

1 DEPARTMENT FOR MEDICAID SERVICES
2 INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
3 TECHNICAL ADVISORY COMMITTEE

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14 April 4, 2023
15 10:00-10:44 a.m.
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23 Stefanie Sweet, CVR, RCP-M
24 Certified Verbatim Reporter
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A P P E A R A N C E S

Board Members:

Rick Christman, TAC Chair
Pam Smith
Wayne Harvey
Cheri Ellis-Reeves
Justin Jeter
Melanie Tyner-Wilson
Beth Santine
Judy Theriot
Kelli Sheets, Host

1 MS. SHEETS: Okay. I've
2 got 10 o'clock. Again, this is Kelli
3 Sheets with DMS. I will be your host for
4 today's meeting. I just want to remind
5 the members that in order to comply with
6 Kentucky Open Meeting Laws, when you are
7 voting, you must have your camera turned
8 on.

9 And with that, Rick, I'll turn
10 it over to you.

11 MR. CHRISTMAN: Kelli, do we
12 have a quorum? It looks like we do.

13 MS. SHEETS: We do have a
14 quorum. Yes, we do.

15 MR. CHRISTMAN: Okay, thank you.

16 I want to touch on this. I
17 tried to get it on the agenda, but we
18 still have, like, three vacancies -- or
19 four vacancies. One is the Commonwealth
20 Council on Developmental Disabilities. I
21 assume they would want to have a
22 representative, but --

23 MR. JETER: Good morning. My
24 name is Justin Jeter. I am with the
25 Council.

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MR. CHRISTMAN: Oh, okay.

MR. JETER: We had been going through a directors change so we had a new director start this week, actually, named Johnny Callebs. We have to speak with him about wanting to have an official position.

MR. CHRISTMAN: Okay, well welcome and thank you for being here. Many of us know Johnny, so that's -- that's great.

These others are appointments by the governor. Is that something we need to attend to, Kelli? Or, do you know?

MS. SHEETS: So we can make -- we can send a recommendation in to the governor's office. So if you know someone that would fit the -- the appropriate role for the vacancy, and we can have them fill out an application, and we can send that to the governor's office for approval.

MR. CHRISTMAN: Okay. So you would like us to make you some recommendations?

MS. SHEETS: That would be

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great. Yes.

MR. CHRISTMAN: Okay. Well,
we'll work on that, then.

Okay. So we have a quorum. I
don't believe we've received the minutes
from the previous meeting; is that
correct? Kelli?

MS. SHEETS: I will check into
that. I believe they were sending that out
--

MS. ELLIS-REEVES: I think we
did.

MR. CHRISTMAN: Oh, we did?
Okay. You know, I didn't see them.

MS. ELLIS-REEVES: Yeah, we did.

MR. CHRISTMAN: Okay. Good.

Would you like to make a motion
to approve the meeting's minutes, then?

MS. ELLIS-REEVES: Yes. I make
a motion.

MR. CHRISTMAN: Is there a
second?

(Interrupted by unmuted microphone)

MR. CHRISTMAN: Did someone make
a second? I'm sorry.

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MR. HARVEY: I'll second, Rick.

MR. CHRISTMAN: Thank you,
Wayne.

Motion has been made and
seconded. All in favor, say, "Aye."

ATTENDEES: Aye.

MR. CHRISTMAN: Any opposed,
say, "No."

Motion carries.

The first item on the agenda is
the involuntary termination process. As
you may recall, we -- at our last meeting,
we heard folks from the state of New
Mexico and Virginia talk about their
involuntary termination process that
varies somewhat from what Kentucky has.
Of course, what Kentucky has is basically
-- requires the provider to continue to
provide services to those that they don't
feel they can meet their needs until
another provider is found. It's just my
understanding there's quite a few
individuals now being served by providers
who basically attempted to terminate, but
are still required to provide services

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because of our regulation.

So I would like to make a motion, as a recommendation to the MAC, that the involuntary termination process be reviewed and amended as necessary and, in that process, to include the Department of Intellectual and Disability Service and Developmental Disabilities Services cap and DMS. So I offer that motion.

MR. HARVEY: I'll second the motion, Rick.

MR. CHRISTMAN: Thank you, Wayne.

Is there any discussion?

MS. TYNER-WILSON: Um --

MR. CHRISTMAN: Yes. Go ahead.

MS. TYNER-WILSON: Rick, this is Melanie Tyner-Wilson. The Home and Community Based Settings rule went into effect and I don't know if there is any existing corrective action plans, but I think that would somehow impact your motion.

MR. CHRISTMAN: I'm not sure how.

1 MS. TYNER-WILSON: Well, there's
2 -- there were several homes, from what I
3 understand, that were under the highly
4 scrutinized settings --

5 MR. CHRISTMAN: Uh-huh.

6 MS. TYNER-WILSON: -- and I
7 don't know if those issues had been
8 resolved. And so, if you've got a lot of
9 situations where the set, you know the --
10 I'm sorry, go ahead --

11 MR. CHRISTMAN: Oh, I didn't say
12 anything. Go ahead.

13 MS. TYNER-WILSON: I just didn't
14 know if you could -- with the status of
15 that -- you know, and maybe there being
16 current corrective action plans in
17 place -- I don't know that you'd be able
18 to change the protocol and process for
19 people to take individuals into their --
20 or not take individuals -- into their
21 placement.

22 MR. CHRISTMAN: Well, I think
23 this -- what I am talking about here is
24 apart from that issue. This has been an
25 issue that has been going on for some

1 time. And it -- and it basically just
2 involves the ability of a provider to, you
3 know, cease services to someone that they
4 don't feel they can meet their needs. We
5 had learned from other states that they
6 have processes different from Kentucky
7 that I think are worth looking at.

8 MS. TYNER-WILSON: But in --
9 yes, and thank you for that response. But
10 I also think that there are situations
11 where, then, if the agency is not willing
12 to take the individual, or does not want
13 them to be a part of their agency, where
14 will the individual go?

15 MR. CHRISTMAN: Well, that's
16 what we are going to talk about. And some
17 states have different policies. For
18 example, the state would take
19 responsibility for finding a place where
20 the person could go.

21 Or that's in the case of
22 Virginia, or in the case of New Mexico.
23 They sort of -- each -- each county has a
24 number of providers, and if you are --
25 providers can end services to people, but

1 then they check a box for another provider
2 and that -- that other provider is
3 somewhat compelled to take that
4 individual. So there's just different
5 ways that they do it in other states, and
6 I think we should look at -- look at how
7 we do it here, because I think there is
8 some problems with it. Because in the --
9 what we have here in Kentucky really
10 creates a disincentive to serve people who
11 might be viewed as difficult to serve, if
12 you follow what I'm saying.

13 MS. TYNER-WILSON: No. Yeah. I
14 understand -- my -- I think -- my concern
15 -- and maybe I don't know all of the facts
16 of the situation -- but it's supply and
17 demand. You know, is there any -- would
18 there be a place for -- if an individual
19 were too challenging to -- for an agency
20 to take on, is there a place for them to
21 be able to go, or would they be -- would
22 there be a need for that individual to go
23 out of state into a more expensive
24 placement? I don't know.

25 MR. CHRISTMAN: Oh, no. We

1 don't -- that's not really what we are
2 focused on, but it could be that if we
3 could find some middle ground that, maybe,
4 there could be trial situations for people
5 that they could try them out -- they could
6 attempt to serve them, and maybe not be
7 held to that harsh standard of continuing
8 to provide services even though they don't
9 feel they can meet that person's need.

10 This is not intended to drive
11 people out of the state. It's just
12 intended to reduce the risk that providers
13 are -- want to avoid and, consequently,
14 what we have now is there's -- there's a
15 lot of people who may thrive in other
16 settings, but they don't get that chance
17 because of alternate providers don't want
18 to take that risk.

19 It's just about reducing the
20 risk to providers so we could have more --
21 so there'd be -- so it would be easier for
22 participants to find alternative
23 providers. That would be our object --
24 the objective of this.

25 MS. TYNER-WILSON: Okay.

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Just being the caregiver of someone that was kicked out of an agency, I'm very sympathetic to, kind of, the challenges that exist. And I understand on the provider's side the challenges that you're sharing. I just -- I just hope that we can -- I don't want to take away opportunities for individuals.

MR. CHRISTMAN: Yeah. And what's intended here is to create more opportunities for individuals. That's -- that's how I see what would be coming out of this process, I hope.

Again, this is just a recommendation that we look at it. No -- there's no -- there's no particular plan that anyone's agreed on, but we think it would be good just to look at it and maybe see what other states are doing and see if we can reform what we're doing here or amend it and make it better for everyone.

Does anyone else have any comments?

MS. ELLIS-REEVES: I do. I've got a question. What is highly

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scrutinized?

MR. CHRISTMAN: I'm sorry. What was your question, Cheri?

MS. ELLIS-REEVES: What is -- she said something about having highly scrutinized group home? What did she mean by that?

MR. CHRISTMAN: Oh. Well, that goes back to the Community Setting Rule and that's been something that's been going on for a long time. And what Kentucky did, they went through a long -- this -- pertains to the entire United States, by the way --

MS. ELLIS-REEVES: Okay.

MR. CHRISTMAN: -- look at settings and make sure that they're community-based and in a few cases there's been -- there's been a few settings where they thought that a person's ability to engage in the community may not be what it should be, and in which case they are put on heightened scrutiny.

CHERI: Okay. Thank you.

MR. CHRISTMAN: Any other

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comments or questions?

(No response.)

I'll call for the question,
then.

All in favor say, "Aye."
ATTENDEES: Aye.
MR. CHRISTMAN: Any opposed,
say, "No."

(No response.)

And so the motion carries.
Thanks, everyone.

MS. SHEETS: I'm sorry. The
members must -- in order to comply with
the Open Meeting Laws, the members must
have their cameras on while voting.
MR. CHRISTMAN: Okay. Let's do
that again, then.
MS. ELLIS-REEVES: Okay.
MS. SHEETS: And then you'll
have to go back and do the minutes as
well.
MS. ELLIS-REEVES: Hang on.
MR. CHRISTMAN: Okay.
MS. SHEETS: Thank you, all.
MR. CHRISTMAN: Cheri, would you

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like to make the motion on the minutes again then, please, with your camera on?

MS. ELLIS-REEVES: It shows my camera is on. Do you see anything?

MR. CHRISTMAN: We don't see anything.

MS. ELLIS-REEVES: Hang on again. It says video, camera --

MR. CHRISTMAN: It's showing that your camera's not on at the moment.

I guess you're having problems, Cheri?

Cheri, are you with us?

MS. SHEETS: I just readmitted her from the waiting room. I think she logged out. And now she's --

MR. CHRISTMAN: Oh, okay. Okay.

MS. ELLIS-REEVES: Does this show, Rick, now?

MR. CHRISTMAN: No. It doesn't. It says you're on your phone.

MS. ELLIS-REEVES: I just tried to do it on my iPad and it shows that my camera's on. Let me -- let me check my settings here again.

1 MR. CHRISTMAN: Okay.
2 MS. ELLIS-REEVES: Rick?
3 MR. CHRISTMAN: Yes?
4 MS. ELLIS-REEVES: Now?
5 MR. CHRISTMAN: No.
6 MS. ELLIS-REEVES: Oh my gosh.
7 Okay. I don't how to do it. I've gone to
8 my camera, I've gone to Zoom. It shows
9 that my camera's on. It keeps
10 disconnecting me. So --
11 MR. CHRISTMAN: Kelli --
12 MS. ELLIS-REEVES: Got any
13 suggestions?
14 MR. CHRISTMAN: I'm sorry -- I'm
15 sorry, Cheri. What did you say?
16 MS. ELLIS-REEVES: It shows that
17 my camera is on.
18 MR. CHRISTMAN: Yeah. Do you
19 have the screen? Are you looking at the
20 group here?
21 MS. ELLIS-REEVES: Yeah. I see
22 you.
23 MR. CHRISTMAN: Oh, there you
24 are.
25 MS. ELLIS-REEVES: Do you see

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me?

MR. CHRISTMAN: Now we see you.

MS. ELLIS-REEVES: Okay.

So yes. I make a motion to
approve the minutes.

MR. CHRISTMAN: Okay. Thank
you.

And, Wayne?

MR. HARVEY: I'll second.

MR. CHRISTMAN: All in favor
say, "Aye."

ATTENDEES: Aye.

MR. CHRISTMAN: Any opposed say,
"No."
(No response.)

And then I will make the same
motion that Kentucky review and amend as
necessary its involuntary termination
procedures, and in that process include
DDID cap and DMS.

MR. HARVEY: I'll second the
motion.

MR. CHRISTMAN: Okay. Thank
you, Wayne.

Any discussion?

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All in favor say, "Aye."

ATTENDEES: Aye.

MR. CHRISTMAN: Any opposed,
"No."

(No response.)

Okay, great.

And I see Pam is here. And we got some information from you yesterday, Pam, or the day before, announcing that these rates are approved; correct? That's contained in the House Bill 1?

MS. SMITH: CMS did approve and we got the approval from CMS. They approved the spending plan to utilize all of the ARPA dollars to go towards the 10 percent increase. And we received the approval from -- the Appendix K approval -- to implement the rates and for them to be retroactive back to 7/1 of 2022. So we're in the process of making the system changes to allow those to be billed and to do the mass adjustments back to 7/1 of '22.

Now some of the providers, for example, the residential providers have

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been able to bill that --

MR. CHRISTMAN: Right.

MS. SMITH: -- and most of them have been billing that actually since 2020. And then some providers -- some of the services like personal assistance, community access, the direct hands-on services, they've been able to bill 50 percent through Appendix K if they submitted the attestation that they were going to pass through 85 percent of that to the direct care workers. So some of the providers are already billing, and have already been, and are already getting that increase.

So the 50 percent for residential and then the 10 percent, which would be, you know, part of that 50 percent, because the providers that are billing the 50 percent, that was allotted through Appendix K beginning in January of '22. They won't be able to bill the 50 percent plus 10, so really --

MR. CHRISTMAN: Right.

MS. SMITH: -- they're billing

1 either 10, or the 10 is included in that
2 50 percent. But we're working with --
3 both the NWMA team and the MMIS to get
4 that in as quickly as possible and then to
5 go back and do those mass adjustments.

6 MR. CHRISTMAN: Well, how do you
7 think, so -- at what point can we begin
8 billing at the new rate for current
9 services? For services we're doing right
10 now? Like today or tomorrow?

11 MS. SMITH: You can bill it
12 today how -- you're not going to get
13 reimbursed that increased amount until the
14 changes are in the MMIS. We will let you
15 know when that is done. We have
16 encouraged providers to go ahead and bill
17 the increased rate. It makes it easier to
18 do the mass adjustments.

19 We're going to have to do, kind
20 of, a different process for the mass
21 adjustments for the time before providers
22 were billing at the higher rate, because
23 most providers bill what they expect to
24 get reimbursed. You can go ahead and
25 start billing that rate, however, if we're

1 not gonna -- it's not gonna get reimbursed
2 until those changes are in the MMIS. So
3 we are working very hard with them to get
4 all of that in both systems.

5 MR. CHRISTMAN: So you would say
6 our ability to receive payment at that
7 higher rate and the mass adjustments will
8 all be done simultaneously?

9 MS. SMITH: No. So the mass
10 adjustments will come after the -- after
11 you are able to get that reimbursement,
12 just because it will take -- you can
13 imagine -- we are doing mass adjustments
14 back to July 1st of 2022. So those
15 will -- we're focused on getting them
16 right in the system so you can bill for
17 going forward, and then we will work on
18 the -- we will get the mass adjustments
19 out. So those will -- it won't happen at
20 the same time, but we are working on them
21 together, if that makes sense.

22 MR. CHRISTMAN: Do you have any
23 estimation as to when we can start to
24 receive the new billing rate?

25 MS. SMITH: I do not have the

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date from Gainwell and NWMA, however, they understand the priority of getting those changes in the system.

MR. CHRISTMAN: Okay. And I -- I take it from our last conversation that you're going to make it fairly painless, that people won't have to do much of anything to get their --

MS. SMITH: That is why --

MR. CHRISTMAN: -- retroactive payments?

MS. SMITH: Right. That's why it's going to take just a little bit longer, because the process that we have to do is outside of the normal -- how we normally process mass adjustments. So there's -- and then there is a lot of analysis that has to go into it because, for example, we have to look at which providers have been already billing that 50 percent or have already been billing, you know, for residential -- or that 50 percent that was already allowed through Appendix K, because they would be excluded from the mass adjustment process

1 because they've already billed, you know,
2 they've already been reimbursed for that
3 higher rate. So it's more complex --

4 MR. CHRISTMAN: Yes.

5 MS. SMITH: -- but it prevents
6 providers from having to void out claims
7 and then resubmit, so --

8 MR. CHRISTMAN: Well, I hope we
9 all agree that hopefully it'll come before
10 the end of the fiscal year; right? The
11 mass adjustment?

12 MS. SMITH: It is -- we are,
13 yes. We are -- that is -- that is the
14 goal. If not, we are working towards that
15 happening before the end of this fiscal
16 year. Yes.

17 MR. CHRISTMAN: Okay. Good.

18 Let's see.

19 Does anyone have any other
20 questions on this topic? For Pam?

21 Okay. Let's go to the next
22 agenda item. The implementation of the
23 Gatehouse [sic] Rate Study.

24 Let me ask you a question, Pam.
25 Of course, the general assembly just

1 adjourned, but in order to find -- some of
2 us have seen these rates and -- will this
3 require some legislative action to
4 implement these rates --

5 MS. SMITH: Yes. So --

6 MR. CHRISTMAN: I mean, in order
7 to -- I mean appropriations?

8 MS. SMITH: So yes. And so the
9 rates that you have seen are not
10 actually -- those were still while the
11 rate study was in process. So I don't
12 know that they have changed much from what
13 the work group saw, but the final rates,
14 you know, are with levels way above me,
15 and even, you know, the secretary -- I
16 know they actually have to go over to --
17 you know, it has to go to the governor's
18 office. But it will require -- before we
19 can implement those -- it will require
20 regulation change; it will require a
21 waiver change with CMS; and it will
22 require the appropriations. So it will
23 require also legislative engagement. And
24 so there will be public comment periods
25 for both the regulation and the waiver.

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MR. CHRISTMAN: When you say you need appropriations, does that mean we're going to be waiting until the next meeting or assembly --

MS. SMITH: There are others so -- and I am not the person to answer the financial pieces, but, you know, there are -- there are other things that have to happen. So I can get somebody next time that can be prepared to speak about that, but you really don't want me speaking on -- on that part because I will get it wrong, potentially.

So I can get somebody to be available to talk at the next TAC if we do not have another -- if I don't have a different update.

MR. CHRISTMAN: Okay. So we may or may not need a special -- I mean -- another budget -- I guess.

Is this session coming --

MS. SMITH: Rick, I really can't comment --

MR. CHRISTMAN: Is this session --

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MS. SMITH: I really can't
comment --

MR. CHRISTMAN: Okay.

MS. SMITH: -- on that because I
am not the expert on that and I do not
want to get it wrong.

MR. CHRISTMAN: Right.

Would you have -- does anyone
happen to know -- is this next general
assembly that's coming up, that is a
budget session; correct? Or am I wrong?

MR. HARVEY: That's correct.

MR. CHRISTMAN: Okay. Thank
you.

Does anyone ever have any
additional questions about the GuideHouse
Rate Study? Implementation?

Okay.

I think many of us may not -- I
mean, I'm aware, but there's -- there are
some people who may not be aware -- that
there is a study going on about the
possibility of implementing a children's
waiver that would include children with
developmental disabilities, autism, and

1 severe mental health issues; correct, Pam?

2 MS. SMITH: There is.

3 So there is a study currently
4 going on looking at children with severe
5 emotional disabilities, intellectual
6 disabilities and related conditions, and
7 the autism spectrum disorder. And again,
8 this is just a study, so there's not a --
9 this is just to determine what services
10 could be offered, what we would need for
11 this to happen.

12 There's not -- there's not a
13 budget, there's not money that has been
14 assigned to this. This is truly just a
15 study to determine if that would be
16 possible and what -- what we would need
17 for that to be possible.

18 There was information that went
19 out either yesterday or the day before
20 seeking individuals that may want to be
21 part of stakeholder input. We're going to
22 do some focus groups in late May and early
23 June. So some of you all may have seen
24 that. It went out through all of our --
25 if you're signed up to get updates through

1 the waiver group, you all may have seen
2 that or seen it through some of the
3 provider distribution lists.

4 MR. CHRISTMAN: And considering
5 that I think with the roughly two thirds
6 of the people on the Michelle P. waiting
7 list are children, so this could have a
8 big impact on the Michelle P. program, in
9 particular, on this waiting list. Would
10 you agree, Pam?

11 MS. SMITH: If they have those,
12 you know -- as you know, we don't have
13 the -- necessarily have the diagnosis or
14 have the information about those
15 individuals, but certainly they would be
16 open, just like anybody else would be, to
17 access services in this waiver. But
18 again, this is just a study at this point.
19 We are not --

20 MR. CHRISTMAN: Gotcha.

21 MS. SMITH: -- committing to
22 this waiver. Do not have a budget for
23 this waiver. It truly is a feasibility
24 study.

25 MR. CHRISTMAN: Correct.

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Pam, are there any pending waiver or regulatory amendments out there other than, I guess, you mentioned obviously something with the -- with the Gatehouse [sic] Study. Is there anything --

MS. SMITH: The GuideHouse Study --

MR. CHRISTMAN: -- and the new rates -- anything else on your radar?

MS. SHEETS: The GuideHouse Study.

We will be -- as I mentioned, we will have to update regulations and the waiver applications for -- to implement those.

We would also -- we are also looking at the regulations and would be making updates for things that have been kind of on a list for, you know, to clarify where language may be difficult to understand. So there would be just some general clarifications. But, again, those will both go out for public comment when it is the time that we're able to amend

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those.

MR. CHRISTMAN: Okay.

So I guess you can't go into any much more detail as to what some of these pending -- any of these cleanup things that you are referring to, kind of --

MS. SMITH: I don't really have that, Rick. I don't have that in front of me. It's more -- if you think about definitions or just places where individuals have -- have identified that it's -- where the language is confusing -- we are looking at all of that.

MR. CHRISTMAN: Okay. Mostly clarification type things, then.

MS. SMITH: Correct.

MR. CHRISTMAN: Tell us about the waiting lists.

MS. SMITH: So I did -- even though we didn't have it on the agenda --

MR. CHRISTMAN: I know. I forgot -- I neglected to do that. I'm sorry.

MS. SMITH: We did pull the numbers.

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So for SCL, there are 3,121 individuals on the waitlist and zero are in the emergency category; 123 are in the urgent; and 2,998 are in future planning.

MR. CHRISTMAN: Okay.

MS. SMITH: For Michelle P., we have 8,034 on the waitlist and still around 70 percent of those are children. I don't have the exact -- the breakout of the ages for the children. I did not have time to grab that this morning.

MR. CHRISTMAN: Sure.

The numbers being served to Michelle P., is that somewhere around 11,000?

MS. SMITH: We -- no. There are 10,000 -- there are 10,500 slots and right now, I believe, we have about 70 open slots. We just did another allocation. So you know, we're -- we're serving around 10,430.

MR. CHRISTMAN: And the numbers being served in SCL; do you have that number?

MS. SMITH: There are -- one

1 second, I can get it.

2 MR. CHRISTMAN: I apologize for
3 not putting that on the agenda. It's an
4 oversight on my part.

5 MS. SMITH: -- find the report
6 that has that on there really quick. I
7 think we have about 130 --

8 MR. CHRISTMAN: Openings?

9 MS. SMITH: -- open -- open
10 slots -- or slots right now. Oh, here it
11 is.

12 MR. CHRISTMAN: Well, we can
13 look that up. It's a couple thousand
14 receiving services, right?

15 MS. SMITH: Yeah.

16 We have a hundred and -- or, I'm
17 sorry -- we have 213 open slots right now.
18 So we have about 4,685 people receiving
19 services, or are in the process of
20 receiving services.

21 MR. CHRISTMAN: 4,685?

22 MS. SMITH: Uh-huh. 4,685.

23 MR. CHRISTMAN: I was way off.

24 Is there any other general
25 discussion ideas that people would like to

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discuss?

MS. ELLIS-REEVES: Yeah, I do.

(Indiscernible) ICF. Are they getting any additional funding? Pam?

MS. SMITH: There was -- so there was a bill that was discussed about adding -- adding beds to those ICFs, but I don't -- it was not on the Medicaid side.

And -- and for ICFs, we don't have, so -- and I don't have these numbers in front of me -- so each ICF may have a certain number of beds they have in their facility, but we don't -- it's not like waiver where we say you can only have this many Medicaid individuals. It works a little bit different.

So I don't -- I don't have those numbers in front of me as far as how many beds they have and how many people each of the ICFs are serving.

MS. ELLIS-REEVES: Okay.

But they do -- what if -- I know you all talked about residents that who are harder to help in community-based homes that they have some -- that have

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more need. Do they?

And I -- and I know that there was a couple that are new -- they're in Oakwood. Is that something that you see as -- as an issue with, you know, a conflict between them? Between an ICF and a community-based home?

MS. SMITH: No.

I mean there are times where someone who has previously, or has been receiving community-based services may go into an ICF. Ultimately, it is always the individual or their guardian's decision, and it is what is best for the individual, and we always strive for the least restrictive environment.

So, I mean, that is an option for individuals who were either previously receiving services through the waiver, or have been identified as needing services through the waiver. But again, it's always based on the individual, their needs, their -- what they wish to -- or their family wishes for them -- where they wish for them to receive services and

1 always based on the least restrictive
2 environment. But, again --

3 MS. ELLIS-REEVES: So the --

4 MS. SMITH: -- to the
5 individual. It's up to the individual and
6 their family.

7 MS. ELLIS-REEVES: As to whether
8 or not they can be put in -- stay in their
9 home?

10 MS. SMITH: Stay in their home
11 or if they choose to be admitted to a
12 facility.

13 MS. ELLIS-REEVES: Well --

14 MS. SMITH: And some choose to
15 be admitted into a facility because that
16 is the safest option for them and that's
17 what they want. And that's okay. But,
18 you know, it's always, you know, we strive
19 for the least restrictive environment, but
20 it's also based on what the individual
21 wants and what the individual needs.

22 MS. ELLIS-REEVES: But if -- in
23 my case -- you know, the ICF is the least
24 restrictive, and the most needed because
25 of their health issues and stuff like

1 that, but we had to -- we were not allowed
2 to say we want them -- well, we were
3 allowed to say -- we weren't allowed to
4 only have that choice, saying we want to
5 keep them in Oakwood. They wanted to move
6 them, and we had to hire a lawyer, and go
7 through a judge --

8 MS. SMITH: I don't want to talk
9 about --

10 MR. CHRISTMAN: We don't talk
11 about specific cases.

12 MS. SMITH: So Cheri, if you
13 want to reach out to me with questions
14 specifically about your case, you can.
15 I'll put my email address in the chat.

16 MS. ELLIS-REEVES: Okay. That's
17 fine.

18 MR. CHRISTMAN: Thank you.
19 Yeah. That's -- we kind of have a --

20 MS. ELLIS-REEVES: But that
21 question wasn't really about them. My
22 question was going to be is, you were
23 saying that the families -- they would
24 have a choice in that. And them having a
25 choice where -- where they go. Is that

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right?

MS. SMITH: Yes.

MS. ELLIS-REEVES: Pam?

MS. SMITH: Yes. Yes.

MS. ELLIS-REEVES: Who mandates that choice? Does Michelle P. Waiver -- does that --

MS. SMITH: That is part of --

MS. ELLIS-REEVES: Does that give them that choice?

MS. SMITH: That is part of Federal Final Rule. It's part of -- it's part of any waiver. That the individual gets choice.

MS. ELLIS-REEVES: Okay. All right.

MS. SMITH: What the -- what is meant to be protected against is individuals being forced to go to an institution when it is their choice that they -- they would rather be served in the community. The opposite of that.

MS. ELLIS-REEVES: Right. And I understand -- I understand that part that there is a lot of people that benefit from

1 that -- most people benefit from that --
2 but if you have families who are there
3 that are -- there are 16 families there or
4 individuals that are in an ICF and they
5 were the last ones there, you know, if --
6 if they have the right to say, "We want to
7 stay there."

8 MS. SMITH: So, so it is their
9 choice.

10 MS. ELLIS-REEVES: Okay. Send
11 me your email contact.

12 MS. SMITH: I did. I put it --
13 it's in the chat.

14 MS. ELLIS-REEVES: Okay. Thank
15 you.

16 MR. CHRISTMAN: Well, I suppose
17 it's like all services. There's a limit
18 to the capacity; right?

19 MS. SMITH: It's -- It's about
20 -- so ultimately, the services are about
21 freedom of choice. But it's also about
22 where can the individual safely be served
23 based on those -- on those services and --
24 so and that's why the person-centered team
25 meetings are so important and why it is so

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important that everyone participates in those meetings.

MS. ELLIS-REEVES: The monthly meetings?

MS. SMITH: It's for the waiver. They have a -- yeah, there's a -- the person-centered team may not meet monthly for waiver. It's based on, you know, initially when the plan of care is set and then anytime a -- a need is identified where a change to that plan of care might happen. But the case manager does meet monthly with the individual and should be, you know, part of what they do is verifying are the services meeting your needs? Do we need to change anything? You know, how are -- are there any health safety welfare issues? You know, how are things going just in general. They monitor, you know, from month to month or more frequently. Sometimes they have contacts throughout the month depending on the situation of the individual.

MS. ELLIS-REEVES: And the community-based homes has that same

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process?

MS. SMITH: That is for
community -- that is for in the community.

MS. ELLIS-REEVES: Okay.

MS. SMITH: Yeah.

MR. CHRISTMAN: Cheri, I have a
question -- in your case, do you have a
case manager?

MS. ELLIS-REEVES: Yes. We do.
We have -- we have a case manager and then
we also have -- there is a couple -- there
is some people who their job is to
recommend whether or not what the best
place is for that individual.

MR. CHRISTMAN: Mm-hmm.

MS. ELLIS-REEVES: And then, you
know, what I'm saying -- you don't want to
go into specifics, but our family is not
the only one who -- who has that need
that's not being met or is being
questioned. You know, this has become
their home -- for a lot of these residents
have been home 40 and 50 years.

MR. CHRISTMAN: Right.

MS. ELLIS-REEVES: They're --

1 they have families, you know, that are --
2 they live, like, in a cottage and the
3 people that take care of them and the
4 people they live with, they've become
5 families. And they do not -- they're the
6 ones that are left in there are the ones
7 who have more need than -- like what some
8 of them you're saying that you all cannot
9 meet.

10 In the ICF, you have an envision
11 learning thing. You also have medical,
12 dental -- you have everything on campus.
13 And this is for the ones who would not
14 benefit in a community setting.

15 [Indiscernible] Yeah.

16 MR. CHRISTMAN: Yeah. Another
17 question on your case -- do you have a
18 choice of your case manager, Cheri?

19 MS. ELLIS-REEVES: No. We do
20 not.

21 MR. CHRISTMAN: You were just
22 assigned one?

23 MS. ELLIS-REEVES: Yes. They --

24 MS. SMITH: This is with -- with
25 the ICF it's different. It's not what

1 you're thinking about of case management
2 in the community.

3 MR. CHRISTMAN: Oh, okay.

4 MS. SMITH: It's someone within
5 the -- it's within the facility.

6 MS. ELLIS-REEVES: Yes.

7 MR. CHRISTMAN: Okay. Okay.

8 MS. ELLIS-REEVES: Yeah.

9 MR. CHRISTMAN: All right.

10 Thank you.

11 Just to make everybody feel
12 good, there's a lot of -- in the news
13 about people having to reapply for
14 Medicaid and with the winding down, and
15 that doesn't apply to people in the
16 waiver; is that correct?

17 MS. SMITH: Yes. No, Rick.

18 That is Medicaid eligibility unwinding.

19 So individuals -- every individual that

20 has Medicaid eligibility will be looked

21 at. Now there are some that go -- that

22 will not be required to reapply or provide

23 additional information. Individuals need

24 to look for, you know, look for

25 information coming out in the mail. We

1 are working on, at NWMA, we will be
2 providing a report that will be accessible
3 to the case managers so that they will
4 know who their -- who on their caseload is
5 due for a recert in what month. That --
6 that report is in development and that
7 will be -- we'll be having a -- sending
8 out either a training or doing a recorded
9 something, or just a quick reference
10 guide, because it's really easy on --
11 we'll show you how to get to -- how the
12 case managers can get to that report. But
13 the Medicaid unwinding for eligibility
14 impacts every single person that is on
15 Medicaid.

16 MR. CHRISTMAN: Okay.

17 MS. SMITH: There are some that
18 may have different actions than others,
19 but everybody needs to be watching for if
20 they get a letter, looking at that and
21 seeing what they need to do and make sure
22 their information -- if you can encourage
23 any of the members that you serve, make
24 sure their address is up-to-date in the
25 system.

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MR. CHRISTMAN: I see. And would those letters be coming to the case manager?

MS. SMITH: No. The letter goes to the individual. The report will be available in NWMA, similar to how we're going to have a similar report in the -- in Clocks, the system for the nursing facilities and the ICFs. But it will be available for the case managers in NWMA beginning, I believe, in June.

MR. CHRISTMAN: Is that when those letters are going to be coming out?

MS. SMITH: No. The letters have actually, I believe, they started going out this month.

MR. CHRISTMAN: Okay.

MS. SMITH: That's why some of the -- if you've -- if any of you have attended the unwinding, the sessions that we have had on unwinding where Deputy Commissioner Veronica Judy-Cecil has been speaking, that information -- I think there's also a lot of information on the web -- on the website that really

1 individuals need to pay attention to and
2 providers that serve individuals, help
3 those individuals.

4 You know, make sure if they've
5 gotten a letter, that they do respond and
6 that they follow whatever the directions
7 are in that letter. There are some
8 individuals that will not have to --
9 similar to how their eligibility is
10 pre-pandemic or outside of -- outside of
11 the pandemic where they do not have to
12 take action. It's a passive renewal. But
13 each individual can be different, so they
14 really need to pay attention to the
15 communication that's sent out.

16 MR. CHRISTMAN: Were most waiver
17 recipients passive renewals before --

18 MS. SMITH: I --

19 MR. CHRISTMAN: -- COVID?

20 MS. SMITH: I don't -- I don't
21 have that information.

22 MR. CHRISTMAN: Okay. But some
23 are?

24 MS. SMITH: Some are. Yes.
25 There are some that are, but I don't have

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the numbers on how many were versus how many have to -- had to complete actions.

MR. CHRISTMAN: And if you aren't a passive review, among other things, you would simply say I want to reapply?

MS. SMITH: There -- there will be directions for them to follow.

MR. CHRISTMAN: Okay. All right. Good to know.

Our next meeting is June 6th at 10, and I suppose we'll do Zoom again. If there's no other business, we are adjourned.

ATTENDEES: Thank you.

MR. CHRISTMAN: Thank you.

MS. SHEETS: Rick, can I interrupt just real quick?

MR. CHRISTMAN: Yeah, sure.

MS. SHEETS: I just wanted to say that Erin Bickers is back today.

MR. CHRISTMAN: Oh.

MS. SHEETS: Yesterday was her first day back from maternity leave. She has been having technical difficulties

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staying logged into the meeting, but I'm hoping she got in and can say hello.

MR. CHRISTMAN: Hello?

MS. SHEETS: Erin, are you on?

MR. CHRISTMAN: Well, we welcome her back. Thank you.

MS. SHEETS: All right. Thank you.

MR. CHRISTMAN: All right. Bye now, all.

(Proceedings concluded at 10:44 a.m.)

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C E R T I F I C A T E

I, STEFANIE SWEET, Certified Verbatim Reporter and Registered CART Provider - Master, hereby certify that the foregoing record represents the original record of the Intellectual and Developmental Disabilities Technical Advisory Committee meeting; the record is an accurate and complete recording of the proceeding; and a transcript of this record has been produced and delivered to the Department of Medicaid Services.

Dated this 13th day of April, 2023

 /S/ Stefanie Sweet

Stefanie Sweet, CVR, RCP-M