DEPARTMENT OF MEDICAID SERVICES
INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
TECHNICAL ADVISORY COMMITTEE

****

TUESDAY, DECEMBER 3, 2024
10:00 a.m.

Stefanie Sweet, CVR, RCP-M
Certified Verbatim Reporter

SWORN TESTIMONY, PLLC
Lexington | Frankfort | Louisville
(859) 533-8961 | sworntestimonyky.com

1
2 A P P E A R A N C E S
3
4 **TAC Members:**
5 Wayne Harvey, Chair
Melanie Tyner-Wilson
6 Johnny Callebs
Frankie Huffman
7 Ann Pierce
Doug Hoyt
8 Brad Schneider
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

1 MS. BICKERS: Good morning.
2 This is Erin with the Department of
3 Medicaid. It is not quite 10 o'clock and
4 we are still clearing out the waiting
5 room. We will give it just a moment
6 before we get started.
7 Wayne, I did want to let you
8 know that Ann is with us, our new member,
9 so if you want to introduce her to the TAC
10 once we get started.
11 MR. HARVEY: Absolutely.
12 Ann, can you talk to me so that
13 I can see you?
14 MS. PIERCE: I can talk. I am
15 waving and I am talking.
16 MR. HARVEY: I can see you now.
17 I can put a face with the name. That is a
18 good deal.
19 MS. PIERCE: Thank you.
20 MS. BICKERS: It is 10 o'clock,
21 but we still have a couple of people
22 filtering in from the waiting room if you
23 want to give it just a moment longer.
24 I have Wayne, Brad, Johnny, and,
25 and Doug logged in. Did I miss any other

1 members?

2 MR. HARVEY: I know Cheryl said

3 she wasn't going to be here because her

4 mother was in the hospital. So I know

5 that she won't be joining us. Melanie

6 will probably log in anytime I would say.

7 MR. HUFFMAN: This is Frankie.

8 MS. BICKERS: Oh, there you are,

9 Frankie. I didn't mean to miss you.

10 MR. HUFFMAN: That's okay.

11 MS. BICKERS: Wayne, your

12 waiting room is clear and you do have a

13 quorum, so we can go ahead and start. I

14 can let you know if Melanie or anyone

15 else -- I think that she is the only one

16 that we are currently missing so if she

17 logs in, I can go ahead and let you know.

18 MR. HARVEY: Thank you, Erin. I

19 appreciate it. We have a quorum. All

20 right. The first thing that I would like

21 to do is welcome our new member, Ann, to

22 the TAC.

23 Ann, if you would like to take

24 just a minute to introduce yourself to the

25 rest of the committee and all of the

1 people on the call, and just tell us a
2 little bit about yourself and anything you
3 want to say.
4 MS. PIERCE: Thank you, Wayne.
5 It is good to be here. I hope
6 that I can bring a perspective. I
7 actually am a consumer representative of a
8 family member who participates in a
9 Community Medicaid waiver program.
10 My daughter is 33. She has
11 severe autism. She lives in a residential
12 setting on the SCL waiver.
13 I am a piano teacher. It is
14 good to be here. I hope that I can help
15 somehow.
16 MR. HARVEY: Good, good. Thank
17 you, Ann.
18 MS. PIERCE: Thank you.
19 MR. HARVEY: I'm sorry. Were
20 you finished?
21 MS. PIERCE: Yes.
22 MR. HARVEY: Good.
23 The first thing that we have on
24 the agenda today -- we have a lengthy
25 agenda -- if you have different things on

1 the agenda, anybody that you want to speak
2 to, please have your comments ready and so
3 forth when we get to that particular item,
4 because it is going to be a good agenda to
5 get through.
6 The first thing up on the agenda
7 is a correction to the minutes itself. I
8 noticed that the last meeting, the minutes
9 listed as appearances Johnny Callebs,
10 which he had a proxy in his place, Justin
11 Jeter, who attended the call.
12 And also it listed Doug Hoyt as
13 being present for the meeting, and it was
14 actually Brad Schneider that was in
15 attendance and not Doug. He had to miss
16 that meeting.
17 So we need to make a motion as a
18 committee to amend the minutes to reflect
19 accurately who was at the October TAC
20 meeting -- membership meeting -- and that
21 would be that Doug and Johnny be removed
22 from appearances on the minutes, and put
23 in there place, Brad Schneider a proxy,
24 and Justin Jeter for Johnny. Anybody want
25 to make that motion?

1 MR. CALLEBS: I will make that
2 motion if I'm allowed to, even though I
3 wasn't there.
4 MR. HARVEY: You are a TAC
5 member. You are a voting TAC member so
6 yes, you are allowed.
7 MR. CALLEBS: I will make the
8 motion to correct the minutes as you
9 stated to more accurately reflect the
10 attendance.
11 MR. HARVEY: Can I have a
12 second?
13 MR. HOYT: Second.
14 MR. HARVEY: Good. All in favor
15 say, "aye."
16 TAC MEMBERS: Aye.
17 MR. HARVEY: Any opposed?
18 MS. BICKERS: DMS notes those
19 corrections and I will make those
20 corrections to the court reporter and send
21 out corrected minutes once received.
22 MR. HARVEY: Good deal. I
23 emailed Erin and asked if we could just
24 correct them without having to do all of
25 that, but she told me we needed to go

SWORN TESTIMONY, PLLC
Lexington | Frankfort | Louisville
(859) 533-8961 | sworntestimonyky.com

1 through that so bear with us on that.
2 Approval of meeting dates and
3 times scheduled for 2025. Erin did send
4 out the meeting scheduled for next year.
5 It is in line with what we have
6 historically done in regards to meeting
7 dates and times for the TAC. It is for
8 February the 4th, April the 1st, June
9 the 3rd, August the 5th, October
10 the 7th and December the 2nd and all
11 meetings are at 10 o'clock a.m.
12 Do I have a motion to go ahead
13 and approve those meeting dates and times?
14 MR. HOYT: So moved.
15 MR. HARVEY: Can I have a
16 second?
17 MS. PIERCE: Second.
18 MR. HARVEY: All in favor say
19 "aye."
20 MS. MARKLE: Aye.
21 MR. HARVEY: Any opposed?
22 Okay. Erin, that's got our
23 dates and times for 2025 approved.
24 MS. BICKERS: Thank you. We
25 will get those out shortly.

1 MR. HARVEY: Okay. The next
2 thing on the agenda is an update on the
3 involuntary terminations. This was in
4 relation to the survey information that
5 the cabinet felt like they were capturing.
6 This was related to the request back from
7 February when Rick was the chair, and an
8 email was forwarded to, I think, Erin.
9 Were you the one who received email and
10 forwarded it on to where it needed to be
11 in the cabinet?
12 MS. BICKERS: Yes.
13 MR. HARVEY: Okay. Who in the
14 cabinet wants to speak to that particular
15 agenda item?
16 MS. HOFFMAN: Wayne, I'm going
17 to go ahead and go over that. I know most
18 of you in the cabinet probably know me on
19 here. I have been on for quite some time
20 and filling in for the director's position
21 until it is a refilled.
22 So the update on the involuntary
23 terminations, and that was a survey
24 information. This was as of yesterday I
25 got the information pulled.

1 Involuntary termination
2 information for today was a total number
3 of involuntary terminations in the last
4 year, and this was for all services, was
5 38. And the total number of involuntary
6 terminations in the last year, residential
7 services only, was 25. So all services
8 38, residential services only was 25.
9 The total of involuntary
10 terminations in six months, all services,
11 28. The total number for involuntary in
12 six months for residential services only
13 is 21.
14 Total voluntary termination not
15 transitioned in the last year, all
16 services 15, and for residential only was
17 12.
18 So for a year is 38 and 25, for
19 six months it is 28 and 21, and not
20 transitioned in the last year is 15 and
21 12.
22 MR. HARVEY: We have any
23 questions from committee members in
24 relation to that information?
25 MS. PIERCE: I have a question.

1 MR. HARVEY: Sure.
2 MS. PIERCE: I'm sorry. This is
3 Ann. Why are people being involuntarily
4 terminated?
5 MS. HOFFMAN: I am going to
6 ask -- Kathy are you on? We had this
7 conversation yesterday.
8 MS. STAED: I can talk about
9 this if someone wants me to.
10 MS. HOFFMAN: For reasons of
11 maybe behavioral health reasons and/or --
12 MS. ADAMS: Leslie, Elizabeth is
13 on. She can speak to that probably.
14 MS. HOFFMAN: Oh, thank you. I
15 was looking for Kathy because I had a
16 conversation with Kathy yesterday.
17 MS. ADAMS: Yes, Elizabeth can
18 probably assist.
19 MS. MARKLE: There is a variety
20 of reasons. Some things we have seen is
21 folks' behavioral or mental health needs
22 have changed over time, maybe an agency
23 had supported them for ten years or more
24 and just as they age and things change,
25 that will sometimes be a reason.

SWORN TESTIMONY, PLLC
Lexington | Frankfort | Louisville
(859) 533-8961 | sworntestimonyky.com

1 Also change to physical needs
2 may have changed over time. Much like
3 folks who are, you know, we have aging
4 family members whose health needs change
5 over time, so we may need a different
6 level of care in those situations. Those
7 are the primary reasons.
8 In some instances, there is --
9 maybe an agency no longer has a service
10 provider in that particular area. That is
11 more in line with the non-residential
12 involuntary terminations. Typically, you
13 would see that with your behavioral
14 support services or your day training
15 services.
16 And then in some instances,
17 agencies have closed or want to close
18 voluntarily, so I know at least four of
19 those in here for the last year are for a
20 small agency that had decided to close.
21 So there is any variety of reasons.
22 MS. ADAMS: We have had some
23 residential agencies that are attempting
24 to downsize and that would potentially be
25 some of those numbers as well for

SWORN TESTIMONY, PLLC
Lexington | Frankfort | Louisville
(859) 533-8961 | sworntestimonyky.com

1 residential.

2 MS. PIERCE: Who said that? I'm

3 sorry. This is Ann. Where do these

4 people go? What happens to them?

5 MS. MARKLE: Typically they will

6 transition to another agency, or they will

7 remain at that agency until another

8 service provider agrees to support them,

9 or potentially a different level of care.

10 MR. HARVEY: Any other questions

11 on the survey numbers?

12 MS. BICKERS: Amy has her hand

13 raised, Wayne.

14 MS. STAED: I just want to

15 clarify for maybe those who don't know.

16 Involuntary termination does not mean that

17 an individual is losing their waiver slot.

18 What that means is that a provider, for a

19 variety of reasons, realizes that they can

20 no longer support that individual.

21 What they do is send out a

22 notice -- a 30 day notice saying, "I can

23 no longer support this individual. In 30

24 days, we will be involuntary terminating

25 them from our service."

1 But Kentucky regulation requires
2 that until another -- if it's residential
3 or another living situation, or if it's a
4 different service, then another service
5 provider could be identified, that
6 provider continues to support that
7 individual.
8 Some people hear involuntary
9 termination and think that someone is
10 losing their waiver slot or access to
11 services, and that is not the case. It is
12 just the term that we have in regulation
13 to describe that process.
14 MS. PIERCE: So that sounds
15 like -- I'm sorry. This is Ann. That
16 sounds like a big problem for providers.
17 If they have to care for someone they feel
18 they can't for. I'm probably going to
19 have questions about this at the next
20 meeting. I need to think about it. I'm
21 sorry. Thank you so much for answering.
22 MS. MARKLE: No problem.
23 MR. HARVEY: Any other questions
24 on the survey numbers?
25 MS. STAED: Hey, Wayne, I just

1 wanted to remind you as the TAC chair,
2 that Rick initially asked for those
3 surveyed numbers who guide the TAC's work
4 in addressing the involuntary termination
5 issue to move forward so that the TAC can
6 inform its work and recommend a course of
7 action to solve that problem.
8 We did take the TAC heard
9 testimony from other states back in --
10 gosh, I don't remember last year at some
11 point -- Erin might remember. So maybe it
12 might be appropriate --
13 MR. HARVEY: I think it was
14 early 2023 --
15 MS. STAED: Yeah, maybe --
16 MR. HARVEY: 2022.
17 MS. ADAMS: -- for the TAC
18 members to go back and review -- I don't
19 know if we were recording those meetings
20 at that point, but maybe the transcripts
21 or if there was a presentation, and have
22 members come up with a proposal.
23 MR. HARVEY: I think that is
24 something that we will have to do separate
25 of this meeting with this agenda that is

1 in front of us.
2 MS. STAED: Sorry. I just meant
3 for the next meeting.
4 MR. HARVEY: Absolutely.
5 Absolutely.
6 Any other comments on the
7 termination numbers given to us?
8 MS. PIERCE: This is Ann. I
9 just want to say thank you, Amy, because
10 this is a problem for providers, and it's
11 also a big problem for people with IDD who
12 obviously are not getting the care that
13 they need if providers can't for them. So
14 this needs to be addressed. I think it is
15 very important. We have people,
16 obviously, who are suffering.
17 MS. BICKERS: Wayne, this is
18 Erin. If you can put that in writing to
19 me, as the TAC sees fit, we can work on
20 trying to gather that information up
21 together and get it to you before the next
22 meeting to get reviewed.
23 And let me also reflect that
24 Melanie has joined us, for the record.
25 MR. HARVEY: Welcome, Melanie.

1 MS. TYNER-WILSON: Hi, sorry. I
2 couldn't find the Zoom link, so I had to
3 go back to the cabinet website. So thank
4 you.
5 MR. HARVEY: Good deal. We are
6 on the agenda item of discussion of
7 Medicaid Beneficiary Advisory Council, the
8 BAC. This is a new requirement for DMS
9 that has to be in place next year.
10 Somebody from the cabinet want to speak to
11 that?
12 MS. HOFFMAN: Wayne, this is
13 Leslie. I just grabbed a PowerPoint that
14 Veronica Judy Cecil did with, I believe it
15 was with the MAC the other day.
16 So the Medicaid Beneficiary
17 Advisory Council, BAC is a new
18 requirement, like you said, for next year
19 and it is part of the access and federal
20 final rules.
21 I will go over some of the
22 highlights of this presentation and Erin
23 will send it out to you as soon as this
24 meeting is over, if that is okay. It is
25 really short because we are just getting

1 started, right?
2 So the Medicaid Advisory
3 Committee and Beneficiary Advisory Council
4 has, of course, a CFR that it is governed
5 by. Under the Medicaid Access Rule are
6 the new federal requirements of the new
7 federal requirements for the Medicaid
8 Advisory Committee, MAC, and the
9 Beneficiary Advisory Council, BAC, and
10 they are calling that the BAC.
11 Some of the key areas to focus
12 on, of course, it brings consistency
13 across all Medicaid programs and how
14 external partners including individuals
15 with lived experiences provide ideas and
16 suggestions on policy development and
17 effective administration for the program.
18 Some of the key focus areas for
19 that are coordination, eligibility,
20 enrollment and renewal processes, the
21 quality of services, additional
22 modifications that might need to happen to
23 the benefits, beneficiary and provider
24 communication by the state and the
25 managed-care organizations or the MCOs,

1 health disparities, health equity, and
2 cultural competencies.
3 And I believe we've got a
4 contractor working on this as well so they
5 should be reaching out fairly soon.
6 In collaboration with the
7 external partners, states do have some
8 flexibility in the composition within the
9 federal requirements per the regulations,
10 state Medicaid director is responsible, so
11 that would be Lisa, Commissioner Lee for
12 the selection of the members for the MAC
13 and BAC. State agencies are also
14 responsible for the development of the
15 governance documents, planning, and
16 facilitation of the meeting.
17 So Erin, you're going to be it
18 again, I believe.
19 Some of the things that they are
20 requiring, there is a difference in what
21 would be required of the MAC and what
22 would be required of the BAC related to
23 composition, the term of how long you can
24 serve. You can't have consecutive terms
25 like we do in the MAC, and you have to

1 meet at least every quarter and the BAC
2 meetings do not have to be public, but the
3 BAC must meet prior to the MAC meeting
4 every month.
5 And then there are a lot of
6 things related to the responsibilities.
7 One of the things that I want to go over
8 really quick -- and I'm going to have Erin
9 send this out to you -- we've already got
10 a roadmap started as to what this would
11 look like.
12 Just to start out with an
13 overview of the MAC and the BAC
14 implementation process for Kentucky and
15 again, it's not until next year. There
16 will be a gap analysis. We will use best
17 practices, we will do recruitments, and
18 develop bylaws and community and partner
19 engagement.
20 There will be a state plan
21 amendment to occur in 2025, and of course
22 we always want to be transparent. We will
23 publish a lot of those documents and
24 memberships on the website sometime around
25 July of 2025.

1 We are hoping to have the MAC
2 and the BAC, according to the new rules,
3 established by July the 9th of 2025.
4 That is pretty much it. That is
5 pretty much what she gave out to the MAC
6 and I think this might have been brought
7 up at the Consumer Rights Technical
8 Advisory Committee as well, but Erin will
9 send that out to you, so definitely more
10 to come out this.
11 As you are all probably aware or
12 heard us talk about this, there are, I
13 think, 20-some federal rules. We have
14 kind of combined those into nine
15 categories. We do have a vendor working
16 on that, a contractor as well. And I
17 think around four will be affecting the
18 HCBS waivers and other community programs.
19 And that is it for right now,
20 but definitely more to come on that. We
21 can even come back if you wanted us to,
22 Wayne, maybe when we get a little bit
23 deeper into this. Maybe we can come back
24 and do an official presentation.
25 MR. HARVEY: Good.

1 Johnny, that was your agenda
2 item. Is that a good summary for now --
3 MS. HOFFMAN: Johnny?
4 MR. HARVEY: -- or were you
5 looking for more?
6 MR. CALLEBS: Sure. No. I just
7 wanted to introduce that subject to the
8 TAC so that we can be working alongside
9 Medicaid as it develops, and I know that
10 there is a timeline and a lot of other
11 rules for implementation as well.
12 Anyway, thanks Leslie. I
13 appreciate that.
14 MS. HOFFMAN: No problem.
15 MS. TYNER-WILSON: This is
16 Melanie. I have a question. As far as
17 the -- because one of the things that
18 seemed really optimistic is that there was
19 a desire to have input from caregivers on
20 these two groups so I am excited about
21 that.
22 Will there be opportunities for
23 groups that don't fall into that formal
24 agencies that are represented like if
25 there is a support group or advocacy group

1 within the state, would they also be
2 considered as potential members?
3 MS. HOFFMAN: I think so,
4 Melanie. The composition I have on my
5 list here says, "current and former
6 Medicaid beneficiaries, family members,
7 caregivers, existing beneficiary advisory
8 groups, the size will be determined by
9 Medicaid," but it sounds like to me that,
10 yeah, if you are willing, let us know that
11 you are willing to be on a committee or
12 participate.
13 MS. TYNER-WILSON: Okay. Thank
14 you. I am very interested, but I know
15 that there will probably be a lot of
16 interest from several groups, so thank you
17 for that.
18 MS. HOFFMAN: Yes. It looks
19 like it is very open for Kentucky needs as
20 well.
21 MS. TYNER-WILSON: Okay. Thank
22 you.
23 MR. HARVEY: Any other questions
24 for Leslie on the BAC?
25 Thank you, Leslie.

1 Next item up for discussion is
2 the rate study implementation update.
3 MS. HOFFMAN: I can talk to that
4 a little bit, Wayne, sorry. I think most
5 of this is falling to me this morning.
6 As you are aware, we did post on
7 our website the rate study. We have an
8 anticipated approval date with CMS in
9 January. They are still reviewing. We
10 are still working with CMS, going through
11 requests for information from them, so
12 nothing is finalized yet.
13 And of course, systems changes
14 are a big deal and working on the change
15 orders that allow for the systems to occur
16 in the pass-through of dollars to make the
17 system changes happen.
18 So Alicia might be on, but that
19 is what we are doing right now. There is
20 a lot of work there.
21 MS. STAED: Leslie, can I ask a
22 clarifying question about that?
23 MS. HOFFMAN: Absolutely.
24 MS. STAED: And this may be a
25 little niche so if you don't know, that is

1 totally okay.
2 Related to the rate study and
3 the waivers -- and this may have been
4 outlined in the May waiver changes when
5 those changes were approved after Appendix
6 K and became effective in May. There was
7 discussion about splitting the billing
8 code for home community-based PDS -- the
9 case management portion and the FMA
10 portion, because it was bundled and it was
11 announced that it was going to be split.
12 That has not occurred yet. And my
13 inclination is that it will not occur
14 until the rate study is formal, because
15 technically the rate study creates that
16 split rate, but I was just wondering if
17 you had any update about that.
18 MS. HOFFMAN: You are correct.
19 We have to get through these approvals
20 first. And that is also -- if anybody's
21 going to ask today as well -- that is also
22 part of a larger conversation we are
23 having with CMS related to PDS in general.
24 So until we get the approvals, of course,
25 we couldn't move forward with anything

1 get.

2 MS. STAED: Okay. Thank you. I

3 have gotten a couple questions about it

4 and I just did not want to assume.

5 MR. HARVEY: Any other questions

6 on that particular agenda item?

7 Okay. The next item is

8 clarification regarding governing

9 standards and waivers.

10 I guess that calls to you, too,

11 Leslie.

12 MS. HOFFMAN: Yes. I did put a

13 question mark on this because I wasn't

14 sure exactly what we were talking about.

15 It has to do with regulations,

16 we are working on those now. If it has to

17 do with waiver applications, we are trying

18 to get the regulations and applications

19 consistent. As you are aware, we have had

20 changes throughout the years -- we've had

21 to focus on certain things. This time we

22 are really focusing on getting those rates

23 in and getting those rates approved and

24 not having a lot of requests for

25 information from CMS.

1 So there will be more amendments
2 to come and we do know that if that is
3 where that is coming from.
4 MS. STAED: I can clarify,
5 Leslie.
6 MS. HOFFMAN: Okay. Go ahead,
7 Amy.
8 MS. STAED: This came up in
9 June -- during the TAC meeting -- May or
10 June -- I may be getting my months wrong
11 of when the TAC meeting actually occurred.
12 We had this discussion when your
13 predecessor was still here.
14 The question became -- because
15 we have a lot of documents on there. We
16 have waiver applications that are
17 approved, right? We have the waivers
18 themselves that are approved and have a
19 set of standards in them that are not
20 articulated in regulation.
21 Providers are becoming
22 increasingly confused about when the
23 waivers, themselves, and the regulations
24 are in conflict, which set of standards
25 are required?

SWORN TESTIMONY, PLLC
Lexington | Frankfort | Louisville
(859) 533-8961 | sworntestimonyky.com

1 And the previous answer was when
2 the waiver application requires more than
3 the regulation requires, right? When it
4 requires something more severe or
5 something additional, you go with the
6 harsher standard, right? But there was
7 supposed to be something put out in
8 writing about this, and it has never been
9 issued and providers, obviously, when it
10 comes to not following the regulation and
11 following something else, they get a
12 little nervous, and we just wondered if
13 maybe we could have something in writing
14 maybe articulating what standard gets
15 followed when.
16 MS. HOFFMAN: Yeah. Actually, I
17 made a note, because I had this discussion
18 yesterday. And I have been on the
19 provider side, too. I worked at a
20 community mental Health Center for eight
21 years.
22 I think this may have come up
23 with CAP wanting something in writing. I
24 will tell you that we probably won't do
25 anything right now, because we are in the

1 midst of so many changes, and I feel like
2 we would have letter ABCD and I think that
3 that would be very confusing for
4 everybody.
5 I did mention I talked to
6 Jonathan yesterday -- Jonathan Scott.
7 There is some language in the regulation
8 about general federal approvals. I
9 understand that you are worried about
10 consistency, so there is probably not
11 going to be anything out until after
12 January, so don't hold me to anything
13 until sometime next year, if that is okay.
14 MS. STAED: Yeah, that is
15 totally fine. My only concern is -- and
16 there are some really specific things.
17 Really specifically, one of the most major
18 changes has to do with family home
19 providers and some of the training
20 requirements, and other standards et
21 cetera that are not articulated in
22 regulation.
23 If a provider hasn't been tuned
24 in to the TAC meetings's, they have no
25 idea that there are changes in addition to

1 what is in the regulation, and I fear that
2 there are a ton of providers out there
3 that are just looking at the regulation
4 and think that they are doing the right
5 thing and aren't doing the right thing
6 because they don't know.
7 MS. HOFFMAN: I've got you, Amy.
8 I understand because I have been there. I
9 am going to have Jonathan grab that
10 language.
11 And Erin, we are going to get
12 that out to them after this meeting that
13 we currently have in the regulations that
14 talk about CMS approvals.
15 But until then, Amy, just give
16 me a little bit of time and we actually --
17 you probably are aware that we need to
18 make more amendments after we get this
19 approved, we just didn't want to get what
20 we had at CMS clouded that they couldn't
21 just hurry up and get those rates
22 approved. That was a very important piece
23 to this so we do have additional
24 amendments that will be coming out going
25 forward, so just give me a little bit of

1 time on that, okay? But I will grab that
2 language for you too, just so that you
3 have it.
4 I do understand and I know that
5 reviewers change and I know people in my
6 position change. I have left before and
7 come back, so I understand that.
8 We have already been in
9 conversations with DBH as well, and DALE,
10 and we can continue those conversations to
11 be as consistent as we possibly can.
12 MS. STAED: Thank you. I really
13 appreciate it. Thank you so much.
14 MR. HARVEY: Any other question
15 on the clarification regarding governing
16 standards and waivers?
17 Okay. The next item up for
18 discussion is the rough 2025 timeline
19 regarding rates and regulations.
20 MS. HOFFMAN: The best that I
21 can do right now, because you know we are
22 waiting for CMS, we have only had one
23 round of requests for information, and we
24 sent those back around the 25th, I
25 believe, of November. We have not heard

1 back from those.
2 So if that is all that they had
3 in the approval, we put in the request for
4 information, it will keep us moving. We
5 are still very hopeful and CMS has given
6 us no reason to believe that the waivers
7 wouldn't be approved in January.
8 So we have to get the waiver
9 approvals, we have the rates that CMS is
10 also looking at as well and then the
11 regulations. We have already drafted
12 rough draft regulations so that when we
13 continue to work with CMS we can speed up
14 that process, and working with the
15 secretary's office as to whether how those
16 will be implemented as an e-reg or an
17 o-reg, and what else we can do to speed
18 those up.
19 MS. STAED: And then, I
20 accidentally left this off -- this was my
21 agenda item. But I know -- Leslie I don't
22 know if it was you, but I know somebody
23 with the cabinet presented pretty recently
24 to the legislature about the update on the
25 children's waiver work. Could you just

1 run through that quickly, if you don't
2 mind?
3 MS. HOFFMAN: I can. Hang on
4 just a second. I actually have that
5 pulled up. It's on my presentation. I
6 have a presentation today. I told Wayne
7 that I might not be able to stay on the
8 whole time. We have another interim joint
9 committee meeting today. Let me just see
10 if I can pull this up for you really
11 quick.
12 MS. TYNER-WILSON: I think that
13 is at one.
14 MS. HOFFMAN: Yes. Just a
15 second.
16 Can I share my screen really
17 quick, Erin?
18 MS. BICKERS: You should be able
19 to share it now.
20 MS. HOFFMAN: Can you see that?
21 Can you see Children Specific waiver?
22 MS. CLARK: We can see it,
23 Leslie.
24 MS. HOFFMAN: It's not lit up
25 for me like it usually is. Okay. That is

SWORN TESTIMONY, PLLC
Lexington | Frankfort | Louisville
(859) 533-8961 | sworntestimonyky.com

1 weird.
2 This is the Child Specific
3 waiver. If you all remember, I guess this
4 has been last year sometime, Guidehouse
5 had worked on doing the feasibility study
6 and they worked on doing some town hall
7 meetings, and probably a lot of you all
8 participated in those.
9 It has become something a little
10 bit larger that we are working on and this
11 has now taking on a very important
12 interest to the secretary's office and we
13 are working on something that looks a
14 little bigger.
15 In the budget by the way, they
16 did not give us funding until state fiscal
17 year '26. So we are not behind or
18 anything.
19 This is a much larger group.
20 Myers and Stauffer contractors are now
21 working on this as well, and they have all
22 of the information from the stakeholder
23 meetings, town halls, and the feasibility
24 study that was done last year as well.
25 So again, we didn't get money

1 until 2026. We are going to conduct a
2 comprehensive system assessment, conduct
3 service mapping, collect other documents
4 and collect data, identify stakeholders
5 and build a registry, develop a
6 communication plan, and there is an
7 upcoming advisory work group that you all
8 will hear about, and I can bring this back
9 to you all as well in January of 2025.
10 This waiver may be a waiver and
11 it may be a state plan amendment. We have
12 not gotten that far yet. It may be a
13 1915(i) depending on everything that we
14 want to include all-inclusive into one
15 program.
16 So it is exciting, but we do
17 have support. These are huge meetings
18 that we have been having internally so
19 far. DALE sits in there, DCBS sits in
20 there, Department of Juvenile Justice sits
21 on these meetings, of course Medicaid, our
22 partners at DBH, we are all working on
23 this in collaboration.
24 That is the only slide that I
25 have to share yet. Remember, it doesn't

1 start until state fiscal year 2026.
2 MS. BICKERS: Leslie, Frankie
3 has his hand raised.
4 MS. HOFFMAN: I see a hand. Go
5 ahead.
6 MR. HARVEY: Go ahead, Frankie.
7 MR. HUFFMAN: I just have a
8 quick question regarding the town halls --
9 possibly two questions depending on the
10 answer.
11 When you say town halls, is that
12 what they did when Navigant did the waiver
13 redesign?
14 MS. HOFFMAN: Yes. I call them
15 town halls, but there were stakeholder
16 meetings in the public held last year, I
17 believe, with folks who used to be at
18 Navigant, but then were also moved to
19 Guidehouse. So Guidehouse would have been
20 the ones who facilitated those meetings
21 and they came up with -- kind of collapsed
22 everything together from those meetings on
23 the wants and desires of the folks and
24 that will all be brought out.
25 I've given that all to Myers and

1 Stauffer now and they will be utilizing
2 that information when they start the
3 stakeholder advisory meeting in 2025.
4 Again, that is more to come, it
5 is just not happening publicly yet. We
6 have been meeting for several months
7 trying to get a grasp on what we want to
8 accomplish which is a much bigger picture.
9 I think you all will be impressed with
10 what we are trying to do with that waiver
11 or state plan amendment.
12 Is that the right answer for
13 you?
14 MR. HUFFMAN: Yeah. If you
15 don't mind, I have two questions about
16 that, because I didn't know that that was
17 going on last year.
18 When is the next meeting that is
19 open to the public for the town halls?
20 MS. HOFFMAN: We will start in
21 January, just a couple of weeks away, in
22 2025 with stakeholder meetings again.
23 I just want you all to know that
24 what you did or what you participated
25 in -- if you did participate last year is

SWORN TESTIMONY, PLLC
Lexington | Frankfort | Louisville
(859) 533-8961 | sworntestimonyky.com

1 not lost. I have all that information and
2 I have shared it with Myers and Stauffer
3 so they have that in hand. I just want
4 you to know that what you did work on was
5 not a lost effort or time.
6 So January is your answer. We
7 will start January.
8 MR. HUFFMAN: Okay. And then
9 the last question I had, I'm so sorry --
10 MS. HOFFMAN: It's fine.
11 MR. HUFFMAN: -- is when it was
12 Navigant a few years ago, I was on a board
13 with Pam and I believe it was Alicia
14 Clark. Do know if they are going to do
15 those boards again as well?
16 MS. HOFFMAN: The advisory
17 committee that they will develop in 2025,
18 I am not sure about having a board.
19 They will probably have a core
20 team and I am just guessing that is pretty
21 much what we do now. We have stakeholder
22 groups and then we have core team meetings
23 and then we have an advisory that all of
24 that will roll up to. So I am just
25 guessing.

1 MR. HUFFMAN: Okay. Thank you.
2 MS. HOFFMAN: And Crystal is
3 offering information. Thank you, Crystal.
4 "Access rule requirements for grievance
5 process and procedures and we are working
6 in regards to" -- oh, sorry.
7 MS. ADAMS: I was just giving
8 additional information for something else.
9 MS. HOFFMAN: Yes. I'm sorry.
10 You just sent that to me directly. I was
11 thinking it was the group. I apologize.
12 So I think I answered your
13 question. I can bring it back to this
14 meeting when we get start with those
15 advisory workgroups, okay?
16 MR. HUFFMAN: Okay. Thank you.
17 MS. HOFFMAN: You are welcome.
18 MR. HARVEY: Any other questions
19 in regards to that agenda item?
20 Okay. The next item up for
21 discussion is an update regarding the
22 waiting list for the waiver programs.
23 MS. HOFFMAN: Let's see. I am
24 going to read what information I have
25 here, which might be more than what you

1 are asking for.

2 We have 13,409 total number of

3 people on one or more waiting list. So we

4 are trying to address the fact that folks

5 are on multiple waivers when we are

6 thinking about numbers -- or multiple

7 waiting lists when thinking about numbers.

8 38.6 percent, 5,172 have a

9 current allocation for a waiver; HCBS, the

10 waiting list is 2,449. Let's see. There

11 is about 270 -- 269 of those are on one or

12 more list.

13 Michelle P. is 9,281 and 1,296

14 of those are on other waiting lists as

15 well. When we think about the numbers,

16 they are extravagant and they are large,

17 and I understand that, but we do have many

18 people who are duplicated because they are

19 on multiple waiting lists. We have been

20 trying to get a grasp on exactly how many

21 are on.

22 SCL is 3,525 and 1,053 of those

23 are on other waiting lists.

24 I think that is it. And that is

25 all the waiting lists we have right now;

1 SCL, Michelle P., and HCB.
2 MR. HARVEY: Are any of the SCL
3 waiting list people, are they in the
4 emergency category?
5 MS. HOFFMAN: Let's see. I
6 don't believe so because we were able to
7 allocate --
8 MS. ADAMS: No.
9 MS. HOFFMAN: Thank you.
10 We were able to allocate the
11 2025 slots that were allocated by the
12 General Assembly and I think we have been
13 utilizing that, and I think they may --
14 Crystal?
15 MS. ADAMS: We have been
16 allocating from the urgent waiting list as
17 well, so we currently have some folks
18 still listed as on the waiting list, but
19 these are people who are working to get
20 the documentation, updated records and
21 things submitted for allocation and are in
22 the process of being allocated.
23 So those are largely our future
24 planning folks only.
25 MS. STAED: Crystal, just to

1 clarify, we do still have reserved
2 emergency slots though?
3 MS. ADAMS: Yes.
4 MS. STAED: If there is an
5 emergency.
6 MS. ADAMS: Yes, the additional
7 slots that we received over and above,
8 that amount is what was utilized to pull
9 folks from our urgent list.
10 MR. HARVEY: I see Frankie has
11 his hand up again. Frankie?
12 MR. HUFFMAN: I do have one
13 question regarding SCL. We might be
14 talking about that at a later time, I'm
15 not sure. But I have been getting calls
16 from people asking me about the SCL. It
17 used to be when I got on it a few years
18 ago, it was based on -- they would assist
19 you to see what your IQ was and it used to
20 be based on that.
21 People keep asking me if it is
22 still based on your IQ when you first get
23 on it or if it is based on the disability
24 now?
25 MS. ADAMS: So, there are a few

1 different steps. The first step is to
2 determine if you need that target
3 population for eligibility, and that is
4 where we are looking at that IQ and
5 adaptive sores and diagnosis initially
6 that you're talking about. And once a
7 person receives that allocation, they go
8 through a level of care review process
9 where they look at that same information,
10 but also some additional information to
11 determine if that person means ICF level
12 of care in order to get services. But
13 those are the two criteria that we look
14 at.
15 As far as determining if they
16 meet emergency criteria, that is where you
17 look at the person's current living
18 situation, support needs, et cetera but
19 that is a separate step for just the
20 eligibility.
21 For the eligibility piece, it is
22 still based on the IQ and adaptive
23 assessment and the diagnosis that you
24 thought. That has not changed.
25 MR. HUFFMAN: Thank you.

SWORN TESTIMONY, PLLC
Lexington | Frankfort | Louisville
(859) 533-8961 | sworntestimonyky.com

1 MR. HARVEY: Johnny, you have
2 your hand up?
3 MR. CALLEBS: Yeah, thanks
4 Wayne.
5 I just wanted to point out that
6 even with the additional funding for
7 waiver slots, the waiting list still keeps
8 climbing and I know that the slots have
9 been allocated and people are accessing
10 services, and I also understand that a
11 person may be on more than one waitlist.
12 But even still, even in just the past few
13 weeks, the total number of people on
14 waitlists has climbed 175 people almost.
15 And I am not criticizing anyone
16 on this call, it is just a matter of
17 funding and provider capacity and a number
18 of factors. I just wanted to point out
19 that despite all of the efforts and the
20 additional funding, people are still
21 desperate for services and the waiting
22 list keeps climbing.
23 I did want to ask one thing,
24 maybe for Leslie or Crystal. All of the
25 recent allocations -- waiver funding

1 allocations that were made, have those
2 people been able to access services, or is
3 there anyone waiting or still trying to
4 find services even though they have waiver
5 funding and can't find the services they
6 need, or does anyone have that
7 information?
8 MS. ADAMS: As far as the
9 individuals who have been allocated, we
10 would have to look at the data to see the
11 status of all of those individuals and
12 where they are in the process from the
13 time of allocation to that.
14 I could not say right off that
15 everything single one of those are exact
16 numbers that were allocated. They have
17 been allocated, but we would have to
18 specifically pull for their group. We
19 know we do have individuals who have been
20 allocated who have not yet accessed
21 services, but as far as that particular
22 group of people, we would have to look at
23 that data to be able to say for sure where
24 they are.
25 MR. CALLEBS: Okay. Thank you.

SWORN TESTIMONY, PLLC
Lexington | Frankfort | Louisville
(859) 533-8961 | sworntestimonyky.com

1 MR. HARVEY: Frankie?
2 MR. HUFFMAN: I'm so sorry. I
3 wanted to ask one more question regarding
4 the waiver slots.
5 I know years ago, I think it was
6 before Commissioner Lee, it was
7 Commissioner Anderson, she had talked
8 about right before they contracted with
9 Navigant, instead of doing Michelle P.,
10 SCL, and HCB, to do a super waiver based
11 on everybody's needs. Are they still
12 thinking about doing that?
13 MS. HOFFMAN: Currently, what we
14 have been approved for is that children's
15 waiver, so we do have the funds to work on
16 that, which may help with some of the
17 slots or folks who are on the waiting list
18 children-wise.
19 I was just going to mention,
20 too, we did get -- you all are aware of
21 this -- we did get 650 slots, I believe,
22 for state fiscal year '25. I know this is
23 a drop in the bucket when you look at the
24 total numbers, I understand that. But we
25 did get 1,275 for state fiscal year '26.

1 So we are asking for CMS's
2 approval to release those ASAP. We have
3 already turned that in to DMS.
4 Can I share my screen really
5 quick?
6 Thank you, Erin.
7 I'm sorry I am rushing, but I
8 have to take off in a minute and Alicia
9 will take over. Can you see my screen
10 there? Can you see my screen okay?
11 You will see new slots in state
12 fiscal year 2025 and new slots in state
13 fiscal year 2026. So these are the ones
14 that the General Assembly allotted us to
15 include.
16 Of course, we have to get CMS
17 approval just because the legislature says
18 we can add slots, doesn't mean that CMS
19 will allow us always, especially if you
20 are in a situation where you might be out
21 of compliance or something, but that is
22 not our situation. So we have already
23 asked CMS if we can allot these slots for
24 '26. I tried to get ahead of it just a
25 tad.

1 MS. TYNER-WILSON: Yeah, that is
2 wonderful.
3 MS. HOFFMAN: I know it is just
4 a drop in the bucket, guys. I understand
5 that.
6 Are there any other questions?
7 Go ahead.
8 MS. TYNER-WILSON: This is
9 Melanie. Do those numbers also include --
10 I know that the kids that are out of home
11 care or foster adoption, there is kind of
12 a separate pot, if you will, of waiver
13 allocations. Do the numbers that you have
14 shared today, do they represent that group
15 as well?
16 MS. ADAMS: Yes.
17 MS. TYNER-WILSON: Thank you.
18 MS. HOFFMAN: And there is also
19 Money Follows the Person slots embedded.
20 MS. ADAMS: Yes. It includes
21 all of those.
22 MR. HARVEY: Any other
23 questions?
24 MS. PIERCE: This is Ann. I
25 have a question.

SWORN TESTIMONY, PLLC
Lexington | Frankfort | Louisville
(859) 533-8961 | sworntestimonyky.com

1 I wondered, Crystal, will you be
2 getting that information that Johnny is
3 asking for and report back next time?
4 MS. ADAMS: I will work with
5 Medicaid on the data, yes.
6 MS. PIERCE: Okay. Thank you.
7 MR. HARVEY: Any other
8 questions?
9 The next agenda is: Ombudsman
10 for adults with IDD living in community
11 homes. I think this is one from Melanie.
12 Melanie, do you want to clarify
13 what you are asking specifically there?
14 MS. TYNER-WILSON: Right. This
15 information was shared with me that there
16 was no specific ombudsman person that
17 somebody could reach out to for adults
18 living in community homes, and I just
19 wanted to find out if there is an office
20 that we need to be getting in contact with
21 or a specific person?
22 MS. HOFFMAN: I put two items in
23 the chat --
24 MS. ADAMS: They only came to
25 me.

1 MS. HOFFMAN: Oh, I'm sorry.
2 MS. ADAMS: It defaulted to the
3 last thing we sent.
4 MS. HOFFMAN: That's my fault.
5 Sorry.
6 MS. ADAMS: It's all my fault.
7 MS. HOFFMAN: Hang on. I am
8 getting it.
9 So you have PNA, and there is an
10 intake line, and I have worked with PNA
11 over the years hundreds of times with
12 folks with disabilities. And then
13 ombudsman office is not specific to this
14 population, however, they do cover this
15 population.
16 If you all have ever met Sherry
17 Culp, she is a wonderful person and very
18 passionate about what she does. I have
19 put PNA in the chat as well as the
20 ombudsman Cheri Culp, and she is the
21 long-term care ombudsman.
22 MS. STAED: And I did just want
23 to add that by regulation all providers
24 are required to have a complaint and
25 dispute process. That process is DIDD to

1 make sure that they have it, every year
2 doing those reviews and that information
3 is distributed to the individuals every
4 provider supports so providers will also
5 have that own process and information
6 available too. And if you have a loved
7 one that is being served, then you can
8 request that information.
9 MS. PIERCE: This is Ann. Can I
10 speak?
11 MR. HARVEY: Sure. Go ahead.
12 MS. PIERCE: Thank you.
13 I appreciate your all's
14 comments, but I have to tell you that
15 everything you just said is ineffective.
16 You get bounced around -- and this
17 question actually came from me. It is a
18 problem.
19 The long-term care ombudsman
20 will not represent my daughter. She
21 bounces me off to CHFS Listens and when I
22 go to CHFS Listens, I get bounced back to
23 the long-term care ombudsman who tells me
24 that she doesn't represent people -- only
25 nursing homes -- not people in long-term

1 care like community homes on a waiver.
2 PNA, if you cannot communicate,
3 they won't represent you also, plus they
4 are so overworked, but they only do
5 self-advocates so neither of those are
6 effective.
7 And what was the third thing?
8 What did you call it, Amy? Every provider
9 has a complaint system? That is also
10 ineffective.
11 So they need to have -- and
12 deserve to have an ombudsman just for
13 them, since the long-term care is not
14 doing it. How do we make that happen?
15 MR. HARVEY: Well, I don't think
16 we can create new offices in government.
17 MS. PIERCE: Do we have to go to
18 the legislature for that?
19 MR. HARVEY: Well, that is not
20 what this committee is for.
21 MS. PIERCE: I am asking you all
22 for your opinion, because they need an
23 ombudsman. People with IDD who cannot
24 communicate need an ombudsman also.
25 So I don't know -- who do you

1 think we should approach about that?
2 MR. HARVEY: I think you may
3 have some issues specific to your daughter
4 that you may need to take up with people
5 that work with the cabinet, if you are
6 having issues with regards to different
7 grievances or complaints that you may have
8 or that your daughter may have.
9 To say that there is not
10 representation for people, I mean, I don't
11 know that this committee can agree with
12 that. Every provider in the waiver
13 program is required to have a grievance
14 and appeals process. There's other means
15 beyond those grievance and appeals process
16 that people can access. That is the
17 direction that I would point you in.
18 MS. PIERCE: Well, it is not
19 just me. I just used myself as an example
20 because I shouldn't be talking about other
21 people, but there is people on a Medicaid
22 waiver who need an ombudsman and don't
23 have access to one.
24 So that seems like an issue for
25 this committee to me, because this is a

1 need for people with IDD. So I guess --
2 MR. HARVEY: I think Leslie
3 shared the information in regards to the
4 long-term care ombudsman.
5 MS. PIERCE: Yes, and I can
6 repeat what I said, but those things she
7 shared are not --
8 (Reading)
9 "We do have a grievance..."
10 MS. BICKERS: Ann, this is Erin
11 with Medicaid.
12 MS. PIERCE: Erin, thank you.
13 MS. BICKERS: If you would like
14 to email me some of those issues, I can
15 ask around and see who can possibly
16 address some of those for you.
17 MS. PIERCE: Thank you, Erin. I
18 appreciate it as we need to move on. I
19 think the next agenda item is going to be
20 related also.
21 MR. HARVEY: Are these your
22 items, Ann, because I got them from
23 Melanie?
24 MS. PIERCE: Yes, they are.
25 Yes, they came from Melanie.

1 MR. HARVEY: In the future, if
2 you want to present items, then you need
3 to present those directly to me as the
4 chair --
5 MS. PIERCE: Yes, sir.
6 MR. HARVEY: -- so that I know
7 who to address in the meeting for those
8 particular items.
9 MS. PIERCE: I certainly will.
10 Thank you.
11 MR. HARVEY: Go ahead if this is
12 your item. Go ahead.
13 MS. PIERCE: It speaks for
14 itself. There is no legal representation
15 either for people with IDD in community
16 homes.
17 MS. BICKERS: Frankie, did you
18 have a question about the previous -- I'm
19 sorry, I just saw that your hand was
20 raised.
21 MR. HUFFMAN: That's okay. I
22 apologize. I am not very good with names.
23 I just have a really quick comment on what
24 she was saying.
25 Is there a way that I can get

1 her contact information to find out a
2 little bit more of what she is talking
3 about?
4 MS. PIERCE: I would love to
5 speak with you, Frank.
6 MR. HUFFMAN: Okay. Thank you.
7 MS. BICKERS: I can share your
8 all contact information with each other
9 after the meeting, if you would like. As
10 long as it is not TAC related business,
11 you can speak independently.
12 MS. PIERCE: Thank you. Thank
13 you so much.
14 MR. HUFFMAN: Okay. Thank you.
15 MS. HOFFMAN: Since I have to go
16 here any minute, can I run through the
17 next couple of items, if that is okay?
18 And then I'll leave the last one or two
19 for Alicia. Is that okay?
20 MR. HARVEY: Sure. Go ahead.
21 MS. HOFFMAN: I know that folks
22 have been worried about the election and
23 what changes might come, and what does
24 that mean for Kentucky, and what does it
25 mean federally, and what does that mean

SWORN TESTIMONY, PLLC
Lexington | Frankfort | Louisville
(859) 533-8961 | sworntestimonyky.com

1 for waivers, and CMS, and nationally and,
2 things like that?
3 So I have been through changes
4 like this before. Usually, it doesn't
5 mean a yes or no, it is just a delay. And
6 I am just going to be honest with you.
7 It's not that they are going to
8 say no to anything that we are working on
9 federally, it is not that they are going
10 to say yes. It is just that they have to
11 understand it.
12 Usually, sometime around the
13 20th of January, the inauguration, CMS
14 usually gets an email that says halt a lot
15 of the approvals until the new team has
16 time to take a look at it and make
17 decisions. Again, it is not that they are
18 going to say no.
19 So I know that that is probably
20 worrisome for folks, but we don't have any
21 information now other than our previous
22 history. Nobody has said anything about
23 any changes for states. We just know that
24 in the past it has delayed time.
25 We have been in contact with

1 several CMS groups, whether it be the
2 1915(c), the 1915(i), the 1115 waivers,
3 all of those things that we are working
4 on, and they are working desperately to
5 get things done over the holidays.
6 That is kind of where we are.
7 Nothing other than us discussing it and
8 starting to gather some information, too,
9 about what we have pending at CMS.
10 Commissioner Lee has started to
11 gather all of the state plan amendments we
12 have pending, the 1115s, the waivers we
13 have pending with CMS and gathering that
14 all into one document.
15 Erin, I think you were part of
16 that. She had state plan amendments, she
17 has waivers, multiple types of waivers,
18 and just the information and anything that
19 we might have pending at CMS.
20 I just wanted to let you all
21 know that. We don't have any more
22 information other than that right now.
23 I'm just going to keep moving
24 and then we can go back. The current
25 status of the PDS cap from CMS is still

1 unofficial. We are still working with
2 them and we are meeting with them on a
3 regular basis, so I will have more to come
4 on that fairly soon, just not today. I
5 don't expect to get anything formally in
6 2024 for sure, because we are working with
7 them.
8 The status of the six waiver
9 applications and updates and anticipated
10 timelines, I talked about that earlier.
11 We are currently, right now, answering
12 questions, requests for information back
13 to CMS.
14 Our last submission was all six
15 waiver questions went back to CMS on
16 11/25, which was a pretty good feat to get
17 all of that done in one night. We
18 anticipate the rates would be proved
19 effective January 1, 2025.
20 We do have some things that we
21 have to watch over if you've heard us talk
22 about the ARPA funds. We have to make
23 sure on some changes and modifications in
24 the future, we have to ensure that all
25 ARPA funds are exhausted before we can

SWORN TESTIMONY, PLLC
Lexington | Frankfort | Louisville
(859) 533-8961 | sworntestimonyky.com

1 make some changes.
2 We are expecting those ARPA
3 funds to be exhausted at the end of this
4 year or the first quarter of next year,
5 and whether they are exhausted by the
6 first quarter of next year or not, CMS
7 will only allow us to go into March. That
8 is it. That is how long that you can
9 access those additional ARPA funds.
10 The projected timelines for
11 regulations, I have already talked to you
12 all about that. We are working as hard as
13 we can, working on the regulations now and
14 working with the secretary's office to
15 what that will look like in the future.
16 And that is for all six waivers.
17 This was previous. The ICF IID
18 information. I've got how many
19 individuals in Kentucky ICFs, how many
20 have been in the last 15 years, 20 years,
21 and 40-plus years.
22 I've got member count is 194, 15
23 years and less, 47 are greater than 15
24 years, and 128 are greater than 20, and 82
25 of that total count have been there for 40

SWORN TESTIMONY, PLLC
Lexington | Frankfort | Louisville
(859) 533-8961 | sworntestimonyky.com

1 or greater.
2 And I think that that is all of
3 the information that I have to give you
4 today. Is there anything else I can help
5 with really quick?
6 MR. HARVEY: Any other questions
7 for Leslie?
8 Johnny, go ahead.
9 MR. CALLEBS: Hi, thank you.
10 Leslie, do you know if the
11 people who live in ICFs and/or are stuck
12 in limbo in a state psychiatric hospital,
13 do those people have access to slots if
14 they want to leave?
15 MS. ADAMS: I can answer that.
16 So those individuals meet emergency
17 criteria for SCL allocations. They fall
18 under that category.
19 Generally, as far as the state
20 ICF, it's different with the private ICF
21 folks who aren't necessarily there under
22 the least restrictive option, but when
23 they are identified as being ready to
24 transition, they have a transition process
25 at the ICF where they work to identify

1 providers.

2 Staff from DIDD attends all of
3 their monthly meetings and is involved
4 with that process to transition. And when
5 they feel that they have gotten to a point
6 where they are close to discharge, then
7 they just send us the emergency request
8 and the allocation.

9 Hospital, it is a little bit of
10 a faster moving process ideally, because
11 it is an acute setting, but it is the same
12 kind of situation. If they identify
13 somebody who needs it, they will submit
14 the application or work with the CMHC to
15 get that application in, and when they
16 feel that they are ready to pull that
17 trigger to actually get the allocation
18 that they feel that they are close to
19 being able to having those lined up, then
20 they will let us know and we will process
21 that allocation. But they do meet that
22 emergency criteria and have access to
23 those slots.

24 MR. CALLEBS: And one follow-up,
25 if I may. The people who are ready to

1 transition out or want to, I have heard
2 reports that the person and their team or
3 guardian would like to the person to
4 leave, but they just cannot find a
5 provider willing or able to provide the
6 needed support for the person.
7 So in effect they are stuck in
8 an institutional setting for lack of
9 provider. The funding is there, the
10 desire to leave is there, and they just
11 cannot get a provider who is able or
12 willing to say yes to trying to support
13 them.
14 Can you comment on that, or how
15 prevalent is that problem? Is there
16 anything that can be done to assist
17 providers?
18 MS. ADAMS: Yeah. There are
19 multiple levels of things that are
20 impacting that. Staffing issues, just
21 higher acuity of individuals, so we are
22 looking at it from a variety of different
23 angles of what is needed, but what we're
24 doing on the individual level.
25 Like I said, our staff is

1 involved both with our hospitals and our
2 ICF facilities. We meet regularly with
3 those teams to work through the individual
4 cases and so when we come across
5 individuals that traditional referral
6 process isn't working for, we just try to
7 attack that individually and look at what
8 those barriers are, and do whatever we can
9 to put things in place to get them to that
10 point where they can be allocated.
11 It moves slower, I think, at
12 times than it used to, but I would say
13 that most people aren't necessarily stuck.
14 It is just not as quick as we would like
15 it in the past.
16 Ultimately, with most folks we
17 are able to identify providers and put
18 things in place that we are able to
19 transition out nd we just continue to work
20 with individuals who are not seeing that
21 progress regularly and continuously until
22 we can get them there.
23 MR. CALLEBS: Okay. Thank you.
24 MR. HARVEY: Any other questions
25 while we still have Crystal with us?

1 Leslie had to go ahead and leave for
2 her 1 o'clock meeting, and we certainly
3 appreciate all of the information she
4 shared during the meeting.
5 MS. STAED: Wayne, I had a
6 question and a comment.
7 MR. HARVEY: Sure. Go ahead.
8 MS. STAED: Crystal, you may not
9 know this, because I don't know if you put
10 that data together. That data is only
11 state ICFs, or is it the privates too?
12 MS. ADAMS: My assumption is
13 that it is including the two private ICF
14 data, because they all do bill Medicaid,
15 so that is where the information comes
16 from.
17 I don't believe it is just
18 specific to ours, which is why I was
19 putting that caveat in there, because they
20 don't necessarily have the same stringent
21 requirements for least restrictive that we
22 do.
23 MS. STAED: Sure. And then my
24 comment would be -- and this situation
25 predates me, so I may be misspeaking about

1 it. Wayne can jump in and correct me if
2 I'm wrong.
3 But back in the day, there was
4 the tiered transition rate for individuals
5 coming out of institutional settings into
6 the community setting, and it was
7 available for a certain period of time for
8 a provider who was accepting and could
9 transition individuals into the
10 community-based setting.
11 It may be worth exploring the
12 possibility of that if we're having --
13 obviously you can't make this decision
14 today -- but just to put a pin in it, it
15 may be worth exploring that system again
16 to see if that can help get individuals
17 transitioned out of the institutional
18 settings.
19 MR. HARVEY: Yeah, Amy --
20 MS. ADAMS: That has certainly
21 been brought to us and that is one of the
22 items on the list to considered that we
23 didn't have previously for a few years.
24 We do now have Money Follows the
25 Person, the ten slots for that, which is a

1 recent comeback. That is not exactly what
2 you are referring to, but that is one of
3 the things that existed in the past that
4 had gone away for awhile.
5 MR. HARVEY: Yeah, I think some
6 of the funding that Amy was referring to
7 was when they had that big push to get a
8 lot of folks out of Oakwood and into the
9 community, and place them all around the
10 state and so forth. I remember exactly
11 what she was talking about.
12 Any other questions for Crystal?
13 Okay.
14 Do we have any other questions
15 in regards to closing discussion?
16 MS. GRIBBINS: Wayne, this is
17 Myra.
18 I do have one question for
19 Crystal and an overall question for
20 someone who is trying to get the SCL
21 emergency. If we cannot find
22 documentation from a school where someone
23 was in special ed prior to the age of 18
24 or 21, is there another option for trying
25 to get that information? Because some

1 folks we have -- of course, they were in
2 school even before we had the American
3 Disabilities Act and things like that.
4 MS. ADAMS: Yeah, if you can
5 email me -- just email me about those
6 because there can be a variety of
7 different options depending on the
8 individual case of what might be
9 available. But if you want to drop me an
10 email we can kind of have a discussion
11 about that and I can identify some of the
12 different things that we can use, like
13 social security records and things like
14 that.
15 MS. GRIBBINS: Okay. Thank you.
16 MR. HARVEY: Any other question
17 or anything else anybody wants to talk
18 about during this meeting before we call
19 an adjournment? Okay.
20 Before we adjourn, I do want to
21 thank Crystal and all of the cabinet
22 representatives that spoke today. I know
23 Leslie had to leave for a meeting and
24 everything -- I see a hand up by Frankie.
25 Frankie do you have a question?

SWORN TESTIMONY, PLLC
Lexington | Frankfort | Louisville
(859) 533-8961 | sworntestimonyky.com

1 MR. HUFFMAN: Yes. Sorry. I
2 just had a quick question.
3 I'd say it's hard -- a whole
4 number of things that we have to do -- but
5 last year sometime, I had sent an email to
6 Commissioner Lee about something, but I
7 haven't heard anything.
8 Does anybody know of another
9 email I can send it to and it will most
10 likely get to her?
11 MS. BICKERS: Frankie, this is
12 Erin. You can send that email to me and I
13 can pass it along to everybody who needs
14 to help address it.
15 MR. HUFFMAN: Thank you.
16 MS. BICKERS: You're very
17 welcome.
18 MR. HARVEY: Any other
19 questions? I'm not see any other hands.
20 Do you Erin?
21 MS. BICKERS: I do not.
22 MR. HARVEY: Okay. Well, thank
23 you for all of your help, Erin.
24 Merry Christmas to everybody.
25 Hopefully everybody has a nice holiday

SWORN TESTIMONY, PLLC
Lexington | Frankfort | Louisville
(859) 533-8961 | sworntestimonyky.com

1 period and we will see everybody back at
2 the next TAC meeting in February.
3 MS. BICKERS: Thank you
4 everybody. Have a great day.
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

SWORN TESTIMONY, PLLC
Lexington | Frankfort | Louisville
(859) 533-8961 | sworntestimonyky.com

1
2 * * * * * * * * * *
3 C E R T I F I C A T E
4
5 I, STEFANIE SWEET, Certified Verbatim
6 Reporter and Registered CART Provider -
7 Master, hereby certify that the foregoing
8 record represents the original record of
9 the Technical Advisory Committee meeting;
10 the record is an accurate and complete
11 recording of the proceeding; and a
12 transcript of this record has been
13 produced and delivered to the Department
14 of Medicaid Services.
15 Dated this 5th day of December, 2024.
16
17 /s/ Stefanie L. Sweet
18 Stefanie L. Sweet, CVR, RCP-M
19
20
21
22
23
24
25