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

"INTELLECTUAL AND DEVELOPMENT DISABILITIES
TECHNICAL ADVISORY MEETING"

HELD AT:

PUBLIC HEALTH BUILDING
275 EAST MAIN STREET
FRANKFORT, KENTUCKY 40621

DATE:

SEPTEMBER 11, 2019

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A T T E N D E E S :

- Rick Christman - KAPP
- Johnny Callebs - Columbus Organization
- Wayne Harvey - KAPP
- Sherri Brothers - Arc of Kentucky
- David Hanna - Passport
- Steve Shannon - KARP
- Camille Collins - P&A --
- Liz Stearman - Anthem
- Brittany Knoth - Path Forward of KY
- Lisa Elstun - Dungarvin
- Aja Jacobi - Employment Solutions
- Stacy Seale - Employment Solutions
- Shawna Dellacave - Council on DD
- Pam Smith - DMS

1 MR. CHRISTMAN: I'll call this meeting to
2 order. And the first order of business is
3 welcome and introductions. And I'm Rick
4 Christman. I am the co-chair of the TAC.
5 And Sherri Brothers is on her way, but
6 she's going to be late. And I represent
7 KAPP.

8 MS. REEVES: I'm Sherry Ellis Reeves, and I
9 have a brother and sister both that live at
10 Oakwood.

11 MR. HARVEY: Wayne Harvey, here on behalf
12 of KAPP.

13 MS. ELSTUN: Lisa Elstun, Dungarvin.

14 MR. CALLEBS: Johnny Callebs, the Columbus
15 Organization.

16 MS. KNOTH: Brittany Knoth, Path Forward of
17 Kentucky.

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

20 MS. SEALE: I'm Stacy Seale with Employment
21 Solutions.

22 MS. SMITH: Pam Smith with DMS.

23 MS. STEARMAN: Liz Stearman, Anthem
24 Medicaid.

25 MR. HANNA: Dave Hanna with Passport.

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MS. COLLINS: Camille Collins with
Protection and Advocacy.

MS. DELLECAVE: Shawna Dellecave with The
Council on Developmental Disabilities.

MR. CHRISTMAN: Okay. I know -- I believe
we received the minutes; correct? Yes, I
did.

MS. BROTHERS: Yes.

MR. CHRISTMAN: Yeah. Anyone want to make
a motion to approve the minutes?

MR. HARVEY: I'll make the motion.

MR. CHRISTMAN: I second. All in favor?
(Members vote in favor.)

MR. HARVEY: It's pretty easy when you only
got three official members.

MR. CHRISTMAN: That's right. We'll
probably even -- we'll probably have to do
it over again anyway, because we don't have
a quorum, but anyway.

Employment verification, electronic
verification visit update.

MS. SMITH: And I cannot speak about it
right now because we are -- the RFP is
about to be released, so I can't really --

MR. CHRISTMAN: Okay.

1 MS. SMITH: -- make any comments about it.
2 MR. CHRISTMAN: So it sounds like it's in
3 process.
4 MS. SMITH: Uh-huh (affirmative).
5 MR. CHRISTMAN: Coterminous Services,
6 Consumer Directed Option and CLS. I got --
7 did you want to speak to that issue, Aja
8 and --
9 MS. JACOBI: We were looking more at CLS in
10 combination with complicated services.
11 MR. CHRISTMAN: Okay.
12 MS. JACOBI: We seem to have some confusion
13 in traditional services, both like CLS or
14 any other service can be billed at the same
15 time as State Behavior Supports. We're
16 being told that if the person is PDS, CDO
17 that those services can't be billed at the
18 same time. So I brought Stacy, who is
19 actually over at therapy services, to talk
20 about why that's a problem for us.
21 MS. SEALE: So our biggest concern when
22 this was brought to our attention and --
23 MR. CHRISTMAN: You can come up forward, if
24 you need.
25 MS. SEALE: A case manager had told one of

1 the clinicians that she needed to -- the
2 clinician needed to train the parents, who
3 would then train staff. And, otherwise,
4 all this recoupment was going to happen.
5 So I think our biggest concern was if this
6 is how the regulation is reading for some
7 people, then that would be parents being
8 the ones training on behavior supports and
9 not the actual behavior support specialist.
10 MS. SMITH: Who did that direction come
11 from?
12 MS. SEALE: Do you remember?
13 MS. JACOBI: I think initially we were
14 e-mailing with Quinn (phonetic). I don't
15 have the e-mail.
16 MS. SEALE: I think so.
17 MS. SMITH: Could you forward me the
18 e-mail? Because there is -- so ideally,
19 the way you would have the behavior staff
20 train the parents, but we would also expect
21 them to train the other caregivers, too,
22 not train the parents and then the parents
23 train the other individuals. So there is a
24 time when those services are going to
25 overlap. There's also a time when there's

1 going to be some observation where those
2 services are going to overlap. This is one
3 of the unique situations where you can
4 do -- where you have services that are
5 overlapping with each other. So it sounds
6 like we just need some clarification.
7 MS. JACOBI: Because we had been told also
8 that the observation piece couldn't overlap
9 in the CLS services or any other service.
10 MS. SMITH: Because they -- it -- you know.
11 MS. JACOBI: And I think I forwarded you
12 that e-mail --
13 MS. SMITH: Okay.
14 MS. JACOBI: -- our email goes to junk.
15 MS. SMITH: Okay. I'll --
16 MS. JACOBI: So Stacy can reforward that
17 e-mail to you.
18 MS. SMITH: Okay.
19 MR. CHRISTMAN: So to rephrase -- just to
20 rephrase that, Aja, the problem is that
21 certain services can't -- you're being
22 told --
23 MS. JACOBI: Uh-huh (affirmative).
24 MR. CHRISTMAN: -- that you can't deliver
25 certain services while a person is already

1 training, ADT. Remember we had -- we were
2 getting -- some plans were being rejected
3 because they mentioned work or vocation.
4 Anything that had that kind of language in
5 it, it was being denied.

6 MS. SMITH: So I had -- I had Alicia go
7 back and her team pulled --

8 MR. CHRISTMAN: Yeah.

9 MS. SMITH: -- several of these to look at
10 them. And, honestly, the ones that -- and
11 we just looked at one this morning before I
12 came down. And I don't know if it is after
13 the case manager -- maybe the team meeting
14 happens and then when the case manager goes
15 back and is entering it into the system
16 that the words are -- it's not getting
17 entered exactly correctly. Because we
18 literally are having ones that, it looks
19 like -- we had one individual that it
20 looked like that he was just -- it wasn't
21 about training him on how to do things
22 later to be more prepared. It was like
23 they were having him work as the janitor.

24 MR. CHRISTMAN: Yeah.

25 MS. SMITH: Which is not what we want. The

1 one that we reviewed this morning, all of
2 his goals, there was actually really not
3 any of the goals that related to day
4 training at all. There wasn't any -- there
5 was -- take it back. There was one about
6 him learning contact phone numbers. That
7 was the closest thing to anything that
8 related to the service of day training. So
9 we're working on -- you know, as part of
10 waiver redesign, we're working on smart
11 goals and writing goals, as well as just
12 additional training about the services.

13 MR. CHRISTMAN: Yeah.

14 MS. SMITH: So we've got that. Alicia is
15 actually, her subpanel group is the lead --

16 MR. CHRISTMAN: Yeah.

17 MS. SMITH: -- on that training, so they
18 wrap that into this --

19 MR. CHRISTMAN: Okay.

20 MS. SMITH: -- to try to get a better
21 handle around that.

22 We've also worked with Carewise and
23 asked them that if they were going to be
24 sending something back, to make sure they
25 gave more direction --

1 MR. CHRISTMAN: Yeah.

2 MS. SMITH: -- in what they were sending
3 and were --

4 MR. CHRISTMAN: Yeah.

5 MS. SMITH: -- were very clear about what
6 the concerns were.

7 MR. CHRISTMAN: Yeah. Because we did have
8 some instances where we -- where there were
9 legitimate prevocational goals --

10 MS. SMITH: Uh-huh (affirmative).

11 MR. CHRISTMAN: -- on the plan. And they
12 were --

13 MS. SMITH: Right. And so we did speak to
14 those --

15 MR. CHRISTMAN: Yeah. Right.

16 MS. SMITH: -- we spoke to them about
17 those. So we did some retraining --

18 MR. CHRISTMAN: So it's getting better --

19 MS. SMITH: -- with them.

20 MR. CHRISTMAN: -- but --

21 MS. SMITH: We did some retraining with
22 them.

23 MR. CHRISTMAN: Yeah.

24 MS. SMITH: So I think there is -- it is
25 getting better. We've -- we've seen that

1 need just in what we have reviewed as we've
2 been looking at these. So we are wrapping
3 that into the other training that we're
4 doing as far as waiver redesign.

5 MR. CHRISTMAN: Right.

6 MS. JACOBI: I've seen a decrease in the
7 denials. And it's probably partly because
8 the case managers and -- and the day
9 training staff are better at knowing how to
10 write this now. And then probably in
11 addition to what you have been doing, too.

12 MS. SMITH: So --

13 MR. CHRISTMAN: So in some cases it gets
14 misinterpreted when the plan actually gets
15 written, I guess, by the case managers?
16 That would --

17 MS. SMITH: I think, yeah, that when --

18 MR. CHRISTMAN: Yeah.

19 MS. SMITH: Yeah, when the case manager
20 actually goes back and it's actually
21 writing the goals MWMA that maybe there's
22 is a key piece. Sometimes it can just be a
23 word --

24 MR. CHRISTMAN: Yeah.

25 MS. SMITH: -- that's left off. And so

1 back to breaks on time --

2 MS. SMITH: The things that -- is really

3 trying to --

4 MR. CHRISTMAN: Yeah.

5 MS. SMITH: -- to prevent the individual

6 from being exploited. And so --

7 MR. CHRISTMAN: Yeah.

8 MS. SMITH: -- for them just to be being

9 cheap labor, that them doing --

10 MR. CHRISTMAN: Yeah.

11 MS. SMITH: -- or to be unpaid labor, that

12 they're doing things. So it's really about

13 how is the work that they're doing,

14 preparing them better for things that they

15 want to do in their life or how does that

16 relate to them specifically versus them

17 just being labor.

18 MR. CHRISTMAN: Right. Also, the problem

19 is, too, there's a differential between

20 vocational and prevocational services.

21 MS. SMITH: Right.

22 MR. CHRISTMAN: And we can -- in other

23 words, a prevocational service is just

24 pretty general. It's like, oh, listening

25 to your supervisor and getting along with

1 coworkers and coming back from breaks.
2 That's a prevocational service. That's
3 what Medicaid will pay for. But if we --
4 but if the goal says, well, they're going
5 to make more widgets or better widgets. In
6 other words, if we're training them to do a
7 specific job, that's a vocational service
8 which is not reimbursable by Medicaid. So
9 that -- that's some of the problem, too.
10 MS. JACOBI: I believe the waiver says it
11 can't be --
12 MR. CHRISTMAN: Yeah.
13 MS. JACOBI: -- for the primary purpose of
14 production --
15 MS. SMITH: Right.
16 MS. JACOBI: -- or a service.
17 MR. CHRISTMAN: Service -- goods and
18 services --
19 MS. JACOBI: Yeah.
20 MR. CHRISTMAN: -- primarily for goods and
21 services.
22 MS. JACOBI: Yes.
23 MS. BROTHERS: Thank you.
24 MR. CHRISTMAN: And that's a -- you know,
25 we have to be careful in how we write our

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goals so we don't get into that.

We brought this up. I don't know if there's anybody from Guardianship, but it's still an issue. I think if we're trying to encourage supported employment, and a person is receiving State Guardianship or working at the special minimum wage, if they can't get their paychecks -- and maybe you could speak to that, too, Aja. You see this happening.

MS. JACOBI: Oh, absolutely.

MR. CHRISTMAN: And how does it make a person feel?

MS. JACOBI: They don't want to work. We have -- we have --

MR. CHRISTMAN: And why should they?

MS. JACOBI: Right. We have -- yeah, we have folks that are --

MR. CHRISTMAN: Yeah.

MS. JACOBI: -- could be wonderful employees for any business out there. But when they don't get their paycheck, it makes them not want to work towards that.

MR. CHRISTMAN: Yeah, so it's a real problem. So hopefully, next time we can

1 get someone from Guardianship here --
2 MS. SMITH: I'll see if we can get --
3 MR. CHRISTMAN: -- to kind of explain
4 what -- you know, I think maybe their
5 concern, well, maybe they'll save up too
6 many assets and lose their benefits. But I
7 think in 99.9 percent of the cases, every
8 bit of that paycheck is going to be spent
9 by the time they get their next paycheck.
10 So I don't see that -- the issue of having
11 too many resources.
12 MS. JACOBI: Well, and there's also --
13 MR. CHRISTMAN: Yeah.
14 MS. JACOBI: -- accounts out there now
15 that --
16 MR. CHRISTMAN: Yeah.
17 MS. JACOBI: -- people account and stuff
18 they can put it in.
19 MS. COLLINS: Rick, I think I said this
20 before. A lot of people do who are under
21 the Guardianship, you can go back to
22 district court, and sometimes Guardianship
23 will assist in the process of even seeing
24 where the person didn't have to go to
25 court. They could just communicate to the

1 county attorney and the judge, the need for
2 the person to be able to cash a check under
3 a certain amount. And that's usually --
4 and that's a successful avenue. That can't
5 solve the problem for 300- or 3,700 people
6 on -- who are under Guardianship, but for a
7 lot of the people that you work with you
8 can advocate for that on an individual
9 basis.

10 MR. CHRISTMAN: Yeah, but that's another
11 step you have to go through and, you know,
12 it would just be nice maybe if Guardianship
13 just let people have their paycheck --

14 MS. SMITH: I think --

15 MR. CHRISTMAN: -- unless there was --

16 MS. SMITH: I think --

17 MR. CHRISTMAN: -- some reason why they --

18 MS. SMITH: Yeah, I think it's part of it.

19 MR. CHRISTMAN: -- like if they were not
20 supposed to buy cigarettes with it or, you
21 know, candy bars, but...

22 MS. SMITH: I think part of it is --

23 MR. CHRISTMAN: Yeah.

24 MS. SMITH: -- by being deemed that they
25 need guardianship, that there's -- if it's

1 a legal --

2 MS. COLLINS: Legal issues --

3 MR. CHRISTMAN: That they can't have --

4 MS. SMITH: -- legal issues there that

5 they --

6 MS. COLLINS: That's why they're --

7 MR. CHRISTMAN: Oh, I see.

8 MS. SMITH: Yeah.

9 MR. CHRISTMAN: Yeah, I see.

10 MR. CALLEBS: And I've had -- I've had them

11 explain to me that a key reason for it is

12 reporting.

13 MS. COLLINS: Reporting.

14 MR. CALLEBS: So if you -- if the paycheck

15 never makes its way to fiduciary in

16 Frankfort --

17 MS. SMITH: Yeah.

18 MR. CALLEBS: -- then they can't report to

19 Social Security their wages and for

20 eligibility reasons and so -- but I think

21 there are -- there's a way to work around

22 that, but --

23 MR. CHRISTMAN: Yeah, we can maybe talk

24 more about this.

25 MS. SMITH: So I will --

1 MR. CHRISTMAN: Yeah.

2 MS. SMITH: -- I will ask Dale if we can
3 have somebody from Guardianship come to the
4 next meeting.

5 MR. CHRISTMAN: Yeah, because it is a --
6 and then we can talk about a workout,
7 because it is a problem for some people.

8 MS. KNOTH: Sometimes we just have the
9 Guardian set up to automatically send a
10 check every two weeks. So the paycheck
11 goes to Guardianship --

12 MR. CHRISTMAN: Yeah.

13 MS. KNOTH: -- but they're set to get a
14 100-dollar check in the mail every two
15 weeks.

16 MR. CHRISTMAN: Yeah.

17 MS. KNOTH: I mean, it's not the same as
18 your actual paycheck --

19 MR. CHRISTMAN: Yeah, but when they get a
20 copy of the --

21 MS. KNOTH: -- but --

22 MR. CHRISTMAN: -- check instead of a
23 check, it's --

24 MS. KNOTH: Well, they --

25 MR. CHRISTMAN: -- it's kind of a let down.

1 MS. KNOTH: No. They send a check.
2 MR. CHRISTMAN: Oh, they --
3 MS. KNOTH: Yeah.
4 MR. CHRISTMAN: Well, but the --
5 MS. KNOTH: We have to cash it.
6 MS. SMITH: -- they get a portion of the
7 money.
8 MR. CHRISTMAN: Yeah.
9 MS. KNOTH: Yeah, we have to cash the
10 check --
11 MR. CHRISTMAN: Yeah.
12 MS. KNOTH: -- but it's from Guardianship,
13 but they're still getting like their --
14 MR. CHRISTMAN: Yeah.
15 MS. KNOTH: -- they're getting money every
16 few weeks.
17 MR. CHRISTMAN: I got that, but they don't
18 get the paycheck from the employer where --
19 MS. KNOTH: Yeah.
20 MR. CHRISTMAN: -- they did the work and --
21 MS. KNOTH: Oh, yeah. I always kind of
22 joke, you don't have to --
23 MR. CHRISTMAN: Yeah.
24 MS. KNOTH: -- look at how much taxes come
25 out first.

1 MR. CHRISTMAN: Yeah, that's right.

2 Anyway, I'm glad we're going to talk about
3 that some more.

4 The seventh one is kind of related
5 to -- well, we did send in -- I guess it's
6 related to rates, and we can talk about
7 rates in general, too, because I think we
8 tried to -- that was on the agenda. Anyway,
9 in reading the model that has been provided
10 on the rate build-up approach -- and
11 particularly as it relates to day training,
12 you know, I really don't have -- in terms of
13 how it was performed, in terms of what they
14 assume, in terms of, you know, the ratio of
15 staff to participants and the square footage
16 and the overhead and the benefits and all
17 that, I really don't have -- to me it
18 sounded it was -- it was reasonable. I
19 mean, clearly a lot of work has been put
20 into this. But my concern -- I guess what I
21 want to bring up is that it assumes a wage
22 of \$12.00 an hour. And I think particularly
23 in urban settings, that is not adequate.

24 I just went -- went through the White
25 Castle this morning and there was an ad for

1 \$11.00 an hour. And I'm sure you probably
2 don't have to pass a drug test and you can
3 probably start working the day you start.
4 But when you're talking about a direct
5 support professional, it really is a
6 professional position. You have to do --
7 the training is extensive. You have to
8 do -- really, you have to have a good
9 command of the English language. You have
10 to be able to write notes. You have to be
11 able to follow the service plan. It is --
12 it is a -- it's a complicated job. It
13 requires a lot of skill if you're doing an
14 adequate job.

15 And the other thing is, the most
16 important thing, if you're going to have a
17 quality program, you really have to have
18 very little turnover. And when you're in a
19 competitive market like Lexington or
20 Louisville and maybe other -- like Frankfort
21 or many other places, that is just not
22 competitive. You're going to have a lot of
23 turnover. So \$12.00 -- I don't know, maybe
24 \$12.00 is adequate. I don't know where the
25 \$12.00 came from, but I do have a -- I mean,

1 I do have a problem with it being too low.
2 And maybe that was the median wage they came
3 up with, but that doesn't mean anything
4 either, because like you're given a, you
5 know, a one-gallon bucket, that's all you
6 can carry. So, I mean, the rates were
7 driving the wage. Wage is not driving the
8 rates. When you set the wage artificial --
9 I mean, the rate artificially low, that's
10 all you can afford. Does that make sense?
11 But I really I have to -- I just know in our
12 case, at \$12 an hour, just does not get you
13 a quality workforce.

14 MS. SMITH: So I will -- there is going to
15 be actually -- and the announcement should
16 have went out on this. On next Tuesday,
17 the 17th at 9:30, there is a rate study --
18 there's a webinar -- and I'll provide a
19 webinar -- that Navigant is leading that
20 will talk about the rates, where we're
21 going to actually release the rates, as
22 well as all of these will be going out for
23 public comment on --

24 MR. CHRISTMAN: Yeah.

25 MS. SMITH: -- the 30th. I will tell you

1 that it was extensive, the work that they
2 did into it. And you have to remember, we
3 had to do this in a budget neutral
4 environment.

5 MR. CHRISTMAN: I got you.

6 MS. SMITH: So --

7 MR. CHRISTMAN: Yeah.

8 MS. SMITH: -- but I will --

9 MR. CHRISTMAN: I mean, I don't have any
10 problem --

11 MS. SMITH: -- defer to that rate --

12 MR. CHRISTMAN: Yeah. Yeah.

13 MS. SMITH: -- because Navigant will be
14 best to answer those questions.

15 MR. CHRISTMAN: Sure.

16 MS. SMITH: And I think a lot of those
17 questions will be -- will be answered on
18 that webinar.

19 MR. CHRISTMAN: Yeah. And I want to say,
20 the methodology itself, I don't -- I mean,
21 to me, it made a lot of sense and, clearly,
22 a lot of work has been put into it. But
23 when you start with that base wage, I -- I
24 really don't think that's adequate for a
25 lot of places and, certainly, not in

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Lexington.

MS. BROTHERS: Can I ask a question?

MR. CHRISTMAN: Yeah.

MS. BROTHERS: The CMS rule that the ARC has put out a notice about, they issued a proposed rule to further weaken the access rule. Do you know about that?

MS. SMITH: I'm not sure what you're...

MS. BROTHERS: So that's a federal.

MS. SMITH: Yeah, I know CMS --

MS. BROTHERS: So --

MS. SMITH: -- but I'm not sure what you're referring to.

MS. BROTHERS: Well, I'm just -- I've got it on our Facebook page. And so they've issued a statement about it. And I'm wondering if that's going to have any impact on the direct -- the provider reimbursement rate on supports and services.

MS. SMITH: We -- we have been given the direction that we have to remain budget neutral, which is -- and so that -- I can go back and I'll look at that. I'm not sure what notice you're referring to, so

1 I'll go back and look at that. But I'm not
2 aware of anything that has been released
3 recently that is impacting the wages at
4 all.

5 MS. BROTHERS: Okay.

6 MS. SMITH: Or any of the rate setting.

7 MR. CHRISTMAN: So you haven't -- you
8 haven't seen the rates yet yourself; right?

9 MS. SMITH: I have, yes.

10 MR. CHRISTMAN: You have?

11 MS. SMITH: I have in the rate study work
12 group and seen those. And we've met with
13 the legislators and they have -- they have
14 seen those, as well as the executive staff,
15 so... And I will --

16 MR. CHRISTMAN: Well, I guess that some
17 rates go down and --

18 MS. SMITH: -- tell you, we're still doing
19 some fine tuning.

20 MR. CHRISTMAN: -- other can go up then;
21 right?

22 MS. SMITH: There is, but --

23 MR. CHRISTMAN: Yeah.

24 MS. SMITH: -- there was not a -- it was
25 not arbitrary in any shape or fashion. It

1 was all very evidence-based and --
2 MR. CHRISTMAN: Yeah.
3 MS. SMITH: -- it was very thorough and it
4 was all -- was based on the cost studies
5 from the providers that chose to
6 participate. We had very good -- we had a
7 decent participation rate. We had
8 representation from all over the state. We
9 had large and small providers. We had, you
10 know, a mix of private, for profit,
11 not-for-profit government entities that
12 participated. They looked also at the
13 Bureau of Labor Statistics.
14 MR. CHRISTMAN: Okay.
15 MS. SMITH: It was a very thorough study.
16 And they will go into a lot of that --
17 MR. CHRISTMAN: Yeah.
18 MS. SMITH: -- on Tuesday when we have --
19 MR. CHRISTMAN: Yeah.
20 MS. SMITH: -- that all provider webinar.
21 MR. CHRISTMAN: Yeah. Which understand
22 what I'm saying, too, when you start --
23 when you have a rate that's what it is, you
24 have to work within that rate --
25 MS. SMITH: Uh-huh (affirmative).

1 MR. CHRISTMAN: -- and that depend -- that
2 really -- you know, that drives how much
3 you pay your workers --
4 MS. SMITH: Uh-huh (affirmative).
5 MR. CHRISTMAN: -- and I'm just saying --
6 you get what I'm saying.
7 MS. SMITH: Well, I -- exactly, yeah.
8 MR. CHRISTMAN: Yeah.
9 MS. SMITH: I mean, they also looked at --
10 you know, so they looked at other costs
11 that go -- they looked at, you know, the
12 size of the -- they looked at real estate.
13 They looked at mileage. That looked at --
14 MR. CHRISTMAN: It was all good.
15 MS. SMITH: -- transportation. They looked
16 at --
17 MR. CHRISTMAN: It was all good.
18 MS. SMITH: Yeah. They looked at all of
19 the --
20 MR. CHRISTMAN: Yeah.
21 MS. SMITH: So they gathered --
22 MR. CHRISTMAN: There was a lot of work put
23 into it, I know. And I don't have -- and
24 the methodology, I think makes sense, other
25 than the assumption on what the pay rate

1 is, and I think that's not adequate for
2 some reason.

3 MS. SMITH: And I don't -- and I can't
4 remember off the top --

5 MR. CHRISTMAN: Yeah.

6 MS. SMITH: I've looked at them so many --

7 MR. CHRISTMAN: Yeah.

8 MS. SMITH: -- times and we've --

9 MR. CHRISTMAN: Yeah.

10 MS. SMITH: -- we've actually as of
11 yesterday, we're still refining some of
12 them, so --

13 MR. CHRISTMAN: Okay.

14 MS. SMITH: -- based on some --

15 MR. CHRISTMAN: Okay.

16 MS. SMITH: -- additional comments from the
17 rate study work group, so...

18 MR. CHRISTMAN: We had a couple other items
19 we sent in to Sharley and I thought she'd
20 have them on the -- did you want to talk
21 any more about the rate study? I think
22 we've heard something about that. We're
23 waiting to be -- they'll be announced and
24 there's going to be --

25 MS. BROTHERS: I guess I'm just more

1 concerned about the CMS, the final rule and
2 the new alerts that have come out. And so
3 I'll -- I'd like to send you, I guess, that
4 information and -- and...

5 MR. HARVEY: Is Tuesday going to be when
6 all the other providers find out what the
7 proposed rates are going to be?

8 MS. SMITH: Uh-huh (affirmative).

9 MR. CALLEBS: And is that -- that's the
10 first I've heard about a webinar on
11 Tuesday.

12 MS. SMITH: It should have went -- it
13 should have went out. I will send it so
14 that you-all can send it out through the
15 TAC, too. I'll have Jackie forward that --
16 that invite.

17 MR. CALLEBS: Do you happen to know the
18 time --

19 MS. SMITH: 9:30 to 11:00.

20 MR. CALLEBS: 9:30 to 11:00?

21 MS. SMITH: Uh-huh (affirmative).

22 MR. CALLEBS: Okay. Thank you.

23 MS. KNOTH: It was just e-mailed out at
24 10:15 --

25 MS. SMITH: Was it? Okay. Yeah, we've

1 asked -- so we asked them to also -- to
2 send it out. It should have went out to
3 our larger -- you know, anybody that's on
4 the distribution, the e-mail distribution
5 list that we maintain. And then like we
6 wanted to have this webinar prior to, and
7 have an opportunity to answer questions
8 prior to everything going out for public
9 comment on the 30th. So that will be the
10 30-day start of that.

11 MR. CHRISTMAN: Okay. Well, we'll be
12 anxious to see that.

13 MS. SMITH: Uh-huh (affirmative).

14 MR. CHRISTMAN: Sherri, you also suggested
15 the KIHIP update. And if I understand
16 that correctly, it's a new program that if
17 you're a Medicaid recipient and you have
18 private insurance, that Medicaid can be
19 used to like --

20 MS. SMITH: Pick up the premiums.

21 MR. CHRISTMAN: Pick up the premium, pick
22 up the -- I guess the -- so where is that
23 headed? Is that still --

24 MS. SMITH: I will -- since I did not
25 get -- I didn't see that --

1 MR. CHRISTMAN: Yeah.

2 MS. SMITH: And that's not actually one of
3 the things in my area. I don't -- I'll
4 have to go back and talk to --

5 MR. CHRISTMAN: Okay.

6 MS. SMITH: -- Lee about that, because I
7 don't -- I know just about that much of it
8 when I talk --

9 MR. CHRISTMAN: Right. Right.

10 MS. SMITH: So...

11 MR. CHRISTMAN: So that gets us to waiting
12 lists. And you provided us with --

13 MS. SMITH: So we are --

14 MR. CHRISTMAN: -- a table.

15 MS. SMITH: Michelle P., our total is
16 6,721, which actually -- I realize it's not
17 by any means a large decrease, but this has
18 been the first time we have not increased.
19 It was 6,800 last time, so we've actually
20 made a little bit of progress there. We're
21 still about 70 percent children are under
22 the age of 21 on the wait list.

23 MR. CHRISTMAN: Uh-huh (affirmative).

24 MS. SMITH: We are close to capacity. I
25 believe we're going to allocate another 125

1 or 150 slots within the next 60 days. I
2 don't -- I can't remember exactly when the
3 closeout of the previous group of slots
4 was. But we'll be issuing probably our
5 last allocation of slots. We're hoping
6 we're going to be back up to our 10,500 so
7 that we're actually full.

8 MR. CHRISTMAN: And you think that will be
9 within a very short --

10 MS. SMITH: Probably within 60 days.

11 MR. CHRISTMAN: From today?

12 MS. SMITH: From today, yeah.

13 MR. CALLEBS: Another 250, you said?

14 MS. SMITH: No. I think it's 125 to 150.

15 MR. CALLEBS: Okay. Okay.

16 MS. SMITH: We don't have quite 250 that we
17 can --

18 MR. CALLEBS: Okay.

19 MS. SMITH: -- that we can release.

20 For SCL, we still have no emergency
21 placements. 139 on the urgent list and we
22 have 69 slots that are available.

23 MS. DELLECAVE: Could I ask a question?

24 MS. SMITH: Uh-huh (affirmative).

25 MS. DELLECAVE: When someone is on the

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urgent list, how long do they stay on the urgent?

MS. SMITH: Right now, the way that it is -- it's looked at, is that they stay on the urgent list until they are identified under emergency. We try to hold those emergency slots for specifically when someone has the death of a primary care giver. There's really that urgent need --

MS. DELLECAVE: Uh-huh (affirmative).

MS. SMITH: -- for residential in particular.

MS. DELLECAVE: Uh-huh (affirmative).

MS. SMITH: They -- we have been -- I can't remember if that went down. I think it actually -- that we've allocated a couple of people off of the urgent list since the last time.

MS. DELLECAVE: Okay. But once you're on the urgent -- and my understanding in the past was that you could stay on it for like a year and then you would be given a spot, but that doesn't sound correct.

MS. SMITH: You may be on it a year; you may be on it less than a year. It really

1 depends on what your situation is.
2 MS. DELLECAVE: You have to --
3 MS. SMITH: Each person is looked at
4 individually.
5 MS. DELLECAVE: You have to go into an
6 emergency?
7 MS. SMITH: Uh-huh (affirmative), uh-huh
8 (affirmative).
9 MS. DELLECAVE: Okay.
10 MS. COLLINS: You said 63 slots available?
11 MS. SMITH: Sixty-nine (69).
12 MR. CALLEBS: And that's for the remainder
13 of the waiver year?
14 MS. SMITH: That's for the remainder of the
15 waiver year.
16 MR. CALLEBS: Until about March or
17 something?
18 MS. SMITH: March, uh-huh (affirmative).
19 MR. CALLEBS: Thanks.
20 MS. SMITH: And Michelle P., we just
21 restarted waiver years on 9/1.
22 MR. CHRISTMAN: Say that again about the
23 SCL?
24 MS. SMITH: It's -- we have 69 that are
25 available and that's through the end of the

1 waiver year, which I believe it's March --
2 I think is when theirs new starts.
3 Michelle P., we just restarted on 9/1. So
4 what that means is, is that anybody that
5 has a slot right now, that slot remains
6 theirs until the end of that waiver year.
7 MR. CHRISTMAN: How many do you kind of
8 hold open for emergencies?
9 MS. SMITH: We -- State usually -- this has
10 been the first time actually the last
11 couple of years that we have been able to
12 have this many --
13 MR. CHRISTMAN: Uh-huh (affirmative).
14 MS. SMITH: -- that we've been able to hold
15 open. Because we had been at a point where
16 we had even a waiting list for emergency.
17 So we try to, when we have available slots
18 and it's less than a hundred, to hold
19 those.
20 MR. CHRISTMAN: Yeah.
21 MS. SMITH: Just because there's -- you
22 know, to make sure we have a spot for
23 somebody that might need it. Now when we
24 start getting down towards the end of
25 the -- of the waiver year, then we can

1 start releasing some of those for urgent,
2 because we're going to redo --
3 MR. CHRISTMAN: Yeah.
4 MS. SMITH: -- because at that point,
5 anybody that has passed away or that has
6 moved out of state, then we'll be able to
7 recover those slots and use those again at
8 the beginning of the waiver year.
9 MR. CHRISTMAN: Will you feel comfortable
10 having a waiting -- I mean, having 100
11 slots open? I mean, that would be your
12 optimal --
13 MS. SMITH: Yeah.
14 MR. CHRISTMAN: -- that you try to keep it
15 at?
16 MS. SMITH: We've done -- for the past two
17 years we have been able to remain at zero
18 on emergency.
19 MR. CHRISTMAN: Which is great.
20 MS. SMITH: And so --
21 MR. CHRISTMAN: Yeah.
22 MS. SMITH: -- actually, you know, we're
23 going through the budget process right now.
24 And so we are asking for slots for SCL and
25 for, obviously, Michelle P. And so if

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we're able to get slots for SCL, then we will allocate some off the urgent waiting list.

MR. CHRISTMAN: Okay.

MS. BROTHERS: How many slots are you asking for?

MS. SMITH: I knew you were going to ask me that and I cannot remember how many that I asked me for. Off the top of my head, I don't remember. There was a big -- we -- we looked at several factors and we decided how many slots to ask for, like the number that get added per -- per month, how many we vacate per year, and I -- I just -- I don't remember off the top of my head.

MS. BROTHERS: Could you provide that to us?

MS. SMITH: It really won't do anything at this point, because it's just -- it's part of the budget. It's not even finalized yet. That just went to finance, so...

MS. BROTHERS: Well, here's why I'm asking, because, I mean, for us as advocates and self-empowerment groups, it does something for us, because we can then in turn go to

1 the legislators and allocate for more
2 slots.
3 MS. SMITH: I would -- I mean, I would ask
4 for --
5 MS. BROTHERS: I mean, you know -- I mean
6 that's what --
7 MS. SMITH: I mean, that's all we --
8 obviously, we need slots.
9 MS. BROTHERS: Uh-huh (affirmative).
10 MS. SMITH: So without even -- you don't
11 really need a number to say --
12 MS. BROTHERS: Right.
13 MS. SMITH: -- we need slots. I mean,
14 we --
15 MS. BROTHERS: Right.
16 MS. SMITH: We -- obviously, I could not
17 ask for 6,000 slots in Michelle P.
18 MS. BROTHERS: Uh-huh (affirmative).
19 MS. SMITH: I mean, that -- but, you know,
20 we met with the budget -- we presented
21 before the budget subcommittee and we
22 presented specifically on slots about a
23 month -- it's been about a month ago. And
24 we've had another meeting with them since
25 then. But about going through slots and

1 how many are being used right -- how many
2 are taken right now and how many are
3 available, and we did that for all of the
4 waivers, so...

5 MS. BROTHERS: I just think it would be
6 more informative for us to already know
7 what you presented, though. I mean, it --

8 MS. SMITH: Well, it hasn't been presented
9 to anybody but our internal finance
10 cabinet.

11 MS. BROTHERS: Okay.

12 MS. SMITH: So they still are -- it's still
13 in the process of the budget being put
14 together for it to be presented to LRC. So
15 that has not happened yet.

16 MR. SHANNON: But can Sherri tell her
17 advocates that we need more slots and
18 Medicaid is on board with needing more
19 slots as well?

20 MS. SMITH: Absolutely.

21 MR. SHANNON: I mean, I think that's --

22 MS. SMITH: Yeah, absolutely.

23 MR. SHANNON: That's kind of a bridge to
24 the real number.

25 MS. SMITH: Right. Absolutely.

1 MR. SHANNON: So it's not just you on your
2 own and --

3 MS. SMITH: I mean, you have these numbers
4 that we have -- you know, Michelle P.,
5 there's 6,700 people on the wait list. So,
6 obviously, we need more slots. We're
7 asking for slots in the next budget.

8 MS. BROTHERS: I mean, we've been doing
9 that all along. I guess I just -- you
10 know, if you are asking for so many, then
11 maybe we go over that number and say
12 Medicaid is asking for this amount, but we
13 really need such and such, so let's do some
14 more.

15 MR. SHANNON: I think in the interim, you
16 can say Medicaid is recognizing additional
17 slots.

18 MS. BROTHERS: Right, the need.

19 MR. SHANNON: That way --

20 MR. CHRISTMAN: Yeah.

21 MR. SHANNON: It's not just you giving the
22 message.

23 MS. BROTHERS: Uh-huh (affirmative).

24 MR. CHRISTMAN: We also have this crazy
25 system that should we have another

1 governor, he's -- he wants to put the
2 budget together, so...
3 MR. SHANNON: He gets an extra five days.
4 MR. CHRISTMAN: He has how many?
5 MR. SHANNON: Extra five days.
6 MR. CHRISTMAN: An extra five days?
7 MR. SHANNON: The new governor has an extra
8 five days --
9 MR. CHRISTMAN: Not many -- not much time
10 to get your feet on the ground.
11 MR. SHANNON: That's true. You get five
12 more days.
13 MR. CALLEBS: Rick, can I ask a question --
14 MR. CHRISTMAN: Sure.
15 MR. CALLEBS: -- about the waiting list?
16 The numbers, the total numbers --
17 MS. SMITH: Uh-huh (affirmative).
18 MR. CALLEBS: -- are they unduplicated?
19 MS. SMITH: Yes.
20 MR. CALLEBS: So one person is not --
21 MS. SMITH: Well, they're unduplicated on
22 each, on -- so they're unduplicated on each
23 waiting list, but you have -- there are
24 several people that are on Michelle P.
25 waiting list that might also be on SCL.

1 MR. CALLEBS: And that was my question.
2 MS. SMITH: And there's -- and then there's
3 also, there might be people that are being
4 served on HCB, but also be on -- might be
5 showing up --
6 MS. BROTHERS: -- a wait list.
7 MS. SMITH: Uh-huh (affirmative).
8 MS. BROTHERS: Okay.
9 MS. SMITH: There's -- I believe the
10 numbers -- because we -- we just looked at
11 that. And there's about 750 something
12 people that are listed on multiple waiting
13 lists.
14 MR. CALLEBS: Okay. So you can have the
15 same person show -- be counted in both
16 sets?
17 MS. SMITH: In both sets, yes.
18 MR. CALLEBS: But we're not sure of that --
19 how many right now? I was just curious.
20 MS. SMITH: It was about 750 something was
21 the -- was the --
22 MR. CHRISTMAN: Are duplicate?
23 MS. SMITH: -- average that were -- that
24 are listed on at least more than one
25 waiting list.

1 MR. CALLEBS: Okay. Thank you.

2 MS. BROTHERS: And since you said you just

3 started a new year, the 9/1/2020 --

4 MS. SMITH: Uh-huh (affirmative).

5 MS. BROTHERS: -- how many slots are you

6 planning to allocate? Do you have any

7 idea?

8 MS. SMITH: We are close to back up to the

9 10,500 being served, which is our full

10 capacity. We were going to allocate -- I

11 think we have another 125 or 150 that will

12 be allocated in the next 60 days.

13 MS. BROTHERS: But I'm talking about, do

14 you have -- and is that going to continue,

15 I mean, this process?

16 MS. SMITH: No. That will be -- that is

17 what we have left, because we've been

18 allocating every 90 days. We've been

19 allocating 250 to 325 since the end of last

20 year. So we -- going into the new waiver

21 year, we were already getting close to the

22 10,500. So we -- with the slots that were

23 released by individuals that were being

24 served on SCL or that have moved out of

25 state, that -- that gave us about another

1 150 to 175, somewhere around in there,
2 yeah.

3 MS. BROTHERS: So are intermediate care
4 facilities in your budget?

5 MS. SMITH: They're not in my -- they're
6 not part of what I deal with, but it's part
7 of -- it's part of the overall budget, yes.
8 I only have the -- the 1915(c) waivers.

9 MS. BROTHERS: Where would I get that
10 information?

11 MS. SMITH: If you send a request through
12 Sharley, she can get that. It's actually
13 in the Division of Policy. Lee Dice
14 (phonetic) has that, has the facilities.

15 MS. BROTHERS: Thank you.

16 MR. CHRISTMAN: Well, maybe someone -- in
17 the future meeting, someone from that group
18 can attend --

19 MS. SMITH: Yeah, I can ask.

20 MR. CHRISTMAN: -- and we can ask
21 questions. I think that would be very
22 helpful.

23 MR. SHANNON: Behavioral Health would be
24 helpful, too.

25 MR. CHRISTMAN: Who would?

1 MR. SHANNON: Behavioral Health.
2 MR. CHRISTMAN: Behavioral Health.
3 MS. SMITH: And normally, they're here.
4 MR. CHRISTMAN: Yeah.
5 MS. SMITH: Normally, they're here, but
6 they -- they all were -- there's some
7 traveling and there's several that are out
8 of the office, so...
9 MR. CHRISTMAN: And so what division would
10 that be being, again, for --
11 MS. SMITH: There's -- so within Medicaid
12 it's the Division of Policy.
13 MR. CHRISTMAN: Okay.
14 MS. SMITH: And that's Lee Dice's Division,
15 but it also is managed within Behavioral
16 Health as well.
17 MR. CHRISTMAN: Okay.
18 MS. SMITH: It's similar to us having --
19 you know, with the SCL, they -- they are
20 the operating agency for SCL, Michelle P.
21 for us, but it's under our --
22 MR. CHRISTMAN: Yeah.
23 MS. SMITH: -- ultimate umbrella.
24 MR. CHRISTMAN: Okay. Well, that will be
25 helpful.

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And now we're down to, is there any other business item?
MS. DELLECAVE: I do --
MR. CHRISTMAN: Yes.
MS. DELLECAVE: -- have a question. I was contacted by a family within the month, who has a daughter with autism who is age 48. She's never received any state support service, no waiver. She's received some supported employment through OVR. Her parents are in their mid 70s and she's on the wait list for the Michelle P. waiver and the SCL, and we're just trying to problem solve supports to help this family, because they're starting to navigate residential support service. So my question is, can you talk more about the wait list for the Michelle P. Waiver and the redesign? Is that still --
MS. SMITH: It is. So part of the change to -- for Michelle P. wait list -- and, actually, all of the wait list will function this way going forward once the changes are in the regulations, is that there been will be an emergency category --

1 MS. DELLECAVE: Uh-huh (affirmative).

2 MS. SMITH: -- in all of them, so that --

3 right now for Michelle P., it's all first

4 come, first serve. And we have to allocate

5 first come, first serve. This will allow

6 somebody to step up and say, wait, I've had

7 a change in my situation, it is really

8 emergent that I receive supports because I

9 don't have somebody like this family.

10 MS. DELLECAVE: Situation, yeah.

11 MS. SMITH: So that change is still coming.

12 It's still planned and it will still be

13 happening.

14 MS. DELLECAVE: Is there a timeline? I

15 know that there's lots of things coming.

16 MS. SMITH: Right now the regulations, it

17 is looking -- by the time they get approved

18 and the waivers get approved, July of next

19 year. We are exploring the option if we

20 can go ahead and do an emergency regulation

21 to implement the change for waiting list,

22 so -- but we have not vetted that out

23 completely yet.

24 MS. DELLECAVE: Okay.

25 MS. SMITH: But that's still a potential

1 that we might be able to do that as part of
2 an emergency regulation.

3 MS. DELLECAVE: This family e-mailed the
4 Medicaid comment e-mail, and received a
5 comment back that said, no, and they
6 weren't given any information like --

7 MS. SMITH: Can you forward that to me,
8 because I need to --

9 MS. DELLECAVE: Yeah.

10 MS. SMITH: Our -- Kelly, who is our normal
11 communications officer, has been out on
12 maternity leave.

13 MS. DELLECAVE: Okay.

14 MS. SMITH: And she comes back in less than
15 30 days, and I am ever so excited about
16 that. But there's been some other people
17 that have monitored that box, so --

18 MS. DELLECAVE: Okay.

19 MS. SMITH: -- if you can -- so that I can
20 provide some education about that.

21 MS. DELLECAVE: Yeah, yeah. That would be
22 great. Okay, thank you.

23 MR. CHRISTMAN: And what is the criteria
24 for -- for SCL for residential to be
25 considered emergency? What are -- what are

1 you looking for --

2 MS. SMITH: It is outlined in the reg. I

3 don't --

4 MR. CHRISTMAN: Okay. But --

5 MS. SMITH: One part of it is -- is loss of

6 a primary caregiver without another

7 caregiver. It's --

8 MR. HARVEY: Risk of homelessness?

9 MS. SMITH: -- welfare. Yeah, risk of

10 homelessness. We did add -- one thing that

11 we added as part of the criteria for going

12 forward that's not in there now is for

13 individuals -- because we found there are a

14 lot of individuals that maybe weren't at

15 risk for homelessness or didn't need

16 residential, but they absolutely needed

17 other supports. So it is the ability to

18 look at individuals who's natural supports

19 cannot provide everything that they need to

20 meet their health, safety, welfare.

21 So we -- that's a change that is

22 coming that I believe will help some of the

23 situations to where you might have someone

24 that might have a place to live and be safe

25 in that respect, but really need other

1 supports around them to --
2 MR. CHRISTMAN: For residential.
3 MS. SMITH: -- to -- well, for not
4 residential. So they may be able to live
5 with their family, but --
6 MR. CHRISTMAN: Oh.
7 MS. SMITH: -- their parents might not be
8 able to provide everything that need --
9 MR. CHRISTMAN: But they would get SCL --
10 MS. SMITH: But they would get -- they
11 could get other services that way they
12 might need.
13 MR. CHRISTMAN: Through SCL?
14 MS. BROTHERS: Behavior services --
15 MS. SMITH: Right.
16 MR. CHRISTMAN: -- through SCL?
17 MS. SMITH: Right.
18 MS. BROTHERS: Well, not therapy, but...
19 MS. SMITH: Right. But, yeah, so it might
20 be day, it may be behaviors.
21 MR. CHRISTMAN: Okay.
22 MS. JACOBI: And there's still no waiting
23 list for HCB; right?
24 MS. SMITH: There's still no waiting list
25 for HCB.

1 MS. JACOBI: So they could look at HCB for
2 the --
3 MS. SMITH: Right. If they had -- if they
4 also meet the --
5 MS. DELLECAVE: She doesn't meet that
6 criteria.
7 MS. SMITH: -- disabled and -- yeah, that's
8 the -- that tends to be the problem.
9 MS. BROTHERS: What is HCB?
10 MS. SMITH: Home and Community Based.
11 That's the waiver that the target
12 population is the aged and physically
13 disabled.
14 MR. CHRISTMAN: David, do you have a
15 question?
16 MR. HANNA: I was just going to say, if
17 this individual is covered by one of the
18 managed care companies, there are some
19 behavioral health services that might be
20 helpful. I mean, I think you certainly are
21 looking at probably waiver coverage at some
22 point, but that might --
23 MS. SMITH: And if you can let me know --
24 MR. HANNA: -- be a intermediate step.
25 MS. SMITH: -- that's a good -- if you can

1 let me know. I work with Angie, who is the
2 director over our Quality and Outcomes
3 Division, and she works with the managed
4 care entity. We've done that a lot before
5 when we have had an individual that we've
6 referred and said, hey, we've got them on
7 the waiting list, but they are already your
8 client. Can you kind of wrap around and do
9 some additional support --

10 MS. DELLECAVE: Thank you.

11 MS. SMITH: -- and that's worked out really
12 well before.

13 MS. DELLECAVE: Okay, great. Thank
14 you-all.

15 MR. CALLEBS: Have the amended waivers been
16 submitted to CMS?

17 MS. SMITH: They will go -- by Friday.
18 We've had --

19 MR. CALLEBS: This Friday?

20 MS. SMITH: -- discussions with CMS. Yes.

21 MR. CALLEBS: Okay.

22 MS. SMITH: So they will be -- we -- we're
23 doing the final check of making sure that
24 the regs and that the waivers line up
25 completely, because, you know, that has

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MR. HARVEY: I'm checking right now. Yep.

MR. CHRISTMAN: Okay.

MS. SMITH: I was going to say, that's a Sharley thing, and I don't --

MR. CHRISTMAN: I don't see anything wrong. I see people writing things down.

MR. HARVEY: November 6, 10:00 a.m., back here in the same room.

MR. CHRISTMAN: So we're adjourned.

* * * * *

THEREUPON, the meeting was concluded at 10:44 a.m.

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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 caption the meeting was held before me; that said Meeting was taken in stenotype by me and produced via computer-aided transcription and the foregoing is a true record of the comments by the persons present.

My commission expires: August 24, 2023.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal of office on this the 18th day of December 2019.

JOLINDA S. TODD, RPR, CCR(KY)
NOTARY PUBLIC, STATE AT LARGE
ID# 449787

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