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

"INTELLECTUAL AND DEVELOPMENT DISABILITIES
TECHNICAL ADVISORY MEETING"

HELD AT:

VIA ZOOM MEETING

DATE:
JULY 6, 2021
10:00 A.M.
ATTENDEES:

Rick Christman - KAPP
Pam Smith - DMS
Sharley Hughes - DMS
Sherry Ellis-Reeves
Kelly McCain
Nathaniel Meade
Katie Bentley - CCDD
Johnny Callebs - The Columbus Organization
Amy Staed - KAPP
Sherri Brothers
Lissette Johnson
Eric Scharf
Christian Stewart

(and many more on ZOOM)
MR. CHRISTMAN: Okay. I'm going to call the meeting to order. And you say we have five?

MS. HUGHES: Yes, four. You got Cheri Ellis-Reeves, Kelly McCain, Nathaniel Meade and yourself.

MR. CHRISTMAN: Okay. Well, I just want to say before we start, I'm not going to go through the names of everyone here, but please know that at any time you have a question or you have a comment, everybody on this call is welcome to do so.

So I guess we will dispense with the approval of minutes since we don't have a quorum.

MS. HUGHES: Hey, Rick, can we just -- sorry. Can we just ask that anybody that does speak up, that you please identify yourself for the court reporter?

MR. CHRISTMAN: Yes, that's a good idea.

Okay. Is someone here from Medicaid to talk about the Agenda Item No. 3?

MS. HUGHES: Sorry. Are you-all seeing the agenda now on the screen?

MR. CHRISTMAN: I'm not seeing the agenda
on the screen, no.

MS. ELLIS-REEVES: I'm seeing something on my screen.

UNIDENTIFIED SPEAKER: I see the agenda.

MS. HUGHES: I think it went away.

UNIDENTIFIED SPEAKER: Yeah, it went away.

MS. HUGHES: Yeah. When you'all said you didn't see it, I was, like, okay, what's going on.

We do have staff -- we do have staff online to answer questions, yes. Well, I completely -- you can go ahead, Rick.

MR. CHRISTMAN: Okay. Let's start. Those of you who were part of the May meeting know that we have been encouraged by the Commissioner to ask for data to analyze. Apparently, the Department has a great deal of data, and so we selected several items here that we agreed would be helpful to look at. And the first one is, A, Numbers of 30-day service termination notices, and that would be for the years '18 -- for the calendar year '18, '19, and '20. Does someone have the information?

MS. HUGHES: I think I saw Pam coming on
the call, so she probably has it, yes.

MR. CHRISTMAN: Good deal.

MS. SMITH: Sorry, I was having trouble
getting to my unmute button. I do have --
so I am finalizing, putting all of
the actual -- all of the four elements
together. They were -- it was data that we
had to capture across multiple different
areas, but I do have -- I do have all of it
and I'm hoping to have it to you-all by the
beginning of next week. With the -- us
having to have the proposal in for the FMAP
bump, and then the first waiver redesign
task force, there were a couple of things
that bumped the data collection and then
the actual putting it together. It bumped
it down just a little bit. So I should
have that to you-all by next Monday. I
have all of the data. I just need to put
it together in a format that will make
sense, because right now it's just raw
data. And I also have to take out all of
the identifying member information.

MR. CHRISTMAN: Right, right. I guess the
problem is there is only one Pam Smith,
right, so can't just...

MS. SMITH: Well, there's a team behind me, but unfortunately we've had -- it's been a very busy -- it's been a very busy last couple of months, so...

MR. CHRISTMAN: And you will be sending that out in, I guess, obviously a written form then; right?

MS. SMITH: Yes, I will be. It will be in written form. And I'll send that, Rick, to you, and then if you can distribute it to the TAC members. Yeah.

MR. CHRISTMAN: Well, that will be great. I think we will be anxious to see that. I think it will help everybody.

So the next item on the agenda is the FMAP Funds Update. I guess, as I understand it, there's like 90-million dollars of FMAP bump. Is that approximately correct?

MS. SMITH: It's approximately 104 million.

MR. CHRISTMAN: Oh, it's 104 million.

MS. SMITH: Yes, it is.

We received an extension. We received an extension to submit our narrative and spending plan. That's due on the 12th. So
we will be -- we are working on finalizing that right now. The internal team -- and it's made up of someone from Secretary's office, someone from B-DID, someone from DAIL, as well as individuals from Medicaid. So we are finalizing putting that together this week and we will be submitting that to CMS by next Monday.

MS. ELLIS-REEVES: What is FMAP?

MS. SMITH: That is the -- it's the financial match that we get from Medicare on our -- our monies that we spend. So right now for every dollar that we spend, about 70 cents of it comes from Medicaid -- or from Medicare, sorry, and the rest of it's state funds. But this is a time-limited amount. And I was trying to find my -- the presentation that's got the -- so I could give you-all some idea of what -- if any of you-all listened to House Bill 144, we did a brief presentation in House Bill 144 of kind of the outline of where we -- where we are going with the money. So what we are looking at is -- first thing is we have to do something to
try to stabilize the workforce. We have an immediate workforce crisis. It actually is at -- you know, as we are writing this document, I'm going back -- we were talking about workforce issues in 2016. So it's not new. It has gotten worse with Covid. So immediately we know we have to do something. We are looking at something to address workforce. And we have done, you know, both the provider and the member survey, looking at what providers are doing, is there anything innovative that they have been doing. So immediate stabilization is necessary.

And then we are looking at kind of more long-term stabilization. So that is where either finalizing the right study that Navigant, now Guidehouse, started, or whether we conduct a different rate study, but we have to look at rates, because if we don't have a workforce to support any services or any changes in service, it's not going to matter what we do to improve the waivers if you don't have the people to deliver the services and what you are going
to do to make it better.

So looking at that. We are also looking at some ways that we can improve technology. You know, for example, we have seen a lot with remote monitoring and tele-health during Covid. So we are looking at, you know, what can we do to support that, is there, you know, money that we can put aside so that individuals can -- can use that to get the technology.

Medicare, or CMS, has been very clear that we can not use the money to pay for internet access. So we are looking at partnering with, like, the grants that FCC has, and I'm just trying to -- I want to pull up this presentation so that I don't forget anything.

MS. HUGHES: Pam, I do have you as a cohost if you want to share any screens.

MS. SMITH: Yeah, let me see if I can -- this presentation, I can -- yeah, I can kind of go through our -- let me do that. Surely I can -- let me know when you-all can see the presentation.

MS. HUGHES: Sorry, I have to stop sharing,
I think, first, Pam. Now try it.

MS. SMITH: Now, let me know when you can see the presentation.

MR. CHRISTMAN: Yes, we can.

MS. HUGHES: Sorry about that.

MS. SMITH: Oh, no. That's okay. I am just now starting to set my office back up, and so trying to get my monitors all lined up and all of that has been a challenge.

So let me go back to kind of the beginning here.

So we had a very good response from -- you can see we had over 50 percent response of all of the different provider types, so we were very happy with that. And we had -- 70 percent of all the providers did respond. We looked at the makeup of our providers. As you'll see, about 50 percent serve more than 100 people. The others is broken down -- you have slightly more serve that -- serve less than 50, and then you have about 18 percent that serve 50 to 100 participants. But half of our providers serve over 100 people.

And then we looked at specifically are
you ever able to not deliver services because of lack of staffing, and so you will see there's significantly more, and I would say that some of these that said no -- we have a lot of providers that may not have -- may not -- have not been able to deliver the services, because in some case it's not an option, they have to. But they may not be delivering them how they want to, or it may mean that sometimes it's their executive staff in the offices that are actually delivering the services.

So you will see it's occurring at least once a week for most providers. Over 50 percent, it's happening at least once a week. We had -- this was interesting, I thought, because it was split right down the middle. It was 50/50 about whether you were -- providers were having trouble recruiting and retaining employees prior to Covid or during -- since the pandemic, and so it was literally 50/50.

The participants -- so a lot of what we saw is they want more providers to choose from, they want more service hours, more
services, better technology, and more money to pay the PDS employees and direct service providers. So our immediate actions, again, is looking at workforce, what can we do to help support providers, looking again at the waiver redesign study, is there anything that we can act on now, what pieces do we need to pick back up.

Step two is to stabilize and improve. So looking at training, looking at creating a direct service provider career path. You know, is there ways that we can partner with vocational schools and make it so that individuals that are, you know, graduating with their -- in the healthcare field where they could possibly come out and be a direct service provider while -- while they are going to college, either in other healthcare fields, or whether, you know, they can make a career out of that. So how do we make a career path, and how do we make sure that people understand what a direct service provider or direct service professional, or, you know, whatever name we call it, the work is very important.
And something that I learned is we have been participating with a lot of states in different discussions about this FMAP, and right now in most states we pay vet techs to take care of our pets more than we pay individuals who take care of our disabled population or, you know, our elderly parents. Looking at the -- a new reimbursement rate methodology, looking at a new validated assessment tool, that goes to more -- so that we make sure that individuals are getting the right amount of services, the right types of services. Improving our participant directed services infrastructure. We saw, and we are seeing it more every day, a shift to participant-directed services. A lot of it is because of workforce issues and individuals aren't able to be served in particular in a lot of our more rural areas. So we are driving more towards participant-directed services, so how do we make that program work better. And expanding the no-wrong-door to HCBS. So making sure that when somebody comes in that we have the right people in the waivers, or
if someone maybe just needs help with -- you know, they have food insecurity or they need help with their utilities or -- that they are kind of funneled to those types of programs, and that we really have individuals coming in, being assessed for everything that they need, and making sure that if they get admitted to a waiver, that we don't forget with those other services that they need and other problems that they have. And so it really -- it truly is a no-wrong-door approach.

MS. ELLIS-REEVES: I have a question. Did you say they pay more for someone to take care of pets?

MS. SMITH: Yes. Vet techs right now, in a lot of states, if you look at -- if you look at wages and rates, we -- it is paid more for someone to be a vet tech. It is a higher paying job than to be a CNA or a direct service worker.

MS. ELLIS-REEVES: Okay.

MS. SMITH: That's with -- I know if you -- it's not just this area that's having -- so it's not just healthcare that's having
workforce issues. I know when you drive down the road just about every -- you know, I didn't even count how many times, how many restaurants or places I passed this morning with hiring signs out, you know. Literally, you know, McDonald's -- I know I've seen where they are paying every day. So it's not just workforce issues in healthcare. It is, you know, across the board. I think that there is a crisis with workforce.

And so, lastly, what we want to consider for the menu expansion and updates, is can we expand home modifications to include housing safety issues. So right now, for example, if someone has a leak in their roof or someone has a hole in their floor, there's not really money that pays for that through the waivers, but that's a true safety issue. So is there ways that we can address that so that we could -- you know, that person could safely continue to be in the community. I talked about the technology earlier about, you know, items that would support telehealth or remote
patient monitoring.

And then, also, looking at adjusting coverage of dentures and glasses to free up additional goods and services budgets. So is there a way -- you know, can we set aside a pot of money so that if somebody needs a new pair of glasses or dentures, which is something we currently would cover through the waiver. But if we cover that one-time expense in this additional pot of money, then that would free up their goods and services to maybe for incontinent supplies for the rest of the year, but it would give them more money in that -- in that area.

So here's what we are doing right now. Our internal work group, we are still meeting, we are evaluating and analyzing service data. So we have been looking at service plans and based on what somebody's authorized, how many of those services are they actually receiving.

We are still collecting any stakeholder feedback, so any input -- and we have been reviewing all of that, and we still have been getting it from both
organizations and from individuals. And then we will continue to be transparent and share information as we are able to do that.

So once we submit our plan, then we will let you-all know what was in that plan and then again what was -- what was approved.

And so then this one -- you-all have our Medicaid public comment box and the 19C waiver help desk e-mail addresses where you can get information to us.

MR. CHRISTMAN: Pam, as far as what you have shared with us here, do you think that will require the 100 million dollars? Is that the spending plan for the 100 million dollars, what you have shown us, or are there going to be other elements to it?

MS. SMITH: So within each of those larger buckets, you know, there -- there may be specific things to it. One of the things we talked about is Pace, the Pace program. What we can do to help support that? We've talked about, you know, having onboarding infrastructure to help us with the reporting of this, because you have to do
there's specific financial reporting
that you have to do. There's a lot of
tracking with this. So we have talked
about using that. But really those are the
main areas. So, I mean, we may break it
down a little bit further. So, you know,
for example, part of the workforce
stabilization may include stakeholder
engagement, you know, where we go to some
of the school career fairs, or we -- we get
out there and really talk about -- excuse
me, sorry -- really talk about what this
job is and how rewarding this job can be.
Because I -- I have a niece that actually
is in high school that is in -- she is a
senior this year. I mean, she's in that
healthcare, that part of the vocational
program, and she is working towards -- she
will have her CNA actually this fall. But
I asked her, I said, would you ever --
would you be interested in doing this and
she said I don't even know what that is.
So, you know, that tells me that really
people don't know what these jobs are, they
don't know the reward that comes from them,
and there's not -- people a lot of times don't understand how hard they are. You know, these are some very -- these are difficult jobs, and it's important that we have skilled people and that we have people that are trained, and we provide that training to them to help them succeed.

MR. CHRISTMAN: I'm sorry, I'm not familiar with the Pace program. What is that?

MS. SMITH: Pace is an all-inclusive program for the elderly. So it's another alternative to institutionalization. So Lee Geiss' area is where that will -- that will come through. We have paused it in light of just with this coming and trying to talk through how it's going to fit in and how other states are doing it, how -- what they have done that's been successful. But it also goes to stabilization of the program. So we -- you know, that's one of the things, is that all of these -- so a lot of people have said, well, add new slots. Our problem with adding slots is when this money goes away, we still have to be able to support anything that we do.
So, you know, we're talking to the legislature. We've talked a lot, we're presenting a lot. We presented at the task force. I've presented on this alone. We are talking about the fact that we're going to need money and that we are going to need their support. So that's why most of this is -- you don't hear us saying anything about adding slots or raising rates right now, because we have to be able to sustain that going forward. So we know that rates are a problem. That's why we want to look at the rate study, you know, what had been done, and then what we do to pick that back up and, you know, what the next step is with that.

MR. CHRISTMAN: So I take it -- you haven't mentioned anything about compensation enhancement.

MS. SMITH: That's part of workforce. So part of workforce stabilization could be some of those one-time enhancements. We cannot do, as I just said, like the rates, because if we did not get any additional funding and we were to raise rates, what I
don't want to do is say, okay, I'm going to give you an extra -- and I'm just making up money. I'm going to give you an extra $5 an hour, and then at the end of this I don't have the money dedicated in the budget, and I say, okay, now I have to take that away. Because all I'm going to do is create the same problem again.

MR. CHRISTMAN: Yeah.

MS. SMITH: So --

MR. CHRISTMAN: That was one of my concerns, too. I think other states are using it for compensation.

MS. SMITH: There are some states that are doing that. We want to focus more on going back to that rate study and what else do we need to do in addition to what has been done to look at what the rates are in Kentucky, and what's fair and what we need to do in addition to that study. But we do realize there has to be something done immediately, whether that's looking at it being money given to the providers as one-time bonuses as -- you know, how we do
that. That's still where we, you know, are
discussing. But for the first part of the
spending plan, we just have to have -- you
know, this basically is our outline and
this is the bucket of money that we are
going to allot to that. And then we can
come back and refine that and then -- once
we get approval and then move forward.

MR. CHRISTMAN: So, like, next, on the
17th, you won't have this all designed.
You will just have some buckets to
identify?

MS. SMITH: So we will have a more -- the
plan will be more -- the plan will be done,
of course, at that point in time, because
we have to submit it next Monday. So I
can't answer to exactly where we will be,
but, you know, it's something we are being
very thoughtful about it because it's a lot
of money. And, you know, if you do -- we
want to make sure we do the right things
with the money. We don't want to create a
problem that is -- you know, infuse
everybody with money and then the money
goes away and then you're back to the same
problem again. We have to look towards stabilizing it, but then also what do we do to improve things and make it -- and make it stay stable going forward. And so...

MR. CHRISTMAN: The rate study is a good idea, but I think what the problem was with Navigant is we started with the rule that it had to be revenue --

MS. SMITH: Well, and that was -- so that was what the direction was of the leadership at that time. So, you know, we have all new Cabinet leadership, so...

MS. ELLIS-REEVES: Does any of that money go to nursing homes and ICFs?

MS. SMITH: This will not. This is not one of -- so this particular bucket of money is allocated towards the in-home services. So there is -- it can include private duty nursing and some of the home health supports, but it is not for the nursing facilities or the -- or the ICFs.

MS. ELLIS-REEVES: Is there money coming in for those two facilities?

MS. SMITH: I am not -- so I don't work with those facilities directly, so I'm not
sure exactly what is coming in or what's happening with those facilities. I do know they have -- they have been given some and there have been some allocations or some changes, but I -- I can't speak to those because I'm not directly involved in that.

MS. ELLIS-REEVES: Who is?

MS. SMITH: That -- Lee Geiss is the actual division director who is over the institutional programs.

MS. ELLIS-REEVES: Lee Geiss, Pam?

MS. SMITH: Uh-huh (affirmative).

MS. STAED: Sorry, Pam. I have information if you want.

MS. SMITH: Sure. Yeah.

MS. STAED: This is Amy Staed. I'm the executive director of the Kentucky Association of Private Providers. The money that Pam is talking about was specifically allocated in the American Rescue Plan Act for HCBS services only. So the state doesn't really have much leeway on how they can use it. The plain text of the American Rescue Plan Act specifically specifies that it's HCBS services. In that
Act no money was allocated for facility-based services, but CMS is looking at additional rounds of the provider relief fund to address the concerns of nursing homes and ICFs, if that helps.

MS. ELLIS-REEVES: Thank you.

MR. CHRISTMAN: Pam, how long does the state have to spend this money?

MS. SMITH: '24. So we have --

MR. CHRISTMAN: Excuse me?

MS. SMITH: It is through -- I believe now it is up through 2024. I need to go back. It's changed a couple of times.

MR. CHRISTMAN: Okay.

MS. SMITH: I'll validate that, Rick. I'm sorry, I'm looking at so many different dates for so many different things. All of it in my head is kind of mush at this point.

MR. CHRISTMAN: And would it be true that you really can't spend any of it until the General Assembly approves it?

MS. SMITH: Now our budget officers have determined that this is not -- that we do not have to have General Assembly approval
to spend this money.

MS. STAED: Okay. Pam, I had a question
and a comment, if you're willing.

Just what you have described thus far,
I mean, that sounds amazing. I think that
that plan sounds amazing, and the workforce
piece -- you and I have been talking about
this in the same meeting for several months
now and I'm glad that -- I think we have
collectively gotten the legislature's
attention as well. I think that what
you-all have -- just what you have laid out
here today as far as the -- looks good and I
think it sets Kentucky and Medicaid up well
with the maintenance of effort requirement
that's, you know, included with that money.
You know, that requires that Kentucky can't
scale back anything, you know, that kind of
stuff. We have to offer more than what --
if you hear my two-year-old in the
background, I'm sorry. My baby-sitter is
off today.

But this also sets us up well with the
Better Care Better Jobs Act that's currently
out there with Congress, you know, that you
can scale this money potentially to additional 400 billion dollars that's available for HCBS services. My question is -- you know, you and I have both attended these meetings with the 1915(c) waiver workforce where we have talked a lot about workforce, et cetera. Would the Cabinet be willing to have a discussion with the legislature where we are highly considering and have support for a bill that would fund rate increases as direct pass-throughs to workers? So 75 percent of that rate increase would have to go to wages for DSPs and certain other direct care providers. Would love some help, though, from Medicaid, if possible, just to tell us exactly how much money would be needed, et cetera, because I think that the legislature, there's an appetite there to kick in some funding, which doesn't happen very often, and I'd really like to strike while we have their attention, so...

MS. SMITH: We provided them some information. Part of -- so while Navigant did the rate study in a budget-neutral
format, they also did it -- they gave us some options outside of that. And I know the Commissioner has quoted the -- I think it was between 34 and 41 million dollars to bring rates up to -- so that it was not -- if it was not done in a budget-neutral format. So, I mean, we have some -- HCB, for example, their rates actually have decreased. They have not had a rate increase in, we're talking over 15 years. I mean, it is -- actually their rates decreased. So -- and most of the other waivers have stayed -- their rates have stayed about the same. So, you know, it -- I think it will be going back to looking at that information, what other information do we need to gather, and then looking at that, you know, additional -- it was between 34 and 43 million dollars to actually bring -- instead of anybody taking a -- you know, kind of that Peter to pay Paul or that, you know, evening rates out, to actually give everybody increases.

MR. CHRISTMAN: And now it amounts to about 34 million dollars?
MS. SMITH: Thirty-four (34) to 43 million dollars. And I believe that was the state portion of that, Rick, but do not quote me. I would need to go back and look at that.

MR. CHRISTMAN: When we had the across-the-board 10 percent increase, do you know how much that amounted to?

MS. SMITH: I do not off the top of my head. And, again, remember that was only for SCL services.

MR. CHRISTMAN: Oh, yeah.

MS. SMITH: That was not -- so that was only for, you know, approximately 4,000 people --

MR. CHRISTMAN: Right.

MS. SMITH: -- that are supported on SCL, not the other 20-something-thousand people that are supported. And just to kind of give you an idea about our provider base right now, so HCB right now we have about -- we are up to I think between 13 and 14,000 enrolled people. We have 154 providers to serve that many people. So we have 56 providers to serve both of the brain injury waivers, so we are serving
about 1,000 people there. We have 256
different SCL providers.

MR. CHRISTMAN: Yeah.

MS. SMITH: So, you know, it's -- and you
got to remember some of that -- while SCL
is serving SCL and Michelle P., Michelle P.
also has a lot of the ADDs. So it's coming
through HCB, and HCB provides services to a
lot of the Michelle P. individuals, too.

MR. CHRISTMAN: Just to put it in context,
what's the whole budget of Home and
Community-Based Services?

MS. SMITH: Let's see if I can give you
what our -- so what we pay -- this is --
okay, because I have 2019 beside me. So we
serve -- so in 2019, fiscal year 2019, and
this was -- we served 26,383 people. I
don't have the -- I'll have to give it to
you broken out. I don't have the total
here. So of that, 41 percent went to SCL,
which was $386.8 million. 36 of that went
to Michelle P., so $342.4 million. One
percent went to Model 2, which was 2.3, and
that's because that's such a tiny program.

We serve about 35 people on that right now.
MS. ELLIS-REEVES: What did you say that was?

MS. SMITH: Model 2. It's our vent-dependent waiver.

MS. ELLIS-REEVES: Okay.

MS. SMITH: HCB was about 17 percent. That was 159.2 million, and then both of the brain injuries together they were about 3 percent a piece, which total of the two was about $49.6 million for both of them. One was 23 and one was 26.

MR. CHRISTMAN: It sounds like three-quarters of a billion dollars, thereabout. I'm trying to put that 40 million in context. Okay. A lot of money.

MS. SMITH: It is a lot of the money.

MR. CHRISTMAN: I concede waiver services is a lot of money. Okay.

MS. SMITH: Like I said, that was from -- that's just -- I had this at my fingertips. That was State Fiscal '19. We actually have -- we have '20's data. I just don't have it as handy. But it stays about -- the percentages stay about the same as far
as what we are spending. We -- so SCL and 
Michelle P. make up about 58 percent of the 
individuals that we serve and they make up 
about 77 percent of the paid claims amount. 
MR. CHRISTMAN: Okay. Does anyone else 
have any comments on that perhaps, or 
questions?

Well, we can go to the next agenda 
item, 5. You may have heard, Pam, there was 
quite a bit of disappointment in these new 
guidelines. I think one of the issues, if 
I'm not mistaken, is whether or not -- is 
what we do a healthcare service? Is that -- 
Amy, is that the crux of the -- of the issue 
here, is whether or not we are considered a 
healthcare service?

MS. STAED: Sure, I can talk, if you want 
me to, a little bit about the letter we 
submitted.

MS. SMITH: We are going -- we have that 
task force meeting actually Thursday, and I 
know that part of that is reviewing -- is 
reviewing that letter that was submitted.

MS. STAED: Awesome. Thank you so much, 
Pam. Do they meet every Thursday or every
other Thursday?

MS. SMITH: It's every other Thursday right
now.

MS. STAED: Okay, thank you.

So just to answer your question, Rick, we submitted a letter kind of in response to
the June 28th updates to the day training
and ADHD guidance that was released. That update clarified that if everyone in a
setting was vaccinated, that masks did not have to be worn. But if there was at least
one unvaccinated person, that everyone in that setting needed to wear a mask. It also
included -- it also included abilities for individuals who can not tolerate mask use
due to their disability status to not wear a mask. That clarification was also added.

We submitted a letter outlining that the guidance be revised in a few ways. We
requested that the social distancing requirement be removed for both day training
and ADHDs, because they act as kind of de facto capacity restrictions. If you only
have so much square footage and you have to have social distancing, that means you can
only have so many people in the building. We requested for non-healthcare settings -- so it primarily would be day training settings that are not healthcare settings -- that fully vaccinated individuals be able to not wear a mask and that unvaccinated individuals in those settings continue to wear masks. And that we requested that -- we agreed that in healthcare settings, which would primarily be adult day healthcare settings, that mask use continue as is required pretty much nationally for any healthcare settings. Does that answer your question, Rick?

MR. CHRISTMAN: Yes, it does. Well, I'm glad that they are going to consider it on Thursday, so maybe we can get some relief on that. I know there was quite a few disappointed people when they saw that new guidance. It seemed to be taking us backwards.

Any other comments on that? So that's good news hopefully.

Anything you would like to tell us about EVV, how it's going, Pam?
MS. SMITH: Yes, I can give you -- so our current utilization, we are right now hovering between 25 and 30 percent. The guidance did go out, I believe it was on -- let me see the date of this. It was on June 9. I'm sorry, on June 9th, that by Nov- -- I'm sorry, by August the 9th we expected that providers are using it to capture at least 50 percent of their visits, and then essentially every 90 days. So it will go up to 75 by November and then up to 100, or as close to 100 as you can get. We realize, you know, there are going to be times when people forget. I mean, there's just still -- you're not always going to meet 100 percent, and we understand that.

We are starting to look at the utilization a little closer and reaching out to providers to provide technical assistance, offer training for those that are not using it. Right now the mandate is still only to use it to capture the six required data elements, so only to capture the visit information. However, claims --
submitting claims is optional. We do have some providers -- in particular, some of our FMAAs that are submitting all of their claims and are at 100 percent utilization. I looked at last week's financial cycle, so this is what ran on Friday. We had 4,296 claims submitted through EVV and 4,219 of those paid. A lot of the ones that denied, denied because they were duplicate claims, but we paid $1.8 million on the last financial cycle out of what -- what was submitted through EVV. So that option is there. It is not mandated. So we do have still a lot of providers that are using it to begin capturing visit information, but still submitting their claims through the MMIS.

MR. CHRISTMAN: Any other questions?

MS. STAED: Hey, Pam, it's Amy. Are you-all still having an option for the one-on-one training?

MS. SMITH: Yes, we have -- just if providers reach out to either the help desk or to Medicaid public comments, we get those set up and -- but, yes, we still --
we still do those. And it's usually me and
April, or Alicia and April, some
combination of us with Kelly on there. And
we are able to -- when we do the one-to-one
it allows us to be able to view that
provider's information directly, so we are
able to work specifically through some of
their individual cases. We also are still
working on -- Kelly has created -- and I've
lost count how many quick reference guides,
and she continues to create those as things
come up. And we really want those -- we
are intending them that if, you know,
somebody gets stuck, it's something you can
pull out really quick and it has the
pictures. You know, I'm a full believer in
pictures and, you know, show me what I need
to do, and the steps, you know,
specifically how to follow it, so that if
you get stuck on something that you can --
you know, you are able to solve it
yourselves a lot of times. But, yes, we
are doing whatever we can to support any of
the providers.

MS. STAED: Thank you. I know that's -- a
lot of providers have really appreciated that, and I have heard a lot that has been very, very, very helpful to help them problem solve. We very much appreciate you-all continuing that.

MR. CHRISTMAN: If no other questions, let's go on to the waiting list. Do you have that information?

MS. DEMPSEY: Rick, I have a question on --

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

MS. DEMPSEY: I just wanted to ask a quick question, Pam. On the EVV, July 1, the new -- was there a new service or new company that took over for the --

MS. SMITH: So I'm glad that you asked that. I'm glad you asked that, Patty. So right -- gosh, it's been close to the beginning of the year. Netsmart, which is another -- they are a provider. They do EHRs, they do some EVV. They are a larger provider. They acquired Tellus. So it is still the same. It's the same provider, just -- it is still Tellus. They are going through a rebranding. You will hear them referred to as Netsmart, but we are still
working with the same staff that we were before, just with some new people. So they have some additional support because they're -- because of them being a larger company, they have been able to provide additional technical resources. But, yes, you will hear them referred to as Netsmart now, but it's the same people.

MS. DEMPSEY: Okay. So I think some of the problem was, especially for like Eastern Kentucky and areas where the internet services or the -- you know, where services are lacking, I think some reports were getting in late, some payments were coming in late, that type thing. So I wasn't -- I didn't know if it was, like, with the new company taking over or the lack of services, but, yeah, we heard some concerns about that. Actually, yeah...

MS. SMITH: If you can forward those on to me, Patty, so that I can look into them specifically, in particular the late -- the late payments, because we -- you know, we have looked into each one of those and we, you know, have been -- any of the concerns,
we have been taking them very seriously and looking into them. And then there has been some -- there was a lot -- GPS, I'm learning, is more of a fine art than it is a science as far as, even though that kind of sounds silly, because -- but I will tell you I know more about Google maps right now than I ever thought I would know. I've traveled the roads of Kentucky on Google maps, sometimes doing it daily. So we have been -- we have made some enhancements, or Netsmart has made some enhancements with how they interact with Google maps as far as capturing correct addresses, because we were having problems where a lot of visits, it fell outside of that range that we have set up, which is .5 miles. So we have made some enhancements with how it passes the data back and forth, and we have seen a lot better address resolution to fix that. So I'm hoping maybe that -- maybe that's been part of it. But, please, send them to me, or April, or they can go through Kelly and through the -- the public comment box and we'll look at those and address those.
MS. DEMPESEY: Okay. Thank you, Pam.

MR. CHRISTMAN: Any other comments on EVV?

Okay. Pam, do you have the waiting list information?

MS. SMITH: I do. And, Rick, once this is over, I'll send you this document that you can send out.

So for SCL we still have -- we have zero on the emergency waiting list, we have 123 on urgent, and we have 2,000 -- I can't read my own writing here -- 2,801 on future planning. So total on the SCL waitlist is 2,924. For Michelle P. one thing is, on the 1st we just allocated 175 individuals, but our waitlist -- the total on that waitlist is 7,450. We are still in the 70 percent, where it's 74 percent that are under 21. That's 5,483, which leaves 1,967 that are over 21. And I also will send you -- I'll add something to this. We just kind of did a deeper dive into the waitlist and looked at how many individuals we add a month roughly to each waitlist, as well as we looked at the populations on the waitlist to see how many were receiving services on
other waivers or how many were actually Medicaid eligible, so they could be receiving other state plan services. So I'll add that information to this. Let me see if I can -- I may be able to get to it really quick here.

MR. CHRISTMAN: That sounds great.

MS. SMITH: Here, I can give you that. Let me just open this really quick. Well, I thought I had it here close. I'll put it on there. I can put that on there.

MR. CHRISTMAN: Let me ask you, Pam, when you are talking about the FMAP, one of the buckets was looking at new assessment tools. Would one of them be like a pediatric assessment tool for Michelle P.? Is that part of that?

MS. SMITH: We are looking at -- so it would be potentially that, or a tool that had pediatric components. So really looking at the different options. We have talked to a couple other states and we have some information coming to us, and we, you know, have -- working with some of our state partners like Mandy and Nasdees
(phonetic) and advancing states as far as getting information too on other information that would be helpful, as far as on what tools they found helpful looking at other populations or looking at all of the populations.

MR. CHRISTMAN: I think we have been talking about this so long, even before your time.

MS. SMITH: Actually, it's funny because since I have worked -- because I have -- well, I haven't been with Medicaid the entire time. I've worked with waiver in some capacity since the '90s, and so I can't tell you how many different times that, yes, it's been talked about or that -- you know, I mean, even the homegrown tools have been revised or, you know, we've moved from, you know, this to -- you know, SIS (phonetic) has been implemented, you know, the Map 351 got changed a little bit, that's still being used with Michelle P. But then the KHat was implemented for HCBS. I mean, it's been something that's kind of been topic
periodically.

MR. CHRISTMAN: Right. And if not now, when.

MS. SMITH: Right. This has been -- and it really goes to the fact that, you know, it's important that you have a good assessment because that drives the services, and in having the right service utilization, you know, ends up feeding into money, too, because if you have the right people utilizing the right services, then you have potentially more money freed up where, you know, you can serve more people. So it's not just kind of this approach where you have everybody gets the same, oh, you are on SCL, okay, let me take this off -- this is your plan. Here's the HCB plan. It becomes truly person-centered and truly individualized.

MR. CHRISTMAN: That will -- there will be a lot of discussion around that. That's interesting.

So to recap -- back on the FMAP, you are going to have -- you are going to send this to the federal government, did you say
on the 17th?

MS. SMITH: On the 12th.

MR. CHRISTMAN: On the 12th. I'm sorry.

MS. SMITH: Yes.

MR. CHRISTMAN: And there will be time for public comment after that?

MS. SMITH: Well, so we have done some -- so we did some initial capturing of comments. We also had -- you know, we've been as -- as we went along, different individuals as well as different groups have continued to send information in, and then we will have -- once the plan is approved, then we will have -- probably we will do some of the, like, Zoom sessions where we kind of do -- we go over the presentation and just have the time for people to ask questions or submit questions ahead of time, and do some of those.

One of the things that I am -- that, you know, will be in it for sure is some form of stakeholder engagement, whether it includes us being able to come out and, you know, do some live sessions again.

We also recently submitted for MFP.
It was 5 million dollars in additional monies for MFP to look at sustaining that program and promoting growth. And so part of what was included in that is stakeholder engagement, too. So I look for -- stakeholder engagement is going to be a big piece, because, you know, we really need to hear from the providers, but we need to hear from the individuals, too, that they have feedback and that they are able to -- to comment, too, and that they have a big part in this as well, so...

MR. CHRISTMAN: Yeah, and I think if we are talking about compensation enhancement, that's something that probably needs a lot of public comment.

MS. SMITH: Right, and especially --

MR. CHRISTMAN: Because the devil is going to be in the details on that one.

MS. SMITH: We have, with our participant-directed services population -- I mean, we serve well over 50 percent now across all the waivers using participant-directed services for at least one service. And so, you know, they are the ones that are
setting the rates and hiring their
individuals there. So they also -- you
know, they have an important seat at the
table there. So I found the waitlist
information, so for Michelle P. -- and like
I said, I will add this to this form. But
we send -- we add about 78 individuals a
month to that waitlist. 15 percent of the
individuals that are on the waitlist are
receiving services in another waiver. The
average age of individuals on the waiting
list is 16. I don't have the eligibility
stat on there. I'll have to grab that.

For SCL we add about 30 individuals a
month to that waiting list. When I did this
presentation, and this would have been early
June, so this stat is as of probably end of
May, we had allocated 13 individuals since
the beginning of January. The average age
of the individual on the waitlist is 30
years old, and 90 percent of the individuals
are accessing services in another waiver.

MR. CHRISTMAN: Very good. That will be
helpful.

MS. SMITH: So I will add that on here
before I send this out.

MR. CHRISTMAN: Right. So you will be
sending out this data, you will be sending
out the waiting list information. We'll
see on the 12th, I guess, that information
that you are sending to the federal
government will be shared.

MS. SMITH: Yeah. Well, so that will -- we
will submit that and then probably will
wait until we get an approval back or
guidance back before we share, just because
we shared kind of the high level outline.
So if there's anything different than what
we have talked about or what we have shared
as far as what we put in that spending
plan, you know, we will -- we will share
that. But, otherwise, probably the next
time we will talk about that is when we get
feedback. Once we get feedback from CMS,
then we are ready to start kind of moving
forward and putting plans into action.

MR. CHRISTMAN: Let me just ask this: Are
you putting in such broad terms to the
federal government that when they approve
it, when it comes back you will have a lot
of flexibility as to what --

MS. SMITH: Yes. So we're doing what a lot of other states are doing, which is basically saying -- so like you have an area that it deals with workforce, and so you assign a bucket of money to that, and you say, you know, your plans for that are it's going to include training, it's going to include stakeholder engagement. And I'm just kind of throwing things out there. This doesn't mean that this is exactly what it's going to say. But so then we come back and then we will have actually the plan of -- will we starting looking at, okay, are there vendors, are there RFPs we have to issue? Are there, you know, things that we -- how we have to do to actually put it in motion. Once we get to that point is when we will really start engaging stakeholders again, is actually putting the plan in motion.

MR. CHRISTMAN: Okay. And the other thing is on Thursday you are going to be taking up this issue on continuing Covid restrictions.
MS. SMITH: I am. So I listen on that task force. I actually recently just was invited to start participating on that task force. But, yes, I do know that the Secretary, the office has it, and that our -- the Inspector General has seen it and, you know, that that is part of the discussion items for Thursday.

MR. CHRISTMAN: Well, I'm glad you are going to look at that letter, because I think Amy stated it very clearly and very well, the concerns.

Is there any other issue anyone would like to bring up? If not, then we will adjourn. Thank you. We are adjourned.

MS. SMITH: Thanks everybody.

* * * * * *

THEREUPON, the Meeting was concluded.

* * * * * *
STATE OF KENTUCKY       
COUNTY OF FAYETTE       

I, JOLINDA S. TODD, Registered
Professional Reporter and Notary Public in and for
the State of Kentucky at Large, certify that the
facts stated in the caption hereto are true; that
at the time and place stated in said caption the
persons named in the caption hereto personally
appeared before me via Zoom technology; that said
meeting was taken in stenotype by me and later
reduced to computer-aided transcription and the
foregoing is a true record of the meeting.


IN TESTIMONY WHEREOF, I have hereunto set
my hand and seal of office on this the 27th day of
August 2021.

JOLINDA S. TODD, RPR, CCR(KY)
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