

CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID  
INTELLECTUAL AND DEVELOPMENTAL DISABILITIES  
TECHNICAL ADVISORY COMMITTEE MEETING

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Via Videoconference  
August 1, 2023  
Commencing at 10 a.m.

Tiffany Felts, CVR  
Court Reporter

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APPEARANCES

BOARD MEMBERS:

Rick Christman, TAC Chair

Melanie Tyner-Wilson

Wayne Harvey

Johnny Callebs

Christan Stewart (Not present.)

Cheri Ellis-Reeves (Not present.)

1 MR. CHRISTMAN: Erin, are you on the  
2 line?

3 MS. BICKERS: I am. I was just  
4 getting ready to say it's 10 o'clock.

5 MR. CHRISTMAN: Okay. Are people  
6 still waiting to get in?

7 MS. BICKERS: We are just now  
8 clearing the waiting room, so if you want to  
9 give it maybe about 30 seconds, we have a  
10 couple people trickling in. I know DMS  
11 staff was hopping off a meeting that ended  
12 at 10 to join this meeting at 10, so might  
13 give them just a couple minutes.

14 MR. CHRISTMAN: We'll do that.

15 MS. BICKERS: And it looks like  
16 everybody's starting to filter in. I do  
17 want to give all the -- we've been giving  
18 the TACs friendly reminders that all voting  
19 members must have their camera on while  
20 voting. And to please try to use the  
21 raise-your-hand option so that we're not  
22 talking over each other for the reporter's  
23 captioning, so that way we can make sure to  
24 have clear minutes and there's no inaudible  
25 moments in there, so --

1 MR. CHRISTMAN: Thank you.

2 MS. BICKERS: And I will do my best  
3 to keep an eye out for people raising their  
4 hand and let you know.

5 MR. CHRISTMAN: Thank you.

6 MS. BICKERS: You're welcome.

7 As soon as I get the waiting room  
8 cleared -- a couple more people popped in,  
9 so I think we're getting there.

10 MR. CHRISTMAN: Oh, just give me the  
11 thumbs up then.

12 MS. BICKERS: I think we're good to  
13 go. I'll turn it over to you. Thank you.

14 MR. CHRISTMAN: Okay, thank you. I  
15 am Rick Christman. I am the -- I'm a  
16 representative of KAPP, and I'm also the  
17 chair of this TAC. Seems like we've got a  
18 lot of people on the call today, which is  
19 great, and I want everyone to know that  
20 you're free to contribute. Just raise your  
21 hand, and you can be part of this  
22 discussion.

23 We have a quorum, I assume, Erin.

24 MS. BICKERS: I saw yourself,  
25 Melanie, and Wayne, I believe, log in.

1 MR. CHRISTMAN: And Johnny -- Johnny.

2 MS. BICKERS: Did I miss Johnny?

3 MR. CHRISTMAN: Yeah.

4 MS. BICKERS: Oh, sorry. I had to  
5 scroll. My apologies, Johnny.

6 MR. CALLEBS: That's okay.

7 MS. BICKERS: Cheri e-mailed that she  
8 would not be here today.

9 MR. CHRISTMAN: All right.

10 MS. BICKERS: And did I miss Christan  
11 logging in? Let me scroll. You would need  
12 one more.

13 MR. CHRISTMAN: Okay. Well, let's  
14 skip the minutes, then, okay? Is  
15 Commissioner Marks here with us today?

16 MS. BICKERS: She had a conflict, but  
17 she was going to try.

18 MR. CHRISTMAN: Okay, that's great.

19 MS. BICKERS: So I did send her the  
20 series of meetings, so they would have her  
21 -- they're on her calendar.

22 MR. CHRISTMAN: Mm-hmm.

23 MS. BICKERS: So maybe if she can't  
24 make it today, maybe she can make it to a  
25 later meeting.

1                   MR. CHRISTMAN: That would be great,  
2                   thank you.

3                   I did participate in the July 27th  
4                   MAC meeting. I think the main thing that  
5                   would interest us is that with the unwinding  
6                   of Medicaid, the department was taking great  
7                   pains to make sure none of the waiver  
8                   participants were removed from Medicaid, so  
9                   that was good.

10                  And the response to our April 4th  
11                  recommendation, among the things that they  
12                  recommended, is that we get some statistics  
13                  as to the number of people that have been  
14                  involuntary -- I mean, involuntarily  
15                  terminated. I didn't ask for that  
16                  information until the last minute, so that's  
17                  on me, but we'll get that next time.

18                  But as I recall -- as you probably  
19                  recall, Johnny, that before Covid and  
20                  everything, this was a very important topic.  
21                  How we go about involuntarily terminating  
22                  people, and how people had to remain served  
23                  by the provider that was trying to terminate  
24                  them. In fact, didn't you do a survey at  
25                  one time of the membership?

1 MR. CALLEBS: Yes. It's been a few  
2 years, but, yes, did a survey of providers.  
3 And there were lots of anecdotal stories and  
4 some data numbers. So I don't remember all  
5 of those, but Amy may have the -- or you  
6 might still --

7 MR. CHRISTMAN: Yeah, it was a -- but  
8 it was a very hot -- it was a very important  
9 topic at the time. I am just trying to  
10 discern how much of a problem it still is.  
11 We'll get those statistics from the  
12 department, and I don't know, Amy, if we  
13 could maybe check with the membership of  
14 KAPP what their situation is regarding  
15 involuntary terminations.

16 MS. STAED: Hey, Rick, it's Amy. I'm  
17 happy to send out another survey. I mean, I  
18 can tell you it's still a really huge  
19 problem. I just want to clarify because I  
20 know when people hear "involuntary  
21 termination," they think someone will lose  
22 their waiver slot. That's not at all what  
23 we're talking about.

24 MR. CHRISTMAN: That's right.

25 MS. STAED: We're talking about when

1 a provider recognizes that they -- that the  
2 individual has needs greater than what they  
3 are able to support. Oftentimes, that  
4 becomes a very dangerous situation for  
5 everyone involved, including the individual,  
6 and it's very difficult to then secure  
7 another referral for that individual. And  
8 what happens is that the provider is then,  
9 you know, has to take care of someone who  
10 they've admitted that they cannot take care  
11 of, and it's just not great for anyone  
12 involved, especially the participant.

13 So, yeah, we -- anecdotally, I can  
14 tell you that we have a couple members who  
15 are supporting -- or at least were earlier  
16 this year -- supporting people who they had  
17 sent out notices on over a year ago.

18 MR. CHRISTMAN: Uh-huh.

19 MS. STAED: So that's a year of  
20 supporting someone who, you know, they've  
21 recognized that they can't support just  
22 because no other providers would accept that  
23 referral.

24 And so it is still a big problem, and  
25 as we heard, you know, we invited folks from



1 other states to come. It is working really  
2 well in other states where we have pretty  
3 strict termination periods because providers  
4 are much more willing to take a risk on  
5 accepting a really high-needs individual in  
6 hopes that they can adequately support them.

7 And so I'm really encouraged by the  
8 testimony that we've heard, but yes, we'll  
9 definitely send out a survey, and I can have  
10 that data, I guess, for the next TAC  
11 meeting. Would you like to have --

12 MR. CHRISTMAN: That would be nice.

13 MS. STAED: Yeah, yeah.

14 MR. CHRISTMAN: Amy, thank you so  
15 much for clarifying that. I think some  
16 people got the wrong impression as to what  
17 we were talking about. We're not talking  
18 about anybody being removed from waiver  
19 services at all.

20 And I think the other -- in addition  
21 to that when people can't -- when people are  
22 reluctant to accept someone to their  
23 program, that individual is denied the  
24 opportunity to go somewhere where they might  
25 be happier. And sometimes, just to, I think

1 -- if anybody else wants to comment on this  
2 -- sometimes just a change of environment  
3 can make a big difference, and I'm glad that  
4 we're looking at this, and we'll get that  
5 information from the department and from  
6 KAPP, and then we can talk about this issue  
7 some more later.

8 MS. BICKERS: Rick, this is Erin.

9 MR. CHRISTMAN: Uh-huh.

10 MS. BICKERS: My apologies, my math  
11 skills are not on par today. You do have a  
12 quorum.

13 MR. CHRISTMAN: Oh.

14 MS. BICKERS: If Wayne and Melanie  
15 will turn their cameras on, I apologize.  
16 That's four out of six. I don't think I had  
17 someone's name checked, so my apologies on  
18 that.

19 MR. CHRISTMAN: Oh, thank you.

20 MR. CALLEBS: Rick, also, I was just  
21 going to make an additional comment about  
22 the involuntary terminations. Sometimes it  
23 also results in what some people call  
24 dumping, where a person, you know, goes to a  
25 hospital for some psychiatric treatment or

1           stabilization but then is unable to leave  
2           there because, you know, the provider can't  
3           safely take them back into their home or  
4           place of residence or service program. And  
5           so then we end up in a situation where you  
6           have a person who no longer needs to be in a  
7           hospital, just being stuck in a hospital.

8           MR. CHRISTMAN: That's right.

9           MR. CALLEBS: So that happens, as  
10          well. So yeah, it's a bad deal all the way  
11          around.

12          MR. CHRISTMAN: And I think sometimes  
13          these individuals are accepted by programs  
14          who are least able to serve them. I think  
15          that happens, too.

16          MR. CALLEBS: It does happen, yes.

17          MR. CHRISTMAN: Yeah, okay. So can  
18          we go back to approval of minutes, then?  
19          Would someone like to make that motion?

20                         (No response.)

21          MR. CHRISTMAN: Did we receive the  
22          June 6th minutes?

23                         (No response.)

24          MR. CHRISTMAN: I actually don't  
25          recall receiving them, but maybe -- do you,

1 Wayne?

2 MR. HARVEY: Yeah, I received them,  
3 Rick. I'll make the motion to approve the  
4 minutes.

5 MR. CHRISTMAN: Okay. Is there a  
6 second to approve the minutes, please?

7 MR. CALLEBS: I'm not sure I saw them  
8 either. Did you --

9 MS. BICKERS: It looks like they went  
10 out 6/15. Kelli sent them out.

11 MR. CHRISTMAN: Okay.

12 MS. TYNER-WILSON: This is Melanie.  
13 I did not see them, or at least I don't  
14 recall receiving that e-mail. So my  
15 apologies if it was sent and I did not  
16 receive it.

17 MR. CHRISTMAN: Would we like to  
18 defer this item?

19 MS. BICKERS: If you'd like, and I  
20 can resend them out.

21 MR. CHRISTMAN: Okay.

22 MS. BICKERS: I'll actually forward  
23 Kelli's e-mail I'm looking at right now to  
24 you guys.

25 MR. CHRISTMAN: All right, thank you.

1           And I apologize; I just don't remember  
2           seeing them, and you probably did send them,  
3           but I overlooked them.

4                   MR. CALLEBS: Yeah, my apologies, as  
5           well.

6                   MR. CHRISTMAN: Waiver redesign and  
7           rate study update: Everyone is interested  
8           in this. Is Pam here, or have they not --  
9           have the --

10                   MR. SMITH: It has not changed from  
11           the last time. It is still -- it is where  
12           it was, so we -- it is with executive  
13           leadership. So the study is completed.

14                   Now, as far as overall waiver  
15           redesign, we're starting to work on the  
16           regulations. We're starting to work on the  
17           waivers. We've met with CMS, so, you know,  
18           activity is moving on that front, but the  
19           rate study, there has not been any changes  
20           since the last TAC.

21                   MR. CHRISTMAN: You may recall at our  
22           last meeting, there were several  
23           recommendations in terms of the regulations  
24           on, you know, hourly limits and what  
25           services --

1 MR. SMITH: Yes, Rick.

2 MR. CHRISTMAN: -- could be  
3 available. So --

4 MR. SMITH: Yes.

5 MR. CHRISTMAN: -- those will be  
6 taken into consideration?

7 MR. SMITH: Those will be taken into  
8 consideration, and you need to make sure --  
9 we are encouraging everyone when those go  
10 out for public comment, which there will be  
11 advance notice before that happens, that  
12 everyone reads the waivers and the  
13 regulations and actually makes public  
14 comment.

15 MR. CHRISTMAN: Let me ask you a  
16 question related to this. I think we  
17 touched on it a little bit last time, but  
18 right now, the rate increases are being --  
19 are having made possible by Appendix K; is  
20 that correct?

21 MR. SMITH: That was the -- allowing  
22 -- no, the rate increases are being funded  
23 by our ARPA dollars. So we had to rewrite  
24 our spending plan, and take away everything  
25 else that we were going to do with ARPA

1           dollars and put that funding towards the 10  
2           -- now, as of July 1st, the second  
3           10 percent -- so the 20 percent rate  
4           increase to the providers. Five of the  
5           waivers, Model II is not included. Appendix  
6           K was used as the vehicle to implement that  
7           faster without a regulation or a waiver  
8           change.

9           MR. CHRISTMAN: How will the end of  
10          Appendix K on November 11th then affect  
11          these rates?

12          MR. SMITH: It will not.

13          MR. CHRISTMAN: It will not.

14          MR. SMITH: No.

15          MR. CHRISTMAN: Okay.

16          MS. BICKERS: Amy had her hand  
17          raised.

18          MR. CHRISTMAN: Okay, thank you.

19          MS. BICKERS: And then, Johnny.

20          MR. CHRISTMAN: Amy, please.

21          MS. STAED: Pam, I had a question,  
22          and you may not have an answer, and that's  
23          totally fine, but it's related to your work  
24          on the waivers and the redesign and the  
25          regs. Last summer, we had a broader

1 discussion kind of about waitlists. And  
2 when I say "we," I mean the general  
3 population, not you and me.

4 But there was this broader discussion  
5 about the waitlists and this idea was  
6 broached about immediate reallocation of  
7 slots when someone passes away. And there  
8 was testimony, and I don't remember if it  
9 was you or Claudia Johnson that testified  
10 about this, but that there was possibly  
11 going to need some CMS approval to change  
12 that -- the way that's worked when someone  
13 dies. If --

14 MR. SMITH: Yes, because currently,  
15 you cannot reallocate even -- and there has  
16 been discussion with CMS, not just with  
17 Kentucky, but with other states.

18 MS. STAED: Okay.

19 MR. SMITH: But as of today, that has  
20 not changed. That once that slot has been  
21 allocated to that person, it cannot be  
22 reallocated even in the case of someone  
23 passing away. But there has been broader  
24 discussion with other states on that topic  
25 with CMS.



1 MS. STAED: Yeah, and so that was my  
2 question. I -- do you -- beyond that CMS  
3 was thinking about it, do you have another  
4 update?

5 MR. SMITH: No, I do not.

6 MS. STAED: Okay. Is there anything  
7 that providers can be doing on a federal  
8 level that would be helpful? Do you know?

9 MR. SMITH: Other than, you know,  
10 they see the public comments. So when we  
11 put the waivers out, make public comment  
12 because that is something that they see.

13 MS. STAED: Thank you, I appreciate  
14 that.

15 MR. SMITH: Mm-hmm.

16 MR. CHRISTMAN: And Johnny, you had a  
17 comment.

18 MR. CALLEBS: Sure. A couple things  
19 just on this same topic that Amy brought up.  
20 Pam, what -- can you just provide the  
21 rationale for CMS. I mean, why does it  
22 operate that way as far as the reallocation  
23 of slots? I know --

24 MR. SMITH: I'm not going to speak  
25 for CMS, Johnny. I don't -- that is their,

1 I mean, that is the guidance that's in the  
2 technical guide that we have to go by. It  
3 deals a lot with the cost of the waiver,  
4 and, you know, obviously on -- I can speak  
5 to any -- all of them with setting aside the  
6 individuals that passed away because  
7 obviously, they are not going to come back  
8 within a waiver year and resume services.

9 But part of it is for, you know,  
10 someone that maybe moves, or someone that  
11 breaks their leg and they're in the hospital  
12 and then have to go to rehab, and so they're  
13 out for over 60 days. We want them to be  
14 able to come back into the waiver and resume  
15 their slot and not have to potentially be  
16 put on a waitlist or to go through an  
17 extensive process --

18 MR. CALLEBS: Okay.

19 MR. SMITH: -- to come back to the  
20 waiver. But as far as -- you know, it's CMS  
21 guidance, and we have to follow it.

22 MR. CALLEBS: Sure. And that does  
23 make a little more sense the way you  
24 explained it for folks who may be  
25 temporarily, you know, out of waiver, you

1 know, services during a medical incident,  
2 something like that. But when it's a --  
3 unfortunately, a death, it would make sense  
4 that since we have such a long waitlist,  
5 that that slot could be reallocated and used  
6 by, you know, someone in need. So I just  
7 don't understand the rationale on that part,  
8 but I know that's not your decision to make;  
9 it's CMS. And I get it, but that should be  
10 looked at nationwide. It just doesn't make  
11 a lot of sense to hold a slot for an entire  
12 year, potentially when a death has occurred.

13 But the other thing I was going to  
14 ask you, Pam, is there a just overall waiver  
15 redesign, not counting any rate study data  
16 or information? Could you just give us a  
17 rundown of what, you know, major changes are  
18 being looked at or are happening in waiver  
19 redesign? It's just been a while, and I  
20 guess it's been going on for a long time --  
21 just to educate everyone on the call.

22 MS. SMITH: So we overall are looking  
23 at all of the services. We're looking at  
24 limits. We're looking at allowances that  
25 were in Appendix K, what could be extended.

1 We are looking at --

2 MR. CALLEBS: Do you know which one?

3 MR. SMITH: That was covered in that  
4 Appendix K webinar, as well as, you know, we  
5 will send out -- I believe there's another  
6 letter that's going to be going out  
7 regarding Appendix K. I don't have all of  
8 them in front of me, and so I don't want to  
9 misspeak.

10 MR. CALLEBS: Sure.

11 MS. SMITH: Just because there's so  
12 much that is going on. And again, we will  
13 highlight all of those when it is time for  
14 public comment. When the waivers go out, we  
15 will highlight all of that information, and  
16 we'll either have a recorded webinar or do a  
17 live webinar as we release those for comment  
18 to point people to where the changes are,  
19 so.

20 MR. CALLEBS: So --

21 MR. CHRISTMAN: Pam, as I recall,  
22 consistency was one of the goals, too,  
23 right?

24 MS. SMITH: Yes. Consistency,  
25 cleaning up some of the definitions so that

1 we didn't have -- you know, for example, we  
2 call case management and the support broker  
3 service about five different things across  
4 the waiver. So, you know, making consistent  
5 definitions, consistent names for services,  
6 removing some of the administrative burden,  
7 you know? So looking at, you know, where we  
8 can make things so that you do them the same  
9 regardless of the waiver.

10 MR. CHRISTMAN: Mm-hmm. That will be  
11 welcome. Pam, will the rates and the design  
12 be released simultaneously, or will you be  
13 releasing the redesign first, or are they  
14 related?

15 MS. SMITH: I don't have the answer  
16 to that yet.

17 MR. CHRISTMAN: Okay.

18 MR. CALLEBS: And, Pam, will there be  
19 opportunity for input or recommendations or  
20 suggestions on the redesign effort or the  
21 items, or will it be submitted to CMS and  
22 then the comment period or?

23 MS. SMITH: There will be, as I  
24 mentioned, it will follow the traditional  
25 process, which is a public comment period

1 prior to it being submitted to CMS, as well  
2 as we always remind people if you come up  
3 with ideas or you think of something, send  
4 those to the Medicaid public comment e-mail  
5 box. All of those are logged, and we  
6 review, and we keep all of those and  
7 consider those.

8 MR. CALLEBS: And is the reallocation  
9 of slots upon death, is that a  
10 recommendation -- is that something that can  
11 be a part of waiver redesign, or is that a  
12 standalone issue?

13 MS. SMITH: That, again, is a CMS --  
14 that is not something that we can change.  
15 It is something that is a CMS rule. So you  
16 can certainly include it in the public  
17 comment, but it is not something that we can  
18 change without CMS changing.

19 MR. CALLEBS: So it wouldn't be a  
20 part of redesign, something that you could  
21 submit through. It's just going to have to  
22 be something that CMS decides separately.

23 MS. CLARK: This is bigger than the  
24 state of Kentucky, Johnny. It's CMS --

25 MR. CALLEBS: Sure.

1 MS. CLARK: -- so it's nothing that  
2 we can personally change.

3 MR. CALLEBS: Right. I understand  
4 that, but you can't request it as part of  
5 the waiver redesign. It's just going to be  
6 a standalone issue that, I guess --

7 MS. CLARK: It is in the technical  
8 guidance.

9 MR. CALLEBS: Okay.

10 MS. CLARK: It's in the technical  
11 guidance of what we have to follow.

12 MR. CALLEBS: Sure. Okay, thank you.

13 MR. CHRISTMAN: I know, Pam; you  
14 explained how at least the rates decision  
15 would probably have to be made at the  
16 highest levels of state government, but what  
17 about the redesign? Is that something that  
18 you could -- I mean, what's required for  
19 that to be made public? Does it have to --  
20 is that something you could do within the  
21 department?

22 MS. SMITH: It has to follow the same  
23 process as anything else. Like, the  
24 renewals of the waivers, so it is something  
25 that we discuss with our internal

1 leadership. There is -- you know, they  
2 review it, and then it will be sent out for  
3 public comment.

4 We are required to follow the  
5 technical guide that CMS has laid out, and  
6 then we, again, are required to respond to  
7 any questions that CMS has. And so our  
8 proper level of leadership is engaged with  
9 any of those discussions.

10 MR. CHRISTMAN: Would that level of  
11 leadership be entirely within the cabinet?

12 MS. SMITH: It depends on what the --  
13 so it would be my direct report -- or my  
14 direct supervision, which would be the  
15 commissioner's office. And if they feel  
16 like or we feel like it's something that  
17 also the secretary -- it's at a level that  
18 is the secretary needs to review, then,  
19 obviously, it's taken to the secretary's  
20 office.

21 MR. CHRISTMAN: Okay.

22 MR. CALLEBS: Can I ask one more  
23 question, Rick?

24 MR. CHRISTMAN: Sure.

25 MR. CALLEBS: Thank you. Pam, are



1 the -- as part of the waiver redesigns,  
2 there's also some waitlist revisions or  
3 consistency --

4 MS. SMITH: We've talked about --  
5 yes, that there would be -- we were going to  
6 look at the waitlists to make them  
7 consistent in places where we have waitlists  
8 to make processes consistent and -- but yes,  
9 there are -- we will be looking at  
10 waitlists. So if that is something that  
11 people have comments on prior to, they're  
12 welcome to submit those to Medicaid public  
13 comment, or again, submitting public comment  
14 after the waiver drafts are released for  
15 public comment.

16 MR. CALLEBS: Okay. And would the --  
17 is the -- can you share any information  
18 about which way you're looking on that? Is  
19 there an attempt to align waitlists the way  
20 maybe SCL is with different levels of need  
21 and urgency or --

22 MS. SMITH: The intent is to have  
23 consistency among the waitlist processing.

24 MR. CALLEBS: You're not looking --  
25 are you looking at one waiver -- one set of

1 regulations as kind of the guide and trying  
2 to align the others with it, or --

3 MS. SMITH: No, we are looking at  
4 them overall --

5 MR. CALLEBS: Okay.

6 MS. SMITH: -- at this point.

7 MR. CALLEBS: Okay. All right, thank  
8 you.

9 MR. CHRISTMAN: Pam, if I'm not  
10 mistaken, I think at one time you were  
11 hoping that this rate design could be made  
12 public before the end of this calendar year.  
13 I think I recall you saying that. Is that  
14 still the case?

15 MS. SMITH: Rick, it is not my  
16 decision, so I don't -- I can't make any  
17 promises. It will be made available as soon  
18 as it can be made available.

19 MR. CHRISTMAN: Okay. You don't have  
20 any particular goal?

21 MS. SMITH: I -- it doesn't -- at  
22 this point, I can say I have a goal, but  
23 it's not going to matter if it doesn't line  
24 up with other processes and other approvals.  
25 I can't really speak to what it's going to

1 be.

2 MR. CHRISTMAN: So it's just as well  
3 you don't share it then, right?

4 MR. SMITH: Well -- and I just don't  
5 have anything to share. It's not that I'm  
6 hiding anything.

7 MR. CHRISTMAN: Right, right. It's  
8 just --

9 MS. SMITH: I don't have any  
10 information to share.

11 MR. CHRISTMAN: Right.

12 MS. SMITH: I don't have a date.

13 MR. CHRISTMAN: Right. Yeah. I  
14 appreciate that. Thank you. Someone --

15 MS. TYNER-WILSON: Rick, this --

16 MR. CHRISTMAN: Go ahead.

17 MS. TYNER-WILSON: This is Melanie.  
18 I'm a techno-peasant, so I didn't quite know  
19 how to raise my hand electronically. But  
20 one, I wanted to thank Pam for talking with  
21 us today. It's really appreciative of  
22 getting all this information.

23 The one question I had was how will  
24 the public be notified of the waiver being  
25 submitted and the public comments being open

1 for folks to access?

2 MS. SMITH: It will follow the normal  
3 process. So there will be notifications  
4 sent out to our -- on the distribution list.

5 MS. TYNER-WILSON: Okay.

6 MS. SMITH: They will be posted to  
7 the website, as well as we will either have  
8 a live webinar or a recorded webinar going  
9 through and highlighting where the changes  
10 -- where the significant changes are to  
11 assist people because we realize the waivers  
12 are big.

13 MS. TYNER-WILSON: Yes.

14 MS. SMITH: They are very technical  
15 to read. So we will do that webinar kind of  
16 as a companion to point individuals to where  
17 we've made changes to facilitate anyone's  
18 reviews.

19 MS. TYNER-WILSON: Okay, thank you.

20 MS. SMITH: Mm-hmm.

21 MR. CHRISTMAN: Thanks. Pam, is  
22 there anything else to tell us about the  
23 community setting rule beyond what you've  
24 told us so far?

25 (No response.)

1 MR. CHRISTMAN: I mean, I guess as I  
2 understand it, our plan has been accepted by  
3 the federal government.

4 MS. SMITH: So our plan was  
5 accepted. Our transition plan was one of  
6 the -- was either the first or the second  
7 accepted --

8 MR. CHRISTMAN: Right.

9 MS. SMITH: -- when final rule came  
10 out. We are working with CMS right now to  
11 ensure -- along with every other state -- to  
12 make sure that all of our settings that were  
13 identified under heightened scrutiny, that  
14 those have either been resolved at this  
15 point or no longer considered, you know, no  
16 longer considered heightened scrutiny.

17 One of the changes to the regulation,  
18 although we are enforcing it, is that there  
19 has to be a lease --

20 MR. CHRISTMAN: Mm-hmm.

21 MS. SMITH: -- agreement for  
22 residential. We are using the surveys, as  
23 we are supposed to, when we go out to do the  
24 certifications and recertifications,  
25 including, you know, interviewing the

1 individuals about choice. So I think that  
2 we are in good shape when it comes to final  
3 rule and community setting.

4 MR. CHRISTMAN: Yeah. You're right.  
5 Kentucky was the leader in this, and I'm  
6 sure there's a lot of states still playing  
7 catch up, correct?

8 MS. SMITH: I can't really speak for  
9 the other states, but we were and continue  
10 to be in very good shape.

11 MR. CHRISTMAN: Right. Rate funding  
12 gap in the first quarter of 2024: Amy, were  
13 you referring to the Appendix K? I'm sorry,  
14 but could you enlighten us or describe what  
15 you were asking here?

16 MS. STAED: Sure. A few weeks ago,  
17 Secretary Friedlander and Commissioner Lisa  
18 Lee testified before a budget review  
19 subcommittee of the Health and Family  
20 Services Committee before the legislature.  
21 Secretary Friedlander and Commissioner Lee  
22 were talking kind of about the timing of the  
23 rate study and communicated exactly what Pam  
24 has said today. That, you know, our  
25 Appendix K expires in November. Our rates

1 will be fine. They have the ability to  
2 extend some portions related to the rates of  
3 our Appendix K another six months.

4 MR. CHRISTMAN: Mm-hmm.

5 MS. STAED: But then --

6 MR. CHRISTMAN: Then --

7 MS. STAED: -- they noted that that  
8 six months will not get us until July 1st,  
9 which is when the next budget will be  
10 effective.

11 Obviously, the legislature will most  
12 likely make those rates permanent in this  
13 budget. I don't want to speak on behalf of  
14 them, but that is likely to happen,  
15 hopefully. But he noted that six-month  
16 extension will expire before the budget and  
17 that there would likely be a gap in funding  
18 --

19 MR. CHRISTMAN: Ah.

20 MS. STAED: -- there. And so, I just  
21 wondered if Pam had any additional  
22 information about that.

23 MS. SMITH: So it's not really  
24 Appendix K. It is -- what the legislator  
25 wrote into the budget is that the increase

1 was funded by the ARPA dollars and that they  
2 intended to fund anything after those ARPA  
3 dollars were fully expended. We have until  
4 March of 2025 to expend all of the ARPA  
5 dollars; however, the increase will not  
6 last -- is not projected to go through the  
7 end of June of 2024.

8 Now, these are, again, projections,  
9 so it will be -- the legislature will have  
10 to give us the money for that additional  
11 20 percent. But Appendix K expiring does  
12 not take away our ability to have the rates  
13 that were established in the budget bill.  
14 It just allowed us to implement those  
15 without doing the waiver and the regulation  
16 updates.

17 MS. BICKERS: There's a question in  
18 the chat, as well, Pam. It says, "Are there  
19 any outstanding corrective action plans  
20 specific to the final rule?"

21 MS. SMITH: For providers: I am not  
22 aware of any. We have one with CMS, along  
23 with every other state. Ours is specific to  
24 getting our regulations updated and making  
25 sure that our last four sites that were



1 identified under heightened scrutiny, that  
2 those have been addressed.

3 MR. CHRISTMAN: Let me make sure I  
4 understand this, Pam, but there'll be a time  
5 when these ARPA funds will expire --

6 MS. SMITH: They will exhaust.

7 MR. CHRISTMAN: They will exhaust.

8 MS. SMITH: It's not that they're  
9 going to expire.

10 MR. CHRISTMAN: Oh, okay, yeah.

11 MS. SMITH: It's -- we're going to  
12 utilize all of them.

13 MR. CHRISTMAN: Ah, good point. They  
14 will exhaust before the general assembly  
15 meets and passes a budget, correct?

16 MS. SMITH: Well, it will be before  
17 it's time for a new budget.

18 MR. CHRISTMAN: Right.

19 MS. SMITH: But all of this -- again,  
20 these are projections.

21 MR. CHRISTMAN: Mm-hmm.

22 MS. SMITH: We are not there yet.  
23 There are discussions. There are, you know,  
24 we are continually reporting on that. At  
25 this point in time, all of that is fully

1 funded, so we are not even close to  
2 expending all of those funds yet.

3 MR. CHRISTMAN: But it is your belief  
4 that should they expire -- excuse me, should  
5 they be exhausted before the general  
6 assembly passes another budget, the general  
7 assembly would have some means of --

8 MS. SMITH: I can't speak for the  
9 general assembly.

10 MR. CHRISTMAN: Okay.

11 MS. SMITH: They -- in their language  
12 that they put in the budget bill, they said  
13 it was their intention to fund those  
14 increases.

15 MR. CHRISTMAN: Okay. So when we are  
16 worried about a funding gap, that's still a  
17 possibility?

18 MS. SMITH: I -- at this point, I  
19 can't speak to that. I don't -- we still  
20 have -- as I said, we still have sufficient  
21 funds within the ARPA amount to cover all of  
22 those -- to cover those increases. It all  
23 depends on utilization. It depends on, you  
24 know, how fast they go. It depends on how  
25 many providers we have that are billing it.

1 Not all providers are billing the highest  
2 rate --

3 MR. CHRISTMAN: Yeah.

4 MS. SMITH: -- or are billing the  
5 increase. There's a lot of factors that go  
6 into that. And so I don't have the crystal  
7 ball to predict where we're going to be --  
8 you know, where -- I know where we are now.  
9 I know we have sufficient funds. I know  
10 that we have until March of 2025 to extend  
11 those, but it's still early to say when  
12 those funds are going to expire.

13 MR. CHRISTMAN: Well, would it be  
14 reasonable to say that it would be good that  
15 these new rates be proposed before the  
16 general assembly meets so that it can  
17 include that in their budget for '24/'25?

18 MS. SMITH: If that is something that  
19 you all would like to propose to them, and  
20 -- oh, Steve has joined. So I do know that  
21 we are -- Steve, please --

22 MR. BECHTEL: Yeah, let me -- this is  
23 Steve Bechtel, chief financial officer for  
24 the Department of Medicaid. As part of the  
25 budget process on those rate studies, if

1           that's what you're asking about --

2                   MR. CHRISTMAN:  Yeah.

3                   MR. BECHTEL:  -- we are going to be  
4           putting that into our requested budget for  
5           the next biennium, and it will be detailed  
6           out for the legislators to look at.

7                   As far as the funding gap that you're  
8           talking about, the general assembly, you  
9           know, we'll have -- we have to have our  
10          budget submitted by September 4th of this  
11          year.

12                   MR. CHRISTMAN:  Mm-hmm.

13                   MR. BECHTEL:  So then it gets  
14          submitted over to the governor's office, the  
15          governor's office does his recommended  
16          budget, and then the legislators -- and all  
17          that's done before the general assembly  
18          meets.  And then when the general assembly  
19          meets, they will look at the governor's  
20          recommended budget, as well as -- and then  
21          determine the final budget.

22                   I believe the budget will be voted on  
23          probably by April, so we should know in  
24          advance what we're going to be funded.  But  
25          as far as the funding gap, they can do a

1 current year -- what they call a current  
2 year appropriations --

3 MR. CHRISTMAN: Right.

4 MR. BECHTEL: -- to fill that gap in.  
5 So, and --

6 MR. CHRISTMAN: Yeah, I think that  
7 was the -- yeah, okay. That was my basic  
8 question, and you're saying they can handle  
9 that, so --

10 MR. BECHTEL: Right, but to Pam's  
11 point, you know, define intent, you know?  
12 What does the word "intent" mean, you know?  
13 That's really up to the general assembly,  
14 but because they said in House Bill 1, the  
15 10 percent for each year plus the  
16 50 percent, but that they had the intent to  
17 fund any funding gap, so to speak, with  
18 general funds. You can read that in House  
19 Bill 1 --

20 MR. CHRISTMAN: Okay.

21 MR. BECHTEL: -- from the budget bill  
22 last time, so.

23 MR. CHRISTMAN: Okay. Now you have  
24 to submit the budget for the next biennium,  
25 you say, by September of this calendar year,

1 correct?

2 MR. BECHTEL: I have to submit it to  
3 -- the department has to submit it as part  
4 of our department's budget. Then it gets  
5 sent over to the governor's office and the  
6 state budget director's office, and then  
7 they determine what funds we have so that  
8 they can propose a budget.

9 I know that the rate study is one of  
10 the top priorities --

11 MR. CHRISTMAN: Mm-hmm.

12 MR. BECHTEL: -- for our budget, so  
13 I'm confident -- I don't ever say  
14 100 percent, but I'm pretty confident that  
15 the rate study will be submitted as part of  
16 that.

17 MR. CHRISTMAN: Okay. Now, this kind  
18 of chicken or the egg, would you get your  
19 approval from the federal government before  
20 you ask the general assembly or you make  
21 your budget proposal, or does that come  
22 afterwards or?

23 MR. BECHTEL: Well, to be honest with  
24 you, I think the egg and the chicken comes  
25 at the same time.

1 MR. CHRISTMAN: Yeah.

2 MR. BECHTEL: I think we try to do  
3 that simultaneously --

4 MR. CHRISTMAN: Yeah.

5 MR. BECHTEL: -- you know, in  
6 anticipating that the budget, you know --  
7 because we gotta have the budget in time,  
8 and unfortunately, CMS doesn't work on our  
9 state budget process, you know?

10 MR. CHRISTMAN: Right.

11 MR. BECHTEL: So they don't  
12 understand. So we kind of do that at the  
13 same time, and we'll have to make  
14 adjustments --

15 MR. CHRISTMAN: Mm-hmm.

16 MR. BECHTEL: -- going forward. What  
17 we're going to ask for is the amount that we  
18 can ask for, and then hopefully -- if CMS  
19 comes back and says, "Oh, this rate's too  
20 high or this rate's too low," hopefully, we  
21 can fit that in within the inactive budget.

22 MR. CHRISTMAN: Does CMS -- I mean,  
23 does the federal government do that  
24 occasionally? Do they tell -- just say that  
25 we don't --

1 MR. BECHTEL: No, I don't think --  
2 I've not seen that. There may be things  
3 that they'll say, hey, you shouldn't -- and  
4 I'm talking about from another provider type  
5 here, okay? So I know this doesn't impact  
6 the waivers, but, like, for instance, let's  
7 say, nursing facilities. They may not want  
8 us to include therapies or something in  
9 there --

10 MR. CHRISTMAN: Right. Okay.

11 MR. BECHTEL: -- because they wanted  
12 to use the therapy thing. So if we, you  
13 know, if we include something that we  
14 shouldn't be, then they'll point that out,  
15 but I don't think that'll be the problem on  
16 this because of the waivers and what we're  
17 doing with the waivers. I think it's just  
18 making sure that -- and, Pam, you may have  
19 to help me with the terminology here -- to  
20 make sure that we get all of the waiver  
21 approvals that we need.

22 MS. SMITH: Right.

23 MR. BECHTEL: So that's --

24 MS. SMITH: And the biggest thing is  
25 that rate -- is that payment methodology.



1 MR. BECHTEL: Right.

2 MS. SMITH: That they understand that  
3 -- how we got to the rates that we have.

4 MR. BECHTEL: But I will say the  
5 payment methodology: We are working with  
6 Guidehouse --

7 MR. CHRISTMAN: Yeah.

8 MR. BECHTEL: -- and Guidehouse has  
9 done this for several other states, so they  
10 are used to working with CMS on that, so.

11 MR. CHRISTMAN: Oh, good. Well,  
12 Steve, that's very helpful information.  
13 Thank you very much.

14 MR. BECHTEL: Okay. Yeah.

15 MS. BICKERS: Johnny has his hand  
16 raised.

17 MR. CHRISTMAN: Yes.

18 MR. CALLEBS: All right, thank you.  
19 Just a question for Steve and Pam -- maybe  
20 mainly Steve. When you're putting together  
21 the budget for the upcoming biennium, Steve,  
22 do you -- have you had discussions yet about  
23 how many additional waiver slots you may  
24 request specifically for SCL, Michelle P.,  
25 and HCB?

1 MR. BECHTEL: We've had very early  
2 discussions, and Pam is working on that for  
3 us to determine how many slots that we need  
4 --

5 MS. SMITH: Yeah.

6 MR. BECHTEL: -- or that we had the  
7 ability to ask for, you know? Do we have  
8 the workforce there to support them? So  
9 she's working on that right now, and then we  
10 will -- early on. I just -- I hate to say  
11 that just yet, being that it's August 1st,  
12 and I got to have this done by September,  
13 but it is very early in that discussion  
14 right now.

15 MS. SMITH: Yeah, we're looking -- I  
16 look at things like the utilization once  
17 somebody is assigned a slot. I look at when  
18 we assign slots, how many people actually  
19 then go on and have an assessment and  
20 actually use those slots. So there are  
21 several factors that go into determining  
22 what makes the most sense for how many slots  
23 to ask for.

24 I know how off the cuff it may seem:  
25 Well, you have this many on the waitlist;

1           you just need to ask for this many slots. I  
2           mean, but it's just not quite as easy as  
3           doing that.

4                     And you also, you know, as Steve  
5           mentioned, we have to look at our workforce,  
6           'cause if we get thousands of slots, but we  
7           don't have providers to provide the  
8           services, then we're still kind of in the  
9           same spot that we're in. You have people  
10          that are waiting for services.

11                    MR. BECHTEL: And I can tell you  
12          just, you know, we asked last year at the  
13          last budget for 1,000 slots, I believe, in  
14          Michelle P. and 250 in SCL, or I may have  
15          those backward. Help me out there, but I  
16          can, you know -- it's two --

17                    MS. SMITH: No, you're right.

18                    MR. BECHTEL: -- years ago. It was  
19          1,000 in Michelle P. and 250 in SCL, but all  
20          the legislators, all the general assembly  
21          funded us was 50 each -- for each. So even  
22          though we request it, sometimes the general  
23          assembly will fund us less.

24                    So just wanted to point that out, but  
25          what Pam asked me for was 1,000 and 250, and

1           that's what we put into the budget request.  
2           And then, much like what I said earlier, the  
3           general assembly will then look at  
4           everything and then determine what they can  
5           fund.

6                   MR. CALLEBS:   Sure.  And I understand  
7           it's early, but do you anticipate requesting  
8           something similar?

9                   MS. SMITH:   I can't really answer,  
10          Johnny.  I can't --

11                   MR. BECHTEL:  Yeah, I'm not sure  
12          about that, but I will say that we're asking  
13          for slots.

14                   MR. CALLEBS:  Okay.

15                   MR. BECHTEL:  I just don't know the  
16          number just yet.

17                   MR. CALLEBS:  Okay, thank you.

18                   MR. BECHTEL:  Yep.

19                   MR. CHRISTMAN:  On the Michelle P.  
20          waitlist, I know Johnny was very interested  
21          in this subject, and if I'm not mistaken, it  
22          wasn't that long ago that we were -- that  
23          the number of applicants were a mile-long,  
24          and then we went through a long process to  
25          determine whether those -- if those people

1           actually did want a slot or not. And so we  
2           were kind of struggling to fill those slots,  
3           but we have. And the waitlist we have now,  
4           is it growing, and is that your question,  
5           Johnny, to what extent is it growing?

6           MR. CALLEBS: Well, yeah. I mean,  
7           there's no question it's growing, or at  
8           least that's what it appears it's doing, but  
9           -- and it's not just Michelle P. It's SCL,  
10          and then now, for the first time ever, HCB  
11          had, you know, 1,100 people on the waitlist,  
12          and that was serving -- HCB was serving kind  
13          of as a safety net for people who had been  
14          waiting for years for SCL and Michelle P.,  
15          and now the safety net has a waitlist.

16          So there are a lot of advocates  
17          concerned about that, and so I was -- my  
18          request was for kind of a history of the  
19          waitlist numbers for all the waivers since  
20          the inception of Michelle P., which I think  
21          was around 2008.

22          MS. SMITH: And it was -- well, the  
23          waitlist for Michelle P. began on  
24          February 14th, 2014.

25          MR. CALLEBS: Okay. Okay. And then

1           --

2                   MS. SMITH: I do have that request,  
3           Johnny. It is not complete yet, and also, I  
4           will let you all know that as of today, the  
5           new HCB waiver year started, and the  
6           waitlist is -- everyone that was on the  
7           waitlist will be allocated a spot, so.

8                   MR. CALLEBS: Oh, that's great.  
9           That's great news. Will you have -- can I  
10          ask another question about that? Once you  
11          allocate a slot to everyone waiting on the  
12          HCB waiver, will there still be additional  
13          slots left, or will just this waitlist start  
14          over?

15                   MS. SMITH: No, there will be slots  
16          left, but something that I need to point out  
17          that right now -- and this is something  
18          likely that we will change or look at  
19          changing. So to go on the SCL, or ABI at  
20          times when we have an ABI waitlist, or  
21          really even just to request a slot period,  
22          so even if you're not going to -- even if  
23          there's not a waitlist for the SCL and the  
24          ABI waivers, there's much more information  
25          that you have to provide upfront --

1 documentation that supports your need for  
2 that waiver -- that really, it's very  
3 unlikely that once a slot is allocated to  
4 you that you will not meet level of care.  
5 That is not the way that it is right now for  
6 Michelle P. and HCB.

7 So for Michelle P. and HCB, it's  
8 almost like, I'm interested in this waiver,  
9 but you don't have to provide -- so, you  
10 know, you, for example, can say, "I have an  
11 intellectual disability or developmental  
12 disability. I want Michelle P." You don't  
13 have to submit -- there's not testing.  
14 There's not additional documentation. So  
15 you're really -- you're interested in it,  
16 but there's not a guarantee that you really,  
17 once we get to doing a level of care review,  
18 that you are even going to meet the level of  
19 care criteria.

20 Similar on HCB and, you know, to the  
21 comment that it's a safety net. It is to  
22 some extent, but you still have to meet the  
23 criteria for that waiver --

24 MR. CHRISTMAN: Yeah.

25 MS. SMITH: -- which is you have a

1 physical disability, or you are aged, and  
2 you meet that nursing facility level of  
3 care.

4 So we're looking at, you know, as  
5 part of the redesign and part of looking at  
6 waitlists, we're looking at how to manage  
7 that better so that we don't have  
8 individuals that are sitting on a list who  
9 may never qualify or, you know, to be  
10 honest, at the time they get a slot, they're  
11 like, that's not even really what I thought  
12 it was. I don't want that.

13 So that is part of what we're looking  
14 at with waitlists, but that's why, in  
15 particular, I believe Michelle P. is so  
16 long. That and we have, you know, I don't  
17 know how many social media posts I've seen  
18 that everybody believes the Michelle P.  
19 waiver is kind of the end-all-be-all and it  
20 will solve all problems. And so, you know,  
21 we really -- it's about education, and we  
22 want to make sure that the individuals that  
23 are ultimately getting served by these  
24 waivers are the individuals that need the  
25 waiver services, so.



1           MR. CALLEBS: I think that's -- yeah,  
2           a good point. Thanks for that information.  
3           So yeah, we don't want folks just lining up  
4           on waiting lists only to find out they don't  
5           qualify, or it's not what they thought it  
6           was, or the services don't really match what  
7           they need.

8           So it sounds like we got a lot --  
9           quite a lot of work to do on waitlists to  
10          make them more effective. Hopefully, we'd  
11          like to get rid of them, but that will take  
12          some time. Pam, do you know how many extra  
13          slots will be left over in HCB once you  
14          allocate to everyone who's on the waitlist?

15          MS. SMITH: I do -- I do not, I  
16          don't. I have not honestly looked at what  
17          the number was. I hadn't had time to look  
18          at that yet today. I do know that there  
19          will be several left over, but I do not know  
20          what that number is off the top of my head.

21          MR. CALLEBS: Is it several hundred,  
22          or do you --

23          MS. SMITH: I believe it's over a  
24          thousand.

25          MR. CALLEBS: Oh, wow. Okay.

1 MS. SMITH: Yeah.

2 MR. CALLEBS: That's good news.

3 Okay, thank you.

4 MR. BECHTEL: And if I may, I'm sorry  
5 I didn't have my camera on when I was  
6 talking earlier so you could see me face to  
7 face, but I apologize for that. But I will  
8 say this, that Senator Meredith has reached  
9 out to us asking -- and there was one other  
10 -- I can't remember -- legislator's name was  
11 asking how much it would be to fill every  
12 slot -- every person off the waitlist.  
13 Obviously, that's a big number, and we're in  
14 the process of calculating that. And it's  
15 very difficult, you know, with the  
16 10 percent and an extra 10 percent, and then  
17 the rate study to determine how much that's  
18 going to be. So we're trying to be careful  
19 with how we calculate that to give them a  
20 number.

21 But, you know, I think the  
22 legislators need to understand, it doesn't  
23 matter. Once we fund that and we fill  
24 everyone, there's going to be other people  
25 on the waitlist after that, so there's never

1 going to be a zero waitlist. There will  
2 always be someone; it's just the way the  
3 waivers work. And, you know, where it's  
4 allocated for the person for the entire  
5 year, then, you know, we can't just backfill  
6 that without getting more slots added, so --  
7 until the next year.

8 But maybe, Pam, you can explain that  
9 a little better than I did. But that was  
10 the impression I've gotten and the things  
11 that we've gotten from, and I just want to  
12 be upfront with you guys and transparent.  
13 That's the ask that we've had from Senator  
14 Meredith and a couple other legislators.

15 MS. SMITH: Oh, Steve, I think you  
16 got it exactly right.

17 MR. CHRISTMAN: Yeah, I would agree  
18 with that, also.

19 MS. BICKERS: Amy has her hand  
20 raised, as well.

21 MR. CHRISTMAN: Mm-hmm. Hi, Amy.

22 MS. STAED: Hi. I just -- I had a  
23 question, and then I want to kind of echo  
24 exactly what Steve said. He hit the nail on  
25 the head. Obviously, these are

1           conversations -- we've been having  
2           conversations with Senator Meredith, as well  
3           as other legislators, about the waitlists  
4           and the funding and the whole broad scope of  
5           it because, you know, like Steve said, you  
6           have to have the workforce, which goes to  
7           rates, and then, once you have the  
8           workforce, then you can, you know, address  
9           more people. It's just very cyclical, and  
10          it's just a difficult task.

11                        But I just wanted to share  
12          anecdotally about what he said related to  
13          waitlists. You know, I have colleagues in  
14          other states who have quote-unquote  
15          "eliminated the waitlist." They don't have  
16          a waitlist; they just, you know, people get  
17          a slot, but what they do have is unofficial  
18          waitlists. So once you get a slot, even  
19          though there's no waitlist, there are, you  
20          know, three-year-long waitlists to get a  
21          residential placement.

22                        MR. CHRISTMAN: Mm-hmm.

23                        MS. STAED: So even in states that  
24          don't have waitlists, they do have  
25          waitlists, which is really unfortunate that

1 we're not the only state struggling with  
2 this problem.

3 I did want to ask Pam a question real  
4 quick. I know that you mentioned initially,  
5 when we started talking about this HCB  
6 waitlist that obviously, it's August 1st the  
7 plan renews. Not every single one of those  
8 people on the waitlist is going to get that  
9 slot today because there's an administrative  
10 process, and it takes time. Do you have any  
11 sort of idea about how long it will take you  
12 all to contact everybody and get those  
13 people addressed on the waitlist?

14 MS. SMITH: There are -- we send out  
15 -- there's an annual letter that goes out on  
16 anybody that's on the waitlist -- that goes  
17 out on their birthday really asking about  
18 whether or not they want to continue on the  
19 waitlist, as well as, there's a lot of  
20 follow-up that's done when slots are  
21 allocated.

22 So I don't know, Amy. I don't have,  
23 off the top of my head, a good answer. I  
24 can take that back and give you a better  
25 timeframe, but I will say that we try to

1 address the slots, not only from do you want  
2 to stay on the waiver, but when we allocate  
3 them; if they are not, you know, reaching  
4 out to get the assessment, if they need --  
5 you know, if they need to complete Medicaid  
6 eligibility, and they are not doing that,  
7 we're following -- you know, there are  
8 people that are following up with them. So  
9 we stay on top of those to try to make sure  
10 we don't have somebody holding a slot that  
11 really has no intention of ever utilizing  
12 services.

13 MS. STAED: Thank you for that, and I  
14 don't need a specific answer.

15 MS. SMITH: Okay.

16 MS. STAED: I was just curious about  
17 -- because I know there is an administrative  
18 process that happens. The slots don't just,  
19 like, magically get allocated on day one,  
20 and I just didn't know how long that took.

21 MR. CHRISTMAN: Well, I remember not  
22 too many years back, it was a real slog  
23 going through that waitlist. I don't know  
24 if you were involved with that, Pam, or not,  
25 but gosh, I'm trying to think. I'm thinking

1           that maybe one out of ten on the waitlist  
2           was actually really interested or eligible  
3           for Michelle P. services. Maybe it was long  
4           ago -- longer ago than I realize -- than I'm  
5           thinking but I know that was the case at one  
6           time.

7                        General discussion: Erin, I was kind  
8           of in and out on that MAC meeting, and I  
9           know one of the things they had on the  
10          agenda was continuing Zoom or go to  
11          in-person. Were you at that meeting?

12                       MS. BICKERS: Yes, sir.

13                       MR. CHRISTMAN: What did they decide?

14                       MS. BICKERS: So far, everybody has  
15          decided to continue Zoom for the most part.  
16          Some of the TACs have discussed maybe having  
17          an in-person meeting. I do apologize; my  
18          five month old just woke up if you hear him  
19          fussing in the background. So it's really  
20          up to the TAC.

21                       I will mention that currently, the  
22          CHFS building is under construction, and  
23          LRC, we're not allowed to use their video  
24          equipment anymore. So it's been a little  
25          more difficult finding a space, but we do

1           have a few spaces we can utilize if the TAC  
2           does decide they want to meet in person.

3           MR. CHRISTMAN: Does anyone have any  
4           desire to meet in person?

5                           (No response.)

6           MR. CHRISTMAN: So nobody, okay. I  
7           will attend the -- we have no  
8           recommendations, and I will attend the  
9           September 28th MAC meeting. And if there is  
10          no further business, we will adjourn.

11          MS. BICKERS: Johnny has his hand  
12          raised.

13          MR. CHRISTMAN: Oh, I'm sorry,  
14          Johnny, hi.

15          MR. CALLEBS: Hey, thanks. Just a  
16          couple questions for, Pam, when we were  
17          talking -- back to the waitlists. Sorry to  
18          beat this dead horse, but when you mentioned  
19          that you and Steve, that you're looking at  
20          having discussions about how many slots to  
21          request in your department budget, and I  
22          know workforce was mentioned, and that is a  
23          big deal. Do you -- are you getting -- can  
24          you say about where you're getting, I guess,  
25          data or statistics on workforce that would



1 help you make your decision for how many  
2 slots to request?

3 MS. SMITH: Workforce, we're looking  
4 at our data of enrolled providers, and the  
5 -- in cases where we have it, the number of  
6 employees. Also, looking at -- I will tell  
7 you that our HCB workforce is struggling  
8 because of -- and I will give you an example  
9 of rate disparity for -- we have a big  
10 shortage of case managers in HCB where you  
11 have if you look at what the legislative  
12 increase was, it brought them up to \$121 a  
13 month. Whereas SCL they're over 400, and  
14 ABI is in the 400s, one of them over 500.

15 So, you know, that across-the-board  
16 increase, while it was great, it still  
17 continued a disparity. So we still have our  
18 largest waiver has the smallest number of  
19 providers, so.

20 MR. CALLEBS: Okay.

21 MS. SMITH: Just something for you  
22 all to think about when you think about  
23 rates and workforce.

24 MR. CALLEBS: That is interesting.  
25 Is that -- when you say HCB has the smallest

1 number of providers, are you talking  
2 specifically about case managers or  
3 providers --

4 MS. SMITH: In general.

5 MR. CALLEBS: In general, okay.

6 MS. SMITH: Mm-hmm.

7 MR. CALLEBS: Okay. And then, as far  
8 as the wait -- Item No. 10 on the agenda,  
9 the waitlist information, you said that's  
10 still in the works. Can that be --

11 MR. CHRISTMAN: Oh, yeah, I didn't  
12 put that on there. Pam, do you have that  
13 information by chance?

14 MS. SMITH: I have been in meetings  
15 since I got here this morning. Alisha, were  
16 you able to pull that information by chance?  
17 If not, we'll just have to get that to you.

18 MS. CLARK: I've got it right here.

19 MS. SMITH: Okay.

20 MR. CHRISTMAN: Oh, thank you.

21 MS. CLARK: Yeah, let me find -- let  
22 me just scroll back up. Well, I put it  
23 somewhere. Hold on, I've got it in two  
24 places, actually. Let me just pull up my  
25 other document here. Michelle P. waiver has

1 8,469 on the waiting list. SCL has 3,251,  
2 with the breakdown of that being future:  
3 3,168; urgent is 83; and nobody is on the  
4 emergent.

5 MR. CHRISTMAN: About two-thirds of  
6 those Michelle P. children, I assume.

7 MS. SMITH: Yeah, it stayed about the  
8 same as far as the waitlists, yes.

9 MR. CHRISTMAN: Okay, thank you.  
10 Thank you for that.

11 MR. CALLEBS: And then, the ongoing  
12 -- the, like, historical waitlist numbers  
13 for all waivers since Michelle P., is --  
14 that's still in the works, you're just  
15 trying to gather that?

16 MS. SMITH: That is -- yes, that is  
17 --

18 MR. CALLEBS: Okay.

19 MS. SMITH: -- it is in the line of  
20 data requests, yes.

21 MR. CALLEBS: Okay, thank you. I  
22 appreciate it.

23 MS. BICKERS: Just for future  
24 reference, that we -- after a data request  
25 is made, that we have 90 days to complete

1           that and return it to the TACs.

2                   MR. CALLEBS:   Sure.   Thank you.

3                   MR. CHRISTMAN:   Thank you.   That will  
4           be interesting.   Okay, our next meeting will  
5           be October 3rd, and that will be by Zoom.  
6           And if there is no other discussion, we are  
7           adjourned.   Thank you.

8                   (Meeting adjourned at 11:02 a.m.)

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CERTIFICATE

I, Tiffany Felts, CVR, Certified Verbatim Reporter and Registered Professional Reporter, do hereby certify that the foregoing typewritten pages are a true and accurate transcript of the proceedings to the best of my ability.

I further certify that I am not employed by, related to, nor of counsel for any of the parties herein, nor otherwise interested in the outcome of this action.

Dated this 17th day of August, 2023.

Tiffany Felts, CVR  
Tiffany Felts, CVR