



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

Date: July 11, 2019

Case: Department for Medicaid Services

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

"INTELLECTUAL AND DEVELOPMENT DISABILITIES
TECHNICAL ADVISORY COMMITTEE MEETING"

HELD AT:

KENTUCKY CABINET FOR HEALTH & FAMILY SERVICES
DEPARTMENT OF PUBLIC HEALTH
275 EAST MAIN STREET
FRANKFORT, KENTUCKY 40621

DATE:

JULY 11, 2019

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1 A T T E N D E E S:

2

3 Rick Christman - KAPP

4 Sherri Brothers - ARC of Kentucky

5 Katie Bentley - CCDD

6 Wayne Harvey - KAPP

7 Bethaby Day - Humana Caresource

8 Johnny Callebs - The Columbus Organization

9 Alice Blackwell - DDID

10 Elizabeth Kries - DDID

11 Amy Staed - KAPP

12 Tanya Raymer - DAIL

13 Lee Ann Magre - Wellcare

14 Shawna Dellecare - Council on Developmental
15 Disabilities

16 Tracy Reeves - Kaleidescope Inc.

17 Erin Davis - The Prince Care Group, Inc.

18 David Coray - CHFS

19 Liz Steanman - Anthem Medicaid

20 Steve Shanna - KAPP

21 Angela Bryant - ADANTA

22 Aja Jacobi - Employment Solutions

23 Melissa Marvel - Zoo Group

24 Sharley Hughes - Medicaid

25

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1 MR. CHRISTMAN: Welcome everybody. And
2 we'll go around the room. And I just want to let
3 everybody know that everyone's welcome to chime in
4 on this whether you're on the committee or not. We
5 kind of keep this kind of informal, hopefully
6 professional. We're glad you're all here. And I'm
7 Rick Christman and I represent KAPP.

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

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

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

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

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

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

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

24 MS. HUGHES: I'm Sharley Hughes with
25 Medicaid.

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1 MS. MAGRE: LeAnn Magre with WellCare.

2 MS. DAY: Beth Day with Humana

3 Caresource.

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

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

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

11 MS. BLACKWELL: Alice Blackwell with
12 DBIB.

13 MS. KRIES: Elizabeth Kries with
14 DBIB.

15 MS. MARVEL: Melissa Marvel with the
16 Zoo Group.

17 MS. JACOBI: Aja Jacobi with
18 Employment Solutions.

19 MS. DAVIS: Erin Davis from Prince
20 Care.

21 MS. REEVES: Tracy Reeves,
22 Kaleidescope.

23 MS. HUGHES: And we do have a
24 substitute court reporter today? So for those that
25 are outside of the PAC members, if you go to say

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1 something, please say your name first so --

2 MR. CHRISTMAN: Yeah.

3 MS. HUGHES: -- that she can have
4 that on record since she doesn't know everybody.

5 And before I forget, if you didn't
6 see the sign outside, the carpet has recently been
7 cleaned. It may still be damp. So when you walk
8 out of here, wipe your feet really well so that you
9 don't do a fancy Olympic-style movement out on the
10 marble flooring out here. So we don't want anybody
11 to fall. So wipe your feet off really well when
12 you get out there.

13 MR. CHRISTMAN: Did we receive the
14 January minutes?

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

16 MR. CHRISTMAN: We didn't --

17 MS. BROTHERS: -- didn't receive
18 them.

19 MR. CHRISTMAN: I don't recall
20 getting them either. Or was it -- May was our last
21 meeting?

22 MS. HUGHES: I thought I sent them.

23 MR. CHRISTMAN: Anyway, well,
24 let's -- let's move on then.

25 MS. HUGHES: Okay.

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1 MR. CHRISTMAN: Medicaid redesign
2 update.

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

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

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

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

18 MS. SMITH: On the new --

19 MR. CHRISTMAN: -- application on
20 the --

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

23 MR. CHRISTMAN: Based on the --
24 the --

25 MS. SMITH: The new waiver.

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1 MR. CHRISTMAN: Their -- their
2 renewal.

3 MS. SMITH: Uh-huh.

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

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

9 MR. CHRISTMAN: Uh-huh.

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

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

22 The rate study is going to conclude.
23 We have -- we're in the final step of analysis
24 before they're going to start getting to actually
25 looking at some of the rate settings. That -- we

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1 meet again in two weeks. In two weeks we meet
2 again. But that -- there'll be a second waiver
3 amendment with the updated rates that will then
4 happen once that process is finished and then we
5 will update the payment regs when that is
6 completed.

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

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

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

19 MR. CHRISTMAN: Occupancy costs?

20 MS. SMITH: -- costs.

21 Right, all of the other costs.

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

24 MR. CHRISTMAN: Yeah.

25 MS. SMITH: So we'll look at that.

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1 And then in August they will start
2 sharing -- we'll still continue to meet with the
3 rate study panel and we'll start looking at the
4 model -- what the model's going to look like and
5 presenting that.

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

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

10 MR. CHRISTMAN: Okay.

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

12 MR. CHRISTMAN: Right around that
13 time?

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

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

23 MS. SMITH: We did.

24 MR. CHRISTMAN: -- from the --

25 MS. SMITH: We had -- and what we

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

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

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

23 So they've done a really --

24 MR. CHRISTMAN: Right.

25 MS. SMITH: -- Navigant has done an

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1 excellent job of slicing and looking at it from
2 every angle.

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

7 MS. SMITH: Where --

8 MR. CHRISTMAN: -- do you --

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

10 MR. CHRISTMAN: Too early --

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

12 MR. CHRISTMAN: -- to say?

13 MS. SMITH: -- that, yeah.

14 MR. CHRISTMAN: Yeah.

15 MS. SMITH: They're --

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

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

20 MR. CHRISTMAN: Yeah.

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

23 MR. CHRISTMAN: Okay.

24 MS. SMITH: -- for -- for the same
25 services. So where services are the same and

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1 there's not really a difference, they're trying to
2 make those rates make sense.

3 MR. CHRISTMAN: And there's --

4 MS. SMITH: So that we don't have --

5 MR. CHRISTMAN: -- several like that.

6 MS. SMITH: -- such a disparity.

7 MR. CHRISTMAN: They're essentially --

8 MS. SMITH: Yeah.

9 MR. CHRISTMAN: Yeah, they're
10 essentially the same.

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

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

21 They're looking at, you know, how
22 many miles are in between individuals so that how
23 much travel there is because, you know, if --
24 sometimes when you get out into the rural area, it
25 might take you 30 minutes to get from one client to

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1 another or some -- in some cases it's longer. So,
2 I mean, they're really -- they are thinking about
3 all of the different options.

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

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

20 MR. CHRISTMAN: Okay. So like pay
21 rates?

22 MS. SMITH: Yes. So what do --

23 MR. CHRISTMAN: Yeah.

24 MS. SMITH: -- we have to pay in
25 order to get employees?

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1 MR. CHRISTMAN: Yeah.

2 MS. SMITH: And to keep employees.

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

5 MR. CHRISTMAN: Sounds like it.

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

11 MR. CHRISTMAN: So that's being
12 coordinated?

13 MS. SMITH: Uh-huh. Yes.

14 MR. CHRISTMAN: Yes.

15 MS. SMITH: Uh-huh.

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

18 MS. BROTHERS: I was --

19 MR. CHRISTMAN: Oh, go ahead.

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

24 MS. SMITH: They're out there.

25 MS. BROTHERS: -- meetings.

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

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

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

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

21 MS. BENTLEY: On the website?

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

25 MR. CHRISTMAN: What about the waiver

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1 design? Is that --

2 MS. SMITH: Yes.

3 MR. CHRISTMAN: -- the one? Yeah.

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

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

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

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

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

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

25 MS. BROTHERS: Okay.

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1 MS. SMITH: But they've been
2 meeting -- they started first. So they've --
3 they've been meeting the longest.

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

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

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

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

14 MS. HUGHES: Okay.

15 MS. SMITH: To you?

16 MS. HUGHES: Uh-huh.

17 MS. SMITH: Okay.

18 MS. BROTHERS: Thank you.

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

23 It's hard for them -- some of
24 these, they don't either have internet and they're
25 trying to get it through someone and they print

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1 them and then they give them, you know, at their
2 meetings to people. In eastern Kentucky a lot of
3 people just don't have internet or they can't
4 afford internet. So if we could get it to
5 somebody, we do that, and then they're able to
6 print it off for somebody.

7 MR. CHRISTMAN: Yeah.

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

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

16 MS. BROTHERS: Uh-huh.

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

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

21 MS. BROTHERS: Uh-huh.

22 MS. BENTLEY: -- is. There's just a
23 lot of information. I help people find this
24 information because they -- they don't -- I don't
25 know if they don't have patience or what, but

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1 they're the ones that don't go through and look
2 through it. So if somebody calls me, I just try to
3 go through and find it and I'll click on it and
4 send them that PDF link to go get the document.
5 But it's just because -- I think it's because
6 there's a lot of stuff on there.

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

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

11 MS. SMITH: We want to --

12 MS. HUGHES: -- information.

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

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

17 MS. HUGHES: You know, we got --

18 MS. BENTLEY: It's hard.

19 MS. BROTHERS: Is there a way that
20 you can send us a link to those minutes that would
21 make it easier? I'm just trying to figure out a
22 way that would make it an easier way for the
23 families. I mean, I know that you have those
24 minutes posted on the site over there. I'm just
25 trying to figure out an easier way for them.

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1 MS. HUGHES: Well, we can either send
2 you the link to the homepage, which it's going to
3 be there.

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

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

8 MS. BROTHERS: Right.

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

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

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

20 So if they contact the main number,
21 there's someone that can take the -- and can mail
22 that to them or can get that information to them.
23 We just need to hear -- we just need to hear from
24 them so --

25 MR. CHRISTMAN: Okay.

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

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

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

11 MS. STAED: Sure.

12 MS. HUGHES: -- always --

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

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

18 MS. STEAD: Sure.

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

21 MS. STAED: I understand that.

22 MS. HUGHES: You know, so that's all
23 that I send out. So if I send them in something
24 that has got -- it's still going to be the link to
25 their website.

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1 MS. STAED: You can't just attach --

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

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

10 I think that would help you; right.

11 MS. BROTHERS: Uh-huh.

12 MR. CHRISTMAN: Talking about the
13 committee --

14 MS. STAED: Yes.

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

17 MS. STAED: Yes.

18 MR. CHRISTMAN: -- force? Yeah.

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

21 MS. BROTHERS: Right.

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

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

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1 Community Alternatives, website.

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

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

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

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

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

15 MS. STAED: I can do that too.

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

19 Is anybody here from guardianship?

20 MS. SMITH: No.

21 MR. CHRISTMAN: Here's the problem.
22 You know, we're trying to encourage supportive
23 employment, but the people who are under
24 guardianship don't get their paychecks. They get a
25 facsimile of it. And you can imagine that's a --

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1 that's a -- that doesn't encourage people to work.
2 You know, they want to have that paycheck. And I
3 kind of understand why. I -- I don't know why
4 guardianship does that. Maybe in a few cases --
5 maybe they don't want to have -- they don't want
6 to -- them to have money. I mean, maybe they're a
7 severe diabetic and they don't want them to buy
8 candy bars or they don't want them to buy
9 cigarettes.

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

18 MS. JACOBI: Very much so.

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

22 MS. JACOBI: Uh-huh.

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

25 MS. JACOBI: Additionally --

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

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

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

10 MR. HARVEY: I like getting paid.

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

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

16 MR. CHRISTMAN: Yeah.

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

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

24 MR. HARVEY: Yeah.

25 MR. CHRISTMAN: -- copy of the check.

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1 MR. HARVEY: Yeah. So it's -- it is
2 a -- a deterrent to encouraging people, you know,
3 to --

4 MS. SMITH: Uh-huh.

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

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

9 MR. CHRISTMAN: Thank you.

10 MS. SMITH: -- get --

11 MR. CHRISTMAN: Yeah.

12 MS. SMITH: -- information on that.

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

15 Did you have this one on your agenda?

16 MS. BROTHERS: Yes.

17 MR. CHRISTMAN: Yeah.

18 MS. BROTHERS: So Michelle P. waiver,
19 the PDS representative availability, that's a
20 concern for me on the hours available like from
21 8:00 to 5:00 or 9:00 to 5:00 and the representative
22 being a volunteer. And why it concerns me is if
23 the participant wants someone to be their
24 representative and that representative works, even
25 if they're just meeting four times a year and they

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1 have to do training on time sheets and et cetera,
2 it may be more than four times a year, five times a
3 year, that -- whoever that representative is -- it
4 could be a parent, a grandparent -- whoever they
5 choose. It's their choice. If you're asking that
6 person to take off work, they may have already had
7 to take off for that individual for therapy, a
8 doctor, for all these other things.

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

17 MS. SMITH: That's something that
18 needs to be discussed at that initial meeting with
19 the support broker or with the case manager. To
20 say that they're going to have limited availability
21 so that can be -- that can be discussed in the
22 beginning about that, they're going to need
23 alternate times for meetings and, I mean, it might
24 not be -- that agency might not be a good fit or
25 there might be -- you know, there has to be

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1 discussions about that. But we can't mandate that
2 agencies provide overtime -- pay staff overtime to
3 be available -- you know, to be available after
4 hours for -- for team meetings.

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

9 MS. SMITH: We --

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

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

18 MR. CHRISTMAN: That would help --

19 MS. BROTHERS: Well -- well --

20 MR. CHRISTMAN: I think that would
21 help --

22 MS. BROTHERS: Right.

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

25 MS. SMITH: Uh-huh. You're --

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1 MR. CHRISTMAN: -- two providers.

2 MS. SMITH: -- not going to have a

3 slim --

4 MR. CHRISTMAN: Yeah.

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

6 MR. CHRISTMAN: Yes.

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

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

11 MR. CHRISTMAN: Like support broker?

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

14 MS. SMITH: The support broker.

15 MS. BROTHERS: Yes.

16 MR. CHRISTMAN: Yeah.

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

25 MS. SMITH: I think there has to be

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1 clear communication from the beginning on both
2 sides. So the representative needs to understand,
3 if they understand, it's the individual's choice,
4 but the representative needs to understand what
5 they also are signing up to do, that they, you
6 know, are going to be -- they are going to have
7 these responsibilities. And I think that when we
8 send -- when we send out that participant
9 directed -- that manual --

10 MS. BROTHERS: Uh-huh.

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

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

19 MS. BROTHERS: Some agencies --

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

21 MS. BROTHERS: Some agencies already
22 do that.

23 MS. SMITH: Uh-huh.

24 MS. BENTLEY: They -- I don't -- I
25 don't know why, but they do. I don't know if it's

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1 just an exclusion or whatever, but they will meet later
2 and --

3 MS. SMITH: I think --

4 MS. BENTLEY: -- on Saturday.

5 MS. SMITH: -- it's -- it's up to
6 their business. But I think it's up to their
7 individual business practice and business model.

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

10 MS. SMITH: That will help that.

11 MR. CHRISTMAN: -- more competition,
12 that will --

13 MS. SMITH: Uh-huh.

14 MR. CHRISTMAN: -- probably everybody
15 will change to be more convenient. I think you're
16 right that that should help.

17 MS. SMITH: Uh-huh.

18 MS. BROTHERS: So if those situations
19 are happening, then that -- those -- okay. All
20 right.

21 MR. CHRISTMAN: But that fix is a
22 little bit down the road; right?

23 MS. SMITH: Yes. That will be --

24 MR. CHRISTMAN: Yeah.

25 MS. SMITH: -- with the new waivers.

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1 MR. CHRISTMAN: You had a question
2 about adult protection protocol. You had some --

3 MS. BROTHERS: Right

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

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

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

10 MS. BROTHERS: So if adult protection
11 service is called out to a home on a person who has
12 a disability, and this person with a disability --
13 I'm just going to give the -- just an incident. I
14 just want to know the protocol. And this person
15 has a disability with probably a mental condition
16 as well, what is the protocol for, like, if
17 someone -- like social services is called in?

18 How do we protect those individuals,
19 I guess, with disabilities?

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

25 So by way of calling adult protective

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1 services in, that is protecting the individual and
2 investigates. I don't know. What are you
3 referring --

4 MS. BROTHERS: I know that.

5 MS. SMITH: -- to about protecting
6 the individual?

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

11 MR. CHRISTMAN: For a follow-up?

12 MS. BROTHERS: For a follow-up.

13 MS. SMITH: It would depend on each
14 situation. I can get some more information from
15 DCBS and the group that does adult protective
16 services. But, I mean, they usually -- I mean,
17 it's outlined and there should be an incident
18 report so there's -- there's follow-up on that end
19 too.

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

22 MR. CHRISTMAN: Well, maybe at our
23 future meeting, we can have someone from adult
24 protective services here to kind of talk about all
25 that.

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1 MS. BROTHERS: I just want to make
2 sure that the individual --

3 MR. CHRISTMAN: Yeah.

4 MS. BROTHERS: -- the individual is
5 protected well in those situations when social
6 services are called out. And they came -- you
7 know, they come to the house and then what
8 follow-up is done? If they come out twice, then
9 what happens?

10 MR. CHRISTMAN: Right. Or how do
11 they determine if there is an issue?

12 MS. BROTHERS: Right.

13 MR. CHRISTMAN: Right. I mean --

14 MS. BROTHERS: And if -- if a -- a
15 family member is receiving funds from that family.
16 Are the funds being used properly? I mean, what is
17 the -- I'd just like to hear all of that, and how
18 is that being followed up?

19 MR. CHRISTMAN: Again, I suspect I
20 need someone from adult protective services here
21 who is at the policy level and help us understand
22 that.

23 MS. SMITH: Okay.

24 MS. BROTHERS: And this -- this kind
25 of falls in the next one: Plans for services for

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1 aging populations. I have a lot of concerns with
2 the aging population, the people with disabilities,
3 and I have two concerns with that.

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

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

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

24 And I'm concerned about nursing homes
25 too, but there's no one here from nursing home,

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1 but -- so there's a lot of concerns, I think, with
2 the aging population.

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

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

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

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

22 MS. DELLECARE: -- generally to
23 depend on. So it's based on family report or
24 caregiver report, and case managers are running
25 into difficulty with that because it's not really

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1 proof but, of course, they've known them their
2 whole lives and that has been a huge impediment to
3 people accessing appropriate waivers. Sometimes
4 they can get a HCD waiver -- but it's not
5 comprehensive when we're talking about a person
6 who's aging and needs, you know, more
7 round-the-clock care. So that's something that I
8 am aware of that is an impediment to that age
9 group --

10 MS. BROTHERS: Right.

11 MS. DELLECARE: -- is specifically if
12 they don't have documentation of their diagnosis,
13 so they're being locked out of waivers.

14 MS. BROTHERS: Yes. And they're
15 ending up -- some of them are ending up on the
16 street homeless because I've had some call me and
17 they're -- they're ending up homeless because
18 there's no records. Their parents are dying and
19 their siblings call me and they're like, they don't
20 have any -- you know, they have nothing. They're
21 ending up with nothing and they don't know what to
22 do because they don't have a diagnosis.

23 MR. CHRISTMAN: KentuckyWorks and
24 Support Employment --

25 And I think, Sherri, you're referring

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1 to KentuckyWorks the governor's initiative and how
2 is that interfacing with supportive employment. Is
3 that what you're --

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

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

13 MS. HUGHES: Yeah.

14 MS. BLACKWELL: There are links from
15 our website for KentuckyWorks and I can't say for
16 sure about the supportive employment training.
17 It'd be through HDI. But we do have links to that.

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

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

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

24 MS. BLACKWELL: Uh-huh. I'd be happy
25 to.

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1 MS. BENTLEY: The Employment First is
2 meeting tomorrow.

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

5 MS. BENTLEY: Uh-huh.

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

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

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

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1 should be live soon.

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

7 MS. BROTHERS: I'm just trying to get
8 them where people know how to attend.

9 MR. CHRISTMAN: Yeah.

10 MS. BROTHERS: Because individuals --
11 it's important for people to be at the meetings,
12 and we just need to know when they are.

13 MR. CHRISTMAN: Well, that seems
14 fairly simple, yeah.

15 MS. BROTHERS: Right.

16 MR. CHRISTMAN: So maybe if we could
17 have a link to --

18 MS. BROTHERS: Right.

19 MR. CHRISTMAN: -- KentuckyWorks --

20 MS. BROTHERS: Uh-huh.

21 MR. CHRISTMAN: You haven't been able
22 to find that, I guess. Okay.

23 MS. BROTHERS: Well, I haven't been
24 able to get it sent to me, as far as email or
25 anything.

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1 MS. BLACKWELL: I'm on it.

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

3 MR. CHRISTMAN: Thank you.

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

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

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

20 MS. BROTHERS: No, go ahead.

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

24 MS. BROTHERS: Uh-huh.

25 MR. CHRISTMAN: -- you know, and

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1 looked at all the contracts between, for example,
2 UK. And --

3 MS. BROTHERS: Uh-huh.

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

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

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

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

18 MS. BROTHERS: Okay.

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

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

25 MS. BLACKWELL: I'm sorry?

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1 MS. SMITH: -- with college of direct
2 support with HDI?

3 MS. BLACKWELL: HDI does live
4 training.

5 MS. SMITH: They do some.

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

10 MS. BROTHERS: About Support
11 Employment?

12 MS. BLACKWELL: About Support
13 Employment training.

14 MS. SMITH: Yeah, he did. Yeah.

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

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

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

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

24 And then the other training -- so, of
25 course, we have things with TRIS on the TRIS site

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1 with EKU about MWA. That's where all of the
2 trainings are for MWA.

3 MR. CHRISTMAN: At EKU?

4 MS. SMITH: Uh-huh. With TRIS --
5 uh-huh. And we -- then the other -- any other live
6 trainings are done by cabinet -- it's cabinet staff
7 or sister agency staff. The major -- the bulk of
8 the live trainings are done by cabinet staff. So
9 it would be --

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

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

16 MR. CHRISTMAN: Yeah.

17 MS. SMITH: I have not --

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

20 MS. SMITH: Uh-huh.

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

23 MS. SMITH: Right.

24 MS. BLACKWELL: Training for our
25 staff.

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1 MR. CHRISTMAN: Well, I think there's
2 been some frustration -- I -- I'm glad to see that
3 they're, you know, looking at Support Employment,
4 but I think there has been some frustration among
5 the writers about the -- you know, the convenience
6 of the training, the lengths of the training.
7 Maybe there's a better provider out there that we
8 could -- you know, I don't know if there's a
9 competitive bidding process.

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

13 MS. BLACKWELL: Well, remember the --

14 MR. CHRISTMAN: Yeah.

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

20 MR. CHRISTMAN: Yeah.

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

23 MR. CHRISTMAN: But it doesn't have
24 to be that training. It could be some other
25 training. It could be another provider.

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1 MS. BLACKWELL: I don't know --

2 MR. CHRISTMAN: It doesn't have to

3 be --

4 MS. BLACKWELL: -- if it could be or

5 not.

6 MR. CHRISTMAN: -- IHDI, I assume.

7 MS. BLACKWELL: I don't know.

8 MR. CHRISTMAN: Yeah. Right. Well,

9 that's why I'm asking. Does it have to be IHDI or

10 is it -- is it a competitive bid process? Or might

11 somebody have a better mousetrap?

12 MS. BROTHERS: I guess I'm just

13 wanting --

14 MR. CHRISTMAN: Yeah.

15 MS. BROTHERS: -- the families just

16 wanted to know a list of who is actually, I mean --

17 MS. BLACKWELL: So are they wanting

18 a --

19 MS. BROTHERS: I guess the trainings

20 that -- that --

21 MS. BLACKWELL: That are available?

22 MS. BROTHERS: Right.

23 MS. BLACKWELL: For who?

24 MS. BROTHERS: Well, that are just

25 being provided to --

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1 MS. BLACKWELL: So who?

2 MR. CHRISTMAN: Providers.

3 MS. BROTHERS: Everyone.

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

10 MS. BROTHERS: I think so because --

11 MS. BLACKWELL: Okay.

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

16 MS. BLACKWELL: I think there are --

17 MS. BROTHERS: -- what's --

18 MS. BLACKWELL: -- some.

19 MS. BROTHERS: I -- I just don't
20 think they know they're available.

21 MS. BLACKWELL: Uh-huh.

22 MS. BROTHERS: So it --

23 MS. SMITH: And that's one of the
24 things we're working on with a case manager because
25 that's part of what should be communicated with

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1 them, the trainings, how to get to them, what
2 trainings are available, and we're -- as part of
3 waiver redesign, we're revamping training. We're
4 taking a really hard look at training and -- and
5 looking at making it consistent. Right now it
6 differs from waiver to waiver what trainings
7 anybody has to take or how they get to them.

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

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

22 MS. SMITH: Uh-huh.

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

25 MS. SMITH: Uh-huh.

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1 MR. CHRISTMAN: -- Medicaid, DBID,
2 and -- and information too about, well, how are
3 those let? Is it -- is it a competitors process?

4 MS. STAED: Yeah. Was there --

5 MR. CHRISTMAN: Yeah.

6 MS. STAED: -- RFP?

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

8 MS. STAED: I don't know either.

9 MR. CHRISTMAN: Yeah.

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

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

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

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

18 MS. CHRISTMAN: Yeah.

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

22 So I'm not sure what process that
23 went through. Those were already established
24 contracts. So you can go through, you know, open
25 records and request that information.

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1 MR. CHRISTMAN: Yeah, I think that's
2 what we'll need to do.

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

6 MR. CHRISTMAN: Thinking about it.

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

9 MR. CHRISTMAN: Uh-huh.

10 MS. BROTHERS: Okay.

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

16 MS. BROTHERS: I think I did.

17 MR. CHRISTMAN: I think so. Please.

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

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

22 MS. BROTHERS: Uh-huh.

23 MR. HARVEY: Oh, I remember that.

24 MR. CHRISTMAN: Oh, to the final
25 rule.

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1 MS. BROTHERS: I think so.
2 MR. HARVEY: Yeah. Lori Grisham used
3 to update us on.
4 MS. BROTHERS: Yeah.
5 MR. HARVEY: Yeah.
6 MS. BROTHERS: Right.
7 MR. CHRISTMAN: Is that what you're
8 referring to?
9 MS. BROTHERS: Uh-huh.
10 MR. CHRISTMAN: Oh, okay. That's --
11 MS. BROTHERS: I just wanted to see
12 an update on that.
13 MR. CHRISTMAN: That's correct.
14 Yeah, highly scrutinized -- yeah -- settings.
15 MR. HARVEY: Heightened scrutiny.
16 MR. CHRISTMAN: Heightened scrutiny,
17 yes. And I do know that -- you know, you did have
18 a couple meetings on that, I guess. We got through
19 some of them. Is that still going on with --
20 MS. SMITH: Uh-huh. I think we got
21 through -- didn't we get through all -- there
22 was -- CMS has come out with some revised
23 direction --
24 MR. CHRISTMAN: Uh-huh.
25 MS. SMITH: -- on how we can look at

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1 those. And I think that, for the most part, most
2 of ours with that direction we're going to be able
3 to make the decision on and they're not even going
4 to have to go to CMS. So there's still, I think,
5 one more meeting on -- before we can start that
6 process. But we are working on that, and that was
7 just recently that that --

8 MR. CHRISTMAN: Right.

9 MS. SMITH: -- that we had that --
10 that that meeting occurred so --

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

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

16 MR. CHRISTMAN: And I think --

17 MS. SMITH: -- going to send some
18 of those --

19 MR. CHRISTMAN: -- kind of -- Kentucky
20 is probably ahead of the curve.

21 MS. SMITH: We are.

22 MR. CHRISTMAN: Don't you think?

23 MS. SMITH: We are very much ahead of
24 the curve.

25 MR. CHRISTMAN: Yeah.

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

10 MR. CHRISTMAN: Yeah.

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

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

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

17 MR. CHRISTMAN: Yeah.

18 MS. SMITH: -- to look --

19 MR. CHRISTMAN: Right.

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

21 MR. CHRISTMAN: Yeah. Right.

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

25 MR. CHRISTMAN: You said there was

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1 one left or --

2 MS. SMITH: There is -- I don't know
3 how many --

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

6 MS. SMITH: Yeah. So I need --

7 MR. CHRISTMAN: We'll wait

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

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

14 MS. BLACKWELL: Hurry.

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

17 MS. BLACKWELL: Run.

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

20 MS. BLACKWELL: (Making noises.)

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

23 (Indiscernible crosstalk.)

24 MR. CHRISTMAN: Are you getting ready
25 to retire?

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1 MS. BLACKWELL: July 31st.
2 MS. SMITH: So I have 21 days.
3 MS. BLACKWELL: And I'm gone a week.
4 MR. CHRISTMAN: Make it 14.
5 MS. BLACKWELL: Sorry.
6 MS. HUGHES: Yeah. That is just five
7 workdays so --
8 MR. HARVEY: She just had to throw
9 that at you.
10 MS. BENTLEY: And look how happy she
11 looks.
12 MS. SMITH: I was going to say, she's
13 like smiling ear to ear.
14 MR. CHRISTMAN: Enough of this stuff.
15 MS. BLACKWELL: Yeah. It's been 20
16 years.
17 MR. CHRISTMAN: Oh, it hasn't been
18 that long.
19 MS. BLACKWELL: Yeah, it's been 20
20 years. I know.
21 MR. CHRISTMAN: Are you sure? Okay.
22 MR. HARVEY: Seems no less than 40;
23 right?
24 MR. CHRISTMAN: It seems that way,
25 yeah.

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

4 MS. BROTHERS: It was mine. Okay.
5 So --

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

13 Want to go back to that one?

14 MS. BROTHERS: Incident involving
15 health and safety.

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

19 MS. BROTHERS: Uh-huh.

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

22 MS. BROTHERS: Uh-huh.

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

25 MR. CHRISTMAN: Right.

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1 MS. BLACKWELL: -- approved to be
2 sent that would be redacted of any identifying
3 information. You can request findings reports.
4 You can request investigation reports. If they're
5 still in process, of course, they can't be
6 released.

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

9 MS. BLACKWELL: They have to be
10 finalized.

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

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

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

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

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

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1 MS. SMITH: Uh-huh.

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

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

13 MS. SMITH: Residential?

14 MR. CHRISTMAN: Yeah. For --

15 MS. SMITH: Okay.

16 MR. CHRISTMAN: -- in residential.

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

24 And in the waivers -- it's in all of
25 the waivers. And I just -- I pulled SCL. It's on

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1 Page 81 of the SCL reg that's out on the website.

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

7 MS. SMITH: Uh-huh.

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

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

12 MR. CHRISTMAN: Yeah.

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

16 MR. CHRISTMAN: Yeah. Yeah.

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

20 MR. CHRISTMAN: Right.

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

24 MS. SMITH: Well, and individuals
25 that are able to function with -- I mean, it gives

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1 them more freedom and independence. And we've --
2 we're actually doing a separate look at
3 technology-assisted residential --

4 MR. CHRISTMAN: Maybe we could --

5 MS. SMITH: -- because --

6 MR. CHRISTMAN: -- do some
7 promotion --

8 MS. SMITH: Uh-huh.

9 MR. CHRISTMAN: -- or get more
10 organizations to think about that.

11 MS. SMITH: Uh-huh.

12 MR. CHRISTMAN: Because I think the
13 people that are using it is kind of just
14 concentrated.

15 MS. SMITH: It is. It's very --

16 MR. CHRISTMAN: Yeah.

17 MS. SMITH: I think we have one
18 provider and about one --

19 MR. CHRISTMAN: Yeah.

20 MS. SMITH: -- one case --

21 MR. CHRISTMAN: Yeah.

22 MS. SMITH: -- manager, I think. But
23 the person that we just moved, he was so excited.
24 It was really -- it was neat to read his -- to read
25 the packet that was submitted for helping him to

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1 transition from -- he transitioned from a
2 residential home into this, and he was so excited
3 to be living in his own -- in his --

4 MR. CHRISTMAN: That's a big change.

5 MS. SMITH: -- own house. Yeah.

6 MR. CHRISTMAN: Yeah.

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

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

11 MR. CHRISTMAN: Uh-huh.

12 MS. BROTHERS: Major progress.

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

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

19 MR. CHRISTMAN: Yeah.

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

23 MR. CHRISTMAN: Right.

24 MS. SMITH: That will be rescheduled.
25 Like, there's so many vacations and things going --

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1 MR. CHRISTMAN: Yeah.

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

4 MR. CHRISTMAN: Yeah, I saw that.

5 MS. SMITH: We're going to
6 reschedule.

7 MR. CHRISTMAN: Yeah.

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

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

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

15 MR. CHRISTMAN: Yeah.

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

20 MR. CHRISTMAN: I can imagine.

21 MS. SMITH: -- waiver. Yeah.

22 MR. CHRISTMAN: Yeah.

23 New interpretation of work and day
24 training PA denials.

25 Yes, that is a problem. Apparently,

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1 at Carewise -- and I don't know if there's anybody
2 else who's, you know, had that -- wanted that
3 discussed here, but there are instances now that
4 seems to be occurring that the word "work" or
5 "employment" or anything appears in the PA, they
6 deny the PA.

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

9 MR. CHRISTMAN: Yeah.

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

13 MR. CHRISTMAN: Yeah.

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

16 MR. CHRISTMAN: Yeah.

17 MS. SMITH: -- you know, looked at.
18 How Carewise has denied is the way the goals and
19 objectives were written. It wasn't about that they
20 were trying to prepare somebody for employment --
21 that they were trying to teach them. It was about
22 them actually just doing work.

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

25 MS. SMITH: So if there's specific

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1 examples, if you-all can send them to me and I --
2 we will gladly speak --

3 MR. CHRISTMAN: Yeah.

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

8 MR. CHRISTMAN: Yeah.

9 MS. SMITH: They were just coming and
10 actually being a janitor. It wasn't about that
11 they --

12 MR. CHRISTMAN: I got it.

13 MS. SMITH: And, in fact --

14 MR. CHRISTMAN: Yeah.

15 MS. SMITH: -- it was about -- you
16 know, they were preparing him to -- he wanted to do
17 something specific -- I can't remember --

18 MR. CHRISTMAN: Yeah. It was --

19 MS. SMITH: -- and when they were
20 reenrolled --

21 MR. CHRISTMAN: It was pretty
22 specific --

23 MS. SMITH: Yes.

24 MR. CHRISTMAN: -- for a job.

25 MS. SMITH: Yes.

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1 MR. CHRISTMAN: Certainly, that's
2 deniable.

3 MS. SMITH: Yeah. Well --

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

6 MS. SMITH: So I --

7 MR. CHRISTMAN: -- in my opinion.

8 MS. SMITH: So I need --

9 MR. CHRISTMAN: Yeah.

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

12 MR. CHRISTMAN: Yeah.

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

16 MR. CHRISTMAN: Yeah.

17 MS. SMITH: -- here's some examples.
18 So if -- if those can be sent to me, then --

19 MR. CHRISTMAN: Yeah.

20 MS. SMITH: -- we'll --

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

25 MS. SMITH: Okay. Yeah.

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1 MS. JACOBI: And it's being denied --

2 MS. SMITH: So I need those examples.

3 MS. JACOBI: -- over and over. Once
4 it gets denied once, it's getting denied. And what
5 we're running into as a provider is that initial
6 denial, we lost the billing for two months.

7 And, I mean, some of these people
8 that they're denying on, they might work one hour a
9 week. The rest of their time they're spending in
10 our other programs. We're not -- aren't able to
11 bill for any of that. So we -- I --

12 MS. SMITH: Okay.

13 MR. CHRISTMAN: Yeah. But the word
14 "work" in a plan should not be enough to --

15 MS. SMITH: No, it shouldn't
16 because --

17 MR. CHRISTMAN: Yeah.

18 MS. SMITH: -- because technically
19 that's part of what the service --

20 MR. CHRISTMAN: People --

21 MS. SMITH: -- is, is that you're --

22 MR. CHRISTMAN: -- right.

23 MS. SMITH: Right.

24 MR. CHRISTMAN: Yeah, I know.

25 MS. SMITH: That you're -- you're

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1 training them and help -- because one of them I saw
2 that got approved, it was about that he wanted to
3 learn to cook his own meals or to do something with
4 food and so it was them helping him prepare the
5 menu and him cutting up things and him gathering --

6 MR. CHRISTMAN: Yeah.

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

11 MR. CHRISTMAN: Work.

12 MS. SMITH: -- coming and working.
13 So -- but if you will send me -- please send me
14 those examples.

15 MR. CHRISTMAN: Yeah.

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

18 MR. CHRISTMAN: Yeah.

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

21 MR. CHRISTMAN: Yeah.

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

23 MR. CHRISTMAN: Yeah.

24 MS. SMITH: -- to be denied -- denied
25 inappropriately.

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1 MR. CHRISTMAN: And it may not be
2 across the board with Carewise. It may be one --

3 MS. SMITH: Exactly. And --

4 MR. CHRISTMAN: -- worker --

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

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

8 MS. SMITH: -- way if I --

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

11 MS. SMITH: -- have the examples --

12 MR. CHRISTMAN: -- going on where.

13 MS. SMITH: I can drill down --

14 MR. CHRISTMAN: Yeah.

15 MS. SMITH: -- to who --

16 MR. CHRISTMAN: Right.

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

19 MR. CHRISTMAN: We can do --

20 MS. SMITH: -- needs to be --

21 MR. CHRISTMAN: We can do that.

22 MS. SMITH: Yeah.

23 MR. CHRISTMAN: Thank you.

24 Wayne, you had an issue. You asked
25 No. 16 to be on the agenda.

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1 MR. HARVEY: Yes. I think it was --
2 I think it was the July meeting from last year --

3 MR. CHRISTMAN: Uh-huh.

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

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

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

23 MR. HARVEY: Well, here's the issue,
24 Pam, is -- is providers are telling me that they're
25 getting hit with recoupments and so forth where

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1 they've actually got the receipt that shows that
2 they actually purchased what the MAP 95 was for
3 because the MAP 95 is nothing to a provider other
4 than a pass through. It -- they don't make no
5 money off a MAP 95 or anything.

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

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

15 MR. HARVEY: Okay. Yeah --

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

19 MR. HARVEY: Well, now -- now there
20 is a new interpretation around that, and we
21 understand that that came out July of last year
22 where we -- we were asked to make sure that case
23 manager's signatures were on the receipts and all
24 that. And we asked then, you know, Hey, is that
25 going to be retroactive because the billing

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1 reviews -- they're coming about three years behind.

2 MS. SMITH: Right. They're behind.

3 Yeah, they're --

4 MR. HARVEY: Yeah, they go --

5 MS. SMITH: They're behind.

6 MR. HARVEY: They go back into like
7 reviews --

8 MS. SMITH: Because we have to --

9 MR. HARVEY: -- that are going now
10 are going back --

11 MS. SMITH: -- we typically --

12 MR. HARVEY: -- back into 2016.

13 Well, those 2016 receipts don't have --

14 MS. SMITH: Well, and the directive
15 wasn't there in 2016 --

16 MR. HARVEY: Right.

17 MS. SMITH: -- about the signature.

18 MR. HARVEY: Exactly. And that --
19 and that's -- that's all I'm asking --

20 MS. SMITH: Yeah.

21 MR. HARVEY: -- is can there be some
22 consideration because the end result is, you know,
23 the individual's got what they were supposed to get
24 and the provider can show a receipt that -- that
25 ties to that billing that shows that, you know,

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1 Hey, yes, this money was spent on this --

2 MS. SMITH: Uh-huh.

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

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

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

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

10 MS. SMITH: -- that --

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

13 MR. CHRISTMAN: Okay.

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

24 MR. CHRISTMAN: Yeah.

25 MR. HARVEY: -- and -- and try to

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1 make sure that these receipts and stuff have all
2 this other information and stuff that we can show
3 that they were tied to a specific PA and
4 everything?

5 MS. SMITH: And --

6 MR. HARVEY: And we were told it was
7 going to be going forward.

8 MS. BROTHERS: Something I know I've
9 talked about with Johnny in his former role is when
10 providers come to any --

11 MR. HARVEY: Uh-huh.

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

15 MR. HARVEY: Uh-huh.

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

23 MS. SMITH: Blowing up into something
24 that --

25 MS. BROTHERS: Yeah. It doesn't have

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1 to always rise to these kind of levels. The
2 providers are coming. Please, say, Hey, call them.
3 We'll talk to you about it.

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

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

16 MS. SMITH: '16.

17 MS. BLACKWELL: -- '16.

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

23 MS. BLACKWELL: Okay.

24 MS. SMITH: So we're always at least
25 that much --

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1 MS. BLACKWELL: But we should be in
2 the -- '18.

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

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

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

12 MS. BLACKWELL: Nothing in the DSL
13 program --

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

16 MS. BLACKWELL: -- for awhile.

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

19 MS. BLACKWELL: It's not separate.

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

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

24 MR. HARVEY: Well, I'll reach out
25 after this meeting and --

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1 MS. SMITH: Yeah. Send that, please.

2 Send -- yeah.

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

7 MS. SMITH: Yeah. Send --

8 MR. HARVEY: -- to '16.

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

12 MR. CHRISTMAN: We had --

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

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

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

18 MR. CHRISTMAN: Yeah.

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

22 MR. CHRISTMAN: If we get cited --

23 MS. SMITH: Yeah, can --

24 MR. CHRISTMAN: -- for something from
25 '15, '16 and then we get cited for it again in '16,

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1 '17 because it was wrong in '15, '16 --

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

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

6 MS. SMITH: Yeah. So --

7 MR. HARVEY: Well, that --

8 MR. CHRISTMAN: I --

9 MR. HARVEY: -- that's --

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

12 MR. HARVEY: Yeah.

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

15 MR. HARVEY: Yeah.

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

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

25 MS. SMITH: Please, yeah, so that --

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1 MR. HARVEY: But I think it's just --

2 MS. SMITH: -- I can --

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

8 MS. SMITH: Uh-huh.

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

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

18 MR. HARVEY: Okay.

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

21 MR. CHRISTMAN: And then our standing
22 agenda item.

23 MS. SMITH: Okay. Okay. So for
24 Michelle P., we have -- there's a total 6,680 and
25 there's copies coming -- coming around to you-all --

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1 that are on the waitlist right now. We have 4,799
2 of those that are under 21 and 1881 are 21 or
3 older. We are allocating 324 slots on 7/15. It
4 was 325, but there was a person who had been on the
5 list, a duplicate, and they had been allocated
6 earlier and they're receiving services. So
7 there'll be 324 that go out on 7/15.

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

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

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

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

24 MS. SMITH: Uh-huh.

25 MR. CHRISTMAN: -- getting people --

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1 MS. SMITH: Yes.

2 MR. CHRISTMAN: -- to figure out --

3 MS. SMITH: To figure -- to --

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

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

8 MR. CHRISTMAN: Yeah. That's great.
9 And does that require -- does that require a waiver
10 redesign, or is that something you're moving okay?

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

13 MR. CHRISTMAN: So that's a --

14 MS. SMITH: -- anyway. That --

15 MR. CHRISTMAN: -- partial waiver
16 today.

17 MS. SMITH: It just --

18 MR. CHRISTMAN: Yeah.

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

21 MR. CHRISTMAN: Yeah.

22 MS. SMITH: -- redesign and
23 developing, you know, manuals and those things, it
24 kind of naturally fell in with that, but we --
25 already we're going to do some training on the --

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1 the assessments and how they were being conducted
2 so --

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

6 MS. SMITH: Yeah, so what --

7 MR. CHRISTMAN: -- guideline --

8 MS. SMITH: -- right.

9 MR. CHRISTMAN: -- and --

10 MS. SMITH: So what we have --

11 MR. CHRISTMAN: -- yeah.

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

16 MR. CHRISTMAN: Uh-huh.

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

22 MR. CHRISTMAN: Like guidance?

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

25 MR. CHRISTMAN: Like --

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1 MS. SMITH: It will be guidance, yes,

2 MR. CHRISTMAN: -- self-regulatory

3 guidance.

4 MS. SMITH: Yes.

5 MR. CHRISTMAN: Yes. Right.

6 MS. SMITH: Yes.

7 MR. CHRISTMAN: Got it. That'll be

8 good.

9 MS. SMITH: So we -- we're working on
10 all of those right now. So with SCL, we have zero
11 in the -- in the emergency category. We have 141
12 urgent and 2555 in future planning for a total of
13 2696, and I think we have 98 -- I lost my piece of
14 paper -- 98 available slots right now. That is
15 what Alicia had --

16 MR. CHRISTMAN: For SCL?

17 MS. SMITH: For SCL, uh-huh.

18 MR. CHRISTMAN: And I gather too
19 your -- before people now can get added to the
20 waiting list from Michelle P., they're getting a
21 little bit more scrutiny?

22 MS. SMITH: Yes. Yes. There's --
23 they are being screened or it's not just you fill
24 out a form and say, I want to be on the list. They
25 are being screened for an actual ID or DD

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1 diagnosis.

2 FEMALE SPEAKER: Can I ask a
3 question?

4 MS. SMITH: Uh-huh.

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

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

12 FEMALE SPEAKER: The month that
13 they're born?

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

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

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

22 FEMALE SPEAKER: Okay. And on that
23 it's a checkbox, yes, you want to stay on it or no,
24 you don't. Something has changed on that form.
25 Because in the past people were able to put updated

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1 information. They were asked, you know, what is
2 your current situation, and it was sort of used as
3 a somewhat screener to know if -- if they did need
4 to move up to urgent or emergency. And someone
5 told me that that is no longer on there. It's just
6 a check yes or no.

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

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

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

14 MS. BLACKWELL: Yeah.

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

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

19 MS. BLACKWELL: Uh-huh.

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

25 MR. CHRISTMAN: And that goes to the

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1 person?

2 MS. SMITH: Uh-huh, or whoever
3 their -- if they have designated an authorized rep,
4 it'll go to them.

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

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

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

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

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1 MWMA. I guess there's some lag --

2 MS. SMITH: They are --

3 MR. CHRISTMAN: -- times there.

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

5 MR. CHRISTMAN: Yeah.

6 MS. SMITH: -- MWMA and -- and

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

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

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

24 But we're looking at changing that --
25 it's not going to be this year. Probably be

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1 sometime next year -- in changing the process so
2 that they can be enrolled in MWMA once the level of
3 care is approved. But they won't be able to bill
4 anything until everything is done, but because
5 they'll show enrolled in MWMA, they'll be able to
6 enter the plan of care.

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

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

14 MR. CHRISTMAN: Okay.

15 MS. SMITH: And have DCBS look at
16 them.

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

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

23 MR. CHRISTMAN: And the case manager.

24 MS. SMITH: Because they'll be able
25 to enter that initial plan of care immediate -- or

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1 after the LOC is approved, they'll be able to
2 initial -- enter that initial plan of care. Now,
3 they won't be able to bill anything until
4 everything is completely done with DCBS and they
5 have -- you know, they have Medicaid eligibility,
6 they're in the right type of assistance, and then
7 their patient liability and waiver statement are
8 showing on the MMAS so --

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

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

16 MR. CHRISTMAN: And MRT is?

17 MS. SMITH: It's the --

18 MR. CHRISTMAN: What does it stand
19 for?

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

24 MR. CHRISTMAN: Okay.

25 MS. SMITH: -- with -- within

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1 eligibility for them to make a determination on
2 disability and the --

3 MR. CHRISTMAN: Thank you.

4 MS. SMITH: Uh-huh.

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

6 MS. SMITH: Yeah.

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

9 MS. SMITH: Uh-huh.

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

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

20 MS. SMITH: All I can --

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

23 MS. SMITH: I will tell you that
24 they're -- they -- when things happen, we need
25 people to speak up so that we can -- they're

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1 constantly training people and, you know, we have a
2 good group here that we work with that works with
3 the field. And, I mean, the minute that we get
4 something that they need to investigate or there's
5 a problem and somebody needs training, they're
6 doing that.

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

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

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

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

25 MS. SMITH: And I don't know that it

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1 is. I'm not sure.

2 MS. BROTHERS: It is. So --

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

9 Do people feel it's improved?

10 MS. BROTHERS: No.

11 MR. CHRISTMAN: No?

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

14 MR. CHRISTMAN: Is it better? No?
15 Or it's still an issue?

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

23 MR. CHRISTMAN: Who are the --

24 MS. BENTLEY: It's like, okay. Just
25 don't use Benefind. Stop. Because it's that bad

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1 that they're just like stop.

2 MR. CHRISTMAN: The people you're
3 talking about are individual serve -- who want
4 services?

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

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

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

13 MS. BENTLEY: Yeah.

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

17 MS. BENTLEY: Yeah.

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

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

22 MS. BENTLEY: I mean --

23 MR. HARVEY: -- was.

24 MR. CHRISTMAN: Not as bad as it was.
25 What was I hoping to hear that.

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1 MR. HARVEY: Yeah, that still happens
2 from time to time. Somebody will get placed in the
3 wrong plan.

4 MR. CHRISTMAN: Yeah.

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

7 MS. BENTLEY: Uh-huh.

8 MR. CHRISTMAN: But still --

9 MR. HARVEY: Yeah, it still --

10 MR. CHRISTMAN: -- it can?

11 MR. HARVEY: -- happens.

12 MR. CHRISTMAN: That still happens?

13 MR. HARVEY: Yeah. Yeah, randomly --

14 MR. CHRISTMAN: Yeah.

15 MR. HARVEY: -- for whatever reason.

16 MR. CHRISTMAN: Yeah.

17 MR. HARVEY: Yeah.

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

21 MR. CHRISTMAN: Right.

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

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1 MR. CHRISTMAN: Yeah.

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

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

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

16 MR. CHRISTMAN: Yeah.

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

25 MR. CHRISTMAN: Anything else?

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1 Yeah.

2 MR. HARVEY: Question about MWMA --
3 MWMA, yeah. That's it. There's some rumors
4 floating around that DMS may be looking to -- to
5 push that to where all providers have to
6 participate in MWMA or have to upload stuff to MWMA
7 rather than just case managers. Is there any --

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

21 We are working on -- this will
22 happen -- the first phase, we're changing the PA
23 letters so that when the PA letters come out,
24 they're comprehensive. They go to everybody and it
25 has all of the services that are -- have been

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1 approved, have been denied, that are pending for --
2 and every provider. So every provider's listed on
3 the PA so that there won't be any questions
4 about -- I know sometimes an individual will go to
5 280T or two adult days and -- and there won't be
6 any question about that. It'll all be there now.

7 So I'm excited about that. It looks
8 really nice too, the letter.

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

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

19 MR. HARVEY: Okay.

20 MS. SMITH: -- we've developed that
21 plan. But, yeah, we know we're going to have to --
22 we've made -- in the -- in the changes we're making
23 with redesign so there's -- there's significant
24 changes since people saw it the first time. So
25 we're going to do training again and ramp -- and

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1 likely we'll try to ramp it up so -- so that we're
2 not just on-boarding all at one time a great big
3 bunch of people.

4 MR. HARVEY: Yeah. But they --

5 MS. SMITH: I think --

6 MR. HARVEY: -- see --

7 MS. SMITH: I think the --

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

10 MS. SMITH: Right. Exactly.

11 MR. HARVEY: -- do it.

12 MS. SMITH: No. You -- no. You will
13 know how to do it before the requirement is there.
14 I -- I promise that so --

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

17 MS. SMITH: Yeah.

18 MR. CALLEBS: -- probably?

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

23 It's in Phase 2. So we just are --
24 we just finished the design for Phase 1, and that's
25 what goes in at the end of this year. We're

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1 starting Phase 1.5, which will go in early next
2 year, and then Phase 2 begins. We'll start -- as
3 we're -- once the design's finished for 1.5, we'll
4 start the design for 2.

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

10 MS. SMITH: Uh-huh.

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

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

16 MR. CHRISTMAN: Yeah.

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

19 MR. CHRISTMAN: Yeah.

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

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

24 MR. CHRISTMAN: Uh-huh.

25 MR. SHANNON: And it became fairly

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1 complicated because there were a variety of
2 electronic records. That was the message then.

3 MR. CHRISTMAN: Yeah.

4 MR. SHANNON: Maybe that can be
5 addressed.

6 MR. CHRISTIAN: That is a -- yeah.
7 Some of us are very happy with the systems we have.

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

10 MS. JACOBI: We upload everything
11 into Oasis.

12 MR. CHRISTIAN: Including plans of
13 care?

14 MS. JACOBI: Yes.

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

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

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

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

24 MR. CHRISTMAN: In what? The pool --
25 oh, the --

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1 MR. SHANNON: Double entry.
2 MR. CHRISTMAN: Yeah. The what?
3 MR. SHANNON: The double entry.
4 MR. CHRISTMAN: Oh, the double entry,
5 yeah. That's --
6 MS. SMITH: Well, you know, that's
7 not --
8 MR. CHRISTMAN: Yeah.
9 MS. SMITH: -- that's not the
10 intention so --
11 MR. CHRISTMAN: Oh, I know, but I'm
12 just -- it's --
13 MS. SMITH: -- we --
14 MR. CHRISTMAN: -- yeah.
15 MS. SMITH: So, I mean, every --
16 we're going to look at -- we're -- we're going to
17 look at all of the options so -- and hopefully
18 there will be a way to interface.
19 MR. CHRISTMAN: The only -- that
20 would be -- I'm glad you're considering that. And
21 so -- and, I guess, back on this -- Aja, back on
22 this -- these denials of the plan of care. There's
23 also an issue with the time lapse, I guess --
24 MS. JACOBI: Uh-huh.
25 MR. CHRISTMAN: -- between -- so

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1 that's something we'll be sharing with you too even
2 though we've got it corrected or it shouldn't have
3 been flagged to begin with. There's all that
4 time --

5 MS. JACOBI: There's a gap -- yeah.

6 MS. SMITH: -- between --

7 MR. CHRISTMAN: There's a gap.

8 MS. JACOBI: We had a six-week gap on
9 one --

10 MR. CHRISTMAN: Yeah.

11 MS. JACOBI: -- of ours.

12 MS. BROTHERS: I'd like to make one
13 more comment about what Bluegrass -- I think you
14 had brought up about the Medicaid eligibility.

15 MR. CHRISTMAN: Yeah.

16 MS. BROTHERS: I think this is
17 something that you can take back to the redesign,
18 Pam, and maybe I'll repeat -- I think it's -- might
19 have been discussed already. But when individuals
20 turn 18 and they just happen to be -- their
21 Michelle P. comes up at that particular time and
22 they're applying for their SSI, and they have 60
23 days during this plan to get everything in place,
24 that's not enough time, of course, for that -- for
25 them to apply for SSI, get approved. And I know

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1 that then you've got to go through this MRT and the
2 process of that. But just think about -- I think
3 that 60 days is probably not enough time for
4 everything if they're turning 18 right at that time
5 that they get approved for that Michelle P.

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

8 MS. BROTHERS: Okay.

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

17 MS. BROTHERS: Okay.

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

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

23 MR. CHRISTMAN: That's just what you
24 needed is more work to do. Sounds like you already
25 got.

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1 MS. BLACKWELL: Pam, I have
2 information --

3 MR. CHRISTMAN: Yeah.

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

6 MS. SMITH: Okay. Good. Okay.

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

10 MS. SMITH: Thank you.

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

13 MS. SMITH: Uh-huh.

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

21 MS. SMITH: Okay. Okay.

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

24 We'll adjourn. Thanks.

25 (Meeting is adjourned.)

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1 STATE OF KENTUCKY)
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2 COUNTY OF FAYETTE)

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

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

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