here, taking the time out of your day-to-day
23 activities to be here and to help us make the
24 program a better program.

25 And we want to be in a position where the

1 TACs are more advisory instead of -- and
2 certainly there is a role for -- we have a
3 problem with the claim, we have a problem with a
4 specific issue, but we really would like your
5 input, your advice on systemic things. And
6 we're doing the 1915(c) redesign and Pam will
7 bring you up-to-date on that.

8 But you know, what are your policy
9 concerns? What are things that we could work
10 on? Not just claim-by-claim but systemically to
11 help the people that we all serve. And that's
12 what we're looking for out of the TACs and
13 recognizing that there's a blend there. And
14 where that blend is, I don't know. So I used to
15 think that it wasn't in the TACs and now I'm
16 learning that this is probably a very good
17 format for some TACs.

18 So we'll play that by ear. But I really
19 do appreciate the work that you are doing on
20 behalf of our beneficiaries. It's not easy but,
21 boy, the payoff in the goodwill and, you know, I
22 tell people that when they say -- a lot of folks
23 say your job is so hard, your job is so hard.
24 It is a challenge that I sought out but it is
25 also the only -- one of the only jobs I have

IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

Page 6

1 which is important to me that I can say every
2 day when I go into work somebody's life is
3 better. I may not see it right away, I may not
4 hear it right away, but I know it. And that's
5 how I live my life.

6 That's what I think about you-all. Every
7 day when you come into the office or you come
8 into the clinic or you come into wherever you
9 work, you are making somebody's life better.
10 You may not see it or hear it today, but it is
11 happening. And that's the joy and the blessing
12 and the responsibility we all have.

13 So thank you, Mr. Chairman.

14 MR. CHRISTMAN: Thank you,
15 Commissioner. I just want to say too, yes, we
16 are going to work to honor that. We will not
17 try to bring up individual billing issues. I
18 don't think we've been guilty too much of that
19 in the past, but we'll keep an eye on that.

20 But not only input on policy issues, but
21 we're grateful to have an opportunity to get
22 information from time to time to understand
23 where are we, what's the update, and to be able
24 to set the agenda. We really appreciate that.
25 So this is really an important group for our

1 industry you might say. So thank you for that.

2 So let's go around the room. I know
3 we've got a new member here. So let's introduce
4 everybody. Wayne, you want to start?

5 MR. HARVEY: I'm Wayne Harvey. I
6 represent KAPP for-profit providers.

7 MR. STEVENSON: Chris Stevenson,
8 president of Cedar Lake and represent Leading
9 Age of Kentucky.

10 MS. ELLIS-REEVES: Cheri
11 Ellis-Reeves. I have a brother and sister that
12 are in Oakwood.

13 MR. CALLEBS: Johnny Callebs,
14 Executive Director for Kentucky Association of
15 Private Providers.

16 MR. SQUIRES: Jason Squires with
17 Cedar Lake.

18 MR. CHARLES: Evan Charles with the
19 Department for Aging and Independent Living.

20 MR. ALLGOOD: David Allgood, I serve
21 on the Commonwealth Council for Developmental
22 Disabilities.

23 MS. BENTLEY: Katie Bentley, I
24 represent the Commonwealth Council for
25 Developmental Disabilities.

IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

Page 8

1 MR. CHRISTMAN: We've got a lot of
2 guests here too. We didn't have this many
3 guests last time. Introduce your folks.

4 MS. DAVIS: I'm Erin Davis. I'm with
5 KAPP and the I'm director at Mariposa Place.

6 MS. KNOTH: Brittany Knoth with Path
7 Forward of Kentucky.

8 MS. DELLECAVE: I'm Shawna Dellecave
9 from the Council on Developmental Disability in
10 Louisville.

11 MR. HELM: I'm Chris Helm from Humana
12 Healthcare.

13 MR. CROWLEY: David Crowley, I'm from
14 Medicare.

15 MS. DOWNS: Susan Downs, Humana Care
16 Source.

17 MR. HANNAH: David Hannah, Passport.

18 MS. MAGRE: LeAnn Magre, WellCare.

19 MS. ELSTUN: Lisa Elstun, Dungarvin.

20 MS. SHELL: Carissa Shell, The Point
21 and KAPP.

22 MS. GANNON: I'm Tammy Gannon with
23 The Point and KAPP as well.

24 MS. HOUSE: I'm Karen House. I'm her
25 sister.

1 MR. CHRISTMAN: First on the agenda
2 we have approval of the January 2019 minutes and
3 I guess many of us received those in the mail.
4 Does anybody have any comment on that?

5 If not, do I have a motion to approve?

6 MR. STEVENSON: Do we have a quorum?

7 MS. HUGHES: Yes, you have six.

8 MR. STEVENSON: I make a motion.

9 MS. BROTHERS: I second.

10 MR. CHRISTMAN: All in favor?

11 ALL: Aye.

12 MR. CHRISTMAN: Any opposed?

13 Okay.

14 MS. BROTHERS: I do have a question
15 about the previous minutes. We never approved
16 our minutes from the meeting before.

17 MS. HUGHES: Okay.

18 MS. BROTHERS: And I don't remember
19 receiving those.

20 MS. HUGHES: I'll make a note to send
21 those out. That would have been November.

22 MS. BROTHERS: We haven't approved
23 those yet, so I want to make a note of that.

24 MS. HUGHES: I will get those and
25 send them out to you. Sorry.

IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

Page 10

1 MR. CHRISTMAN: The next item is
2 additional level of care for those who don't --
3 needs aren't being met by the SCL waiver. And I
4 know we've talked about that before, and I think
5 we even had a motion at one time to the MAC to
6 form a task force for this.

7 And it's still a very important issue and
8 now that everyone is here I think there might be
9 some people who want to comment. I know we have
10 some members here that want to comment and
11 anyone else, that's why you are here. So this
12 is -- anybody can feel free to comment. We're
13 kind of informal here.

14 So if you want to say something to start
15 off about our concerns about this? Anyone?

16 MR. HARVEY: I think this is
17 something that -- I know Chris and I and Greg
18 and the longstanding TAC members have discussed
19 in several different meetings where, you know,
20 it just seems like -- and this is an opportune
21 time to look at this with the waiver redesign
22 going on. It seems like there is just a group
23 of people, and it's not a large group of people,
24 you know, but it is a group of people that seem
25 to not be able to have their needs met by the

1 SCL waiver as it's currently constructed. Even
2 with the exceptional supports, I guess is what
3 they're calling it now. You know, it just
4 doesn't seem to work.

5 And, you know, we have talked in several
6 different TAC meetings about the possibility of
7 forming a task force or a committee or some kind
8 of group to look at that particular issue and
9 see how that might best be addressed, I guess
10 would be the best way to put this out there on
11 the floor. Because, you know, if the
12 individual's not happy and the individual is not
13 having their needs met, and the provider is
14 saying that they can't meet their needs and so
15 forth, safely and within compliance of the
16 waiver itself, you know, something has to give.

17 But yet, the way the regulations are
18 written now, you know, the provider has to
19 continue to serve that person until another
20 placement is secured. And what a lot of
21 providers are seeing is if they're in that
22 particular situation, you know, the individual
23 never gets transitioned to another placement
24 that fits or meets their needs.

25 And I think that's a -- I guess that's a

IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

Page 12

1 summary of it, the situation or summary of what
2 the issue is. Do you have anything to add to
3 that, Chris?

4 MR. STEVENSON: I think with Cedar
5 Lake we're pretty fortunate that we have, you
6 know, up to 87 individuals that are supported by
7 our intermediate care facilities and that is
8 really -- helps us with our continuum of care.

9 And I brought this example up before but
10 we've got individuals that have gone from the
11 ICF to the community, slowly through three
12 person homes, and then they'll end up in their
13 own apartment which is wonderful. But as they
14 begin to age or become infirmed or who knows
15 what's going on -- we had a gentleman that had
16 Down syndrome that worked up into his own
17 apartment and then as he started developing
18 dementia and had some medical issues, he came
19 back through the system and ended up back at
20 Cedar Lake Lodge, the ICF, where he eventually
21 passed. And it was appropriate that he was
22 continuing to receive active treatment all
23 throughout his life.

24 That's an example of the missing piece
25 where you have waiver and ICF and you have this

1 large void -- either people have hit the lottery
2 and they are part of the ICF and they get
3 therapies, they get nursing, they get active
4 treatment, all that they need or this capitated
5 waiver system that is not meeting the needs of
6 all.

7 I mean people that are mild that have
8 mild disabilities, it's wonderful for them. But
9 as people start to reach the fringe of nursing,
10 which is not reimbursed, some therapies, it
11 becomes more intense. So the thought is how do
12 you meet those -- like Wayne was saying, there's
13 not a huge group but there are individuals who
14 need that.

15 And ever since I've been a part of the
16 TAC, which has been over five years, we have
17 mentioned this as a recommendation to the MAC
18 and it just -- it just goes into a void of,
19 well, you know, we're going to look at this --
20 and now it's the waiver. My concern is that
21 it's one of those black hole issues. Well, the
22 waiver is going to address it, throw it up in
23 the black hole, will we ever see it? We have no
24 idea.

25 I would just really strongly ask,

IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

Page 14

1 Commissioner, if there's an opportunity to pull
2 together a group -- and we've talked about --
3 this was brought up three, four years ago to get
4 part of the legislature involved, legislative
5 body involved and with the Cabinet to really
6 start looking at and talking about the issues.

7 And I mean at this point we just want a
8 conversation. If it's possible to have the
9 conversation, but that's not happening. It's
10 frustrating.

11 COMMISSIONER STECKEL: I can imagine
12 it's frustrating, which is what we talked about
13 earlier about we're finding a lot of things that
14 this has been the case.

15 So is it -- let me make sure I
16 understand, because if Pam were here she'd
17 probably rattle off exactly what the issue is.
18 So is it that we need a package of waiver
19 services that addresses people that level of
20 care out -- and that's not a term but I'm going
21 to make it up -- but level of care out of the
22 SCL waiver but we really don't need to have them
23 in an ICF, and nursing is one of those, what
24 other types?

25 MS. SHELL: I can give another

1 example. Nursing is one side of it, the other
2 side is a group of individuals who have some
3 pretty intense mental health needs.

4 MR. HARVEY: Psychiatric needs.

5 MS. SHELL: Psychiatric needs that
6 are not being met within the mental health
7 system because the individual has intellectual
8 disability. So our example, the one that I've
9 been giving is we have an individual who is very
10 physically aggressive, 350 pounds, six-two, one
11 of the top tiers of IQ for our SCL, has stolen
12 two of our vehicles, driven without a license
13 for more than two hours in communities and
14 neighborhoods where he has almost hit several
15 people, to the point that law enforcement has
16 come and gone and said don't call us any more.
17 But our staff can't do anything with him.

18 He has a state guardian who then says,
19 well, you need to have eyes on him 24/7. Our
20 SCL system isn't built for that. We can't fund
21 out -- we're losing \$2,000 a week just on this
22 one gentleman which at times we have to have a
23 two-on-one because of his level of needs.

24 I've heard throughout the state people
25 with three-on-one. That's not what our current

IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

Page 16

1 level of care is set up for. And safety wise,
2 we can't keep him safe. And so there needs to
3 be some function within the system for somebody
4 with those intensity of needs. We can't get him
5 into ICF due to his intellectual disability is
6 what we're being told. So we're just in a
7 system of what do we do? What do we do?

8 We can't keep him safe but we can't
9 discharge, like you said, because we give the
10 discharge but it doesn't mean anything. Nobody
11 is going to accept him because of his level of
12 need. So that's the other frame of reference
13 with nursing and that level of care for somebody
14 who has the psychological needs, psychiatric
15 needs.

16 MR. HARVEY: And I would estimate,
17 Commissioner, that probably 90 percent of the
18 people that are in this group that we're talking
19 about are dually-diagnosed clients. People that
20 have severe psychiatric issues along with
21 developmental disabilities.

22 MS. ELSTUN: Just to add because I
23 started doing a little bit of research when we
24 started talking about this and it was brought up
25 to a KAPP day as well as we were getting our

1 message across. Because Dungarvin operates in
2 15 different states so I was kind of getting
3 background as to what some other states were
4 doing. And kind of the common thing that I kept
5 seeing throughout the other states is that their
6 ICFs will make it easier for that person to go
7 back for a stabilization period. And now, it
8 depended on the state what that period looked
9 like, how that -- but that was a big theme
10 across all of the other states is that they
11 allow for someone who is having a psychotic
12 episode or something to that nature, whether
13 they're dual-diagnosed or not, they allow them
14 to return to that ICF for a period of time to
15 figure out medications, you know, get their
16 behaviors, you know, as stable as they can be,
17 and then kind of evaluate the situation after
18 that.

19 So I thought that was kind of an
20 interesting piece because that's really what we
21 struggle with is there's not that piece here.
22 We can't just say okay, they can go back to
23 Oakwood or wherever. They can't. It seems to
24 be that impossible task of getting them in to
25 have that stabilization period.

IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

Page 18

1 COMMISSIONER STECKEL: Okay. So I'm
2 glad you are here so I can volunteer you in
3 front of you. But yes, we'd like to talk to
4 you-all about this. So what I would suggest is
5 that you guys appoint your group, whoever you
6 would like to represent the TAC or this
7 organization, it doesn't have to be TAC members,
8 just give us a representative sample of folks
9 that are dealing with this issue.

10 Let's get with Pam, and especially during
11 the redesign, and look at this. Now, you-all
12 live and breathe waivers so you understand the
13 pressures of waivers. They have to be budget
14 neutral. So you know, our incentive -- my
15 incentive and Pam's would be if we can design
16 another waiver -- don't have a heart attack --
17 that adds services or modify our existing
18 waivers that add services and it still remains
19 budget neutral, that's to the benefit of
20 everybody. Care, quality, and cost. So we have
21 every incentive to do that.

22 Now, the thing that I worry about, the
23 one case that you brought up is I don't know --
24 what we can't do is create either ICF or nursing
25 homes for one. So we've got to struggle with

1 how do we deal with -- and that may be a one-off
2 case that we just have to think through, or it
3 may be a majority of the folks that you are
4 talking about. But yes, we would love to engage
5 in the conversation with you and Pam would be
6 the lead of that.

7 MS. SMITH: What I would ask, just to
8 think about is when we talk about that, you
9 know, it's budget neutral and that we have our
10 pot of money that we have to work with -- until
11 we find the money tree and I keep looking for
12 it.

13 But until we have other money we need to
14 be innovative on, you know, let's look at plans
15 of care where people are just constantly
16 requesting the max over and over again, where
17 people don't necessarily need that. So truly
18 look at person centeredness so we kind of
19 redistribute the pie a little bit. So when we
20 have these individuals that are in crisis or
21 something's going on, that we have the room to
22 flex to give additional services to that group.

23 And then I would ask that as you -- you
24 know, I'm more than excited to meet but think
25 about like the research that you have already

IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

Page 20

1 done, you know, give us some solutions. You
2 know, what are you seeing in other states? What
3 are some of your other -- some of the other
4 providers in your network or some of your
5 other -- the other groups within your companies,
6 what do they do? Because does somebody have a
7 really good idea that we can use and we can run
8 with that in Kentucky.

9 MS. ELSTUN: I can certainly pull --
10 because Indiana has a whole, I guess, behavioral
11 health model that they do. They have homes that
12 are specifically designed to work with
13 dual-diagnosed individuals. And they have a
14 certain staffing pattern they have to maintain,
15 they have a certain budget that they have to
16 follow. So I can certainly break all of that
17 down.

18 MS. SMITH: And I will tell you, it's
19 not unique to the ID population. We're seeing
20 the same thing -- we have the same challenges in
21 brain injury. We have some of the same
22 challenges with HCB, not as much, but it can be
23 there. So it's not something that's completely
24 unique to this population. It's an overall --
25 when you have an individual that has more needs

1 than you routinely can serve, or that you
2 routinely do serve, how do you keep them safe,
3 keep them integrated into the community and
4 maintain budget neutrality.

5 COMMISSIONER STECKEL: And it would
6 help too if you can quantify how many people are
7 we talking about? Are we talking about 50 or
8 are we talking about 2,000? If you could help
9 us quantify --

10 MR. CALLEBS: If I may? We did --
11 KAPP did a survey of residential providers
12 recently and those are just some of the
13 responses. And like the first question: How
14 many participants currently do you support whose
15 needs cannot be safely met? It was 170 total
16 participants and that's with 43 agencies
17 responding. Of course, not every residential
18 provider is a KAPP member, so this would be a
19 bigger number. But just from our providers that
20 did respond, these are the numbers.

21 I think Question 4: In the past 12
22 months have you turned down an admission
23 referral due to a person's support needs
24 exceeding what the waiver could pay for? 88
25 percent said yes.

IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

Page 22

1 So to the point earlier, there's a group
2 of people who kind of land where they land and
3 they're miserable there and things aren't safe
4 and the provider can no longer meet their needs,
5 and there's really nowhere else to go and no
6 other services to wraparound or help. And so
7 that's kind of, I think, what we're getting at,
8 there seems to be a gap for those folks.

9 MS. SMITH: That perpetuates the
10 problem too because if you are somewhere that
11 can't support your needs, that you are not
12 happy, then it just compounds. It's on top and
13 on top and it makes it worse, so...

14 MR. CALLEBS: It does. And then on
15 the last two and a half pages, the front and
16 back are just some narratives, some examples of
17 people telling their stories about the struggles
18 of having to support some folks one-on-one,
19 two-on-one, and some of the dangerous situations
20 that have developed because of it.

21 So it's a problem that isn't going away,
22 I think it will just continue to worsen. But
23 we'd like to get to the table, try to figure
24 out.

25 MR. STEVENSON: Let's have a

1 conversation about it. That's really what we're
2 asking is just -- to provide more clarity for
3 you, understanding budget neutral, you know, how
4 do we do that? What does that look like?

5 I understand there's larger Medicaid
6 issues. We were talking at the rate study focus
7 group about, you know, we know of individuals
8 that are not receiving services that end up in
9 the hospital and it's \$4,000 a day. I mean are
10 we looking at the totality?

11 We understand that we have to work within
12 the framework that we have, but we see the
13 larger piece of inefficiencies that, gosh, you
14 could help them and there's more there; or the
15 fact that there's 60 percent plus on the
16 Michelle P waiver that are being served that are
17 under the age of 18 and that was originally
18 meant for just adults.

19 So there's things like that that you
20 can't help but think of and go, well, there's
21 ways that we could look at as well. But the
22 conversation would be great. Just to at least
23 talk about the issue so there's clarity at this
24 point.

25 COMMISSIONER STECKEL: And we'll be

Page 24

1 glad to do that, and very aggressively. And
2 budget neutrality does take into effect -- you
3 almost have to have a nursing home ICF or
4 hospital stay to create that pool of money that
5 then you can shift over. But it is looking at
6 the totality of that person's care. If we can
7 keep someone out of a hospital, if we can keep
8 them out of an institution and into a community
9 setting, then that's the budget neutrality
10 component.

11 MS. SMITH: You know, we want to
12 encourage the use of -- something that I've
13 noticed a lot with waivers, and I've heard more
14 times than I wish I had because it makes me sad,
15 is that people don't realize that if they're in
16 the waiver they have access to all of these
17 other state plan services too. So there's a lot
18 of things that we can do, we can get creative
19 with how we wrap around somebody and provide
20 additional services.

21 And, you know, at some point people are
22 told no, this is all you get is waiver. So it's
23 really how do we educate the case managers, the
24 other providers, the individuals themselves that
25 this gives me access to these other things and

1 then how do we use those to help solve some of
2 these situations too that we're not going to be
3 able to solve completely within the waiver but
4 we have a lot of other resources at our disposal
5 that we need to creatively sometimes look at for
6 these individuals.

7 COMMISSIONER STECKEL: And I see you.
8 Let me make one statement and then I'll come to
9 you.

10 We need to bring Ann Holland in with our
11 SUD behavioral health program because we're also
12 doing a lot -- you know, opioid gets all of the
13 attention because it's the big problem but we're
14 doing a lot of work in that area.

15 So to Pam's point about the state plan
16 services, there may be some ways to do a
17 wraparound and bringing Ann in and having her
18 think with us about how to do that. Yes, ma'am.

19 MS. DELLECAVE: I just wanted to
20 speak on behalf of families who do not have SCL.
21 I've encountered those families who have an
22 individual with IBD and complicated medical
23 issues and diagnoses and they're at their wit's
24 end. They've had to quit their jobs because
25 they can't get respite providers that understand

IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

Page 26

1 the level of care that their son needs. And I
2 mean they're just absolutely wiped out and
3 exhausted and they're running up into these dead
4 ends. So I would love to know these alternative
5 ideas about wraparound resources because it
6 affects not just individuals, obviously, with
7 SCL but individuals living in parents' homes who
8 are at an absolute loss and being told by
9 medical professionals that they can't receive
10 the level of medication monitoring and that it's
11 all falling on these parents and these direct
12 family members. It's very stressful.

13 MS. BROTHERS: How would you do the
14 education of families and individuals? Would
15 you-all travel around and do that?

16 MS. SMITH: That is something that
17 we're looking at. Actually, we had the first
18 all-panel meeting of the subpanels and that was
19 one of the things that we discussed, what's the
20 best way to reach people? What forms of
21 communication?

22 We talked about we want to steer away
23 from letters because when something comes in
24 that envelope with the little horse on it then
25 it's bad news and nobody is going to open it and

1 look at it because they're afraid of it. So do
2 we send stuff out on different color papers, are
3 we doing more webinars? Are we using social
4 media?

5 So we're really trying to be inventive
6 and figure out -- because one way is not going
7 to reach everybody. So it's really trying to
8 figure out how we can spread it diversely but
9 we're also going to be dependent on providers to
10 help us too.

11 So it's going to be about educating
12 providers and giving you-all tools to have
13 that -- you know, kind of like we talked about,
14 just like a one-page sheet that is bullet
15 points. Not paragraphs of information but that
16 is really easy to understand. And then it tells
17 you, okay, you have questions, here is where you
18 go. So really trying to get down to that point.

19 So, you know, with waiver redesign we're
20 going to have the new help desk that will be
21 available for individuals, you know, so for
22 participants, for their caregivers, there will
23 be the provider component so there will be staff
24 that will be knowledgeable of the waiver
25 programs there.

Page 28

1 We will continue as we go out -- the next
2 round will be this summer with waiver redesign.
3 We've talked about maybe adding a meet and greet
4 on the front of those for families to come in
5 that kind of have a question that isn't really
6 appropriate for the forum of the whole -- of
7 what the town hall, but it gives them access to
8 people that can answer questions.

9 COMMISSIONER STECKEL: And any
10 advice, this is another area you-all could help
11 us, if you have got suggestions on how we can
12 get this information out, how we can better
13 educate everybody, we're open for your advice.

14 MS. BROTHERS: I do like the idea of
15 like the one-page sheets that we can share on
16 our social media. And I also like -- I think
17 traveling to our groups and meeting the
18 individuals, I mean they have the questions
19 themselves, I think you-all should be talking to
20 those individuals and those family members and
21 doing it on a down-to-earth level because they
22 need to ask their own questions.

23 MS. SMITH: And we have -- I have in
24 the last two weeks, I think, I have been to four
25 different speaking engagements with one of

1 them -- one of them was school systems. I've
2 done with things with Arc. Where else did I go?
3 I don't remember everybody where that I went. I
4 went to a brain injury summit.

5 Any opportunities where you have things
6 like that, you know, we're more than happy to --
7 as long as time allows and that we can make it
8 happen, I like to have representation there
9 because I like to engage -- I like to engage
10 with the participants. I really -- it's
11 important to hear what they have to say.

12 I mean, I get to hear from you-all a lot
13 but I don't get to hear from them very much. So
14 I think that's important. And it's important to
15 give them the opportunity to ask their
16 questions.

17 MS. BROTHERS: I have one more
18 comment. As far as us, I know you-all had said
19 something about sending us reports from the
20 subcommittees and getting like updates. Now, I
21 haven't gotten an update or a report back from
22 any of the subcommittees.

23 MS. SMITH: We are posting those
24 minutes on the website. There's not any reports
25 that are shared specifically, but the minutes

IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

Page 30

1 are out there. And I know that I've approved --
2 I don't know how many of them lately, but I know
3 there's some that are out there that are posted.
4 So their meeting minutes are being posted.

5 MS. BROTHERS: I thought they were
6 going to be shared with our committee so I need
7 to go find them?

8 MS. HUGHES: I will apologize because
9 I didn't know they were posting them. So I will
10 go out and find them and send the link to
11 you-all.

12 MR. CHRISTMAN: Johnny, did you have
13 a comment?

14 MR. CALLEBS: I wanted to comment on
15 one more aspect of this. Of the 170 people that
16 reported whose needs cannot be safely met, only
17 50 were receiving exceptional supports, actually
18 got exceptional supports approved. And I know
19 that's been a really good addition to the waiver
20 for short-term acute needs, but I think the
21 group we're talking about are people who have a
22 history of needing wraparound services, very
23 intense services long-term, and that's not
24 likely to change. They need something more than
25 the waiver can offer, even if it's exceptional

1 supports for a brief period of time and then all
2 of the administrative red tape that you have to
3 go through to get that approved once the three
4 or six months starts to hit and, you know, the
5 times may or may not work out to get PAs and
6 then you have the provider, once again, just
7 really struggling to support this person safely
8 and keep everyone safe with no reimbursement
9 mechanism.

10 So we're talking about folks who have a
11 long-term need for more than the traditional
12 waivers have been able to offer. So if we could
13 just keep that in mind as we're approaching
14 this.

15 MS. SMITH: We are in waiver
16 redesign. You will notice in the applications
17 there will be a reference to exceptional
18 supports. There will not be that level of
19 detail because we really are looking at that and
20 that will be more in the regulation and in the
21 actual SOPs. But we are looking at exceptional
22 supports and how to use that more effectively
23 and to make sure that the process is not
24 burdensome and that we don't have the gaps.

25 Because a lot of times today we have

IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

Page 32

1 those gaps where you will have the exceptional
2 supports and then we have a three-week gap where
3 they're not. Did the person change? No, the
4 process failed. So how do we fix that?

5 MR. CALLEBS: Thank you.

6 COMMISSIONER STECKEL: Why don't we
7 do this, if by -- today is the 13th, so if by
8 the 22nd you-all get us -- if you will send it
9 to Sharley -- the names of who you would like to
10 be on this committee then she'll get it to Pam
11 and we'll start the meetings.

12 MR. CHRISTMAN: Thank you for that.
13 That's very helpful and I think we'll start
14 before we adjourn here to make sure there's -- I
15 mean, obviously, KAPP would be interested in
16 appointing some members but to make sure also if
17 there's any member of the TAC who would want to
18 be involved in this.

19 We'll talk about this in just a few
20 minutes and make sure that happens. I would
21 just like to say, you know, I understand why the
22 Cabinet has the policy it does in terms of, you
23 know, you have got to continue to provide
24 services until you can find another -- I mean I
25 get that. What else are you going to do?

1 Right?

2 But it is creating a disincentive -- I
3 think the worst part of that is it creates a
4 disincentive for other providers to try another
5 person out. And it's been my experience, and
6 this is not a panacea, but sometimes if you
7 merely change the environment it can make a big
8 difference.

9 Unfortunately there's a huge disincentive
10 for taking that risk, do you follow what I'm
11 saying? And this is something that really
12 wouldn't cost money, but if there could be a way
13 of lessening that risk by letting people try
14 someone without committing -- do you see what
15 I'm saying? Because it is getting to be a real
16 problem.

17 I talk to case managers and years ago
18 when they would put out requests, invitations to
19 providers to provide residential services for
20 someone, you would get five or six responses and
21 now you are not getting any. And that's a
22 telltale problem that something is wrong, that
23 people, you know -- so it's a snowballing
24 problem.

25 COMMISSIONER STECKEL: Sure.

IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

Page 34

1 MR. CHRISTMAN: That more and more
2 people are being served by providers who don't
3 feel they can meet that person's needs; and more
4 and more people who are participants are being
5 denied the opportunity to be served by another
6 provider.

7 COMMISSIONER STECKEL: Got you.

8 MR. CHRISTMAN: And that's not a
9 money issue so much as it's a policy issue.

10 COMMISSIONER STECKEL: It's also a
11 legal issue, you know, there are liability
12 issues.

13 MR. CHRISTMAN: I'm sure I'm
14 simplifying it, yeah.

15 COMMISSIONER STECKEL: But I think
16 one of the things that we may want to do is have
17 this group meet first, and then with Ann too, to
18 see if there's anything on that side that we
19 could throw into the pot.

20 And then maybe bring in the ICFs, you
21 know, what are your concerns? What are the
22 issues for -- why aren't you responding to these
23 requests? And then we can figure out if we can
24 mitigate those or not.

25 MR. CHRISTMAN: Let's start by

1 asking, is there anybody on the TAC that would
2 want to participate in the task force?

3 MR. STEVENSON: Rick, real quick.
4 There was a question.

5 MS. SHELL: I was just going to say,
6 one more thing to remember from a provider
7 agency who has been dealing with this and the
8 30-day discharge. The concept is you have to be
9 able to maintain that person's health, safety,
10 and welfare. So in my conversations with DDID
11 it was as a provider I'm giving my 30-day
12 because I cannot ensure this person's health,
13 safety, and welfare when I have no ability to
14 ensure he's not going to steal a car and harm
15 himself or anybody else.

16 To which the response is: You have to
17 continue to serve him and provide for his
18 health, safety, and welfare. So as a provider
19 when I'm looking at, am I going to take somebody
20 else who I have a possible risk on, I'm going to
21 say no --

22 MR. CHRISTMAN: That's exactly what
23 I'm saying.

24 MS. SHELL: Because I'm right in the
25 middle of -- I'm telling you I can't provide for

IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

Page 36

1 them and you are telling me that if I don't and
2 if something happens then I have the possibility
3 of being closed down, going on moratorium,
4 losing funding. So I can't take that risk.

5 So I just wanted to back you up on what
6 you were saying on that.

7 MR. CHRISTMAN: It's really --
8 there's an enormous disincentive now that has
9 been inadvertently created.

10 MS. SHELL: And a pressure -- you
11 said liability, but there's a liability on
12 providers now big time.

13 COMMISSIONER STECKEL: I totally
14 agree.

15 MR. STEVENSON: And I think the
16 criminal justice piece is becoming more
17 significant. I hear that all of the time.
18 Local sheriffs track me, what are you doing
19 about these folks who ought to be in the
20 service -- I mean medical issues is real. It's
21 just -- it's across the spectrum.

22 The criminal justice involvement is
23 becoming more pronounced. I got lectured by a
24 police department. I need to secure a person
25 who essentially are in a waiver today. They

1 need someplace they can go. Because they go and
2 they get discharged in six hours and they're
3 back home and it's dangerous. So I think it's
4 becoming a different thing than it was when we
5 started this whole waiver process.

6 MR. CHRISTMAN: I'll go a little
7 farther on that. At least in our community, and
8 I think in many communities, if someone is being
9 very disruptive and violent and harming someone,
10 if they're not engaged in that behavior when the
11 police arrive there's nothing they can do about
12 it.

13 Now, I do know there's been some changes
14 in the law -- in other words, if you are an EMT,
15 if you are a healthcare provider, the policemen
16 will take your word for it. And I'm not saying
17 lock people up, but there has to be -- for some
18 people there should be some consequences because
19 it gets to be a game. Do you know what I'm
20 saying?

21 MS. SMITH. You are also responsible
22 for the other individuals that you are serving.
23 You have one person and you might have four
24 other -- or whatever setting, you have these
25 other individuals, so how do you protect their

Page 38

1 health, safety, and welfare and protect this
2 one -- so I understand. It's really a quandary.

3 MR. CHRISTMAN: I'm just saying if
4 DSPs could be recognized as healthcare providers
5 in the same way EMTs are and other healthcare
6 providers, then the police can take our word for
7 it rather than having them see it themselves.
8 And I don't know if that's the same in all
9 communities but it is in ours.

10 MS. BROTHERS: Just one more --

11 MR. CHRISTMAN: That is a statutory
12 issue.

13 COMMISSIONER STECKEL: And it is.
14 And it would have to be fixed statutorily.

15 MS. BROTHERS: I'm a little
16 concerned. So I -- I work with a lot of people
17 with autism. So it seems like we're getting way
18 far about -- you know, they have all of these
19 behaviors as part of their disability, so how
20 far are we going? Like way above -- I mean --

21 MR. CHRISTMAN: We have to be very
22 careful.

23 MS. BROTHERS: We have to be very
24 careful because I think we're pushing really far
25 about discriminating against them almost as far

1 as like -- I mean part of their disability
2 sometimes is behaviors. So we're here to serve
3 people with disabilities and I just want to make
4 sure we -- I think I need to be on that
5 committee.

6 MR. CHRISTMAN: Yes, you do. And
7 what I just suggested I realize can be abused
8 probably, and so we have to be very careful but
9 sometimes people are afraid to come to work.

10 MS. BROTHERS: I understand what you
11 are saying. But then there's another line
12 that --

13 MR. CHRISTMAN: This is a very
14 sensitive topic. And it has to be dealt with
15 very carefully. What I do know, it's very
16 frustrating when -- if there could be some
17 consequences for this kind of behavior, some
18 kind of consequences. And I know I have to be
19 very careful, and I mean I hesitate to even
20 bring it up. But there is a problem.

21 MS. SHELL: I can back that up with
22 the fact that our gentleman very clearly has
23 said, don't worry, Grandmother -- on the
24 phone -- nothing is going to happen to me. They
25 can't do anything because of my IQ. So I'm not

IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

Page 40

1 going to jail. Nothing is going to happen. I'm
2 fine. Don't worry. Hang up. Go on with life
3 and the second car was stolen.

4 So he very clearly understands that there
5 is no system that will do anything to him. And
6 I'm not saying -- I'm with you. I'm not saying
7 that there's not a pendulum both ways that we
8 could --

9 MR. CHRISTMAN: It could be easily
10 abused.

11 MS. SHELL: It could be easily
12 abused. But we also have to consider if we are
13 looking at their disability we have to look at
14 the total person and go back to what you were
15 saying, Pam, person centered. These are how
16 many, 170 that we counted in KAPP, 170
17 individuals that have these specific needs that
18 we are not looking at person centered for them.
19 We're putting them into a box.

20 MR. CHRISTMAN: And the intensive
21 supports are not the answer either.

22 MR. CALLEBS: Right. And I think
23 this points to a lack of crisis services in our
24 state. We also asked: In the past 12 months
25 have your staff had to call the police to help

1 with dangerous behaviors because crisis services
2 are not covered by the waiver and are generally
3 not available in your community? And 79 percent
4 of providers responded yes.

5 So when these type of things do happen we
6 don't really have crisis services built into the
7 waiver or nonwaiver crisis services in our
8 communities and that is a big problem I think.

9 MS. BROTHERS: And we've talked about
10 that before here.

11 COMMISSIONER STECKEL: So Mr.
12 Chairman, I'm sorry. I'm going to have to
13 dash --

14 MR. CHRISTMAN: Well, sorry for
15 dragging you in here.

16 COMMISSIONER STECKEL: I know we have
17 a long agenda so I want to get -- but to your
18 point, that's why we need you to help us is that
19 where are the lines? What do we need to be
20 sensitive to?

21 I mean, and what you said, I worked in
22 this business for 40 years but I'm not a trained
23 professional with this population. So what
24 is -- where are the trip mines that we might
25 accidentally walk into? That's something that

IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

Page 42

1 you-all are going to have to help us with. How
2 can we best serve these folks?

3 So you-all get us the information by the
4 22nd and --

5 MR. CHRISTMAN: To you.

6 COMMISSIONER STECKEL: To Sharley.

7 If it comes to me, talk about the ultimate black
8 hole. I'm sorry.

9 And then we'll start scheduling meetings.
10 And I have a feeling just from this conversation
11 it's going to be a tiered discussion. What do
12 we need to do for the immediate problem here and
13 then what are the systemic problems that we may
14 need to bring DDID in and bring DAIL in to talk
15 about how do we create a crisis system? How do
16 we create the safety net system that we need?
17 So think about it in that way too.

18 But I'm sorry, I have to dash. And I'm
19 sorry I volunteered you for a new project. But
20 we're excited about doing this.

21 MR. STEVENSON: Thank you for
22 listening and for implementing a solution
23 immediately. This is kind of a rarity. So
24 thank you.

25 COMMISSIONER STECKEL: Well, Pam and

1 Sharley have the authority to do what they think
2 is right too. This is -- and that's the other
3 thing I wanted to mention that we are hearing,
4 and I would like to say that we're a perfect
5 agency but we're made up of humans, myself
6 included, and we make mistakes.

7 We are hearing that there is an issue
8 with getting responses back from DMS. So this
9 is the environment, Sharley is your contact, if
10 you are not able to get something from the
11 agency that you think is something you should be
12 able to get, if you reach out to Sharley then
13 she and I will work to make sure -- everyone has
14 the message of how we're going to do business.
15 And so it will help us to figure out is it just
16 that someone is overwhelmed and you are on the
17 list but you are down here; or is it someone
18 that's not responding. And we will take care of
19 that too.

20 MR. STEVENSON: Wonderful.

21 MR. CHRISTMAN: Thank you. Let's
22 talk about the parameters of this task force
23 while we're all here and I don't think it will
24 take but a few minutes.

25 So Sherri wants to be involved. Steve,

IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

Page 44

1 do you want to be involved?

2 MR. SHANNON: This Steve? Yes.

3 MR. CHRISTMAN: I don't want to have
4 a thousand members on this task force. What's a
5 good size, ten?

6 MS. SMITH: I would say no more than
7 15. I would say when you get above that you
8 really --

9 MR. CHRISTMAN: I think 15 is a lot.

10 MS. SMITH: It is a lot. I would
11 keep it at ten. Ten would be a good number.

12 MR. CHRISTMAN: Would that be the
13 optimal size?

14 MS. SMITH: That is the optimal size.
15 From experience for there to be equal
16 participation and give time to actually get work
17 done as opposed to just talking about it.

18 MR. CHRISTMAN: That sounds about
19 right to me. So we've got two.

20 MR. CALLEBS: Is that counting DMS
21 staff, a total of ten?

22 MR. CHRISTMAN: No, ten of us.

23 MS. SMITH: Ten.

24 MR. CHRISTMAN: But anyway, so is it
25 okay that KAPP fills in the rest of these or

1 does anybody else want to be --

2 MR. STEVENSON: I'd like to serve.

3 MS. BENTLEY: I'd like to.

4 MR. CHRISTMAN: So we've got four.

5 Anybody else?

6 MR. CALLEBS: I wouldn't mind but
7 we're a part of KAPP, so...

8 MR. CHRISTMAN: I think KAPP will get
9 the rest.

10 MS. ELLIS-REEVES: So would ICF have
11 any input into this?

12 MR. CHRISTMAN: You want to be part
13 of this?

14 MS. ELLIS-REEVES: Yes.

15 MR. CHRISTMAN: Sure.

16 MR. ALLGOOD: I wouldn't mind if I
17 could potentially do it. As part of the --

18 MR. CHRISTMAN: Are you representing
19 the Council?

20 MR. ALLGOOD: I am representing the
21 Council.

22 MR. CHRISTMAN: And I'd like to be on
23 it.

24 MR. CALLEBS: Rick, we've got --

25 MS. SHELL: Lisa and I would like

IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

Page 46

1 to --

2 MS. ELSTUN: I can share all of the
3 research from other states because, Sherri, I
4 know your concern about just throwing everybody
5 in. When you look at like Indiana and Ohio,
6 they have certain criteria that they have to
7 meet before they could even kind of qualify for
8 those behavioral health services. So there is a
9 very strict, you know, qualification thing that
10 you have to go through for some of those.

11 MR. CHRISTMAN: Are we up to ten?

12 MS. ELSTUN: And I'm interested in
13 the crisis --

14 MS. HUGHES: Nine with those two, if
15 you would give me your names?

16 MS. SHELL: Carissa Shell.

17 MR. CHRISTMAN: I think we've got a
18 good mix here.

19 MR. CALLEBS: Rick, one more.

20 UNKNOWN: I would suggest contacting
21 someone at Bingham so that way -- I know you get
22 ICFMR feedback but Hazelwood is completely
23 different than Bingham. So I would get feedback
24 from an ICFMR that is transitioning people out
25 into the community that often get calls to bring

1 them back in because they can't meet their
2 needs.

3 MR. CHRISTMAN: That's a good point.
4 Where is Bingham?

5 UNKNOWN: It's in Louisville. I
6 think you should have multiple ICFMR people
7 there because they all serve different kind of
8 populations.

9 MS. ELLIS-REEVES: Oakwood does that,
10 transitions out and puts them back that.

11 MS. SMITH: My cut off is 15.

12 MR. CHRISTMAN: How many do we have
13 now? So Bingham, and then you say another ICF.

14 MS. BROTHERS: Eastern Kentucky with
15 access.

16 MR. SHANNON: Didn't the Commissioner
17 say they're going to bring those people in in
18 addition, you know, so I think they're going to
19 be represented and maybe not attend every
20 meeting.

21 MR. CHRISTMAN: They're open meetings
22 too; right? Aren't they? I guess.

23 MS. SMITH: It depends.

24 MR. CHRISTMAN: It doesn't have to
25 be.

IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

Page 48

1 MS. SMITH: It does not have to be an
2 open meeting.

3 MR. CHRISTMAN: Probably just as well
4 it's not.

5 MS. SMITH: But you have to consider
6 being able to get the work done. So I mean if
7 it is open everyone can listen but you have to
8 be -- you need to know if someone that's not a
9 member of the task force wants to speak or bring
10 something so that can be accounted for in
11 timing; or they can be closed meetings. We did
12 get the legal opinion on that.

13 MR. CHRISTMAN: So if we add another
14 person from Bingham, that's a good suggestion,
15 are we good then?

16 MS. HUGHES: That gives you 11 if you
17 bring in somebody from Bingham. So do you want
18 to be responsible for asking somebody from
19 Bingham?

20 UNKNOWN: I know some people over
21 there so I can help find out who.

22 MR. CHRISTMAN: Could you please?

23 UNKNOWN: I think they're underneath
24 a change where Bluegrass bought them out.

25 MR. CALLEBS: Bluegrass was

1 operating.

2 UNKNOWN: So I don't know who that
3 person would be right now but I can find that
4 out.

5 MR. CALLEBS: Or Steve said he'd take
6 responsibility for that.

7 MR. CHRISTMAN: So is that good with
8 everybody?

9 MR. STEVENSON: And Johnny, are you
10 on the crew?

11 MR. CALLEBS: Yes.

12 MR. HANNAH: Rick, I was just going
13 to note, there are two populations that stretch
14 people's capacity and one is the population with
15 significant behaviors like we've been talking
16 about; but the other population, particularly as
17 people age who have healthcare needs or
18 sometimes people who have a chronic disease and
19 often there are state plan services that serve
20 those people. But because of the challenges
21 related to the developmental disability it makes
22 it hard to serve those people in an SCL setting.

23 And I was a little concerned as I heard
24 folks talking that it was getting focused on
25 behavior and there's really an issue about

Page 50

1 helping support people in the community as they
2 have physical health needs that -- and not
3 necessarily troublesome behaviors.

4 MR. CHRISTMAN: I think you are
5 exactly right. There's somebody with intense
6 medical needs and we're talking about two
7 different populations. I agree.

8 MR. HANNAH: And you don't want to
9 lose that piece.

10 MR. CHRISTMAN: So do we feel we have
11 enough representation, people that can speak to
12 medical -- you can.

13 MR. CALLEBS: I can.

14 MR. STEVENSON: And I can.

15 MR. CHRISTMAN: So I think we have
16 that covered.

17 And I agree with you, we are talking
18 about two separate things. So are we good?
19 Good.

20 MS. HUGHES: You handled that quickly
21 and efficiently, sir.

22 MR. CHRISTMAN: Here is a big one,
23 any note about Navigant design and updates and
24 timetables to make us happy.

25 MS. SMITH: Well, I can give you some

1 high-level dates. The waivers will be going
2 back out for public comment, the target date is
3 Friday. There will be, I'm hoping there's going
4 to be an announcement that goes out the day
5 before that says, hey, they're out -- they're
6 going to be reposted.

7 We are working on doing a prerecorded
8 webinar this time so that -- instead of the live
9 individual webinars we're going to do one big
10 one that highlights the changes. But we're
11 going to prerecord it and post it that way
12 everybody can listen at their convenience and it
13 will be easier that way.

14 We're also going to be posting some -- we
15 joke, they started out as one-page documents but
16 they're turned into two- and three-page
17 documents that really, again, highlight the
18 changes. So that you won't be left wondering,
19 okay, I looked at them when they were out there
20 before, where did they change? What's
21 different? So it really will point to what
22 those changes are.

23 So we will have then the full 30-day
24 public comment period will be open again. We
25 will consider the public comments that were

IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

Page 52

1 given beginning January the 7th or 8th.

2 MS. HUGHES: The 8th I think.

3 MS. SMITH: From the time they were
4 posted the first time all of the way through the
5 end of the 30 days. So originally there had
6 been some information put out there that any
7 comments that had been submitted while we were
8 on this pause period, that we would ask people
9 to resubmit them. We're not going to ask that.
10 We will be considering all of those as part of
11 the public comment that we then respond to and
12 we can include it with the waivers when they're
13 submitted.

14 MR. CHRISTMAN: So the portal is open
15 again?

16 MS. SMITH: It will be. When they
17 are reposted then all of the channels --
18 actually, the e-mail box never stopped. It's
19 still open. So it stays open all the time. I
20 mean that e-mail box is -- and people monitor it
21 every day and are responding to things out of
22 that.

23 So that will -- but there will be an
24 official notice that this is when public comment
25 starts and this is the 30-day, this is the end

1 date. And we will --

2 MR. CHRISTMAN: What are those dates
3 again?

4 MS. SMITH: Friday should be when
5 they're reposted and I honestly don't know what
6 30 days from Friday is.

7 MR. CHRISTMAN: 30 days from Friday.

8 MS. SMITH: I do good to know what
9 day it is.

10 MR. CALLEBS: April 14th.

11 MS. SMITH: And if it happens to fall
12 on a weekend it will go to the next Monday.

13 MS. HUGHES: They're going to let me
14 know when it's actually posted on the website
15 and I'll e-mail you-all to let you know.

16 MR. CHRISTMAN: Does it go out to all
17 providers?

18 MS. HUGHES: Yes.

19 MR. CHRISTMAN: All providers are
20 going to receive this?

21 MS. SMITH: So anybody that is on
22 that state coder e-mail list, which I think I've
23 added anybody -- anytime I go anywhere I gather
24 e-mail addresses and we add them to that. So
25 anybody that has e-mailed the public comment box

Page 54

1 before gets added. There will be a post that
2 goes out on Facebook, there will be a Twitter.
3 Those sometimes -- because of how we have to do
4 them, they might get delayed because it has to
5 go through the Cabinet. They won't let us have
6 our own Facebook page. I don't know why.

7 But we're going to get the message out
8 there as best we can that they're back out there
9 and posted and then we will also -- we will send
10 out the two- or three-page document, we'll send
11 those out through e-mail too as well as posting
12 them and letting everyone know that the webinar
13 is out there to listen to.

14 MS. BROTHERS: And the webinar,
15 that's going to be posted as well?

16 MS. SMITH: We're going to prerecord
17 it instead of doing it live and recording it,
18 that way individuals can just go online whenever
19 the time is best for them to watch it.

20 MS. HUGHES: Do you anticipate that
21 being done by Friday too?

22 MS. SMITH: That will be the next
23 week. We just are running into -- it's tight
24 timelines to get the waivers reposted because
25 we've made some changes with -- in particular we

1 received a lot of comments about PDS and that
2 the policy didn't make sense or some of the
3 questions people didn't understand. So we went
4 back and worked on the language, particularly
5 around PDS to make that more clear and easily
6 understandable.

7 MR. CHRISTMAN: In terms of future
8 waiver design leadership, that's you Pam?

9 MS. SMITH: Yes, it's me.

10 MR. CHRISTMAN: Like at these
11 meetings it's going to be you and I guess we
12 were happy to have Commissioner Steckel here.
13 Did you volunteer for this?

14 MS. SMITH: I'm trying to decide. I
15 mean -- I was going to say I think -- no,
16 actually we have an awesome team --

17 MR. CHRISTMAN: I'm sorry.

18 MS. SMITH: We have an awesome team
19 that's working on this.

20 MR. CHRISTMAN: But you are the go-to
21 person.

22 MS. SMITH: I am the coach. Somebody
23 called me the queen yesterday. I said I don't
24 want to be the queen, I'll be the coach.

25 MR. CHRISTMAN: Supreme Commander.

IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

Page 56

1 MS. SMITH: I like that one. I've
2 been very clear that this is not -- it's not
3 waiver according to Pam. So this has been the
4 team. It's definitely a team effort.

5 MR. CHRISTMAN: I want to say I'm
6 very impressed. I can tell you have your arms
7 around this pretty well. So I'm happy you are
8 going to be doing this.

9 MS. SMITH: Thank you.

10 MR. CHRISTMAN: I have another item
11 to stick in. Where are we on patient liability?
12 Is that still up in the air?

13 MS. SMITH: That's actually something
14 that's going to come out in the waivers. And
15 I'm excited and I can share you with you because
16 it's coming out in the waivers. We're
17 increasing it to 300 percent.

18 So based on the calculations that I
19 went -- it was about September when I looked at
20 patient liability amounts and did the analysis
21 on it, we were going to be left with less than
22 15 people within all of waiver together. So
23 20,000 people that would have a patient
24 liability.

25 MR. CHRISTMAN: So we've really

1 solved a big problem.

2 MS. SMITH: Yes, we have.

3 MR. CALLEBS: So are you saying that
4 only one hundred would have a patient liability.

5 MS. SMITH: Yes. All others would
6 not.

7 MR. CALLEBS: Because you are raising
8 the threshold.

9 MS. SMITH: Because \$770 is not
10 enough for somebody to pay rent, is not enough
11 to buy groceries, is not enough to pay
12 utilities, is not enough to live period.

13 So we recognize that that needed to
14 happen and so that's one of the big changes
15 that's coming out in the waivers when they're
16 reposted.

17 MR. HARVEY: Is there going to be
18 like an effective date of that? This is the
19 reason I ask that, because in the past providers
20 have gotten letters or whatever saying that
21 they'll get a letter with I don't know, 20
22 people listed on it saying that their patient
23 liability changed a year ago and you have to go
24 back --

25 MS. SMITH: We're not going to do

IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

Page 58

1 anything retroactive because that is a mess and
2 crazy. Right now they absolutely will be
3 effective -- it will absolutely be effective
4 when the waivers are effective, which is in
5 December. I'm trying to see if we can move it
6 in earlier than that. There's a lot of changes
7 that have to happen to the system and so I want
8 to make sure that we're very deliberate about
9 the changes so that we don't have issues with
10 all of a sudden somebody is paying something
11 that they didn't know or now somebody thinks
12 they have more to pay. So we're being very
13 deliberate about the date. If we can put it in
14 any sooner, we will; but it will -- by 12/1 the
15 target date for waivers, it will be effective by
16 that date.

17 MR. SHANNON: And that's 300 percent
18 of the federal poverty level?

19 MS. SMITH: Right.

20 MR. CALLEBS: What number did you
21 finally come up with that would have a patient
22 liability?

23 MS. SMITH: It was less than 15
24 people. And their amounts were significantly
25 reduced. These were individuals that had a

1 large patient liability. So they weren't -- it
2 wasn't large amounts and there will not be
3 any -- in this waiver this person is primary
4 provider; or if this, then this person is
5 primary provider. It will be first claim that
6 drops, patient liability comes out.

7 For the majority of the people, I think
8 for those 15, first claim will take care of
9 their patient liability because it wasn't
10 significant huge amounts.

11 So there will -- so hopefully that's
12 going to help to clarify some of the confusion.

13 MS. HUGHES: This is three TAC
14 meetings I've had this week and we've made the
15 TAC members happy in all three of them.

16 MS. SMITH: I think that's great.

17 MR. CHRISTMAN: That's the
18 expectation. That's really, really good.

19 MS. SMITH: That was one of the
20 things I was so excited about that we got to put
21 in the waivers because we have been working on
22 it and it came down to -- we didn't have the
23 change when we posted it the first time and we
24 got approval after we took them down. So we
25 were able to include it.

IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

Page 60

1 MR. CHRISTMAN: You succeeded in
2 making us happy.

3 MS. SMITH: I'm excited. It's a good
4 thing. It's a good change.

5 MR. CHRISTMAN: Anything to report on
6 Kentucky Health? You were concerned about this,
7 Sherri? Any changes in who is exempt from the
8 work requirements.

9 MS. BROTHERS: I'd like to know an
10 update on it.

11 MS. HUGHES: I can give you a little
12 bit of an update. Of course, the Commissioner
13 would have probably been the better person to
14 give you an update.

15 But we're still planning on it going live
16 April 1, barring any legal ruling by the judge.
17 Our systems are a go. We've worked on the
18 systems and checked them and they are a go for
19 April 1. There will be no premiums charged for
20 April 1st -- I mean for the month of April for
21 anybody under Kentucky Health so even though
22 starting then -- the premium notice will come
23 out around mid-April for May so they won't have
24 to pay any premiums for the month of April. The
25 work requirement will not start until July 1.

1 MR. SHANNON: Will that be phased in?

2 MS. HUGHES: Well, I was getting
3 ready to say that, it can start July 1 with
4 anywhere from one to 120 counties, that has not
5 been determined yet. So...

6 MR. CHRISTMAN: It's not going to be
7 the northern Kentucky starting? Because that
8 was the plan before.

9 MS. HUGHES: That was the plan before
10 was I think some counties in northern Kentucky
11 and Campbell County.

12 MR. CALLEBS: Campbell first and --

13 MR. CHRISTMAN: It's still up in the
14 air?

15 MS. HUGHES: It's still up in the air
16 of which counties, but as it's rolled out they
17 will get a 30-day notice that they have to start
18 doing the work engagement or community
19 engagement part of it. So that will be a 30-day
20 notice.

21 So I found out yesterday that starting
22 April the 1st the notices for the medically
23 frail will be going out, the MCOs. I think --

24 MR. CHRISTMAN: And waiver
25 participants are exempt?

IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

Page 62

1 MS. HUGHES: Waiver participants are
2 exempt, yes. The 1915(c) waiver participants
3 are exempt. I want to clarify because it is a
4 waiver.

5 MR. CALLEBS: Should 1915(c) waiver
6 participants expect a letter of medically frail
7 since they're not -- they don't apply anyway?

8 MS. HUGHES: No.

9 MR. SHANNON: Folks who are not on a
10 1915(c) waiver should anticipate some sort of
11 communication?

12 MS. HUGHES: Correct. Yes.

13 MR. CHRISTMAN: If they're medically
14 frail, no premiums, no work requirements.

15 MS. HUGHES: Right. So that's about
16 it. And I think one of the main reasons we're
17 not doing the premiums is so we don't confuse
18 the members if the judge rules sometime between
19 now and April the 1st, like they did in July --

20 MR. CHRISTMAN: Which could happen.

21 MS. HUGHES: Which could happen, like
22 it did before, and then all of these people have
23 got their billing notices or they've already
24 paid their premiums and they want the MCO to
25 give it back to them.

1 MR. CHRISTMAN: Is this in the
2 federal court too?

3 MS. HUGHES: Yes.

4 MR. CHRISTMAN: So are you talking
5 about the federal court or the state court?

6 MS. HUGHES: Yes, the same judge that
7 ruled last time.

8 MR. CALLEBS: Oral arguments
9 tomorrow.

10 MS. HUGHES: I think somebody said
11 that. I only know that simply because somebody
12 told me in a TAC meeting yesterday.

13 MR. CHRISTMAN: Very good. Reopening
14 of the Navigant portal, we already talked about.

15 IDD-TAC openings and appointments, we
16 have no openings; is that correct?

17 MS. HUGHES: I think you do have one.

18 MR. CHRISTMAN: We do.

19 MR. STEVENSON: Is it an individual?

20 MS. HUGHES: Let me see. Do either
21 of you-all -- any of you-all know Lissette
22 Johnson or Tina Jackson?

23 MS. BROTHERS: I know Tina Jackson.

24 MS. HUGHES: Because they're not
25 responding to any e-mails I'm sending them and

IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

Page 64

1 they've not been coming to the meetings. So
2 they are governor appointed so we need to know
3 if we need to have the governor appoint someone
4 to replace them so you have members that are
5 active.

6 MR. CHRISTMAN: That's not up to us.

7 MS. HUGHES: So you don't have any
8 openings. I'm sorry.

9 MR. CHRISTMAN: We do not have any
10 openings, but we have two inactive members.

11 MS. HUGHES: We have two inactive
12 members it appears.

13 MR. CHRISTMAN: Is that for us to do
14 something about?

15 MS. HUGHES: Since it's -- those two
16 are governor appointed, if we need to replace
17 them I would just contact the lady at the
18 governor's office and they would do the
19 reappointments of someone else.

20 MR. CHRISTMAN: So do they want to
21 hear from us?

22 MS. HUGHES: I just need -- when we
23 contacted them regarding Cheri --

24 MR. STEVENSON: Who are the
25 individuals?

1 MS. HUGHES: Tina Jackson and
2 Lissette Johnson. And I may not be saying her
3 name right.

4 MR. HARVEY: Tina has got consumer on
5 her name plate so she's an individual.

6 MS. HUGHES: Both of them are.

7 MS. BROTHERS: She was at the Arc
8 conference, but she lives pretty far away from
9 here.

10 MR. CALLEBS: And I think Lissette is
11 in Somerset.

12 MS. HUGHES: I had sent an e-mail a
13 few weeks ago and asked if they were still
14 interested and I didn't get any response. Tina
15 is a consumer who participate in a
16 non-residential community Medicaid waiver
17 program. And Lissette is a consumer who
18 participates in a residential community Medicaid
19 waiver program.

20 MR. CHRISTMAN: I guess the bad part
21 about this is that they count against our
22 quorum; right?

23 MS. HUGHES: Yes.

24 MR. CHRISTMAN: So we really should
25 have some --

IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

Page 66

1 MR. SHANNON: Is there a way to find
2 out who their case manager is? That may be the
3 way to communicate. Because they may be getting
4 an e-mail and no one is seeing the e-mail.

5 MS. HUGHES: Since they're governor
6 appointed, I don't know how much their case
7 manager would be able to do.

8 MR. STEVENSON: Do you know if we
9 have attendance requirements that would -- if
10 people decided not to come then --

11 MS. HUGHES: There's not been any
12 kind of attendance requirements for the TACs.
13 Now the MAC has that if after, let's see --

14 MR. STEVENSON: I'm just wondering,
15 if we make repeated attempts to reach out and
16 they're not responding then we have a way to
17 replace them.

18 MR. CHRISTMAN: I think consumers
19 need almost additional assistance to make
20 sure -- one, to find out how to get here.

21 MR. STEVENSON: But if we can't even
22 reach the case manager.

23 MS. HUGHES: I don't know who their
24 case managers are. The governor's office sent
25 me their applications, which this was back three

1 years ago.

2 MR. CHRISTMAN: Aren't they waiver
3 services though, isn't that one of the criteria?
4 Residential, nonresidential, recipient of waiver
5 services?

6 MS. HUGHES: They may or may not be
7 an actual member. Because like Cheri, it could
8 be a family representative. So they can be a
9 family member.

10 MR. CHRISTMAN: I thought the
11 criteria was a person who receives --

12 MS. BENTLEY: Both of those people
13 are getting services, I know who both of those
14 people are.

15 MS. HUGHES: I don't have a phone
16 number.

17 MS. BENTLEY: I think I can get you
18 one, and I know we can get a hold of Tina. So
19 if we want to give it one more try.

20 MR. CHRISTMAN: Let's table this for
21 now and see if we can get them to our next
22 meeting, and if not then we'll deal with it.

23 MR. HARVEY: Figure out who they are
24 and get them here.

25 UNKNOWN: It may be lack of

IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

Page 68

1 transportation because you said they're kind of
2 far.

3 MS. HUGHES: The governor's office,
4 when we were getting Cheri appointed and I asked
5 them if they had their application so I could
6 try to get more contact information to try to
7 get them in touch with them, the governor's
8 office brought it up and said, you know, if they
9 need to -- someone else needs to be reappointed,
10 then let us know and we can reappoint them. So
11 that's the reason I brought it up. And it would
12 be another consumer so it's not like we're
13 removing a consumer.

14 But if we can hold off and if Katie
15 can get a hold of them or get me phone numbers,
16 that would be great. I'll try to reach out to
17 them.

18 MR. CHRISTMAN: We'll wait until the
19 next meeting. And then our standing agenda item
20 is SCL slots and utilization.

21 MS. SMITH: And I made copies this
22 time. So for Michelle P, total is 6,763. This
23 is as of last Friday.

24 MR. STEVENSON: This is waiting list?

25 MS. SMITH: This is waiting list.

1 6,763 for Michelle P. And we're still running
2 about 70 percent under 21. So 4,672 are under
3 21.

4 For SCL we have total of 2,574. We have
5 zero on the emergent, 131 on urgent, and 2,443
6 on future planning.

7 MR. CHRISTMAN: This also makes me
8 happier that you put it in writing.

9 MS. SMITH: I'm trying to get it like
10 this every time but I did good to just get here.

11 MR. HARVEY: Is that a new term,
12 emergent?

13 MR. CHRISTMAN: Any other item
14 anybody wants to bring up?

15 MS. SMITH: We say emergent all the
16 time, so I think in my head I just typed
17 emergent instead of emergency.

18 MR. CHRISTMAN: What do we have for
19 our next meeting date?

20 MS. HUGHES: Should be May.

21 MR. HARVEY: May the 8th.

22 MS. HUGHES: Yep, that's correct. In
23 this room.

24 MR. CHRISTMAN: Is there no other --
25 otherwise we can entertain a motion to adjourn.

IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

Page 70

1 MR. STEVENSON: So moved.

2 MR. HARVEY: I'll second the motion.

3 MR. CHRISTMAN: All in favor?

4 ALL: Aye.

5 MR. CHRISTMAN: Thanks everybody.

6

(MEETING ADJOURNED AT 11:13 A.M.)

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STATE OF KENTUCKY }
COUNTY OF FAYETTE }

I, SUSAN R. ELSENSOHN, Certified Court Reporter and Notary Public, State of Kentucky at Large, certify that the facts stated in the caption hereto are true; that said testimony was taken down in stenotype by me and later reduced to typewriting, by computer, under my direction, and the foregoing is a true and complete record of the testimony given by said witness.

No party to said action nor counsel for said parties requested in writing that said deposition be signed by the testifying witness.

My commission expires: September 9, 2022.

In testimony whereof, I have hereunto set my hand and seal of office on this the 28th day of March, 2018.

Susan R Elsenohn

SUSAN R. ELSENSOHN
Certified Court Reporter
Notary ID No. 606854
Notary Public, State-at-Large

<u>A</u>	ADJOURNED			
A.M 70:6	70:6	answer 28:8	60:24 61:22	36:23 37:4
ability 35:13	administrative	40:21	62:19	beginning 52:1
able 4:15 6:23	31:2	Anthem 2:18	Arc 29:2 65:7	behalf 5:20
10:25 25:3	admission 21:22	anticipate 54:20	area 25:14 28:10	25:20
31:12 35:9	adults 23:18	62:10	arguments 63:8	behavior 37:10
43:10,12 48:6	advice 5:5 28:10	anybody 9:4	arms 56:6	39:17 49:25
59:25 66:7	28:13	10:12 35:1,15	arrive 37:11	behavioral
absolute 26:8	advisory 1:7 5:1	45:1,5 53:21	asked 40:24	20:10 25:11
absolutely 26:2	afraid 27:1 39:9	53:23,25 60:21	65:13 68:4	46:8
58:2,3	age 2:7 7:9	69:14	asking 23:2 35:1	behaviors 17:16
abused 39:7	12:14 23:17	anytime 53:23	48:18	38:19 39:2
40:10,12	49:17	anyway 44:24	aspect 30:15	41:1 49:15
accept 16:11	agencies 21:16	62:7	assistance 66:19	50:3
access 24:16,25	agency 35:7	apartment	Association 7:14	beneficiaries
28:7 47:15	43:5,11	12:13,17	attack 18:16	4:20 5:20
accidentally	agenda 6:24 9:1	apologize 30:8	attempts 66:15	benefit 18:19
41:25	41:17 68:19	appears 64:12	attend 47:19	Bentley 2:8 7:23
accounted 48:10	aggressive 15:10	application 68:5	attendance 66:9	7:23 45:3
action 71:10	aggressively	applications	66:12	67:12,17
active 12:22	24:1	31:16 66:25	attention 25:13	best 11:9,10
13:3 64:5	Aging 7:19	apply 62:7	authority 43:1	26:20 42:2
activities 4:23	ago 14:3 33:17	appoint 18:5	autism 38:17	54:8,19
actual 31:21	57:23 65:13	64:3	available 27:21	better 4:24 6:3,9
67:7	67:1	appointed 64:2	41:3	28:12 60:13
acute 30:20	agree 36:14 50:7	64:16 66:6	awesome 55:16	big 17:9 25:13
add 12:2 16:22	50:17	68:4	55:18	33:7 36:12
18:18 48:13	air 56:12 61:14	appointing	Aye 9:11 70:4	41:8 50:22
53:24	61:15	32:16		51:9 57:1,14
added 53:23	all-panel 26:18	appointments	<u>B</u>	bigger 21:19
54:1	Allgood 2:21	63:15	back 12:19,19	billing 6:17
adding 28:3	7:20,20 45:16	appreciate 5:19	17:7,22 22:16	62:23
addition 30:19	45:20	6:24	29:21 36:5	Bingham 46:21
47:18	allow 17:11,13	approaching	37:3 39:21	46:23 47:4,13
additional 10:2	allows 29:7	31:13	40:14 43:8	48:14,17,19
19:22 24:20	alternative 26:4	appropriate	47:1,10 51:2	bit 4:15 16:23
66:19	amazing 4:9	12:21 28:6	54:8 55:4	19:19 60:12
address 13:22	amounts 56:20	approval 9:2	57:24 62:25	black 13:21,23
addressed 11:9	58:24 59:2,10	59:24	66:25	42:7
addresses 14:19	analysis 56:20	approve 9:5	background	blend 5:13,14
53:24	Ann 25:10,17	approved 9:15	17:3	blessing 6:11
adds 18:17	34:17	9:22 30:1,18	bad 26:25 65:20	Bluegrass 48:24
adjourn 32:14	announcement	31:3	barring 60:16	48:25
69:25	51:4	April 53:10	based 56:18	body 14:5
		60:16,19,20,20	becoming 36:16	bought 48:24

IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

Page 2

box 40:19 52:18 52:20 53:25	32:22 54:5	Cedar 2:19 7:8 7:17 12:4,20	36:7 37:6 38:3 38:11,21 39:6	15:16 25:8 28:4 39:9
boy 5:21	CAL 2:21	centered 40:15 40:18	39:13 40:9,20 41:14 42:5	56:14 58:21 60:22 66:10
brain 20:21 29:4	calculations 56:18	centeredness 19:18	43:21 44:3,9 44:12,18,22,24	comes 26:23 42:7 59:6
break 20:16	call 15:16 40:25	certain 20:14,15 46:6	45:4,8,12,15 45:18,22 46:11	coming 56:16 57:15 64:1
breathe 18:12	Callebs 2:5 7:13 7:13 21:10	certainly 5:2 20:9,16	46:17 47:3,12 47:21,24 48:3	Commander 55:25
brief 31:1	22:14 30:14	Certified 71:3 71:21	48:13,22 49:7 50:4,10,15,22	comment 9:4 10:9,10,12
bring 5:7 6:17 25:10 34:20	32:5 40:22	certify 71:5	52:14 53:2,7 53:16,19 55:7	29:18 30:13,14 51:2,24 52:11
39:20 42:14,14	44:20 45:6,24	Chairman 6:13 41:12	55:10,17,20,25 56:5,10,25	52:24 53:25 comments 51:25
46:25 47:17	46:19 48:25	challenge 5:24	59:17 60:1,5 61:6,13,24	52:7 55:1
48:9,17 69:14	49:5,11 50:13	challenges 20:20 20:22 49:20	62:13,20 63:1 63:4,13,18	commission 71:13
bringing 25:17	53:10 57:3,7	change 30:24 32:3 33:7	64:6,9,13,20 65:20,24 66:18	Commissioner 2:3 4:2,5,9,13
Brittany 2:22 8:6	58:20 61:12 62:5 63:8 65:10	48:24 51:20 59:23 60:4	67:2,10,20 68:18 69:7,13	6:15 14:1,11 16:17 18:1
brother 7:11	called 55:23	changed 57:23	69:18,24 70:3 70:5	21:5 23:25 25:7 28:9 32:6
Brothers 2:14 9:9,14,18,22	calling 11:3	changes 37:13 51:10,18,22	chronic 49:18	33:25 34:7,10 34:15 36:13
26:13 28:14	calls 46:25	54:25 57:14 58:6,9 60:7	claim 5:3 59:5,8	38:13 41:11,16 42:6,25 47:16
29:17 30:5	Campbell 61:11 61:12	channels 52:17	claim-by-claim 5:10	55:12 60:12
38:10,15,23	capacity 49:14	charged 60:19	clarify 59:12 62:3	committee 11:7 30:6 32:10
39:10 41:9	capitated 13:4	Charles 2:17 7:18,18	clarity 23:2,23	39:5
47:14 54:14	caption 71:5	checked 60:18	clear 55:5 56:2	committing 33:14
60:9 63:23	car 35:14 40:3	Cheri 2:12 7:10 64:23 67:7 68:4	clearly 39:22 40:4	common 17:4
65:7	care 2:23 8:15 10:2 12:7,8	Chris 2:7,25 7:7 8:11 10:17 12:3	clients 16:19	Commonwealth 1:1 7:21,24
brought 12:9 14:3 16:24	14:20,21 16:1 16:13 18:20	Christian 2:4 4:1,7,11 6:14	clinic 6:8	communicate 66:3
18:23 68:8,11	19:15 24:6	8:1 9:1,10,12 10:1 30:12	closed 36:3 48:11	communication 26:21 62:11
budget 18:13,19 19:9 20:15	26:1 43:18 59:8	32:12 34:1,8 34:13,25 35:22	coach 55:22,24	communities 15:13 37:8
21:4 23:3 24:2 24:9	careful 38:22,24 39:8,19		coder 53:22	
BUILDING 1:13	carefully 39:15		color 27:2	
built 15:20 41:6	caregivers 27:22		come 6:7,7,8	
bullet 27:14	Carissa 2:15 8:20 46:16			
burdensome 31:24	Carol 2:3			
business 41:22 43:14	case 14:14 18:23 19:2 24:23			
buy 57:11	33:17 66:2,6 66:22,24			
<hr/> C <hr/>	CCDD 2:8			
Cabinet 1:2 14:5				

38:9 41:8 community 12:11 21:3 24:8 37:7 41:3 46:25 50:1 61:18 65:16,18 companies 20:5 complete 71:9 completely 20:23 25:3 46:22 compliance 11:15 complicated 25:22 component 24:10 27:23 compounds 22:12 computer 71:7 concept 35:8 concern 13:20 46:4 concerned 38:16 49:23 60:6 concerns 5:9 10:15 34:21 conference 65:8 confuse 62:17 confusion 59:12 consequences 37:18 39:17,18 consider 40:12 48:5 51:25 considering 52:10 constantly 19:15 constructed 11:1 consumer 65:4 65:15,17 68:12 68:13 consumers 66:18	contact 43:9 64:17 68:6 contacted 64:23 contacting 46:20 continue 11:19 22:22 28:1 32:23 35:17 continuing 12:22 continuum 12:8 convenience 51:12 conversation 14:8,9 19:5 23:1,22 42:10 conversations 35:10 copies 68:21 correct 62:12 63:16 69:22 cost 18:20 33:12 Council 3:3 7:21 7:24 8:9 45:19 45:21 counsel 71:10 count 65:21 counted 40:16 counties 61:4,10 61:16 counting 44:20 County 61:11 71:1 couple 4:8 course 21:17 60:12 court 63:2,5,5 71:3,21 covered 41:2 50:16 crazy 58:2 create 18:24 24:4 42:15,16 created 36:9 creates 33:3	creating 33:2 creative 24:18 creatively 25:5 crew 49:10 criminal 36:16 36:22 crisis 19:20 40:23 41:1,6,7 42:15 46:13 criteria 46:6 67:3,11 critically 4:19 Crowley 2:18 8:13,13 current 15:25 currently 11:1 21:14 cut 47:11	42:14 dead 26:3 deal 19:1 67:22 dealing 18:9 35:7 dealt 39:14 December 58:5 decide 55:14 decided 66:10 definitely 56:4 delayed 54:4 deliberate 58:8 58:13 Dellecave 3:3 8:8,8 25:19 dementia 12:18 denied 34:5 department 7:19 36:24 depended 17:8 dependent 27:9 depends 47:23 deposition 71:11 design 18:15 50:23 55:8 designed 20:12 desk 27:20 detail 31:19 determined 61:5 developed 22:20 developing 12:17 DEVELOPM... 1:6 developmental 7:21,25 8:9 16:21 49:21 diagnoses 25:23 difference 33:8 different 10:19 11:6 17:2 27:2 28:25 37:4 46:23 47:7 50:7 51:21	direct 26:11 direction 71:8 director 7:14 8:5 disabilities 1:6 7:22,25 13:8 16:21 39:3 disability 8:9 15:8 16:5 38:19 39:1 40:13 49:21 discharge 16:9 16:10 35:8 discharged 37:2 discriminating 38:25 discussed 10:18 26:19 discussion 42:11 disease 49:18 disincentive 33:2,4,9 36:8 disposal 25:4 disruptive 37:9 diversely 27:8 DMS 2:9 43:8 44:20 document 54:10 documents 51:15,17 doing 5:6,19 16:23 17:4 25:12,14 27:3 28:21 36:18 42:20 51:7 54:17 56:8 61:18 62:17 down-to-earth 28:21 Downs 2:20 8:15 8:15 dragging 41:15 driven 15:12 drops 59:6
D				
D 2:1				
DAIL 2:17 42:14				
dangerous 22:19 37:3 41:1				
dash 41:13 42:18				
date 1:18 51:2 53:1 57:18 58:13,15,16 69:19				
dates 51:1 53:2				
David 2:11,18 2:21,24 7:20 8:13,17				
Davis 2:23 8:4,4				
day 6:2,7 16:25 23:9 51:4 52:21 53:9 71:16				
day-to-day 4:22				
days 52:5 53:6,7				
DD 3:3				
DDID 35:10				

IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

Page 4

DSPs 38:4	71:3,20	exactly 14:17	FAYETTE 71:1	form 10:6
dual-diagnosed	Elstun 2:6 8:19	35:22 50:5	federal 58:18	format 5:17
17:13 20:13	8:19 16:22	example 12:9,24	63:2,5	forming 11:7
dually-diagno...	20:9 46:2,12	15:1,8	feedback 46:22	forms 26:20
16:19	emergency	examples 22:16	46:23	forth 11:15
due 16:5 21:23	69:17	exceeding 21:24	feel 10:12 34:3	fortunate 12:5
Dungarvin 8:19	emergent 69:5	exceptional 11:2	50:10	forum 28:6
17:1	69:12,15,17	30:17,18,25	feeling 42:10	Forward 2:22
<hr/> E <hr/>	EMT 37:14	31:17,21 32:1	figure 17:15	8:7
E 2:1,1,1	EMTs 38:5	excited 19:24	22:23 27:6,8	found 61:21
e-mail 52:18,20	encountered	42:20 56:15	34:23 43:15	four 14:3 28:24
53:15,22,24	25:21	59:20 60:3	67:23	37:23 45:4
54:11 65:12	encourage 24:12	Executive 7:14	fills 44:25	frail 61:23 62:6
66:4,4	ended 12:19	exempt 60:7	finally 58:21	62:14
e-mailed 53:25	ends 26:4	61:25 62:2,3	find 19:11 30:7	frame 16:12
e-mails 63:25	enforcement	exhausted 26:3	30:10 32:24	framework
ear 5:18	15:15	existing 18:17	48:21 49:3	23:12
earlier 14:13	engage 19:4	expect 62:6	66:1,20	FRANKFORT
22:1 58:6	29:9,9	expectation	finding 14:13	1:15
easier 17:6	engaged 37:10	59:18	fine 40:2	free 10:12
51:13	engagement	experience 33:5	first 9:1 21:13	Friday 51:3 53:4
easily 40:9,11	61:18,19	44:15	26:17 34:17	53:6,7 54:21
55:5	engagements	expires 71:13	52:4 59:5,8,23	68:23
EAST 1:14	28:25	eye 6:19	61:12	fringe 13:9
Eastern 47:14	enormous 36:8	eyes 15:19	fits 11:24	front 18:3 22:15
easy 5:20 27:16	ensure 35:12,14	<hr/> F <hr/>	five 13:16 33:20	28:4
educate 24:23	entertain 69:25	Facebook 54:2,6	fix 32:4	frustrating
28:13	envelope 26:24	facilities 12:7	fixed 38:14	14:10,12 39:16
educating 27:11	environment	fact 23:15 39:22	flex 19:22	full 51:23
education 26:14	33:7 43:9	facts 71:5	floor 11:11	function 16:3
effect 24:2	episode 17:12	failed 32:4	focus 23:6	fund 15:20
effective 57:18	equal 44:15	fall 53:11	focused 49:24	funding 36:4
58:3,3,4,15	Erin 2:23 8:4	falling 26:11	folks 5:22 8:3	future 55:7 69:6
effectively 31:22	especially 18:10	families 25:20	18:8 19:3 22:8	<hr/> G <hr/>
efficiently 50:21	essentially 36:25	25:21 26:14	22:18 31:10	game 37:19
effort 56:4	estimate 16:16	28:4	36:19 42:2	Gannon 2:16
either 13:1	evaluate 17:17	family 1:2 26:12	49:24 62:9	8:22,22
18:24 40:21	Evan 2:17 7:18	28:20 67:8,9	follow 20:16	gap 22:8 32:2
63:20	eventually 12:20	far 29:18 38:18	33:10	gaps 31:24 32:1
Ellis-Reeves	everybody 7:4	38:20,24,25	for-profit 7:6	gather 53:23
2:12 7:10,11	18:20 27:7	65:8 68:2	force 10:6 11:7	generally 41:2
45:10,14 47:9	28:13 29:3	farther 37:7	35:2 43:22	gentleman 12:15
ELSENSOHN	46:4 49:8	favor 9:10 70:3	44:4 48:9	15:22 39:22
	51:12 70:5		foregoing 71:8	

getting 16:25 17:2,24 22:7 29:20 33:15,21 38:17 43:8 49:24 61:2 66:3 67:13 68:4 give 11:16 14:25 16:9 18:8 19:22 20:1 29:15 44:16 46:15 50:25 60:11,14 62:25 67:19 given 52:1 71:9 gives 24:25 28:7 48:16 giving 15:9 27:12 35:11 glad 18:2 24:1 go 6:2 7:2 17:6 17:22 22:5 23:20 27:18 28:1 29:2 30:7 30:10 31:3 37:1,1,6 40:2 40:14 46:10 53:12,16,23 54:5,18 57:23 60:17,18 go-to 55:20 goes 13:18 51:4 54:2 going 4:14 6:16 10:22 12:15 13:19,22 14:20 16:11 19:21 22:21 25:2 26:25 27:6,9 27:11,20 30:6 32:25 35:5,14 35:19,20 36:3 38:20 39:24 40:1,1 41:12	42:1,11 43:14 47:17,18 49:12 51:1,3,6,9,11 51:14 52:9 53:13,20 54:7 54:15,16 55:11 55:15 56:8,14 56:21 57:17,25 59:12 60:15 61:6,23 good 4:16 5:16 20:7 30:19 44:5,11 46:18 47:3 48:14,15 49:7 50:18,19 53:8 59:18 60:3,4 63:13 69:10 goodwill 5:21 gosh 23:13 gotten 29:21 57:20 governor 64:2,3 64:16 66:5 governor's 64:18 66:24 68:3,7 Grandmother 39:23 grateful 4:21 6:21 great 23:22 59:16 68:16 greet 28:3 Greg 10:17 groceries 57:11 group 2:23 6:25 10:22,23,24 11:8 13:13 14:2 15:2 16:18 18:5 19:22 22:1 23:7 30:21 34:17	groups 20:5 28:17 guardian 15:18 guess 9:3 11:2,9 11:25 20:10 47:22 55:11 65:20 guests 8:2,3 guilty 6:18 guys 18:5 <hr/> H <hr/> half 22:15 hall 28:7 hand 71:16 handled 50:20 hands 4:16 Hang 40:2 Hanna 2:11 Hannah 8:17,17 49:12 50:8 happen 29:8 39:24 40:1 41:5 57:14 58:7 62:20,21 happening 6:11 14:9 happens 32:20 36:2 53:11 happier 69:8 happy 11:12 22:12 29:6 50:24 55:12 56:7 59:15 60:2 Harbor 3:2 hard 5:23,23 49:22 harm 35:14 harming 37:9 Harvey 2:10 7:5 7:5 10:16 15:4 16:16 57:17 65:4 67:23	69:11,21 70:2 Hazelwood 46:22 HCB 20:22 HCS 2:20,25 head 69:16 health 1:2,13 15:3,6 20:11 25:11 35:9,12 35:18 38:1 46:8 50:2 60:6 60:21 healthcare 8:12 37:15 38:4,5 49:17 hear 4:11 6:4,10 29:11,12,13 36:17 64:21 heard 15:24 24:13 49:23 hearing 43:3,7 heart 18:16 HELD 1:11 Helm 2:25 8:11 8:11 help 4:19,23 5:11 21:6,8 22:6 23:14,20 25:1 27:10,20 28:10 40:25 41:18 42:1 43:15 48:21 59:12 helpful 32:13 helping 50:1 helps 12:8 hereto 71:5 hereunto 71:15 hesitate 39:19 hey 51:5 high-level 51:1 highlight 51:17 highlights 51:10 history 30:22	hit 13:1 15:14 31:4 hold 67:18 68:14 68:15 hole 13:21,23 42:8 Holland 25:10 home 24:3 37:3 homes 12:12 18:25 20:11 26:7 honestly 53:5 honor 6:16 hopefully 59:11 hoping 51:3 horse 26:24 hospital 23:9 24:4,7 hours 15:13 37:2 House 2:13 3:2 8:24,24 huge 13:13 33:9 59:10 HUGHES 9:7 9:17,20,24 30:8 46:14 48:16 50:20 52:2 53:13,18 54:20 59:13 60:11 61:2,9 61:15 62:1,8 62:12,15,21 63:3,6,10,17 63:20,24 64:7 64:11,15,22 65:1,6,12,23 66:5,11,23 67:6,15 68:3 69:20,22 Humana 8:11 8:15 humans 43:5 hundred 57:4
--	---	---	---	---

IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

Page 6

I	15:9 20:25	introduce 7:3	62:19	27:21 29:6,18
IBD 25:22	25:22 51:9	8:3	justice 36:16,22	30:1,2,2,9,18
ICF 12:11,20,25	63:19 65:5	inventive 27:5	K	31:4 32:21,23
13:2 14:23	individual's	invitations	KAPP 2:4,5,6,10	33:23 34:11,21
16:5 17:14	11:12	33:18	2:15,24 7:6 8:5	37:13,19 38:8
18:24 24:3	individuals 12:6	involved 14:4,5	8:21,23 16:25	38:18 39:15,18
45:10 47:13	12:10 13:13	32:18 43:25	21:11,18 32:15	41:16 46:4,9
ICFMR 46:22	15:2 19:20	44:1	40:16 44:25	46:21 47:18
46:24 47:6	20:13 23:7	involvement	45:7,8	48:8,20 49:2
ICFs 17:6 34:20	24:24 25:6	36:22	Karen 2:13 8:24	53:5,8,14,15
ID 20:19 71:22	26:6,7,14	IQ 15:11 39:25	Katie 2:8 7:23	54:6,12 57:21
IDD-TAC 63:15	27:21 28:18,20	issue 5:4 10:7	68:14	58:11 60:9
idea 13:24 20:7	37:22,25 40:17	11:8 12:2	keep 6:19 16:2,8	63:11,21,23
28:14	54:18 58:25	14:17 18:9	19:11 21:2,3	64:2 66:6,8,23
ideas 26:5	64:25	23:23 34:9,9	24:7,7 31:8,13	67:13,18 68:8
imagine 14:11	industry 7:1	34:11 38:12	44:11	68:10
immediate	inefficiencies	43:7 49:25	Kentucky 1:1,15	knowledgeable
42:12	23:13	issues 6:17,20	2:22 7:9,14 8:7	27:24
immediately	infirm 12:14	12:18 13:21	20:8 47:14	knows 12:14
42:23	informal 10:13	14:6 16:20	60:6,21 61:7	L
implementing	information	23:6 25:23	61:10 71:1,4	lack 40:23 67:25
42:22	6:22 27:15	34:12,22 36:20	kept 17:4	lady 64:17
important 4:20	28:12 42:3	58:9	kind 10:13 11:7	Lake 2:19 7:8,17
6:1,25 10:7	52:6 68:6	item 10:1 56:10	17:2,4,17,19	12:5,20
29:11,14,14	injury 20:21	68:19 69:13	19:18 22:2,7	land 22:2,2
impossible	29:4	J	27:13 28:5	language 55:4
17:24	innovative 19:14	Jackson 63:22	39:17,18 42:23	large 10:23 13:1
impressed 56:6	input 5:5 6:20	63:23 65:1	46:7 47:7	59:1,2 71:4
inactive 64:10	45:11	jail 40:1	66:12 68:1	larger 23:5,13
64:11	institution 24:8	January 9:2	Kneth 2:22 8:6	lately 30:2
inadvertently	integrated 21:3	52:1	8:6	law 15:15 37:14
36:9	intellectual 1:6	Jason 2:19 7:16	know 4:3,10 5:8	lead 19:6
incentive 18:14	15:7 16:5	job 5:23,23	5:14,21 6:4 7:2	leadership 55:8
18:15,21	intense 13:11	jobs 5:25 25:24	10:4,9,17,19	Leading 2:7 7:8
include 52:12	15:3 30:23	Johnny 2:5 7:13	10:24 11:3,5	LeAnn 3:1 8:18
59:25	50:5	30:12 49:9	11:11,16,18,22	learning 5:16
included 43:6	intensity 16:4	Johnson 63:22	12:6 13:19	leaving 4:16
increasing 56:17	intensive 40:20	65:2	17:15,16 18:14	lectured 36:23
Independent	interested 32:15	joke 51:15	18:23 19:9,14	left 51:18 56:21
7:19	46:12 65:14	joy 6:11	19:24 20:1,2	legal 34:11
Indiana 20:10	interesting	judge 60:16	23:3,7,7 24:11	48:12 60:16
46:5	17:20	62:18 63:6	24:21 25:12	legislative 14:4
individual 6:17	intermediate	July 60:25 61:3	26:4 27:13,19	legislature 14:4
11:12,22 15:7	12:7			

lessening 33:13 let's 7:2,3 18:10 19:14 22:25 34:25 43:21 66:13 67:20 letter 57:21 62:6 letters 26:23 57:20 letting 33:13 54:12 level 10:2 14:19 14:21 15:23 16:1,11,13 26:1,10 28:21 31:18 58:18 liability 34:11 36:11,11 56:11 56:20,24 57:4 57:23 58:22 59:1,6,9 license 15:12 life 6:2,5,9 12:23 40:2 line 39:11 lines 41:19 link 30:10 Lisa 2:6 8:19 45:25 Lisette 63:21 65:2,10,17 list 43:17 53:22 68:24,25 listed 57:22 listen 48:7 51:12 54:13 listening 42:22 little 4:15 16:23 19:19 26:24 37:6 38:15 49:23 60:11 live 6:5 18:12 51:8 54:17 57:12 60:15 lives 65:8	living 7:19 26:7 Local 36:18 lock 37:17 Lodge 12:20 long 29:7 41:17 long-term 30:23 31:11 longer 22:4 longstanding 10:18 look 10:21 11:8 13:19 18:11 19:14,18 23:4 23:21 25:5 27:1 40:13 46:5 looked 17:8 51:19 56:19 looking 5:12 14:6 19:11 23:10 24:5 26:17 31:19,21 35:19 40:13,18 lose 50:9 losing 15:21 36:4 loss 26:8 lot 5:22 8:1 11:20 14:13 24:13,17 25:4 25:12,14 29:12 31:25 38:16 44:9,10 55:1 58:6 lottery 13:1 Louisville 8:10 47:5 love 4:11 19:4 26:4	Magre 3:1 8:18 8:18 mail 9:3 main 1:14 62:16 maintain 20:14 21:4 35:9 majority 19:3 59:7 making 6:9 60:2 manager 66:2,7 66:22 managers 24:23 33:17 66:24 MARCH 1:19 Mariposa 8:5 max 19:16 MCO 62:24 MCOs 61:23 mean 13:7 14:7 16:10 23:9 26:2 28:18 29:12 32:15,24 36:20 38:20 39:1,19 41:21 48:6 52:20 55:15 60:20 meant 23:18 mechanism 31:9 media 27:4 28:16 Medicaid 1:3 23:5 65:16,18 medical 12:18 25:22 26:9 36:20 50:6,12 medically 61:22 62:6,13 Medicare 8:14 medication 26:10 medications 17:15 meet 11:14 13:12 19:24	22:4 28:3 34:3 34:17 46:7 47:1 meeting 1:7 4:16 9:16 13:5 26:18 28:17 30:4 47:20 48:2 63:12 67:22 68:19 69:19 70:6 meetings 10:19 11:6 32:11 42:9 47:21 48:11 55:11 59:14 64:1 meets 11:24 member 7:3 21:18 32:17 48:9 67:7,9 members 10:10 10:18 18:7 26:12 28:20 32:16 44:4 59:15 62:18 64:4,10,12 mental 15:3,6 mention 43:3 mentioned 13:17 merely 33:7 mess 58:1 message 17:1 43:14 54:7 met 10:3,25 11:13 15:6 21:15 30:16 Michelle 23:16 68:22 69:1 mid-April 60:23 middle 35:25 mild 13:7,8 mind 31:13 45:6 45:16 mines 41:24	minutes 9:2,15 9:16 29:24,25 30:4 32:20 43:24 miserable 22:3 missing 12:24 mistakes 43:6 mitigate 34:24 mix 46:18 model 20:11 modify 18:17 Monday 53:12 money 19:10,11 19:13 24:4 33:12 34:9 monitor 52:20 monitoring 26:10 month 60:20,24 months 21:22 31:4 40:24 moratorium 36:3 motion 9:5,8 10:5 69:25 70:2 move 58:5 moved 70:1 multiple 47:6
<hr/>				
N				
<hr/>				
N 2:1				
name 65:3,5				
names 32:9 46:15				
narratives 22:16				
nature 17:12				
Navigant 50:23 63:14				
necessarily 19:17 50:3				
need 13:4,14 14:18,22 15:19 16:12 19:13,17				

IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

Page 8

25:5,10 28:22	note 9:20,23	48:2,7 51:24	papers 27:2	PDS 55:1,5
30:6,24 31:11	49:13 50:23	52:14,19,19	paragraphs	pendulum 40:7
36:24 37:1	notice 31:16	openings 63:15	27:15	people 4:10 5:11
39:4 41:18,19	52:24 60:22	63:16 64:8,10	parameters	5:22 10:9,23
42:12,14,16	61:17,20	operates 17:1	43:22	10:23,24 13:1
48:8 64:2,3,16	noticed 24:13	operating 49:1	parents 26:11	13:7,9 14:19
64:22 66:19	notices 61:22	opinion 48:12	parents' 26:7	15:15,24 16:18
68:9	62:23	opioid 25:12	part 13:2,15	16:19 19:15,17
needed 57:13	November 9:21	opportune 10:20	14:4 33:3	21:6 22:2,17
needing 30:22	number 21:19	opportunities	38:19 39:1	24:15,21 26:20
needs 10:3,25	44:11 58:20	29:5	45:7,12,17	28:8 30:15,21
11:13,14,24	67:16	opportunity 4:8	52:10 61:19	33:13,23 34:2
13:5 15:3,4,5	numbers 21:20	6:21 14:1	65:20	34:4 37:17,18
15:23 16:2,4	68:15	29:15 34:5	participants	38:16 39:3,9
16:14,15 20:25	nursing 13:3,9	opposed 9:12	21:14,16 27:22	46:24 47:6,17
21:15,23 22:4	14:23 15:1	44:17	29:10 34:4	48:20 49:17,18
22:11 26:1	16:13 18:24	optimal 44:13	61:25 62:1,2,6	49:20,22 50:1
30:16,20 34:3	24:3	44:14	participate 35:2	50:11 52:8,20
40:17 47:2		Oral 63:8	65:15	55:3 56:22,23
49:17 50:2,6		organization	participates	57:22 58:24
68:9		18:7	65:18	59:7 62:22
neighborhoods	O	originally 23:17	participation	66:10 67:12,14
15:14	Oakwood 7:12	52:5	44:16	people's 49:14
net 42:16	17:23 47:9	ought 36:19	particular 11:8	percent 16:17
network 20:4	obviously 26:6	overall 20:24	11:22 54:25	21:25 23:15
neutral 18:14,19	32:15	overwhelmed	particularly	41:3 56:17
19:9 23:3	offer 30:25	43:16	49:16 55:4	58:17 69:2
neutrality 21:4	31:12		parties 71:11	perfect 43:4
24:2,9	office 6:7 64:18		party 71:10	period 17:7,8,14
never 4:7 9:15	66:24 68:3,8		PAs 31:5	17:25 31:1
11:23 52:18	71:16	P	passed 12:21	51:24 52:8
new 7:3 27:20	official 52:24	P 23:16 68:22	Passport 2:11	57:12
42:19 69:11	Ohio 46:5	69:1	8:17	perpetuates
news 26:25	okay 9:13,17	package 14:18	Path 2:22 8:6	22:9
Nine 46:14	17:22 18:1	page 54:6	patient 56:11,20	person 11:19
non-residential	27:17 44:25	pages 22:15	56:23 57:4,22	12:12 17:6
65:16	51:19	paid 62:24	58:21 59:1,6,9	19:18 31:7
nonresidential	once 31:3,6	Pam 2:9 4:17	pattern 20:14	32:3 33:5
67:4	one-off 19:1	5:6 14:16	pause 52:8	36:24 37:23
nonwaiver 41:7	one-on-one	18:10 19:5	pay 21:24 57:10	40:14,15,18
northern 61:7	22:18	32:10 40:15	57:11 58:12	48:14 49:3
61:10	one-page 27:14	42:25 55:8	60:24	55:21 59:3,4
Notary 71:4,22	28:15 51:15	56:3	paying 58:10	60:13 67:11
71:23	online 54:18	Pam's 18:15	payoff 5:21	person's 21:23
	open 26:25	25:15		
	28:13 47:21	panacea 33:6		

24:6 34:3 35:9 35:12 phased 61:1 phone 39:24 67:15 68:15 physical 50:2 physically 15:10 pie 19:19 piece 12:24 17:20,21 23:13 36:16 50:9 Place 8:5 placement 11:20 11:23 plan 24:17 25:15 49:19 61:8,9 planning 60:15 69:6 plans 19:14 plate 65:5 play 5:18 please 48:22 Pleased 4:2 plus 23:15 point 2:16 4:4 8:20,23 14:7 15:15 22:1 23:24 24:21 25:15 27:18 41:18 47:3 51:21 points 27:15 40:23 police 36:24 37:11 38:6 40:25 policemen 37:15 policy 5:8 6:20 32:22 34:9 55:2 pool 24:4 population 20:19,24 41:23 49:14,16	populations 47:8 49:13 50:7 portal 52:14 63:14 position 4:25 possibility 11:6 36:2 possible 14:8 35:20 post 51:11 54:1 posted 30:3,4 52:4 53:14 54:9,15 59:23 posting 29:23 30:9 51:14 54:11 pot 19:10 34:19 potentially 45:17 pounds 15:10 poverty 58:18 premium 60:22 premiums 60:19 60:24 62:14,17 62:24 prerecord 51:11 54:16 prerecorded 51:7 president 7:8 pressure 36:10 pressures 18:13 pretty 12:5 15:3 56:7 65:8 previous 9:15 primary 59:3,5 Prince 2:23 Private 7:15 probably 5:16 14:17 16:17 39:8 48:3 60:13 problem 5:3,3	22:10,21 25:13 33:16,22,24 39:20 41:8 42:12 57:1 problems 42:13 process 31:23 32:4 37:5 professional 41:23 professionals 26:9 program 4:21 4:24,24 25:11 65:17,19 programs 27:25 project 42:19 pronounced 36:23 protect 37:25 38:1 provide 23:2 24:19 32:23 33:19 35:17,25 provider 11:13 11:18 21:18 22:4 27:23 31:6 34:6 35:6 35:11,18 37:15 59:4,5 providers 7:6,15 11:21 20:4 21:11,19 24:24 25:25 27:9,12 33:4,19 34:2 36:12 38:4,6 41:4 53:17,19 57:19 psychiatric 15:4 15:5 16:14,20 psychological 16:14 psychotic 17:11 public 1:13 51:2 51:24,25 52:11	52:24 53:25 71:4,23 pull 14:1 20:9 pushing 38:24 put 11:10 33:18 52:6 58:13 59:20 69:8 puts 47:10 putting 40:19 <hr/> Q <hr/> qualification 46:9 qualify 46:7 quality 18:20 quandary 38:2 quantify 21:6,9 queen 55:23,24 question 9:14 21:13,21 28:5 35:4 questions 27:17 28:8,18,22 29:16 55:3 quick 35:3 quickly 4:10 50:20 quit 25:24 quorum 9:6 65:22 <hr/> R <hr/> R 71:3,20 raising 57:7 rarity 42:23 rate 23:6 rattle 14:17 reach 13:9 26:20 27:7 43:12 66:15,22 68:16 ready 61:3 real 33:15 35:3 36:20 realize 24:15	39:7 really 5:4,18 6:24,25 12:8 13:25 14:5,22 17:20 20:7 22:5 23:1 24:23 27:5,7 27:16,18 28:5 29:10 30:19 31:7,19 33:11 36:7 38:2,24 41:6 44:8 49:25 51:17,21 56:25 59:18,18 65:24 reappoint 68:10 reappointed 68:9 reappointments 64:19 reason 57:19 68:11 reasons 62:16 receive 12:22 26:9 53:20 received 9:3 55:1 receives 67:11 receiving 9:19 23:8 30:17 recipient 67:4 recognize 4:1 57:13 recognized 38:4 recognizing 5:13 recommendati... 13:17 record 71:9 recording 54:17 red 31:2 redesign 5:6 10:21 18:11 27:19 28:2 31:16
--	---	--	---	--

IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

Page 10

redistribute 19:19	45:18,20 requested 71:11	47:22 49:3 50:5 58:2,19	69:4 seal 71:16	servicing 37:22
reduced 58:25 71:7	requesting 19:16	62:15 65:3,22 risk 33:10,13	second 9:9 40:3 70:2	set 6:24 16:1 71:15
reference 16:12 31:17	requests 33:18 34:23	35:20 36:4 role 5:2	secure 36:24 secured 11:20	setting 24:9 37:24 49:22
referral 21:23 regarding 64:23	requirement 60:25	rolled 61:16 room 7:2 19:21	see 6:3,10 11:9 13:23 23:12	severe 16:20 Shannon 2:24
regulation 31:20 regulations 11:17	requirements 60:8 62:14	69:23 round 28:2	25:7 33:14 34:18 38:7	44:2 47:16 58:17 61:1
reimbursed 13:10	66:9,12 research 16:23	routinely 21:1,2 ruled 63:7	58:5 63:20 66:13 67:21	62:9 66:1 share 28:15 46:2
reimbursement 31:8	19:25 46:3 residential 21:11,17 33:19	rules 62:18 ruling 60:16	seeing 11:21 17:5 20:2,19	56:15 shared 29:25
related 49:21 remains 18:18	65:18 67:4 resources 25:4 26:5	run 20:7 running 26:3	27:2 30:10 32:8 54:9,10	30:6 Sharley 4:17
remember 9:18 29:3 35:6	26:5 respite 25:25	54:23 69:1 <hr/> S	sending 29:19 63:25	43:9,12 Shawna 3:3 8:8
removing 68:13 rent 57:10	respond 21:20 52:11	S 2:1 sad 24:14	sense 55:2 sensitive 39:14	she'd 14:16 she'll 32:10
Reopening 63:13	responded 41:4 responding 21:17 34:22	safe 16:2,8 21:2 22:3 31:8	41:20 sent 65:12 66:24	sheet 27:14 sheets 28:15
repeated 66:15 replace 64:4,16 66:17	43:18 52:21 63:25 66:16 response 35:16	21:15 30:16 31:7 safety 16:1 35:9	separate 50:18 September 56:19 71:13	Shell 2:15 8:20 8:20 14:25
report 29:21 60:5	65:14 responses 21:13 33:20 43:8	35:13,18 38:1 42:16 sample 18:8	serve 5:11 7:20 11:19 21:1,2	15:5 35:5,24 36:10 39:21
reported 30:16 Reporter 71:4 71:21	responsibility 6:12 49:6	39:11 40:6,6 40:15 57:3,20 57:22 65:2	September 56:19 71:13	40:11 45:25 46:16,16
reports 29:19,24 reposted 51:6	responsible 37:21 48:18	saying 11:14 13:12 33:11,15	serve 5:11 7:20 11:19 21:1,2	46:16,16 sheriffs 36:18
52:17 53:5 54:24 57:16	rest 44:25 45:9 resubmit 52:9	35:23 36:6 37:16,20 38:3	35:17 39:2 42:2 45:2 47:7	40:11 45:25 46:16,16
represent 7:6,8 7:24 18:6	retroactive 58:1 return 17:14	39:11 40:6,6 40:15 57:3,20 57:22 65:2	49:19,22 served 23:16	46:16,16 sheriffs 36:18
representation 29:8 50:11	Rick 2:4 35:3 45:24 46:19	says 15:18 51:5 scheduling 42:9	serve 5:11 7:20 11:19 21:1,2	46:16,16 sheriffs 36:18
representative 18:8 67:8	49:12 right 6:3,4 33:1	school 29:1 SCL 10:3 11:1	35:17 39:2 42:2 45:2 47:7	46:16,16 sheriffs 36:18
represented 47:19	35:24 40:22 43:2 44:19	14:22 15:11,20 25:20 26:7 49:22 68:20	49:19,22 served 23:16	46:16,16 sheriffs 36:18
representing			34:2,5 service 36:20	46:16,16 sheriffs 36:18
			services 1:2,3 14:19 18:17,18	46:16,16 sheriffs 36:18
			19:22 22:6 23:8 24:17,20	46:16,16 sheriffs 36:18
			25:16 30:22,23 32:24 33:19	46:16,16 sheriffs 36:18
			40:23 41:1,6,7 46:8 49:19	46:16,16 sheriffs 36:18
			67:3,5,13	46:16,16 sheriffs 36:18

simply 63:11	somebody's 6:2	61:7,21	40:3	45:15 58:8
sir 50:21	6:9	starts 31:4 52:25	stopped 52:18	66:20
sister 7:11 8:25	someplace 37:1	state 15:18,24	stories 22:17	survey 21:11
situation 11:22	Somerset 65:11	17:8 24:17	STREET 1:14	Susan 2:20 8:15
12:1 17:17	something's	25:15 40:24	stressful 26:12	71:3,20
situations 22:19	19:21	49:19 53:22	stretch 49:13	syndrome 12:16
25:2	son 26:1	63:5 71:1,4	strict 46:9	system 12:19
six 9:7 31:4	sooner 58:14	State-at-Large	strongly 13:25	13:5 15:7,20
33:20 37:2	SOPs 31:21	71:23	struggle 17:21	16:3,7 40:5
six-two 15:10	sorry 9:25 41:12	stated 71:5	18:25	42:15,16 58:7
size 44:5,13,14	41:14 42:8,18	statement 25:8	struggles 22:17	systemic 5:5
slots 68:20	42:19 55:17	states 17:2,3,5	struggling 31:7	42:13
slowly 12:11	64:8	17:10 20:2	study 23:6	systemically
Smith 2:9 19:7	sort 62:10	46:3	stuff 27:2	5:10
20:18 22:9	sought 5:24	statutorily 38:14	subcommittees	systems 29:1
24:11 26:16	sounds 44:18	statutory 38:11	29:20,22	60:17,18
28:23 29:23	Source 8:16	stay 24:4	submitted 52:7	
31:15 37:21	speak 25:20	stays 52:19	52:13	T
44:6,10,14,23	48:9 50:11	steal 35:14	subpanels 26:18	T 2:1,1
47:11,23 48:1	speaking 28:25	Steckel 2:3 4:2,5	succeeded 60:1	table 22:23
48:5 50:25	specific 5:4	4:9,13 14:11	SUD 25:11	67:20
52:3,16 53:4,8	40:17	18:1 21:5	sudden 58:10	TAC 10:18 11:6
53:11,21 54:16	specifically	23:25 25:7	suggest 18:4	13:16 18:6,7
54:22 55:9,14	20:12 29:25	28:9 32:6	46:20	32:17 35:1
55:18,22 56:1	spectrum 36:21	33:25 34:7,10	suggested 39:7	59:13,15 63:12
56:9,13 57:2,5	spread 27:8	34:15 36:13	suggestion 48:14	TACs 5:1,12,15
57:9,25 58:19	Squires 2:19	38:13 41:11,16	suggestions	5:17 66:12
58:23 59:16,19	7:16,16	42:6,25 55:12	28:11	take 24:2 35:19
60:3 68:21,25	stabilization	steer 26:22	summary 12:1,1	36:4 37:16
69:9,15	17:7,25	stereotype 71:6	summer 28:2	38:6 43:18,24
snowballing	stable 17:16	Steve 43:25 44:2	summit 29:4	49:5 59:8
33:23	staff 15:17 27:23	49:5	support 21:14	taken 71:6
social 27:3 28:16	40:25 44:21	Stevenson 2:7	21:23 22:11,18	talk 18:3 19:8
solution 42:22	staffing 20:14	7:7,7 9:6,8	31:7 50:1	23:23 32:19
solutions 20:1	standing 68:19	12:4 22:25	supported 12:6	33:17 42:7,14
solve 25:1,3	start 4:12 7:4	35:3 36:15	supports 11:2	43:22
solved 57:1	10:14 13:9	42:21 43:20	30:17,18 31:1	talked 10:4 11:5
somebody 16:3	14:6 32:11,13	45:2 49:9	31:18,22 32:2	14:2,12 26:22
16:13 20:6	34:25 42:9	50:14 63:19	40:21	27:13 28:3
24:19 35:19	60:25 61:3,17	64:24 66:8,14	Supreme 55:25	41:9 63:14
48:17,18 50:5	started 12:17	66:21 68:24	sure 14:15 31:23	talking 14:6
55:22 57:10	16:23,24 37:5	70:1	32:14,16,20	16:18,24 19:4
58:10,11 63:10	51:15	stick 56:11	33:25 34:13	21:7,7,8 23:6
63:11	starting 60:22	stolen 15:11	39:4 43:13	28:19 30:21

31:10 44:17 49:15,24 50:6 50:17 63:4 Tammy 2:16 8:22 tape 31:2 target 51:2 58:15 task 10:6 11:7 17:24 35:2 43:22 44:4 48:9 team 55:16,18 56:4,4 TECHNICAL 1:7 tell 5:22 20:18 56:6 telling 22:17 35:25 36:1 tells 27:16 telltale 33:22 ten 44:5,11,11 44:21,22,23 46:11 term 14:20 69:11 terms 32:22 55:7 Terri 3:2 testifying 71:12 testimony 71:6,9 71:15 thank 6:13,14 7:1 32:5,12 42:21,24 43:21 56:9 Thanks 70:5 theme 17:9 therapies 13:3 13:10 thing 17:4 18:22 20:20 35:6 37:4 43:3 46:9 60:4	things 5:5,9 14:13 22:3 23:19 24:18,25 26:19 29:2,5 34:16 41:5 50:18 52:21 59:20 think 5:15 6:6 6:18 10:4,8,16 11:25 12:4 19:2,8,24 21:21 22:7,22 23:20 25:18 28:16,19,24 29:14 30:20 32:13 33:3 34:15 36:15 37:3,8 38:24 39:4 40:22 41:8 42:17 43:1,11,23 44:9 45:8 46:17 47:6,18 48:23 50:4,15 52:2 53:22 55:15 59:7,16 61:10,23 62:16 63:10,17 65:10 66:18 67:17 69:16 thinks 58:11 Thomas 3:2 thought 13:11 17:19 30:5 67:10 thousand 44:4 three 12:11 14:3 31:3 59:13,15 66:25 three-on-one 15:25 three-page 51:16 54:10 three-week 32:2	threshold 57:8 thrilled 4:13 throw 13:22 34:19 throwing 46:4 tiered 42:11 tiers 15:11 tight 54:23 time 4:22 6:22 6:22 8:3 10:5 10:21 17:14 29:7 31:1 36:12,17 44:16 51:8 52:3,4,19 54:19 59:23 63:7 68:22 69:10,16 timelines 54:24 times 15:22 24:14 31:5,25 timetables 50:24 timing 48:11 Tina 63:22,23 65:1,4,14 67:18 today 6:10 31:25 32:7 36:25 told 16:6 24:22 26:8 63:12 tomorrow 63:9 tools 27:12 top 15:11 22:12 22:13 topic 39:14 topics 4:12 total 21:15 40:14 44:21 68:22 69:4 totality 23:10 24:6 totally 36:13 touch 68:7 town 28:7 track 36:18	traditional 31:11 trained 41:22 transitioned 11:23 transitioning 46:24 transitions 47:10 transportation 68:1 travel 26:15 traveling 28:17 treatment 12:22 13:4 tree 19:11 trip 41:24 troublesome 50:3 true 71:6,8 truly 19:17 try 6:17 22:23 33:4,13 67:19 68:6,6,16 trying 27:5,7,18 55:14 58:5 69:9 turn 4:7 turned 21:22 51:16 Twitter 54:2 two 15:12,13 22:15 28:24 44:19 46:14 49:13 50:6,18 64:10,11,15 two- 51:16 54:10 two-on-one 15:23 22:19 type 41:5 typed 69:16 types 14:24 typewriting 71:7	<hr/> U <hr/> ultimate 42:7 underneath 48:23 understand 6:22 14:16 18:12 23:5,11 25:25 27:16 32:21 38:2 39:10 55:3 understandable 55:6 understanding 23:3 understands 40:4 Unfortunately 4:14 33:9 unique 20:19,24 UNKNOWN 46:20 47:5 48:20,23 49:2 67:25 up-to-date 5:7 update 6:23 29:21 60:10,12 60:14 updates 29:20 50:23 urgent 69:5 use 20:7 24:12 25:1 31:22 utilities 57:12 utilization 68:20 <hr/> V <hr/> vehicles 15:12 violent 37:9 void 13:1,18 volunteer 18:2 55:13 volunteered 42:19
---	--	--	--	---

W	way 11:10,17 26:20 27:6 33:12 38:5,17 38:20 42:17 46:21 51:11,13 52:4 54:18 66:1,3,16 Wayne 2:10 7:4 7:5 13:12 ways 23:21 25:16 40:7 we'll 5:18 6:19 23:25 32:11,13 32:19 42:9 54:10 67:22 68:18 we're 5:6,12 6:21 10:12 12:5 13:19 14:13 15:21 16:6,6,18 20:19 22:7 23:1 25:2,11 25:13 26:17 27:5,9,19 28:13 29:6 30:21 31:10,13 38:17,24 39:2 40:19 42:20 43:4,5,14,23 45:7 50:6 51:9 51:10,14 52:9 54:7,16 56:16 57:25 58:8,12 60:15 62:16 68:12 69:1 we've 6:18 7:3 8:1 10:4 12:10 14:2 18:25 28:3 41:9 44:19 45:4,24 46:17 49:15 54:25 56:25 59:14 60:17	webinar 51:8 54:12,14 webinars 27:3 51:9 website 29:24 53:14 week 15:21 54:23 59:14 weekend 53:12 weeks 28:24 65:13 welfare 35:10,13 35:18 38:1 WellCare 3:1 8:18 went 29:3,4 55:3 56:19 weren't 59:1 whereof 71:15 wiped 26:2 wise 16:1 wish 24:14 wit's 25:23 witness 71:9,12 wonderful 12:13 13:8 43:20 wondering 51:18 66:14 word 37:16 38:6 words 4:3,8 37:14 work 4:18,18 5:9,19 6:2,9,16 11:4 19:10 20:12 23:11 25:14 31:5 38:16 39:9 43:13 44:16 48:6 60:8,25 61:18 62:14 worked 12:16 41:21 55:4 60:17 working 51:7	55:19 59:21 worry 18:22 39:23 40:2 worse 22:13 worsen 22:22 worst 33:3 wouldn't 33:12 45:6,16 wrap 24:19 wraparound 22:6 25:17 26:5 30:22 writing 69:8 71:11 written 11:18 wrong 33:22	11:13 70:6 12 21:21 40:24 12/1 58:14 120 61:4 13 1:19 131 69:5 13th 32:7 14th 53:10 15 17:2 44:7,9 47:11 56:22 58:23 59:8 170 21:15 30:15 40:16,16 18 23:17 1915(c) 5:6 62:2 62:5,10 1st 60:20 61:22 62:19
		X		
		Y	2	
		yeah 34:14 year 57:23 years 13:16 14:3 33:17 41:22 67:1 Yep 69:22 yesterday 55:23 61:21 63:12 you-all 4:18,19 6:6 18:4,11 26:15 27:12 28:10,19 29:12 29:18 30:11 32:8 42:1,3 53:15 63:21,21	2,000 15:21 21:8 2,443 69:5 2,574 69:4 20 57:21 20,000 56:23 2018 71:17 2019 1:19 9:2 2022 71:14 21 69:2,3 22nd 32:8 42:4 24/7 15:19 275 1:14	
		Z	3	
		zero 69:5	30 52:5 53:6,7 30-day 35:8,11 51:23 52:25 61:17,19 300 56:17 58:17 350 15:10	
		0		
		1	4	
		1 60:16,19,25 61:3 11 48:16	4 21:21 4,000 23:9 4,672 69:2	

IDD-TAC Meeting
IDD-TAC Meeting, Frankfort, KY

Page 14

40 41:22				
40621 1:15				
43 21:16				
<hr/>				
5				
<hr/>				
50 21:7 30:17				
<hr/>				
6				
<hr/>				
6,763 68:22 69:1				
60 23:15				
606854 71:22				
<hr/>				
7				
<hr/>				
70 69:2				
770 57:9				
79 41:3				
7th 52:1				
<hr/>				
8				
<hr/>				
87 12:6				
88 21:24				
8th 52:1,2 69:21				
<hr/>				
9				
<hr/>				
9 71:13				
90 16:17				