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:
MAY 3, 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
Wayne Harvey - KAPP
Dr. Judith Theriot - CMS
Christine Drake - Passport Health Plan
Shaun Collins - Anthem Blue Cross
Nathaniel Meade - Cedar Lake
David Crole - Anthem
Shannon Clark - Phoenix Way
Angie Parker - Medicaid
Aja Jacobi - Employment Solutions

(and many more were on ZOOM)
MR. CHRISTMAN: I'd like to call this meeting to order. May the 3rd, and the first thing on the agenda is the call to order.

We won't have any approval of minutes. Could we just --

MS. HUGHES: You have a quorum.

MR. CHRISTMAN: I don't think we received our minutes.

MS. HUGHES: Yes, I sent them out.

MR. CHRISTMAN: Has anyone read them and would like to make a motion to approve? Has anyone read the minutes? Apparently not.

Well, let's go around and introduce everybody so we know who's here.

I'm Rick Christman. I'm a member -- I represent KAPP on the board.

MS. HUGHES: We just need the TAC members to introduce themselves.

MR. CHRISTMAN: We used to go around.

MS. HUGHES: I know, but we don't have to. The statute actually says that you don't have to acknowledge everybody in the room.

MR. CHRISTMAN: Yes, but I would like to.
Ms. Hughes: Fine.

Mr. Christman: Rick Christman.

Anyone else want to identify themselves?

Mr. Harvey: Wayne Harvey.

Mr. Christman: Anyone else?

Ms. Drake: This is Christine Drake with Passport Health Plan.

Mr. Christman: Thank you.

Mr. Collins: This is Shawn Collins with Anthem Blue Cross.

Mr. Callebs: Johnny Callebs with Columbus Organization.

Mr. Christman: Hi, Johnny.

Anyone else?

Mr. Meade: Nathaniel Meade with Cedar Lake.

Mr. Christman: Thank you. Anyone else?

Mr. Crole: David Crole with Anthem.

Mr. Christman: Anybody else?

Ms. Staed: Amy Staed with KAPP.

Mr. Christman: Thank you.

Participant: (Inaudible) -- Michelle P.

Waiver recipient.

Mr. Christman: Hello. Anyone else?
MS. CLARK: Shannon Clark with Phoenix Way.
MR. CHRISTMAN: Anyone else care to identify themselves?
DR. THERIOT: Judy Theriot with CMS.
MR. CHRISTMAN: Hi. Anyone else?
MS. PARKER: Angie Parker with Medicaid.
MR. CHRISTMAN: Who from Medicaid? I'm sorry.
MS. PARKER: Angie Parker.
MR. CHRISTMAN: Hi, Angie.
MS. PARKER: Hello.
MS. JACOBI: Aja Jacobi with Employment Solutions.
MR. CHRISTMAN: Hello. Anyone else? Let's see, any other members of the TAC want to introduce themselves? So how many members do we have on, Sharley, did you say, members of the TAC?
MS. HUGHES: There's five of you. Katie got kicked out, but she's coming back in now.
MR. CHRISTMAN: Okay. Number three on the agenda is a big one, Distribution of additional Home and Community-Based Waiver
Services through the American Recovery Act. There's been some proposals. I'll open that up for discussion.

MS. STAED: Hey, Rick. I think Pam is on here. Correct me if I'm wrong. Medicaid may be still waiting for some guidance, if that's correct.

MS. SMITH: We are. We have received multiple recommendations and we are reviewing those. We are still waiting for some guidance from CMS, as well as related to House Bill 192, the budget bill. For us to access any of those funds, we have to have general assembly approval as well. So there's a couple steps there that we have to take to be able to access those funds, but we are looking at all of the recommendations that we receive. In addition, we have met with some other states, we've met in some larger forums, and then we are still waiting on some guidance, as well as all the other states, from CMS.

MR. CHRISTMAN: Pam, what is the timeline in terms of when these funds could possibly
be released and when they need to be spent by?

MS. SMITH: So they are for a year. And so one of the things about them is that they have to be -- if it's something that will be ongoing, it has to be sustainable without the additional funds. But as far as, you know, any of the approvals, general assembly approval, we would have to wait for them to be in a special session to be able to give us approval for that.

MR. CHRISTMAN: An actual special session of the entire general assembly would be --

MS. SMITH: Yeah, we have to -- that is written into House Bill 192, that in order for us to access any additional funds that we have to have general assembly approval.

MR. CHRISTMAN: Okay, that's interesting.

You said you have been part of some other webinars with other states; is that correct?

MS. SMITH: Yes, we have.

MR. CHRISTMAN: Can you share some of those ideas that other states --

MS. SMITH: Everybody essentially is in the
same -- is in the same place, is waiting really for CMS guidance. You know, we have looked at -- there are things -- you know, everybody has looked at things, is there things with technology, is there things with, you know, staffing that we can do. I know it's -- there's been interest in adding slots; however, there's some question about the sustainability of that after this money goes away.

So, you know, right now we really are -- we are engaged with looking at all of the recommendations that we have been receiving, and just engaging with CMS and the other states just to see. But really we are waiting on that guidance from CMS.

MR. CHRISTMAN: Do you know, like, when this clock starts ticking, this 12-month clock? Has it already started or, like, does it start when a client is approved, or before?

MS. SMITH: No. It has already -- I believe it started the beginning of April. So it actually has -- unless their guidance changes that. I mean, it's always -- it
could be that guidance comes out that
changes that. We are hoping that this week
hopefully that we are going to get some
information from them, but I know that it's
not just us. You know, it's every other
state that's in the same boat. They are
waiting to get that information from CMS.
MR. CHRISTMAN: So unless it gets changed,
that window is narrowing every day?
MS. SMITH: It does, yes.
MR. CHRISTMAN: Did anyone else have any
questions about this issue, the
distribution?
MS. STAED: I had one. Sorry.

Pam, I just want to quickly ask if --
obviously, you-all are closer to the
governor than we are. Is there any
indication that he is entertaining the idea
of calling a special session?
MS. SMITH: I do not have access to that
information. I have not heard that. That
doesn't mean anything. It just -- I'm just
not really close enough to that that I
really would hear it ahead of anybody else.
MS. STAED: Understand. Thank you.
MARY: How much funds are involved?

MS. SMITH: That is part of what we are waiting on the guidance for. It's a 10 percent bump in our federal match. But how you calculate that, the first worksheet that they sent there's, like, two specified lines, and then there's one that says other and so other is -- you know, could be anything. So that's part of what we are waiting on, the guidance. So I don't have the exact number of what it could be yet.

MARY: Thank you.

MR. CHRISTMAN: Back on this requirement of the general assembly. I take it not all states would have the same requirement?

MS. SMITH: Correct. Correct. That was just -- that was just included in the most recent budget bill, so -- but, no, not all states have that requirement. That is specific to Kentucky.

MR. CHRISTMAN: Basically that law says that the general assembly has to approve the distribution of all Covid funds; is that --

MS. SMITH: Any additional funds, yes, that
we would draw down, yes.

MR. CHRISTMAN: Any other questions? We have one on -- I think there is some clarification needed or some written assurance on this next one: Policy on billing for DSP services to hospitalized participants.

MS. SMITH: So we have to override those claims. So those -- if that becomes necessary, then there should be a -- you should reach out to us to talk about those cases, and then we -- actually those claims will have to come to us for us to override for that billing. This is something actually that we have already -- we had done prior to Covid. It is -- there was just some question of it happening, whether or not it could happen, which is why we put the clarification in there, but this is very specific to -- the hospital has to -- it has to be demonstrated that the hospital absolutely cannot meet the needs of the participants.

MS. STAED: Hey, Pam, there has been -- some providers I know have reached out to
the Help Desk and have gotten guidance that
they need to upload a justification letter,
et cetera, into MWMA, which it sounds like
that's what you are talking about. But are
you saying that providers should reach
directly out to you and Alicia instead of
the Help Desk?
MS. SMITH: No. They can reach out to Help
Desk and the Help Desk can coordinate that
with us and with the staff to review that.
It doesn't have to be Alicia or I that
review it. It can be some of the other --
some of our regular branch staff can review
those.
MS. STAED: So this would be -- case
managers would not be necessarily involved
in the inputting of this or anything like
that; this will be direct Medicaid
approval?
MS. SMITH: They could -- yes, this would
be direct Medicaid approval, because we
have to override -- yeah, because those
claims are going to deny for institution
without our override.
MR. CHRISTMAN: Any other questions on that
point?

Number five, Personal Assistance and
Respite Services. I understand that that is
the case right now if it's -- these services
are necessary because of a Covid-related
issue?

MS. SMITH: It is specifically related to
those individuals that are not going to
ADT, and where the FHPs need that
additional assistance.

MR. CHRISTMAN: Okay. And is this policy
in writing now or --

MS. SMITH: It's in Appendix K. It was in
Appendix K before, but in the renewed
Appendix K we made the language a little
more clear because people -- we had a lot
of questions about it. But, yes, it is in
Appendix K.

MR. CHRISTMAN: Does one have to show that
it's Covid related? I suppose that would
be easy to do.

MS. SMITH: Yes, there would have to be
the -- so, you know, it's not necessarily
going to require Medicaid review. It is
going to require -- there would need to be
the justification uploaded in MWMA, similar to the enhanced residential for the other levels of residential and ABI and SCL. But it truly is when the individuals are not able to go to the ADTs or engage in their supported employment activities that they had been before.

MS. STAED: Pam, can you talk a little bit about -- people noticed, I guess last week maybe, that there were two new codes for this. One was the respite -- respite for ADT --

MS. SMITH: There's not any new codes that have been issued for this. It's the same respite and personal assistance code. Do you know what the codes were, Amy, that you were referring to?

MS. STAED: Yeah. I'm sorry, I have it in an e-mail. I'm just trying to find the e-mail in my massive inbox. Let me find it and e-mail you. Is that okay?

MS. SMITH: Yeah, that's fine.

MS. STAED: While we are on the subject of this, if you-all -- you don't have to answer me right now, but if you-all want to
think about clarification about if a PDF worker has to stop billing when they support a client at a medical appointment, like a doctor's office, et cetera.

MS. SMITH: If you want to send me some specific examples of that in e-mail.

MS. STAED: I will. I will write that down and send it.

MS. SMITH: Okay.

MR. CHRISTMAN: Any other questions for this point?

CYNTHIA: Hi, I have a question. Hi, Pam, it's Cynthia. Thanks for doing this.

I have been getting calls from our different partner providers about when to use this specifically, and from the way that I understand it that it's related to Covid, what I have been getting asked in particular is, you know, many FHPs have or had, before the pandemic, jobs outside of their FHP duties. And I'm getting questions can this personal assistance, excuse me, and respite be used for that.

MS. SMITH: It can be if it is -- if they are not going to ADT specifically because
of Covid. So, you know, it can't be -- it's not going to be an ongoing service, because that is something that, you know, pre-Covid and pre-, you know, the limitations with ADTs or even the closure with ADTs or, you know, the changes with supported employment, they would have had to make arrangements for the individuals, either, you know, the individuals were going to one of those situations or there was some other arrangement in place if they needed care while the FHP provider maybe was working or even, you know, simple things as going to the grocery or, you know, just day-to-day activities. So it is specific to those individuals that had been -- like if they are not able to go to ADT or use supported employment. And it will -- it will go away once Appendix K is over.

CYNTHIA: Thank you, Pam. I appreciate that.

MS. JACOBI: Hi, this is Aja. One quick question. So if someone has three people living in their FHP, they would need three
staff to come in to provide that service, or is there a way for one staff to do those services?

MS. SMITH: No. It would be -- because there's not any congregate-type personal assistance, so it would be with the specific people. But, Aja, I'll look into that a little bit more too. Right now the way it's written, it would be individual staff.

MS. JACOBI: Okay, thank you.

MR. CHRISTMAN: You may have already answered this, but these Appendix Ks, do they have a timeline or time limit?

MS. SMITH: Yes, it does. Right now the current end date of Appendix K is six months after the federal public emergency is declared over.

MR. CHRISTMAN: Are they typically renewed or is it --

MS. SMITH: We have renewed -- typically they are only approved for a year, but because CMS decided because of kind of how long the pandemic has continued -- I don't think anyone anticipated, at the beginning
of this, that we would be, you know, over a
year later and still be where we are, so
they allowed -- instead of only renewing it
for a year, they directed states to do an
end date of six months after the federal
public emergency is over, because that
really gives us time to transition
everybody back to kind of their norm and
back to the usual services once that has ended.

MR. CHRISTMAN: Which means there's nothing
for the state to do? It's just going to be
renewed? I mean --

MS. SMITH: No. You have to submit
information --

MR. CHRISTMAN: Oh, you do?

MS. SMITH: -- any time it has to be
renewed. Right, right now we would not
have to renew it unless there was something
we wanted to change. It will stay in
effect until the end without us doing
anything to it, correct.

MR. CHRISTMAN: Okay. Any other questions
on that point?

Number six, unless there's some
objection, we would like to skip that agenda item.

Amy, would you like to talk -- we have several here on data and, Amy, would you like to talk a little bit about the conversation you had with the Commissioner regarding data?

MS. STAED: Sure. A few weeks ago I had a meeting with our Medicaid Director, Lisa Lee, about a different issue. We sort of just started to talk about the TAC a little bit, and she really emphasized, wanted to emphasize the need for data-driven policy, and she reminded me that the TACs have the ability to request data to kind of inform their conversations to drive the policy recommendations, et cetera. And, you know, I don't participate in all of the TACs, but apparently some of the TACs do that really well, and she suggested that that may be a direction that this TAC goes into and suggested maybe we, the TAC, start to look at data about some of the issues that have been persistent or issues that we have kind of talked about for a long time. So that
was the background of that conversation and what brought forth Rick's request for some of these data points that he requested, specifically as it relates to, you know, exceptional supports and things like that. That's been a conversation around these services and in Medicaid, et cetera, for a long time.

I think that the TAC just wanted to take a look at exceptional supports and incident reports to see if, you know, it was making any difference, the request for exceptional supports, et cetera, that can maybe help inform the way that we think about supporting individuals of high needs moving forward.

MR. CHRISTMAN: Thanks, Amy. That was a good explanation.

Now, I don't know how much of this data Medicaid has at its fingertips. We might have to wait a little longer. But can you guys discuss a little bit about do you have some of this data now?

MS. SMITH: We do. I mean, we have -- it's not specifically in that -- I mean, I am a
big data person and look at data on a daily basis. So we would need just some more specifics as far as, you know, how -- what time frame do you want to look at and, you know, we would format it specifically based on your request to send, and then send that out to you-all to share amongst yourselves to have, you know, some discussions prior to the next TAC, so that you-all could come back with questions or back with suggestions. That's typically what we do with some of the other TACs.

So I would just need a little more specifics on, you know, do you want to look at the last year, do you want to look at the last two years, do you want to look at it based on, you know, fiscal years or calendar years, that type of information, to know exactly what you want, and then I can, you know, pull that and can send that out to you, Rick, for you to distribute to the TAC members for you-all to then all kind of look at and come back to the next meeting with questions, or ready to discuss the data.

MR. CHRISTMAN: Well, what do you think,
folks? Should we try to refine that right now or do this later after the meeting? We have a quorum here. We could make it pretty clear, make sure everybody is on the same page.

MS. HUGHES: Rick, you wouldn't be able to do it after the meeting. The TAC members need to discuss which data they want at this meeting --

MR. CHRISTMAN: What's that?

MS. HUGHES: -- or the next meeting, one, but you can't discuss this as a TAC unless it's in open meeting forum.

MR. CHRISTMAN: Isn't this one?

MS. HUGHES: Yeah, but you had mentioned doing it after this meeting and you can't have a meeting --

MR. CHRISTMAN: Okay. So we need to do it now, then, is what you are saying?

MS. HUGHES: Yes. Yes.

MR. CHRISTMAN: All right.

MS. HUGHES: So the TAC members need to let you know which data they would like.

MR. CHRISTMAN: So really we should do it right now.
MS. HUGHES: Correct.

MR. CHRISTMAN: All right. I'm open for suggestions. Data on number for whom a 30-day service discontinuation notices have been issued, I guess. So what time frame would we like? Any suggestions? The last fiscal year, the last calendar year?

MS. STAED: Rick, if I might make a suggestion, I think oftentimes fiscal years are easier for Medicaid because that's how they operate.

MR. CHRISTMAN: Okay.

MS. SMITH: We actually -- Amy, it doesn't matter.

MS. STAED: Okay.

MS. SMITH: -- based on any time frame.

MS. STAED: I think fiscal year works. And then, Rick, I suggest maybe the last two years just as a starting point to look at.

MR. CHRISTMAN: The last two calendar years, the last two full calendar years?

MS. STAED: Sure.

MR. CHRISTMAN: Okay. I hope I've written this request in an understandable fashion.

MS. SMITH: I need to know exactly what
data elements you want.

MR. CHRISTMAN: Okay. Well, we know that providers issue 30-day service discontinuation notices; correct? Is that right?

MS. SMITH: I do believe, yes, that they do.

MR. CHRISTMAN: Okay. Well, we would want the numbers of those notices for the 30-day service discontinuation for the years 2019 and 2020.

MS. SMITH: This one will be a little harder because we don't always get that information. I'll check with B-DID on that to see if they have that information. So going back to -- I will have to see what they -- how much of that they have, because we sometimes do not get that information. They may have it, but I don't know that it is collected, but I can -- that one is the only one that I'm not sure.

MR. CHRISTMAN: Okay. When you say they, is that some other department within --

MS. SMITH: It's B-DID. So I don't know how much that they even keep on that,
because -- and I can't exactly just run it for discharges out of the system, because somebody may be discharging somebody because they desire to go to a different residential agency, or desire to go to a different provider or just to stop that service, so...

MR. CHRISTMAN: Okay. What term did you use as far as who has that data?

MS. SMITH: It may be -- B-DID may have that since they are the operational agency. They operate it. I'm sorry?

MR. CHRISTMAN: What is B-DID? What did you say?

MS. SMITH: B-DID. It's the department for Behavioral Health and Developmental Disabilities.

MR. CHRISTMAN: Okay. We hope you can do your best on that.

I notice here I skipped one. Data on numbers of incident reports for people receiving exceptional supports, and that would be for the years 2019 and 2020. Do you need any more information on that, Pam?

MS. SMITH: So did you-all decide you were
going to use calendar year?

MR. CHRISTMAN: Yes.

MS. SMITH: And what data elements do you want out of that? What do you want to see back?

MR. CHRISTMAN: Well, the numbers.

MS. SMITH: Do you just want the numbers of incident reports --

MR. CHRISTMAN: Yes, right.

MS. SMITH: -- for people that were receiving exceptional supports?

MR. CHRISTMAN: Yeah. And for that same time frame, data on the numbers of crisis hospitalizations. Is that good?

MS. SMITH: How do you want to define the crisis hospitalization? Is there a specific diagnosis, is there a --

MR. CHRISTMAN: How about hospitalized for any reason.

MS. SMITH: Hospitalized for any reason, okay. What data do you want back from that? Do you just want unplanned or do you want --

MR. CHRISTMAN: Oh, yeah. Yes, unplanned.

What does everybody think? I think
unplanned would be what we are looking for. Does anyone agree or disagree?

MS. SMITH: Do you want to know their primary diagnosis for admission?

MR. CHRISTMAN: Well, that would be wonderful if you had that.

MS. SMITH: We do. I mean, I've got --

MR. CHRISTMAN: Yeah.

MS. SMITH: -- I have tons of data at my fingertips. I just need to know what you-all want to see.

MR. CHRISTMAN: Yes. Data on numbers of hospitalizations, whether they are planned or unplanned, and then what did you say the reason behind --

MS. SMITH: Primary diagnosis.

MR. CHRISTMAN: The primary diagnosis, yes.

MS. ELLIS-REEVES: So will this just be for community-based homes, or will this be for ICFs also?

MS. SMITH: You-all have to tell me. The exceptional supports wouldn't be applicable to the ICF. I don't know that really 30-day notice would either. It may be just numbers that the crisis hospitalizations,
but I just -- I need to know which -- and
do you want this just for people that
are -- of course, exceptional supports can
only be individuals in SCL. But are you
looking at just SCL for these, or do you
want Michelle P. or...
MR. CHRISTMAN: Would anyone like to
express an opinion on this? Are we just
looking at SCL or do we want to include
Michelle P. as well? Any opinions?
MR. HARVEY: I think if there's data out
there on Michelle P. Waiver Program
participants, I don't see why you wouldn't
include that information.
MR. CHRISTMAN: Should we separate it
though?
MR. HARVEY: Yeah. I think it should be
easy --
MS. SMITH: Yeah, I mean, I can do -- yeah,
I just need to know what you want, Rick.
MR. CHRISTMAN: I think Harvey -- Wayne is
right, let's have both, but let's separate
them so we know what are residentially
related and what is not. Is that all
right?
MR. HARVEY: I think another key thing we need to know, Rick, is there a way to track 30-day notices and how long it takes to refer the higher needs individuals out, how long before they go to their next placement, because I think that's a critical thing that's going on right now.

MR. CHRISTMAN: How long do people stay in that status of service discontinuation; is that what you are referring to --

MR. HARVEY: Yes.

MR. CHRISTMAN: -- Wayne? That would be good.

Is that something that could be ascertained, Pam?

MS. SMITH: Right now there's not -- so providers aren't required to notify us of that or to report how long they are staying beyond that. Let me look into that and see what we can get back on that one.

MR. CHRISTMAN: That would be helpful.

Any other comments or suggestions on any of these three pertaining to data?

MS. BENTLEY: I'm sorry. Go ahead, Wayne.

MR. HARVEY: I was -- just real quick and
I'll finish up. We also want to compare incidents prior to receiving exceptional supports and post-exceptional supports, you know. Are the exceptional supports meeting the needs to where the incident reports are going down?

MS. SMITH: Just for those individuals, right? So you want to look at them post receiving exceptional supports and then pre-exceptional supports?

MR. HARVEY: Yes.

MS. BENTLEY: So are we taking into consideration how much Covid is impacting this? I mean, we are in a different time. It's not like -- I'm sure there's people who have greater needs now during this time of Covid than they did before.

MS. SMITH: That's something you definitely want to consider when you are looking at 2020, is that you also have the impacts of Covid on just in general everything. And that's something that, you know, I take into consideration when I'm looking at data for just anything, really, is that 2020 is -- and really even now going into 2021,
is kind of an abnormal just because
there's so -- there's much more going into
it. So that is something, you know, as --
as I encourage you-all -- Katie, that's a
very good point -- when you look at this
data to think about things like that, too,
that could have had an impact on the data.

MR. CHRISTMAN: Would we rather look at '18
and '19 rather than '19 and '20?

MR. HARVEY: I think if you look at '19 and
'20, it will give you a look, the year
before Covid and the year during Covid.

MR. CHRISTMAN: These are aberrations,
though; right? Are these aberrations,
Covid?

MR. HARVEY: Well, I would look at the most
recent data if it was me.

MR. CHRISTMAN: But they are aberrant.
It's an unusual thing. It's going to end
at some point.

MR. HARVEY: Well, is there a way to look
at '18, '19 and '20 then?

MS. SMITH: Yeah, I can do -- yeah, like I
said, I just need you-all -- I need to know
what you want. But, yes.
MR. CHRISTMAN: Okay. '18, '19 and '20 then? Is that all right?

MR. HARVEY: Sounds good.

MR. CHRISTMAN: Yes.

MS. ELLIS-REEVES: Yes.

MR. CHRISTMAN: Waiting Lists.

MS. SMITH: Let me get that piece. Let me get that pulled up.

So for SCL right now we have zero on the emergency; 121 on the urgent; 2,759 on future planning, and we have 127 slots available. On Michelle P. we have 7,437 on the waiting list; 74 percent of those are under the age of 21. We are at the tail end of the most recent allocation that we did, which I believe was 125 people. It's either 125 or 150. And as we close that out and see what we have available, we will do another round of allocations. But we are within 200, I believe, of our 10,500. And we typically keep 20 slots open just for individuals that get caught up in, you know -- there's a lot of times when they started as a child and now they have reached, you know, 18, 19, they have to have
new determinations, so sometimes they are --
get dropped from the active, get dropped
from enrollment just because of that, which
is not their fault. So we hold 20 slots
just for that so that we can make sure those
individuals get their slot back if they lost
services through no fault of their own. We
are closer to reaching that mark. We will
keep allocating until we get to that point.
We just will do smaller numbers.

MS. STAED: Hey, Pam, is there any way you
can e-mail that? Do you still have that
piece of paper that you put all this on?
Is there any way that can be e-mailed?

MS. SMITH: Yeah, I can do that. I'll send
it to Rick and have Rick distribute it.

MS. STAED: Thank you. I appreciate it.

MR. CHRISTMAN: Are there any other topics?
I don't think so. So I will entertain a
motion to adjourn.

MS. ELLIS-REEVES: Motion to adjourn.

MR. CHRISTMAN: Second?

MR. HARVEY: I'll second.

MR. CHRISTMAN: All in favor?

(All members voted in favor.)
MR. CHRISTMAN: Okay. We are adjourned.

Thank you.

* * * * * *

THEREUPON, the meeting was concluded.

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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 22nd day of May 2021.

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