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:
MARCH 1, 2021
10:00 A.M.
ATTENDEES:

Rick Christman - KAPP
Pam Smith - DMS
Sharley Hughes - DMS
Katie Bentley - CCDD
Johnny Callebs - The Columbus Organization
Amy Staed - KAPP

(and many more were on ZOOM)
MR. CHRISTMAN: Let's get started. I'll call us to order. You are saying we do not have a quorum; is that correct?

MS. HUGHES: Correct.

MR. CHRISTMAN: Well, we will dispense then with the approval of the minutes, and our next agenda item is: Return to services for participants who have been vaccinated. And I am pleased -- Claudia, you are here right?

MS. JOHNSON: I am.

MR. CHRISTMAN: Has there been any guidance from the Department of Health or DDID, or do you anticipate any guidance coming out on return of services for, particularly for participants who have been vaccinated?

MS. JOHNSON: I have not seen any official guidance. What I have heard from the Governor and Dr. Stack is that there won't be anything until we have a significant percentage of people that have been vaccinated. So I don't think there's anything yet.

MR. CHRISTMAN: Okay. And what I understand is that Guardianship is allowing
people to return to ADT who have had two
vaccines at least 14 days ago. Does
anybody -- has anybody else seen that
information? And anyone can speak up here.
Not to anyone's knowledge?

So when you say significant, Claudia,
have they given you any information about
that, what significant means?

MS. JOHNSON: I think I heard -- and I'm
just trying to remember. I think I've
heard 70 to 80 percent of the population,
but I couldn't swear to that.

MS. HUGHES: Rick, looks like Angie Harris
has said in the chat that she's been told
that.

MR. CHRISTMAN: Oh, good. "Yes, that's
what my clients have been told."

Anyone who wants to speak up can do
so.

MS. STAED: Hey, Rick, can I ask a
question?

MR. CHRISTMAN: Yeah.

MS. STAED: Yeah, Claudia, is there any
reason from, you know, your standpoint that
someone who has been vaccinated and is
outside that 14-day period post-second
dose, that they shouldn't return to
in-person services?

MS. JOHNSON: I can't answer that, Amy.

MS. STAED: I understand.

MS. JOHNSON: That has to come from a
health professional.

MS. STAED: I understand.

KAREN: I'd like to say something because
we run an adult day health center. First
of all, we haven't had any guardians
contacting us asking for people to return
from state guardianship at this point.
Also, our day program participants who have
been here for months now, they haven't been
allowed to be vaccinated yet. They're not
in a group that can be vaccinated yet.
It's my understanding that there's not
certainty that people can't still spread
the virus after they're vaccinated. And so
we don't necessarily want a bunch of people
coming in who might be carrying the virus
even though they have been vaccinated,
because our people haven't. So we are kind
of at a holding point right now, plus we
have got to get new staff in. We have had a lot of people return, not necessarily just because of being vaccinated, but our numbers have gone up. We're almost at 40 now, where we've been kind of holding at 25 for a while, and our normal numbers every day are around 70. So we're getting more people coming in, but we think that, you know, there's a concern there with, yeah, what I just said about that, can people who are vaccinated still carry the virus or not. Like that hasn't really been made clear, so...

MS. SMITH: This is Pam with Medicaid. I'm sorry, I was a little bit late coming from another meeting. I actually am talking with Commissioner Elridge, who is working very closely on the vaccine on some of the task force, and we'll need to get you-all some updates. But, you know, to be clear, you know, we -- while we did close the -- or the governor closed the ADTs and the ADHCs, and then there was directed about, you know, how many comes back at a time versus, you know, the other services that
are offered. CMS has been pretty clear that these are essential services. So we have not put out the direction ever to stop any of those services and, you know, unfortunately some of our individuals are maybe not as much in the SCL population, but in some of the other populations. The caregivers are their natural supports. I mean, they're the only supports that they have. So I will get some additional information out to you-all as soon as I -- as soon as I have that and then, you know, I would -- we are offering -- one of the things that we're doing in Appendix K is that we are offering for case managers that additional unit of case management for them to facilitate individuals getting registered for vaccines, getting -- you know, helping them to find spots where, or sites that are doing the vaccine, helping to get them transportation to get to vaccines. And then as Claudia mentioned, you know, unfortunately there's a lot of unknowns with this vaccine, just like with any vaccine about, you know, if there's
continued ability to spread or -- you know, that's just not something that -- I don't think really anybody is going to know right off the bat just because this is a new vaccine. But we continue -- I encourage you to continue to follow our Covid page for Kentucky and the information that's put out on that. But as soon as I have more information, we'll share that with you-all.

MR. CHRISTMAN: Very good. And if anyone else would like to kind of share their experience or how they plan to move forward. In our case, beginning March 15th we will require anyone who attends our ADT to have been vaccinated twice and with a 14-day period after the second vaccination.

MS. SMITH: Of course, Rick, you know that -- I think each individual provider that's -- you know, your policies however you-all -- what you-all decide to have as far as policies. As a business that is -- that is up to you-all so we won't be in the middle of that.

I did notice in the chat there's a lot of questions about guardianship, so I will
also check with Commissioner Elridge. I don't think that anybody from that group has been able to join us, so I will check with them --

MR. CHRISTMAN: Yeah.

MS. SMITH: -- if there's any specific -- if there's any specific guidance that she can share or that's been offered with guardianship.

Sharley, can you make sure I get those? Can I get a copy of the chat once this is over? That way I can have those questions to ask directly so I don't mess anything up.

MR. CHRISTMAN: Apparently some people -- we have heard also that guardianship is okay with people returning to ADT if they have had the double vaccination. We follow the safe-at-work guidelines.

Anyone else want to say anything?

MS. STAED: I have a question for Pam. And I don't know if you-all have considered this yet, Pam, or talked through it, but if there could be some guidance with specifically day training since there is
that reopening guidance that is out there and still effective, I'm assuming. That reopening guidance for ADTs and ADHCs has a testing requirement in there, or a strong -- considered a strong consideration in there. If we could consider, you know, addressing that for individuals who have been vaccinated and are outside of that 14-day period, because I don't think that the testing would necessarily be, you know, necessary for them. But if there's any thoughts about that, that would be great.

MS. SMITH: I will ask about that. And as you mentioned, yeah, I mean, it is a recommendation, but I will ask about that, too, to see if there's been -- if potentially that needs to be -- we can update that based on now that we're starting to have individuals that are getting vaccinated, since at that point in time I don't believe when that was issued we even had the vaccines available yet.

MR. GEORGE: This is Chris George. I was just curious -- I know I've seen a number of articles that have been written saying
that it is illegal to require employees to receive a vaccination contingent upon their work. Is it -- but yet I hear many, many day programs and others saying that people are not allowed to return unless they have had the vaccine. Is there any clarification between what has been expressed in the working world as far as legality and illegality, and then in the waiver world about saying that you are not allowed to come if you've not been vaccinated? So just some discrepancies there in different settings.

MS. SMITH: We have not issued anything specifically about that, Chris, but that's a good point and I can see if there's anything out there maybe where we can point for direction. I don't believe it's something that we -- because it's individual business models, so I don't know that it's going to be -- because we have had some, you know, individuals that -- participants that either had allergies that it was recommended maybe that they not have the vaccine, or there was something
health-wise that was recommended for them. Or, you know, they have -- you know, certainly have the freedom to choose whether or not they want to have the vaccine, but I'll see if I can't find anything out there maybe that is a little more definitive, or that has any information and I can share that -- I'll share that with the group.

MR. GEORGE: Yeah, I think that will be helpful, because I know -- you know, I think that everyone wants everyone to be safe and healthy and well and those things, but I also don't want agencies to also get in a situation where they are "requiring it" even because of their policy, because what my reading has done, has said that that could possibly be illegal and possibly, you know, someone could sue the other way. So I just want people to be clear. While we're excited about the vaccine and everyone is moving that way, I want to make sure that, you know, folks are setting policy appropriately.

MS. SMITH: Absolutely. If I have any --
can find any resources, I will share them.

But with the caveat that we are not giving
legal advice and that you would want to,
you know, consult with your own resources
just individually as a business.

MR. GEORGE: And I think even maybe that
point might be good, because I do think
that, you know, talking with other -- I
think there are a lot of people who are
going their information from one source
and everyone's very much like, oh, we want
to vaccinate and that, and some of those
outside-of-the-waiver world articles,
reports, things that way. So I think that,
you know, even just emphasizing, hey, we're
not -- you know, we can't give legal
advice, those things, would encourage
people to seek their own resources as well.

MS. SMITH: Okay.

MR. GEORGE: Thank you.

DR. THERIOT: Can I weigh in on this just a
tad? I agree with everything that's been
said. This is Dr. Theriot with Medicaid.

We -- I think the kicker is that all
of these Covid vaccines are experimental
because they were approved during the public health emergency for emergency use, and so that's the reason they cannot be mandated versus a flu vaccine. You know, a lot of people say, oh, you have to have a flu vaccine if you're going to work here and that is legal. So I think the difference is that the Covid vaccine is -- all of them are technically experimental. Does that make sense?

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

MS. SMITH: Thank you, Dr. Theriot.

MS. WOOD: And this is Heather from Advantage Case Management.

So, Rick, as far as, you know, returning to ADT or any services, I thought that we just needed to have a person-centered, you know, meeting no matter what service it was, because everyone has different issues that they are dealing with and there's so much uncertainty around whether or not you can carry the virus, you can still become positive with the virus, even if you've been vaccinated. So I feel it would be difficult to have any -- (audio
distortion) -- a person-centered meeting because everyone's going to be different.

MR. CHRISTMAN: Well, I take your point, but that is our policy as it stands right now.

MS. WOOD: Correct. Weren't you asking about what it takes for people to go back to the day program?

MR. CHRISTMAN: Yes, and I was just expressing what our internal policy is at this point, just as an example.

Any other comments?

Okay. Amy, would you like to talk about number four here, the implications of the $15.00 federal minimum wage? I know this may happen. There's a lot of people who believe it will. And if it does, it's probably going to happen this year. Amy, what are your thoughts on it?

MS. STAED: So I think that just to clarify from the outside, this is something that I am actively working on on a state and federal level, and I don't expect any solutions to be given right here, right now. But just so it's on everyone's mind,
obviously the $15.00 minimum wage issue is here and it is more likely than not to happen eventually, maybe by the end of the year. It's been taken out of the current Covid bill by the senate parliamentarian, but it's a stated priority of the Biden Administration and it's something that he and others in his party really want to get done, so it's coming.

Obviously, I think that it would be a phase-in and that kind of thing, but it's something that we really need to think long and hard about when it comes to Medicaid funding. And, Pam, for you I know that you-all can't just print money, you know. It's a funding issue for you-all too.

But I think that we need to all recognize and have a commitment that unless there are funding increases and rate increases, that providers will not be able to afford, you know, to pay DSPs $15.00.

I think -- and, Pam, you can correct me on this. You know the numbers better than I do. But I think that the Navigant study revealed that the average DSP pay was
maybe a little over $10.00, 10.38, or
something like that.

MS. SMITH: It varied by service and I
don't have the -- I don't have the numbers
in front of me, but -- but, yeah, I mean it
varied. It varied by service. But, yes,
there were some that were, especially in
some of the other waivers, like HCB that
are significantly already lower than what
some of your other, like McDonald's even is
paying, so...

MS. STAED: Yeah. So, Pam, and I think
what would be helpful, you know, for all of
us just so we can all advocate to make sure
Medicaid -- you know, that you-all get the
funding you need to help providers, is
there any way that you-all can look at how
much money it would take, you know, to
raise the rates to, you know, come up with
for $15.00 for DSPs? You know, at the end
of the day, even if the minimum wage is
$15.00, DSPs shouldn't be minimum wage
earners. You know, it's a hard job. It's
a lot of work, it's a lot of stress. They
should make more than minimum wage. You
know, that's a different conversation for a
different day. But it's hard to even have
these conversations unless we know exactly
how much money it's going to take. Is that
something that's possible within Medicaid?

MS. SMITH: I can tell you that we -- you
know, already this has been on our radar
and we're looking. You know, we are
constantly evaluating. We also, you know,
hope to get back to the Navigant
recommendations. We now have -- there's
going to be that HCBS Redesigned Task Force
that's formed that is going to look at
those recommendations, and I believe the
rate study is going to be a part of that
because it's essential to -- it's easy to
want to just kind of jump to "we need to
raise the rates." Not saying that we
don't. I mean, I believe that especially,
you know, if this happens they will have to
respond to that, and I believe in order to
maintain a work force that something is
going to have to happen because we're
already seeing the impact of it right now
and we don't even have a $15.00 minimum.
wage. But there has to be a foundation for that and an understanding of, you know, how those rates are determined, what goes into it, to make sure that it's fair and that it -- you know, that it encompasses everything. So it's something that, you know, we already are looking at. It's something that I continually look at, what we're spending, what -- you know, what -- our adequacy of providers. We, you know, look at that on a regular basis. So I think that it is something that will be addressed and I think that the -- that HCB Waiver Redesign Task Force, that's going to be something that they look at as well.

But, you know, as you mentioned we have to have the funding out there to be able to -- to be able to do it, and I keep saying if anybody finds the money tree, let me know where it is, because, you know, we always -- I will never turn down any extra money for waiver programs. I beg for it all of the time. So, you know, I mean that's the big part is, you know, we have to have the money out there to be able to do the
things that we know we're going to have to do.

MS. STAED: Well, you have some targeted funding coming to you in this Covid bill, HCBS specific, which is exciting, so...

MS. SMITH: Exciting, yes.

MS. STAED: No, and thank you. And I know you don't have answers right now and I am -- I drafted that task force bill, so I'll be participating in that and, yes, the $15.00 minimum wage will definitely be a topic of conversation for that task force.

MR. CHRISTMAN: While you're on that subject, Amy, in terms of -- and I guess you're speaking of some relief with the federal match, the FMAP, right, for HCBS?

MS. STAED: Uh-huh (affirmative).

MR. CHRISTMAN: As far as the bill is written, is this going to be an ongoing change on the FMAP, or does it expire after so many years or...

MS. STAED: It's through -- the way that it's currently written, it's through the end of the public health emergency, which President Biden has stated that, and made a
commitment that it will be at least through
the end of the year.

MR. CHRISTMAN: Okay. So this increased
minimum wage, then, that change for home
and community-based services, that's not
necessarily the answer on this minimum
wage, then, is it?

MS. STAED: No. A permanent FMAP in bump
would be an answer, and that is something
that's currently being discussed right now.

MR. CHRISTMAN: Okay, good.

MS. STAED: But, you know -- but no
decision, no permanent decisions have been
made on the issue.

MR. CHRISTMAN: Okay. And certainly the
idea of cost neutrality would be --
something maybe have to go out the window,
I would assume, with all of this.

MS. STAED: Well, that's a CMS requirement,
but...

MR. CHRISTMAN: Yeah.

MS. SMITH: And that's part of our waiver
approvals, that we're budget neutral.

MS. STAED: As the costs increase -- you
know, if there's a $15.00 minimum wage, the
cost is going to increase to provide
services, you know, in an institutional
setting, too. So they would see some cost
increases, too.

MR. CHRISTMAN: Okay. Any other
observations?

This next one is more of an
informational thing. What are the
considerations for people that are able
to -- that meet the criteria for the
emergency SCL designation?

MS. SMITH: So, Rick, it's very clearly
what we -- and I'll let Claudia speak to
this as well. But, I mean, they're very
clearly defined and stated in regulation.

There was a new regulation that was --
that's just been filed, which is 7:020,
which gives waiting list the appeal process
for emergency status if that is -- if it's
requested and that is denied. That was
very recently done, and I believe there's
some clarifications about wait lists in
that as well. I don't know if Claudia --
you can probably speak to that a little bit
better since you're intimately involved
with that.

MS. JOHNSON: Right. There was an ordinary regulation filed I think last week, and it just clarifies and adds more detail to the requirements to meet criteria for the emergency category. And I'm sure you -- at least I know Amy has seen that regulation and can send out to people to review.

MS. SMITH: Yeah, and it's on LRC's website too. It's out there, too.

MS. JOHNSON: Of course, that's open --

MS. SMITH: 020 is the number.

MR. CHRISTMAN: Okay, thank you.

MS. DEMPSEY: Can I ask a question?

MR. CHRISTMAN: Yes, go ahead.

MS. DEMPSEY: Okay. Thanks, Rick. So that's a regulation that was just recently filed, is that what I heard?

MS. SMITH: Yes.

MS. DEMPSEY: And so where can we find that?

MS. SMITH: It is on LRC's -- it's on the website with all the regulations. It's in Chapter 7, Patty. It's 7:020.

MS. DEMPSEY: What is it?
MS. SMITH: It's 7:020.

MS. DEMPSEY: Okay, thank you.

MR. CHRISTMAN: Patty, I'm glad you are here. You contributed number six here on the Medicaid Waiver Task Force, and particularly involving participants and families.

MS. DEMPSEY: Right. We just wanted an update on where that is. I know it came up in health and welfare last week, last Wednesday, and has been through that committee. So if I could get an update from that --

MS. SMITH: We actually don't have -- and Amy may be able to give an update on that.

MS. STAED: I can do it. So it was -- it came up in Senate Health and Welfare last week. It was voted out of committee unanimously. I spoke with the majority floor leader in the House and he plans to call it for a vote on the floor today or tomorrow so that it will go to the Senate and be heard in Senate Health and Welfare on Thursday. Senator Rocky Adams has agreed to carry it in the Senate. We
expect it to pass without any sort of obstacles or anything. Everyone's very much in favor of it. The task force establishes -- the bill establishes the membership of the task force, and it is a very long task force. Most legislative task forces are only, you know, over an interim. This one is intentionally almost two years long, because this is a big issue and there's a lot of testimony that needs to be solicited. It's my understanding that with the task force -- obviously, no one's been appointed to head it yet, but I have some usual suspects in mind of who will likely do it. And there will be expansive opportunity to solicit input from participants and family members. There will be lots of testimony taken, lots of ideas heard. And also one of the reasons that we drafted it this way to make it a legislative task force is for accessibility. So all the legislative task forces have the ability to be broadcast -- live streamed and broadcast on KET, so that everyone can participate in a very
meaningful way no matter if they have
internet access, so they don't have to
drive to Frankfort. So there's going to be
a lot of openness and opportunities for
participation. But if you have any
questions, I'm happy to go through it with
you. Like I said, I drafted it, so -- with
the help of the bill drafter, but...

MR. CHRISTMAN: Well, then you know all
about it.

MS. STAED: I do.

MR. CHRISTMAN: Can you expound a little on
the size of the task force and are there
like -- the membership, is that defined?

MS. STAED: It's one of the biggest
legislative task forces that I have seen.
Generally we try to keep them smaller to be
manageable. So the actual members of the
task force, and to be a member of the --
being a member of the task force means
that, you know, you're there every meeting
and you submit findings and recommendations
at the end that the whole task force then
votes on. Now, lots of people will come in
and testify, you know. It's going to be a
lot, and we hope to hear a lot of information from everyone because that's what we want, to hear a lot of information. So there will be three -- I believe it's three before -- I don't have it in front of me. I'm sorry. Hold on. I'm pulling it up right now. There are a lot of members. There are members of the House, members of the Senate. It could be -- I think it's six total. And then I am on it, Steve Shannon from KARP, a ABI advocate, an HCB advocate that is appointed by the board of nursing. Essentially there is one advocate and one provider from each waiver, and then family member -- I'm sorry, I'm trying to pull up the text.

MS. DEMPSEY: Has anyone already been appointed?

MS. STAED: No. It hasn't passed yet. The membership is specifically laid out in the bill. So only the people -- so like it says in the bill that the executive director of the Kentucky Association of Private Providers, which is me, will be on it. It says in the bill that the executive
director of the Kentucky Association of Regional Providers, which is Steve Shannon, will be on it. It says that, you know, essentially one advocate and one provider from each waiver will be on that task force, among other people.

MS. BENTLEY: So this is Katie Bentley. I wanted to add that there was a committee sub that added in our executive director from the Commonwealth Council on Developmental Disabilities. There really wasn't that kind of independent DD voice there, and so we're really glad to see that be added.

MS. STAED: Sorry, Katie. That was an oversight on my part.

MS. BENTLEY: No problem. I think they were taking care of it anyway. So thank Representative Gentry for that.

MR. CHRISTMAN: Any other questions on the task force?

Pam, what can you tell us about EVV implementation status?

MS. HUGHES: Pam, I think you might be muted.
MR. CHRISTMAN: Did you hear me?

MS. SMITH: I was. Yes, I was muted.

Sorry.

We are -- still have the 4/1 date out there for mandatory claims usage. We are asking all providers, and really seeing participation from all providers. But all providers should be using either Tellus or their third-party vendor to be starting to capture their visit information. That allows you to be more familiar with the system, to be -- you know, to work out your internal work close before claims -- the billing is required through Tellus. So we are asking for providers to do that and have seen great participation, honestly, from the -- from the provider community.

We have a -- actually, following this today, we have a Q and A session. We're doing those once a week up through the April 1st to go live where we just are opening the floor up and answering questions. We do that for -- I think it's scheduled for an hour. Those have been very successful. And we have seen -- actually, where we have
already been using some of the visit
information to -- we have had a couple of
grievances filed and saying that an employee
was late or an employee didn't provide care,
but we were able to pull the record out of
the EVV where the person checked in and
checked out at that person's home, and where
actually they signed saying that the person
was there and provided services.

So it's also been great to look at
some of the documentation so far and see
what is happening. So excited about that.
We do have -- on 3/17 we will have our
official go-or-no-go decision about the 4/1
date. But as of right now we are still on
track and planning for that to be the
mandatory date for claims. We are testing a
lot of the change requests right now that
were kind of the roadblock to the claims
that were causing a lot of problems with the
claims billing.

MR. CHRISTMAN: Any other questions on the
EVV process status?

MR. CALLEBS: Rick, I've got one --

MR. GEORGE: This is Chris again. I have a
question. So we're -- as far as like
documentation and so forth, on EVV at the
beginning of sessions our personal
assistants and so forth are going through
and putting -- checking the boxes of what
they're going to be working on during that
session. However, there's not necessarily
a written note, so we're kind of struggling
between do we need to have an additional
written note. I know that some of the
guidance has been that the EVV -- what is
in EVV is sufficient, but certainly if
we're looking at progression, regression,
those things we're not getting
documentation -- (audio dropped)
MS. SMITH: Yeah, Chris, so depending on
what you are working on there, you know,
you may want to add a note. I've seen a
lot of -- in fact, I actually have -- for
testing, I have the Tellus app on I think
almost every device I have, my tablet and
both of my phones. And I had logged into
the production environment on one of my
phones, and I get -- because I am
associated to so many providers, I actually
get a notification every time a note has been added. And, I mean, it's like the constant, like, stream of these notifications, and so -- and I go in and look at them periodically. So some providers are using that. We did issue some clarification recently, and I'll go back and have Kelly -- I think it's on the website -- about documentation and about the difference in -- you know, where we're really looking for the regression or -- you know, regression, progression of goals, that type of information, and we are really limiting it more to the services where -- you know, more of your clinical services or your services where you are actually teaching and that there's -- that you're going to have that progression or regression.

And then also I am -- have been just in the initial discussions, although this will be a future enhancement of Tellus, looking at are there availabilities for us to do note templates out there. But as of right now, we are still going by the
documentation by exception. So if, you know, everything goes okay with the visit and the checked boxes denote everything that happened, then that is sufficient. I've seen a lot of really good notes that people have submitted through the note functionality in the system as well, and I've seen a lot of creative ways for managing tasks, where, you know, people have added some additional notes out there, additional task boxes that they could check related to, you know, teaching and related to, you know, goals. I've even seen some where, you know, they have added, you know, kind of some generic, you know, goal one addressed, goal two addressed, those types of things, so that they could use the check boxes.

We're working on -- I know there's a lot of -- because this is very different for Medicaid and there's a lot of concern about audits and when that comes up. So we are working on getting some guidance out for that for the individuals, in particular that use Tellus. I know some of the other
third-party vendors, it's a little bit different and the functionality may be a little bit different as far as notes, but we're going to issue something directly related to Tellus.

MR. CHRISTMAN: Thank you.

MS. SMITH: Chris, did that answer your question?

MR. GEORGE: Yes, ma'am. Thank you.

MR. MARTIN: This is Joseph. Could I ask Pam a question? Just to clarify, because I was a little confused by your answer. It's all services; correct? All services that currently use EVV use that documentation by -- I forget the exact term.

MS. SMITH: Documentation by exception, yes. If you are -- if it's an EVV service, yes.

MR. MARTIN: So there isn't -- no differentiate between what service you're providing? If it uses EVV, that --

MS. SMITH: Right, because the services that are using EVV are more of your -- if you think about it, your basic maintenance type service. You know, it's your personal
care, it's your -- you know, your IADL supports, it's your respite. Now, the services outside of EVV -- so especially in particular those more clinical or the more, I don't know what the right word would be, the higher intensity services, so, you know, your behaviors, your -- if there's counseling, those types of things. We still expect outside of EVV that those -- that that documentation is occurring, whether it be in MWMA or in your own individual records system, however you are keeping those notes right now. But, yes, any service within EVV, it is that documentation by exception.

MR. MARTIN: Thank you.

MS. SMITH: Johnny, did you have a question too?

MR. CALLEBS: Sure, thanks. We have at least one FMA who every Monday is sending a kind of -- it's like a reconciliation form, or something, for unmatched claims, and that's coming to the case manager to resolve all of those. So it's taking her most of Monday to do that, and I think it
has a very quick turnaround time, I think, by, you know, either late Tuesday or early Wednesday. So it has to -- it kind of requires immediate attention, but it's -- you know, if any GPS coordinate is off, or anything at all that's causing the claim not to pay, it's coming to the case manager to resolve and then, you know, we don't have the app, we don't set the appointments, we don't schedule the service. It's just very difficult to do that every Monday. And, you know, it just comes to you and you really, you know, kind of "don't have a dog in the fight," but having to resolve all of that so claims will pay and so PDS -- and I should say this is for SCL PDS, and so that the PDS employees will be paid.

So have you heard any other reports about that, or is that something that will go away with time, or is this -- is that expected to be an ongoing --

MS. SMITH: I haven't --

MR. CALLEBS: -- task?

MS. SMITH: -- specifically heard of anyone
else to that detail. That doesn't mean that it's not occurring. It may be.

MR. CALLEBS: Okay.

MS. SMITH: Will it go away? We are working on -- we have a change order already written and it's in the pipeline. It still, unfortunately, is a little bit away because we're focused on getting everything in for the 4/1, but that will have a portal for case managers, as well as the participants and their authorized reps. So I think that will help when it's not just something on paper and there's more insight. As that develops, I think we, you know, will have more discussions about whose responsibility it is to do what function. I can understand where it would be difficult, in particular on the GPS errors, when you-all can't see -- as the case manager you can't see everything that they can see in the system. So, you know, we're working on making that better, and making so that there's insight for all of the providers, including, you know, to have more participation from the participant or
their rep as, you know, they truly -- they are the employers and really they should be addressing some of these issues, maybe with the help of a case manager or the help of someone else. But, you know, ultimately they're the employer and that's part of what they should be doing with or without some additional assistance. So we're working on it. I'll update, you know, as we get through the process and we know more how that's coming.

If there's anything report-wise that you-all think may be more valuable, let us know. I can see if maybe there's a different report in the system that they could pull and send, or if there's something different that could be done, you know, I'm happy to work with you-all in that manner.

We can talk through that.

MR. CALLEBS: Okay. Well, I appreciate the input and thanks for understanding. So, yeah, just wanted to point that out to you in case you're having ongoing conversations with FMAs. It really does put the independent case manager in, you know, kind
of an uncomfortable position to verify, again, GPS coordinates, times, locations, when you really don't have access to anything except this report that comes on early Monday that you have to resolve very quickly. So okay. Well, thanks for hearing that, and if we could see any improvement at all, that would be great as far as those --

MS. SMITH: Okay. We're working -- we're working on it.

MR. CALLEBS: I know you are, among other things.

MS. SMITH: You know, if I could make things happen as soon as I wanted them, I would be a very happy person, but...

MR. CALLEBS: I understand.

MS. SMITH: It doesn't always happen that way sometimes.

MR. CALLEBS: Thank you.

MR. CHRISTMAN: Any other questions or observations?

MS. DEMPSEY: Yeah, I'd like to make one comment on the EVV. The reason we had brought that up is we did get a couple more
questions, comments, Amy, that still have
to do with -- like I guess Johnny just
talked about, with the location, the time
and location, getting those reported. So
does that seem to be working itself out?
We didn't hear from as many recently, but
we had heard a few more comments where
family members are working from that app
and still having problems.
MS. SMITH: Overall, I think that we're not
hearing as much as we were. You know, we
encourage any time there's a problem to let
us know. We send out the directions that
it's very important that -- particularly if
you're working on the app, what were you
trying to do, you know, what version, I'm
sorry, what operating system or version of
the app are you on. If you can capture
screenshots, any of that has helped us work
through specific issues and determine if
it's, you know, a training issue or if
there is a problem with the app. But I
will say that I think the inquiries we were
going for help, as well as the tickets
for problems, have decreased the more
people have used the app.

MS. DEMPSEY: Okay, thanks.

MR. CHRISTMAN: All right. The next agenda item, What other changes are planned for the 1915(c) waivers? Any that you know of?

MS. SMITH: Right now the two things that are going on is that we have the HCB waiver renewal and the Model II waiver renewal that are with CMS being reviewed.

Otherwise, you know, we're continuing to work on EVV in that implementation. A lot of it will -- you know, this waiver task force, there was a lot that was written into that, so, you know, that will determine the direction. We do plan to pick up waiver redesign and to -- we're going to go back to the beginning essentially and look at the recommendations and look at the data. But we don't have anything slated in the future, any new changes that are coming down the pike either systematically or programmatic right now.

MR. CHRISTMAN: Thank you. Anything else a person would like to bring up? If not, we
are adjourned. Thank you.

MS. DEMPSEY: Hey, Rick, just one quick question. Will this TAC -- so will you be reporting to -- is that still required, to report -- I guess still they're meeting -- to the MAC?

MR. CHRISTMAN: Would you say that again?

MS. DEMPSEY: So this TAC group -- the MAC, the Medicaid Advisory Committee, the MAC will be meeting --

MR. CHRISTMAN: Oh, yes.

MS. DEMPSEY: Yes. So there's no recommendation? We don't have any recommendations from today, so will this TAC still be sending in a summary or report to the MAC? That's still a requirement, I guess; right?

MR. CHRISTMAN: I think it's a requirement if you have a recommendation. I know there's a lot of the MACs that don't necessarily provide a report. Some MACs provide a report even though there's no recommendation.

MS. DEMPSEY: So probably just -- yeah, it will probably just be on record, I guess,
that this committee -- that this TAC met; right? I didn't know. I don't know if that's -- yeah, if that...

MR. CHRISTMAN: I don't know. There won't be a record unless someone appears there, I would think.

MS. HUGHES: Patty, it's not a requirement necessarily to make a report unless you do have recommendations, and, of course, you-all don't have a quorum so you can't make recommendations.

MS. DEMPSEY: Well, there you go. We don't have a quorum anyways.

MS. HUGHES: One of the TAC members can -- you know, I mean, you-all can make a report to the MAC if you want just to let them know what you discussed and, you know, if there was issues that you wanted to bring before the MAC, you can do that, yes.

MS. BENTLEY: I think it would be good for us to, because it's almost like we don't have a presence at the MAC because we don't report out and we don't provide many recommendations, and it would be good to remind them what we're working on, what
we're concerned with.

MR. CHRISTMAN: What we often do, even
though we don't have recommendation -- and
I can certainly do that. When is the next
MAC meeting?

MS. DEMPSEY: Just one moment.

MS. HUGHES: Fourth Thursday -- the fourth
Thursday in March. Let me look at my

MR. CHRISTMAN: And is that at 10:00?

MS. HUGHES: Is that what? I'm sorry.

MR. CHRISTMAN: Is that at 10:00?

MS. HUGHES: Yes, 10:00 to 12:30, and it is
via Zoom.

MS. DEMPSEY: What was the date, Sharley?

MS. HUGHES: March 25th.

MS. DEMPSEY: So even though there's no
recommendations, then there would still
be -- yeah, then this TAC would still be
listed as part of that MAC meeting, that
this committee had met; right, Rick?

MR. CHRISTMAN: That's right. But we often
do make a report, even though we don't have
recommendations, and I'm happy to do that.

MS. DEMPSEY: Okay. Super.
MR. CALLEBS: Rick, it's Johnny. Can I ask one last question before we go?

MR. CHRISTMAN: Yes.

MR. CALLEBS: Thank you. It's for Pam, if you're still on Pam. I was wondering if you had any updated information to give on the extension of Appendix K and the emergency provisions and what could you tell us?

MS. SMITH: Yes. CMS has the extension for -- we submitted actually two versions of Appendix K based on their direction. One was simply to extend the date, which that has been submitted and we -- based on conversations, we are not anticipating any issue with that being approved, and it -- right now we are processing requests based on that -- the assumption that that's going to be approved. And the second one was really just some clarifications that we added around -- we added specifically on -- for adult foster and family care home providers, that they are able to receive services from other providers that maybe they would not be able to receive outside
of the state of emergency, for example, personal assistants or respite, and that that is paid through the waiver.

We added some clarification around home-delivered meals, and that really is because we had some reports of some providers that were buying groceries and then having the families come to the adult day, or ADT, to pick those up, and that is not a home-delivered meal. So we added some clarification around that, and some clarification around some of the PDS overtime language. But really no changes to the services we were -- the services that were expanded. It was really just some clarifications. And based on conversations with CMS on that version as well, we're not expecting any problems, but it doesn't really change any of what was available. It just explains it a little bit better.

MR. CALLEBS: Okay. Are you able to tell us what date you have requested the extension to? Is it through the end of the year or...

MS. SMITH: What CMS is directing based on
that, you know, their strong -- you know, that President Biden has said that it will go through the end of the year. But with the unknowns with Covid, what they are allowing and directing states to do, if they choose to do this, is to put an end date that is six months after the end of the federal -- after the federal public health emergency is declared over. We have committed that we will give providers no less than 60 days as a transition period once that does expire, so -- but it allows us to not have to put a specific date in there and allow that to be in force as long as the public health emergency is in force federally, and it goes up to six months after that. So that allows a lot more flexibility than -- the first time we submitted it you had to put -- you were required to put an end date. And, of course, I don't think the first time we submitted it, no one thought, you know, a year later we still would be having these discussions, so...

MR. CALLEBS: Sure.
MS. SMITH: But, yeah, that puts us in a much better place. And like I said, our reviewers and our staff have been trained now and have the answers to go ahead. And in particular the residential was what we were running up against, is when the residential PAs were starting to expire, the extension on those, and so they know they can go ahead and move forward with those -- with any of those approvals or direction on how to do those.

MR. CALLEBS: Thank you. And will you also extend the allowance for extra case management unit for some folks who need it?

MS. SMITH: It has to be requested, but it is in there, yes. And in particular, too, we are -- as I mentioned earlier on the vaccines, we are encouraging that, you know, any case manager, that if they have participants that they are going to help to try to find either vaccine sites or help arrange transportation or help to, you know, get that scheduled, that that extra case management unit can be used for that as well.
MR. CALLEBS: Okay. All right. Well, thank you. I appreciate it.

MS. SMITH: You're welcome.

MR. CHRISTMAN: Pam, does that mean that the ability to deliver like ADT services remotely would end, too, after the national emergency is over, some period after that?

MS. SMITH: So at this point in time, yes, the telehealth would, but that is something that, you know, we will look at with the -- you know, going forward if that's something that wants to be -- that we want to include in the waiver services. I will let you know CMS is -- in particular, case management will go back to I think being more of an on-site service just because it's important to have those eyes on the person. You can do that through telehealth, but it's not as effective sometimes. But, you know, we are not ruling some of the changes that we made through Appendix K and through the state of emergency not becoming permanent. So, you know, it's something that we're going to talk about, but, you know, for right now
they will stay in place.

MR. CHRISTMAN: Okay. Thank you.

MR. CALLEBS: And, Pam, just so I'm clear on the expiration, you mentioned six months and then you mentioned 60 days.

MS. SMITH: So the end date on Appendix K will be six months after the federal public emergency has ended.

MR. CALLEBS: Okay.

MS. SMITH: We will give providers at a minimum of a 60-day notice to say, okay, you know things are changing. Likely because we have that big of a window, the six-month window, it will happen much before that. But we'll start saying, okay, you need to be modifying your plans of care, you need to look at, you know, talking to the participants, having team meetings, and kind of going back to what our norm is based on even what norm looks like at that point.

MR. CALLEBS: And it would be at least a 60-day notice?

MS. SMITH: Yes. We will give at least a 60-day notice. But we will start
communicating at the beginning of that six months. You know, when we know that the emergency has ended, you know, communication will start at that point.

MR. CALLEBS: Okay. All right. Thank you very much.

MS. TRESTER: Rick, this is Sarah Trester in Louisville. Hi.

MR. CHRISTMAN: Hi.

MS. TRESTER: I wonder does anybody have any update on what's happening with the task force or anything else related to all the people we have here in the state of Kentucky that fall between the cracks whose needs are really above what SCL can handle, but we need that other level of care? Can anybody tell me what's going on with all that?

MS. STAED: I can address that, Sarah. So the task force made recommendations, which you should have received a copy of. I sent them out in December.

MS. TRESTER: I remember seeing something about that. Thank you.

MS. STAED: Yes. And so several of those
recommendations have been turned into resolutions or bills in the House and the Senate. One of those recommendations is moving pretty quickly, and it's to create the Waiver Redesign Legislative Task Force. That should pass out of the House this week and go to Senate Committee on Thursday and then, you know, be voted on in the Senate probably next week. So we expect it to pass and move forward. So a lot of these conversations can take place then.

Some of the other things -- some of the other resolutions aren't moving right now, but a lot of them were kind of filed to get attention, if that makes sense, you know, as more discussion points to get attention and things like that.

So that's kind of the status of that, but please feel free to reach out to me if you have more questions.

MS. TREST: Thank you.

Pam, what about on the state level, are we still having that task force or has that been disbanned or what?

MS. SMITH: Actually, a combination of
Covid and a combination of what we were getting legislatively, it was stopped at that point really to wait to see what the outcome was going to be, because it didn't make sense as much to move forward if we were going to have direction legislatively that we needed to address it differently. So at this point we have not restarted those meetings yet.

MR. CHRISTMAN: Yeah, that's my understanding also.

Okay. Any other comments?

MR. MARTIN: Can I just ask -- could someone just recap? I missed what was said about the case management and virtual monitoring. I kind of missed what...

MS. SMITH: It is still -- so as of right now, that is something that is still allowed through Appendix K. I did mention that going forward when we're outside of the state of emergency, not completely rolling it out is an option, but CMS really is more in favor of face-to-face visits. So it may continue to be on the table as an option for, you know, example if there's
some reason that, you know, maybe everyone
in the home has flu or, you know, there's
some reason that they wouldn't want an
in-person visit. So it may continue to be
a component. We'll just have to see, you
know, as we come out of Appendix K what
that looks like. But as of right now
nothing changes with the virtual, or with
the case manager visits being done
virtually.

MR. CHRISTMAN: I was on a Zoom call with
Ralph Lawler and some other people, and
Ralph is -- I guess his duties are in
charge of waiver programs for the --

MS. SMITH: He is, yes, at CMS, yes.

MR. CHRISTMAN: At CMS. Well, he says he
can see that remote services will be part
of our future, but we'll need to
recalculate the rates for services that are
going to be done by telehealth. That's
where he left it.

If there's nothing else, then we're
adjourned.

MS. DEMPSEY: Do we need a motion?

MR. CHRISTMAN: You can.
MS. DEMPSEY: We don't have a quorum anyways. I make a motion to adjourn.

MR. CHRISTMAN: All right. Bye.

MS. DEMPSEY: Bye.

MS. HUGHES: Thanks, Everybody.

* * * * * *

THEREUPON, the Meeting was concluded at

11:04 a.m.

* * * * * *
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 IDD-TAC
meeting commenced; 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 13th day of
May 2021.

JOLINDA S. TODD, RPR, CCR(KY)
NOTARY PUBLIC, STATE AT LARGE
ID# 629511