

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

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14 AUGUST 6, 2024
15 10:00 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

TAC Members:

Wayne Harvey, Chair
Melanie Tyner-Wilson
Johnny Callebs
Frankie Huffman
Cheri Ellis-Reeves
Doug Hoyt
Brad Schneider

1 MS. BICKERS: Good morning.

2 This is Erin with the Department of
3 Medicaid. It's not quite 10 o'clock. We
4 will give it a few minutes as the waiting
5 room is clearing out. I just received an
6 email from Melanie. She will be unable to
7 join us today.

8 MS. ELLIS-REEVES: I do have a
9 question if you don't care. Is recovery
10 home, are they listed the same as the care
11 that you all give, those homes?

12 MS. STAED: No, Cheri. They are
13 listed differently.

14 MS. ELLIS-REEVES: Okay, thank
15 you.

16 MS. BICKERS: Okay. It
17 is 10 o'clock and it looks like our
18 waiting room is clear. I have -- logged
19 in -- I have Brad, our new member. I have
20 Wayne.

21 MR. SCHNEIDER: Good morning.

22 MS. BICKERS: Good morning.

23 I have Johnny, Cheri, and Doug.
24 Did I miss anyone else as they were coming
25 in? Okay.

1 Well, we do not have a chair as
2 of right now, so I will kick our meeting
3 off and welcome everybody to the August
4 6th IDD TAC meeting. My name is Erin. I
5 am with the Department of Medicaid.

6 So far, the only email I
7 received having interest in being the new
8 chair was from Melanie who is not with us
9 today. Do any other members wish to throw
10 their hat in? Do we want to wait until we
11 have more members next meeting?

12 MR. HOYT: Erin, I would like to
13 nominate Wayne Harvey to be our new TAC
14 chair.

15 MS. BICKERS: Okay. Wayne has
16 been nominated. Is there a vote?

17 MR. SCHNEIDER: I would like to
18 second.

19 MS. BICKERS: Okay. Second.

20 Does anybody oppose? Okay. All
21 in favor, you can turn your camera on, we
22 can vote, and then Wayne can get the
23 meeting going and establish approval of
24 last month's minutes.

25 MR. CALLEBS: Does Wayne accept

1 the nomination?

2 MS. BICKERS: Oh, well, I guess

3 I should ask that as well, if we are going

4 to vote him in.

5 MR. HARVEY: Yes. I'll accept

6 the nomination.

7 MS. BICKERS: All in favor?

8 Cheri, if you don't mind turning

9 your camera on while we vote, if you can.

10 Oh, it looks like she is having to join

11 back in.

12 MS. ELLIS-REEVES: Are you

13 there? Can you hear me?

14 MS. BICKERS: Yes. I'm trying

15 to flip to see if your camera is on.

16 MS. ELLIS-REEVES: It is now.

17 MS. BICKERS: Okay.

18 All in favor?

19 TAC MEMBERS: Aye.

20 MS. BICKERS: Motion carries.

21 Wayne, welcome --

22 MR. HARVEY: Thank you, Erin.

23 MS. BICKERS: -- to your new

24 position. And I will turn it over to you.

25 MR. HARVEY: Okay. We have the

1 chair vote out of the way. Does anybody
2 want to make a motion to approve the June
3 minutes?

4 MS. ELLIS-REEVES: I'll make a
5 motion.

6 MR. HOYT: Second.

7 MR. HARVEY: Second? Doug?

8 MR. HOYT: Yes.

9 MR. HARVEY: All right. Any
10 discussion on the minutes?

11 All in favor?

12 TAC MEMBERS: Aye.

13 MR. HARVEY: All right. Motion
14 carries. June minutes are approved.

15 All right. The next item on the
16 agenda is the status of the rate study
17 copies that were requested from previous
18 meetings.

19 Erin, do we have somebody from
20 the cabinet to address that issue?

21 MS. BICKERS: I believe we do.

22 MS. HOFFMAN: Erin, this is
23 Leslie. Sorry, I am here.

24 MS. BICKERS: Thank you.

25 MS. HOFFMAN: I had a weird pop

1 up on my screen. I apologize.

2 I'm going to try to address the

3 questions today. So of course, we are

4 planning the waiver amendments to CMS in

5 early October, and there is a public

6 comment period that will be prior to that,

7 sometime around the week of August the

8 12th. The rate study is being finalized

9 and we will release it at that time. So I

10 don't have anything to share with you

11 today, but the plan is to release it at

12 the same time that we release public

13 comment for the waiver amendment.

14 MR. HARVEY: Okay.

15 MS. HOFFMAN: Does that make

16 sense?

17 MR. HARVEY: I seen a question

18 pop up through the thing. Amy has some

19 additional questions about the rate study

20 itself.

21 Amy, go ahead.

22 MS. STAED: Thank you so much,

23 Wayne.

24 Obviously, we have asked and had

25 some concerns related to the

1 implementation of the rate study, the
2 required public comment that comes with
3 that, and it's effect on the existing
4 waivers that currently exists. Obviously,
5 we will have to amend the waivers, et
6 cetera, go through that whole process
7 again.

8 But our specific question is
9 about certain services that received a
10 50 percent rate increase under Appendix K.
11 That rate increase had a 2 percent
12 pass-through. That rate increase was made
13 permanent in the last waiver. Relying
14 upon that information, providers switched
15 from a system of issuing bonuses, weekly
16 bonuses, as that pass-through, and
17 implemented permanent wage increases to
18 their employees relying on the fact that
19 those increases were made permanent. And
20 now providers are growing more and more
21 concerned that those are going to be taken
22 away and they are subsequently going to
23 have to lower wages for employees that
24 were given wage increase. The effect,
25 obviously, is going to be that people are,

1 obviously, going to quit their jobs and
2 individuals are going to lose access to
3 very important personal care services, and
4 we just wonder if the cabinet has any
5 update on this.

6 MR. HARVEY: Is Leslie still
7 with us?

8 MS. CLARK: Leslie?

9 MS. HOFFMAN: I was on mute. I
10 apologize.

11 The department's intend to keep
12 the 50 percent increases for those
13 providers who had tested passing along the
14 85 percent to the direct-care workers,
15 and, in essence, we set the rate at
16 70 percent of the rate study, unless it
17 had decreased, which is not what we wanted
18 to do. So more to come on that. I'm
19 sorry that you are going through the
20 situation and you are trying to go through
21 and get answers right now. There was no
22 intent to reduce anything. So we will get
23 that back to you as soon as possible.

24 MS. STAED: Perfect. Thank you
25 so much.

1 Are you able to comment, at all,
2 on the department's -- on the
3 decision-making leading to that
4 70 percent? And I ask just because a
5 number of people were involved in the rate
6 study workgroup. I was one of them.
7 There are additional people on this call
8 that were involved. And the intent of the
9 rate study was to determine, again, as
10 someone who was part of the rate study
11 work group, what wages and what rates were
12 necessary -- not even today, that was
13 2022. So frankly, those rates are a
14 little outdated as they are today. But
15 very specifically, what wages would be
16 appropriate and necessary to sustain the
17 workforce? And that rate study, there are
18 different factors of the rate, and I'm not
19 going to get into all that, because I'm
20 not a mathematician. There are much
21 smarter people than me. But essentially,
22 a component of each rate is a wage. And
23 for services that use direct support
24 professionals, which is a lot of services,
25 the wage recommended that was determined

1 to be necessary to support and recruit and
2 retain employees was, if I remember
3 correctly, about \$22 an hour. So then the
4 decision to reduce that, reduce these
5 rates by 70 percent, obviously brings that
6 wage down to about \$15 an hour, which is
7 about, depending on the service, about
8 what is being paid now, and is not
9 sufficient. I'm just kind of wondering
10 how we got here from that \$22 an hour to
11 the \$15 an hour?

12 MS. HOFFMAN: So Amy, I'm not
13 going to answer that. But if it's okay,
14 Erin, I'm need to have that as a takeback
15 and I need to make sure that I can meet
16 with the Commissioner before I can answer
17 any questions. I'm trying to keep it very
18 high level today to not confuse, if that
19 makes sense, because --

20 MS. STAED: Absolutely.

21 MS. HOFFMAN: I don't to be
22 dangerous to everybody and not explain
23 things correctly.

24 MS. STAED: No. But I do
25 appreciate you noting that as a takeback.

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MS. HOFFMAN: Absolutely.

MS. STAED: Thank you for that.

And I completely understand that you can't answer today. But I do really appreciate you noting that.

That is all I had on that, Wayne. Thank you.

MR. HOYT: Wayne, question regarding timing. I heard, just a minute ago, something regarding a request for rate copies in a public comment period near August the 12th, that is next week. I'm having lots of questions related to timing of any rate study results, and I guess I'm curious, just in plain language, can I get somebody to speak to, from where we are today, what do we think the timing is moving out? And I think about what happened a couple of years ago related to all of the back billing and that type of thing, and my accounting folks are very interested in effective dates and timing, so if somebody could speak to that, I would appreciate it.

MS. HOFFMAN: I'm sorry. I was

1 muted again. I'm going to start the
2 conversation.

3 Alicia, if I say anything that's
4 not quite right, please let me know.

5 Based on those time periods with
6 public comment going in the week of the
7 12th, then we are looking to CMS. Mind
8 you, you are all familiar with CMS
9 process. We are at their beck and call
10 sometime on timing. So we would hope to
11 have to CMS by the first part of October,
12 which would mean that we would probably
13 have approval -- and I am saying probably
14 because I cannot tell you 100 percent --
15 the first part of next year. I'm thinking
16 January.

17 So Alicia, does that sound about
18 right with the conversations that you have
19 had, as well?

20 MS. CLARK: Yes. I would agree
21 with that. Again, though, I would just
22 say that it really is in CMS's hands once
23 we submit those waiver amendments, so, you
24 know, like she said, we are at their beck
25 and call and we have to wait on them and

1 answer any questions that they may have
2 before they will approve anything.

3 MS. HOFFMAN: So Doug, when you
4 were asking about timing, the plan is to
5 have it to CMS in October. That would be
6 after public comment, answering public
7 comment, posting questions and answers on
8 the web and things like that. We are
9 looking to hopefully have it to CMS in the
10 early part of October.

11 MR. HOYT: Thank you for that.

12 MS. HOFFMAN: Absolutely.

13 MR. HOYT: What do we anticipate
14 the effective date?

15 MS. HOFFMAN: That's what I'm
16 thinking it would probably be.

17 Alicia, it would probably be the
18 first part of the year; right? Like,
19 maybe January, if we submit in October.
20 Again, it's timing.

21 MS. CLARK: Yeah, it is all
22 about the timing in CMS if things go
23 smooth. I could definitely see January
24 1st, around that time being the effective
25 date, but again, I don't ever want to

1 speak for CMS.

2 MR. HOYT: I understand, and I
3 wouldn't ask anybody to try and speak for
4 CMS. So nothing would be retroactive to,
5 say, July 1?

6 MS. HOFFMAN: Not that I'm aware
7 of, Doug, I can take that as a follow back
8 too, but not that I'm aware of.

9 MR. HOYT: Okay. Thank you.

10 MS. STAED: And just to add on
11 to what Deputy Commissioner Hoffman and
12 Ms. Clark said, CMS, just from my
13 interactions with other states, they do
14 have a bit of a backlog right now in
15 processing waiver amendments, because a
16 lot of states are doing a lot of things
17 right now, so that, unfortunately, may add
18 to some lack of timeliness on their part.

19 MS. HOFFMAN: I handle a lot of
20 the 1115 waivers, as well. It's the same
21 thing. When I talk to them, it's the same
22 thing. It's very backlogged. Especially
23 coming out of COVID, with lots of new
24 opportunities, so yes, I hear that they
25 are backlogged, too.

1 MS. STAED: Also. I think there
2 are some people stuck in the waiting room
3 if maybe they could be let in.

4 MS. BICKERS: There's nobody in
5 the waiting room, Amy.

6 MS. STAED: Okay. Sorry.

7 MS. BICKERS: That's okay.

8 MR. HARVEY: Any other questions
9 or discussions on that topic? Okay.

10 Well, we kind of hit all around
11 this one but just to cover the topic
12 itself, update regarding status of
13 regulations submitted to the waiver
14 programs?

15 MS. HOFFMAN: Yes. So the
16 regulations are being drafted and are
17 under review for the Department of
18 Independent Living and Behavior Health, as
19 well as CMS. Just a reminder, again, that
20 we have to factor in CMS's approval of the
21 waiver or any modifications that they may
22 ask us to make trying to align those
23 modifications.

24 So I think we were thinking
25 winter, and please don't quote me on that

1 again, thinking regulations might be out
2 in the winter time frame.

3 I just asked that question last
4 night because really, again, we are at
5 their beck and call. We don't know when
6 CMS does approvals or modifications, how
7 long those will take. Those actually
8 could take early into next year, and if
9 they do, that will push the reg out, too.

10 MR. HARVEY: Any other questions
11 on that feedback?

12 MS. STAED: I have one question.
13 Again, you all may not to be able to
14 comment on this, and if not, I clearly
15 understand. We are not anticipating any
16 sort of e-regs? We are anticipating, sort
17 of, the traditional rate process here?

18 MS. HOFFMAN: No. Unless
19 Jonathan is on, I am not thinking that
20 they will allow us to go with e-reg on
21 this one.

22 Jonathan Scott are you on?

23 He might not be on. It is my
24 understanding that it would not be an
25 e-reg, Amy, but we can follow up on those

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things.

MS. STAED: Yeah, totally understand.

MS. HOFFMAN: We're very limited on the e-regs right now.

MS. STAED: And again, you may not be able to answer this but obviously, we are going to have new regs, not just for the services, but the TACs to comply with the access rule. Do we think those are going to be executive orders? E-regs?

MS. HOFFMAN: Erin, can you take that question? Have you had that one to come up already?

MS. BICKERS: From my understanding, we have a consultant group that is going to work with us to help digest everything in the final rule and CMS has been having some meetings Kelli attended last week, while I was on vacation, for guidance on how to establish new BAC. My guess is they will have to go through since we are not doing a lot of e-regs, we will go through the normal process. But with it being a CMS ask,

1 that would be more of a Jonathan question.
2 But my guess would be just through the
3 traditional process, because they are all
4 in the -- Leslie, help me, I'm having a
5 total -- my brain is not functioning yet,
6 I'm still at the beach, guys. I'm sorry.

7 >>: We are just jealous.

8 MS. BICKERS: It has been three
9 years, so I needed it.

10 So it would have to go through
11 all of the normal process of everything
12 changing so that's probably going to be a
13 very heavy lift that we are trying to weed
14 through and figure out how we are going to
15 tackle all of the different areas. If
16 that helps at all. That's probably a very
17 round-the-bush answer, but we are still
18 trying to weed through everything and
19 figure out the best way to tackle it.

20 MS. STAED: No. And I am on the
21 same page as you all. I'm trying to wrap
22 my head around it, too. That's why I'm
23 trying to ask these process questions just
24 so I can keep my own head on straight.

25 MS. HOFFMAN: And Amy and Wayne,

1 can I go back to the last question? I
2 just realized as I'm sitting here
3 thinking, that I may have said something
4 that was confusing, so I want to make sure
5 that we are all okay.

6 So as the regulations go, when I
7 said winter, that would be out for public
8 comment winter, and that would be 2025.
9 Remember, we have to get approval first
10 from the waiver, and then, the entire
11 process would probably take -- I'm saying
12 8 to 10 months, if Jonathan were on here
13 he would probably say 9 months or more. I
14 don't anticipate an e-reg, and that would
15 mean the regs probably wouldn't be
16 approved until spring of 2025. The public
17 comment -- when I said winter, that's
18 public comment. So I just want to make
19 sure I've corrected that for you.

20 MS. STAED: Okay. So are we
21 aiming to have these regs go through
22 session, then?

23 MS. HOFFMAN: Yeah, they
24 definitely could; couldn't they?

25 MS. STAED: Yeah, again. Just

1 trying to wrap my own head around it and
2 plan my year out.

3 MS. HOFFMAN: They definitely
4 could. I just want you all to know that
5 we have no desire to delay anything. So
6 as fast as we can work, that we will do
7 so. Again, I need to touch base with
8 Jonathan. I did text him last night and
9 ask him, but I think that is where we are
10 right now, that it would be winter of 2025
11 with an anticipated date of spring of 2025
12 for approval.

13 And hopefully, Amy, that won't
14 get -- those won't get moved or deferred
15 or all of those things that can happen
16 with regs too; right?

17 MS. STAED: I've got you. I
18 completely understand.

19 MS. HOFFMAN: That makes me
20 think, too, that definitely it probably
21 wouldn't be an e, they prefer us not going
22 through e-regs during session. I thought
23 that could fall right into there; can't
24 it?

25 So the quicker we can get

1 everything moving, the better for us. For
2 everybody. For you all as well. So we
3 will try to work on that.

4 MR. HARVEY: Any other questions
5 on that matter? Okay.

6 The next agenda item is updates
7 regarding CareWise contact with Medicaid.
8 Something around backdating and other
9 issues.

10 MS. STAED: Wayne, if I might,
11 can I offer a little clarity on the topic
12 for Medicaid people on here, so I can at
13 least talk with little bit more
14 specificity?

15 A couple of issues. Number 1.
16 And this was announced quite a while ago.
17 Obviously, there was a trend on the
18 cabinet's end. They were seeing quite a
19 bit of backdating. And then, it was
20 clarified that it really only needed to be
21 used in certain circumstances, like
22 emergencies, obviously, when we have
23 emergency placement and emergency
24 services, obviously, if we are expecting
25 providers to deliver services, we need to

1 back date and reimburse them for emergency
2 services that they deliver. However, I
3 think there seems to be confusion about
4 the unique nature of the emergency
5 situations or emergency residential
6 switches or emergency residential
7 placements, or emergency behavior
8 supports, et cetera. When it comes to
9 backdating, CareWise has apparently drawn
10 a line in the sand about backdating saying
11 they will not approve anything prior to
12 the dates, the date on the plan of care
13 sign-in sheet, and, obviously, that is a
14 good rule, but it, obviously, does not
15 cover emergency situations, and I was just
16 hoping that someone might touch base with
17 them and offer a little bit of
18 clarification on that, or if the
19 philosophy surrounding emergency services
20 and backdating has changed, if we could
21 have some clarification on that.

22 MS. HOFFMAN: So Amy, I can't
23 speak to the emergency, when I read this
24 question, I was having a hard time
25 understanding what it might mean, and of

1 course, my answer back was if providers
2 have access to the MWMA already, and
3 information, and the end dates, and the
4 case managers should be able to track it,
5 cases are entered up to 30 days and I
6 didn't understand the need for the
7 backdate. And that was me just reading
8 the sentence off of the agenda. I was
9 like, why would we need to backdate?

10 The only time I can ever think
11 we can take that on a case by case basis
12 and take a look at things is if something
13 was going on with eligibility may be it
14 didn't need to happen, and we can take a
15 look at that, but I don't know -- Alicia,
16 unless you know of something I don't know.
17 I don't know of any backdating even for
18 emergencies, right now.

19 MS. CLARK: No. If you have an
20 example that you can provide, but even if
21 somebody is needing, say, emergency
22 residential for instance, there should be
23 a meeting occurring. Right? You don't
24 just, the individual needs to know and I
25 don't think that things are happening

1 without appropriate communication and
2 meetings to provide services to these
3 members, or participants, is what we call
4 them. So if you have a specific example,
5 you are more than welcome to send that in.
6 We will definitely take a look at that,
7 but you know, all of our members do have
8 access to MWMA so people can see where
9 they are at with their PAs and all of that
10 good stuff.

11 So again, Amy, if you have a
12 specific example of some kind of emergency
13 that has occurred that there wasn't a
14 meeting on, definitely bring that to our
15 attention, so we can research that little
16 bit further.

17 MS. STAED: Yeah. Who -- and
18 that's my follow-up question. When unique
19 situations pop up, who would be the next
20 best person to email or contact?

21 MS. CLARK: So all of our plan
22 of care and level of care goes through
23 CareWise, so you would need to go through
24 them. They can reach out to us, but if,
25 you know, if there is something

1 definitely, let us know. The operating
2 agencies, depending on which waiver, can
3 start that research into it. They can get
4 with us if they have additional questions
5 on that.

6 MS. STAED: Okay. Follow-up
7 question to that. Providers have reported
8 a tremendous amount of frustration
9 recently. Oftentimes, CareWise will refer
10 them to the helpdesk when an issue --
11 questions such as these, kind of unique
12 questions or differences pop up, CareWise
13 will refer them to the helpdesk, the
14 helpdesk will refer them to CareWise,
15 CareWise will refer them back to the
16 helpdesk, and the two kind of just bounce
17 back-and-forth and a resolution doesn't
18 happen.

19 And I have an example from a
20 provider. For example, CareWise would not
21 approve a plan of care. It was an SCL
22 plan of care, because they said that the
23 plan of care had more than 40 hours of
24 service on it. Obviously, that is not the
25 SCL requirement, and the plan of care was

1 well within the 16 hours of combined
2 services or services that can be combined
3 within the 16 hours. It was well within
4 the 16 hours per day, but CareWise was
5 insistent that the limit was 40 hours a
6 week for SCL, which is not true. It was
7 elevated to a manager at CareWise and the
8 development didn't take place. So when
9 issues like that arise, to whom should a
10 provider appeal?

11 MS. CLARK: I wouldn't really
12 call it an appeal. I would call that they
13 need to -- so EMS does have a contract
14 with Gainwell, and definitely want the
15 operating agency involved. They are the
16 operating agency, the subject matter
17 experts who are operating our programs
18 that DMS does have that contract with
19 Gainwell so we need to be involved. I
20 know there are people on my team that meet
21 with them at least monthly, if not every
22 other week. I don't want to quote that.
23 We used to meet weekly, and then we have,
24 kind of, extended that out a little bit.
25 But if they need reeducation, we are more

1 than happy to provide that, but at any
2 time that there are, say, complaints or
3 concerns, please have the providers to --
4 they can send it to me if that's fine, or
5 whatever, and then I can send it out to
6 the appropriate staff to take a look at
7 that and reeducate if that's needed.

8 MS. STAED: Thank you. I really
9 appreciate that.

10 MS. CLARK: I would say that
11 anytime if I get a complaint or a concern,
12 there should be an example attached.

13 MS. STAED: Yes. I got you. I
14 will make sure that people know that.
15 Thank you. I really appreciate that.
16 Obviously, these are not the norm, but
17 things do happen.

18 MS. CLARK: Right. Right. And
19 you might get somebody new in; right?
20 That needs to have some additional
21 training; right? Because nobody is
22 perfect. I'm not even perfect. I make
23 mistakes as well. So we just want to work
24 together and be partners with our
25 provider, our vendors, to get the right

1 decisions made, based on regulatory
2 requirements whether it be the approved
3 waiver applications.

4 So I was going to say something
5 else, but as quickly as that thought came,
6 it left. So if I remember, I will bring
7 it up later.

8 MS. STAED: And then something
9 else just popped into my mind. Alicia,
10 you may remember this.

11 Beginning in 2019 -- I'm going
12 to explain this badly. We had approved
13 backdating of, I think, two weeks, maybe
14 30 days, when a participant goes over the
15 approved units on the PA because of
16 something special -- an emergency,
17 something like that, and then the team
18 meets, et cetera, previously, it was
19 allowable to backdate the approval of the
20 extra units so that the providers who
21 needed to exceed could get paid. Do you
22 remember this?

23 MS. CLARK: I do not remember
24 that. I do know that the system does
25 allow plans to be put in and, you know,

1 really, prior authorization is prior
2 approval; right? Before you provide
3 services, you really need a prior
4 authorization, but we do allow, say, if
5 you meet today but, Amy, you don't get to
6 the plan until three or four days later,
7 but no service should ever start before a
8 plan of care meeting. So even though that
9 you might put it in, say, on 8/9 and you
10 met on 8/6, you may start that service on
11 8/6, because you've met in the morning and
12 services are starting today and you have
13 your sign-in sheet with everybody
14 involved. Say, Johnny is on there, me
15 you, Doug, whoever, you know, we are all
16 involved in the plan of care meeting, we
17 have all agreed to it, along with the
18 participant; right? Participant,
19 guardians, all of that have to be in
20 there, and we've agreed, you might put it
21 in a couple days later, but you still have
22 everybody's sign-in where they were there
23 and they were involved in the plan of
24 care.

25 MS. STAED: And just to be

1 clear, when we are talking about
2 backdating, are we also talking about when
3 someone has to go out of payer status
4 through no fault of the provider? We do
5 see people, especially now, with, kind of,
6 the renewals and stuff happening, we have
7 seen people intermittently go out of payer
8 status, through no fault of any provider.
9 We don't want to leave, for example, a
10 residential provider, without payment for
11 services that they actually provided,
12 because, you know, somebody went out of
13 payer status due to a system error.

14 MS. CLARK: So the way the MWMA
15 system is set up, you have, I think it's
16 60 days to get somebody back into status
17 before the system is going to close them
18 out, but I will always tell you, though,
19 that that is a risk that individuals are
20 taking; right? If they don't ever get
21 Medicaid back, you can't pay a claim even
22 if you have a PA without Medicaid
23 eligibility.

24 MS. STAED: So are you
25 suggesting that providers seize services

1 in those times?

2 MS. CLARK: I'm just saying that
3 if they don't get Medicaid eligibility
4 back, I don't have a way, as the state of
5 Kentucky with Medicaid, to pay somebody.

6 MS. STAED: Got it.

7 MS. CLARK: And I will let
8 Leslie add anything if she needs to add
9 anything else on the topics that we have
10 been talking about.

11 MS. HOFFMAN: Alicia, I don't
12 think I have anything to add.

13 MS. STAED: Got it. Thank you.
14 I do appreciate the clarification on those
15 items. Obviously, understandably in a
16 perfect world, nobody is providing
17 services prior to a team meeting, so we
18 will get it figured out.

19 MS. GRIBBINS: Amy, this is
20 Myra. I have an example that kind of goes
21 along that line.

22 Whenever these renewal Medicaid
23 eligibilities have come up, we see a lot
24 of problems, it's not so much from the
25 Medicaid end, but from the SSI

1 determination. And it can take up to
2 three months just to get an appointment to
3 get to social security to be interviewed,
4 which goes past the 60 days. And I know
5 it is a risk that we have taken, but we
6 have someone who has been out of Medicaid
7 eligibility for a year, and we are still
8 checking in on them, doing the case
9 management, knowing we are not going to
10 get paid, but we are also told that we
11 have to continue continuity of services
12 and not have a gap, and we can't just say:

13 Oh, sorry, you can't get
14 Medicaid and it is SSI's fault. Come back
15 and see us when you get SSI figured out.

16 So that is another layer to
17 this. Is SSI, they are so far behind in
18 getting their determinations, then it
19 falls over into the 60 day, and it
20 literally has taken anywhere from six
21 months to a year for some of these
22 predeterminations for SSI eligibility.

23 MS. CLARK: So I can tell you
24 that, Myra, and this has not been anything
25 new, this has been an ongoing thing that

1 if there are individuals who have lost
2 Medicaid eligibility, and there is that
3 red banner that shows up --

4 MS. GRIBBINS: Yes.

5 MS. CLARK: There can be the
6 request to start that closure process over
7 to allow them an additional amount of
8 time, but that picks up, I think, and it
9 has been awhile since I have done one of
10 those. We have staff in there day-to-day,
11 but it will start over. So I don't want
12 to say suppressed, but you basically start
13 the 60 days over before it would close
14 out, and there have been people who have
15 requested in the past to do that, because
16 they are working through the process.

17 MS. GRIBBINS: Yes. And we have
18 done that. We have had -- we have had
19 some that it has taken a year. One person
20 it took us two years.

21 MS. CLARK: Yeah.

22 MS. GRIBBINS: And I know SSI is
23 another realm, you know, to get into, but
24 that is one of the problems that we have
25 with Medicaid eligibility, is that it's

1 not so much Kentucky Medicaid, but it's
2 the SSI and working with them.

3 I don't have an answer.

4 MR. HARVEY: Is there a way,
5 Leslie, that you guys can go back as
6 Medicaid and have a conversation with the
7 SSI people and see if there is a bridge
8 contact there that could be made?

9 MS. HOFFMAN: Not to my
10 knowledge, Wayne. That would be a perfect
11 world, too, where I had control over SSI,
12 but again, we can take it get back. I
13 don't know if I can get an answer that
14 will make you happy, but we can take that
15 one back for you. I wish I did have
16 control over other factors that integrate
17 with us that cause us a lack of continuity
18 and things like that that we could address
19 a little bit better.

20 MR. HARVEY: Absolutely.

21 Any other questions or
22 discussion on this particular issue? I
23 mean, there's a lot that has been put in
24 the chatroom about this and different
25 examples, and so forth, if the Medicaid

1 personnel want to take note of those.

2 MR. CALLEBS: Wayne?

3 MR. HARVEY: Yes?

4 MR. CALLEBS: Could we invite an

5 SSI representative to the next TAC

6 meeting, if they will come?

7 MR. HARVEY: I don't see why we

8 couldn't.

9 MR. CALLEBS: They probably

10 won't, but.

11 MS. BICKERS: If Erin or Leslie

12 will put me in touch with them, I will

13 certainly invite them.

14 MR. CALLEBS: I mean, just to

15 discuss their process and their backlog

16 and do they have anything that can be done

17 in these situations so that people don't

18 lose out on services and eligibility.

19 MR. HARVEY: Yes. I think

20 that's a good idea. I think we can

21 certainly do that. All they can do is

22 tell us no; right?

23 MR. CALLEBS: I suggest we do

24 it, just for the record, to invite them to

25 come and hear the issues and somehow work

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towards a solution.

MR. HARVEY: Yep. Absolutely.

MR. CALLEBS: Thank you.

MS. COOMES: I want to clarify a quick question, because I read the chat. It's Cynthia Coomes, by the way.

So as far as being able to have that meeting before there is a change, which certainly makes a lot of sense as Amy said, and others have said, there are -- I just want to confirm that there are some flexibilities with what type of meetings, just for anybody who might want to make sure they have all of the details. For example, if there is a true emergency, I have even had a text conversation after hours to just have that documentation that the conversation was had. Yes, we want to do this guardian, participant, providers, yes, we all agree, let me get that going ASAP, and that has been acceptable, certainly in emergency situations, and then when, you know, it comes to urgent, maybe a case manager not being able to be on-site to get a physical signature, but

1 we still have the flexibility of virtual
2 meetings, and even a lot of our
3 participants have gotten really good at
4 being able to log on and use some of this
5 technology.

6 I just want to confirm that
7 these tools are still available for case
8 managers that need to move really quickly
9 and make sure that everyone is informed
10 about what is happening before it goes on
11 a plan of care.

12 MR. HARVEY: Leslie, are you
13 going to address that?

14 MS. HOFFMAN: So Cynthia, you
15 were saying that you just want to make
16 sure that folks are informed about what is
17 going on the plan of care? Is that what
18 you said? I'm sorry. I was trying to
19 write it down.

20 MS. COOMES: Well, I think some
21 of the confusion maybe comes with the
22 "definition" of a meeting. In an ideal
23 world, we're sitting down having a
24 conversation about: This is what has been
25 requested by the participant, how can we

1 put this together for you? But people are
2 talking about emergencies where, let's
3 say, it is the very end of the day or it
4 is after hours and someone has to have
5 something haven't really quickly, in a
6 meeting, especially in an emergency
7 situation, I have taken advantage of using
8 the flexibility of having a whole team on
9 a text, saying:

10 There is an emergency with
11 Cynthia. She needs to move right now.
12 And I need to be able to have a plan of
13 care with ABC provider on it. Can we all
14 agree to that?

15 And then throw it on the plan of
16 care. Because I have gotten kickback,
17 myself. It is been awhile with requests
18 that were written to start prior to the
19 date on the signature page, and that was
20 confusion on my part a long time ago. But
21 I just want to make sure that those
22 flexibilities about how a meeting can
23 work. Like, what a meeting can look like.
24 It doesn't have to be all of us coming
25 around a table as a team. It can be an

1 electronic team meeting.

2 MS. HOFFMAN: Cynthia, I'm just
3 going to ask with that. So I used to be a
4 case manager, as well, years ago. So you
5 would make sure that you documented that
6 and put it in your notes and that you had
7 an emergency meeting and all of those
8 kinds of things.

9 MS. COOMES: Yes, and usually
10 what I do is, let's say there's usually
11 some kind of text conversation about it, I
12 will just cut and paste that and make it
13 part of the plan of care like it's a
14 signature page to really document that
15 everybody knew what is going on because
16 frankly, in this day and age, and it's
17 been that way for a long time, sometimes
18 it's really hard to get everybody around
19 the table, and certainly as Anne says,
20 after hours. And Anne is mentioning that
21 after hours, state guardians don't make
22 themselves available and that is true. So
23 that can get tough.

24 MS. HOFFMAN: And I think since
25 I've been in this field for 27 years or

1 whatever, we all have the Friday
2 emergencies; right?

3 MS. COOMES: Yes, ma'am.

4 Or 4 o'clock before
5 Thanksgiving.

6 MS. HOFFMAN: It didn't change
7 any of my roles in healthcare. I always
8 had the 8 o'clock emergencies, it seems on
9 Friday. So I hear you.

10 Yes, I would say the best thing
11 to do is make sure you are well
12 documented. Again, we aren't went to
13 solve anything today. But if you want to
14 send us examples to look at, or
15 suggestions, Cynthia, like you just said,
16 we can take a look at those as well, don't
17 mind to.

18 MS. COOMES: Yeah, I'll send an
19 email. Just to, kind of, clarify my
20 thought process, and if that makes sense
21 and I'm happy to share that with anybody,
22 if we want to have a conversation that
23 clarifies it.

24 MS. HOFFMAN: Wayne, can you go
25 forward to the next one and I will be

1 right back, I promise.

2 MR. HARVEY: Okay.

3 Well, the next one is an update
4 regarding slots being funded for the
5 waiver programs. I know the cabinet has
6 sent out notifications on that. Is there
7 somebody else, besides Leslie, that just
8 wants to address that one really quick?

9 MS. CLARK: I can address it at
10 a high level. As far as the slots, we
11 have come up with a plan to get those out
12 along with our regular slots that we are
13 releasing, and just to let you know, we
14 are sending those out gradually. I don't
15 have the stuff in front of me. So I'm
16 trying to think through. Like Michelle
17 P., we don't want to overwhelm the system
18 so I think the plan is -- and it's about
19 every two weeks or so to release those
20 until we get those additional slots so we
21 are allocated in the FY25 gear out there
22 to individuals.

23 MS. ADAMS: Alicia, I have it in
24 front of me. Do you want me to help with
25 the specific numbers?

1 MS. CLARK: Oh. All right.

2 Thanks, Crystal. If you want to.

3 MS. ADAMS: For August,
4 September, October, for August we will
5 have 85 of the new additional slots for
6 Michelle P. that will be allocated. We
7 will have 85, again, in September, and 80
8 in October. As she was indicating, spread
9 apart, so those will come out at the
10 beginning of the month. We are working on
11 the August ones right this minute, we are
12 confirming all of the contact information
13 and everything is correct before we send
14 that out. So those should be coming out
15 anytime now.

16 And then approximately two weeks
17 out, later in the month, which is the time
18 that we usually do the monthly
19 allocations, we will continue to do those
20 75 that we are already doing, and of
21 course, we will continue to monitor the
22 process to see how it goes and if we have
23 to make any adjustments from any
24 bottlenecks, we can. But that is the plan
25 for now and, of course, in October all of

1 those new slots will be allocated at that
2 point, and we will just continue on
3 through the rest of the year with our
4 regular allocations until no slots are
5 available, but usually we'll have the ones
6 that become re-available and we will
7 continue to allocate those each month.

8 MR. HARVEY: Are there any
9 questions?

10 MS. STAED: Crystal, can ask a
11 question real quick?

12 MS. ADAMS: Yes.

13 MS. STAED: It may have been you
14 and I who had this conversation, or I
15 imagine that you and I had this
16 conversation, and I actually had it with
17 someone else, but I believe I heard
18 someplace that for Michelle P. it takes
19 about, on average, 60 to 90 days from when
20 an individual is contacted about slot
21 availability to actually get them set up;
22 is that true?

23 MS. ADAMS: You mean set up for
24 the assessment?

25 MS. STAED: No. Like, up and

1 running in the slot.

2 MS. ADAMS: I think it really
3 just varies across the state depending on
4 availability of case management. We do
5 have certain areas in the state where
6 there is more, kind of, a shortage and it
7 depends on whether or not they are
8 specifically seeking PDS or some things
9 like that, as to how long it takes. But
10 as far as the steps, it can go much faster
11 than that if they are able to schedule the
12 assessment quickly, the individual and not
13 the agency. And if they already have, you
14 know, the ability to find a case manager
15 or select a case management agency
16 quickly.

17 MS. STAED: As far as the PDS
18 case mention goes, and Crystal, you are --
19 DIDD does not monitor PDS, and maybe
20 Alicia may be able to speak to this.
21 Obviously, it has opened up to for a
22 reason because there's a tremendous
23 shortness of PDS case managers, but now we
24 are running into a lack of availability of
25 FMAs and, obviously, there has been

1 conversation about potentially a statewide
2 vendor and an RFP. Are there any updates
3 about that?

4 MS. CLARK: Is Leslie back with
5 us?

6 MS. STAED: Leslie might be the
7 best one to talk to.

8 MS. HOFFMAN: I'm back. I
9 apologize. My dad has been very sick and
10 had a very bad accident this weekend that
11 you guys don't want to hear about. I just
12 noticed he was on the move there and I had
13 to run and take care of him really quick.

14 Are you asking about the --
15 sorry, Amy, are you asking about the
16 possibility of an RFP? Is that what
17 you're asking for?

18 MS. STAED: Yeah, and just the
19 general access issues when it comes to PDS
20 case management right now.

21 MS. HOFFMAN: Of course we are
22 aware and we are taking a look. There
23 have been no final decisions. We have met
24 in the last week or two about an RFP, but
25 there is no final decisions. We should

1 know something about that fairly soon. We
2 had conversations, I guess, twice last
3 week is when we talked about that. If you
4 could give me just a little bit more time
5 on that, I will share what I know as soon
6 as I know more information.

7 MS. STAED: Okay. Thank you.

8 MS. HOFFMAN: Johnny has a
9 question. Johnny?

10 MR. CALLEBS: Sure. Thanks.

11 Just want to clarify the
12 Michelle P. slot allocations that Crystal
13 gave. So is the plan to continue
14 allocating about 75 slots every two weeks
15 that would be available anyway, in
16 addition to allocating 85 in August, 85
17 September, and 80 in October for the newly
18 funded ones?

19 MS. HOFFMAN: Yes. Crystal, did
20 you speak while I was gone? But that is
21 what I've got for information.

22 MS. ADAMS: That is -- it will
23 be twice a month until those new slots are
24 done. The additional allocations will
25 just -- then it will just continue monthly

1 at the pace that it does.

2 MR. CALLEBS: Okay. Thank you.

3 MS. ADAMS: The twice a month is
4 just until we've exhausted those new
5 slots.

6 MS. HOFFMAN: Can I share my
7 screen? I don't how much was discussed
8 while I was gone, I apologize. Can I
9 share my screen just a minute and go over
10 some information too?

11 MS. CLARK: I was just going to
12 say April -- Crystal already gave the
13 information about how we are doing the
14 slots, so she covered that for Michelle P.

15 MS. ADAMS: Just for Michelle
16 P., though.

17 MS. CLARK: Yes. Just for
18 Michelle P.

19 MS. HOFFMAN: Okay.

20 MS. CLARK: So we can talk about
21 SCL.

22 MS. HOFFMAN: Can I share my
23 screen here? Somebody move it to multiple
24 here. Can I do it? Maybe I can do it.
25 Sorry. I did this really quick so it's

1 not beautiful. But I want to give you
2 some new information. Sorry. And again,
3 Crystal may have already gone over some of
4 this.

5 These are the slots that were
6 allocated for fiscal year '25. Can
7 everybody see my screen okay? Yes. Okay.
8 And then for House Bill 6, we will have to
9 get approval for those after we complete
10 those waitlist management activities that
11 were requested in the session. So we've
12 got to do that next. This is the
13 allocation. I just want to make sure.
14 Just like Crystal probably said, we want
15 to make sure we do this gradual and
16 staggered throughout the month to avoid
17 causing the -- I call it the bottleneck
18 effect that we went through many years ago
19 with Michelle P. We don't do that. We
20 are trying to avoid causing provider
21 overcapacity or creating situations where
22 folks were going without enrollment.

23 For the ABA long-term care, we
24 had 25 slots for that one. We released
25 those. There are no waiting lists so they

1 are just made available on 7/31.

2 For HCB, Michelle P. and SCL,
3 Crystal probably spoke, we had plans for
4 those. We released those HCBS slots. We
5 made those available on 8/1. Many of you
6 should have received communication on
7 7/31 from us.

8 And then there's the Michelle P.
9 slots. Mine don't include everything that
10 those rolling slots that Crystal was
11 talking about, but what she gave you is
12 correct. I do have that on a piece of
13 paper as well. We did make the SCL slots
14 available. For these, and Crystal you may
15 have already spoken about that.

16 MS. ADAMS: I haven't.

17 MS. HOFFMAN: We don't have
18 emergency, and then looking at urgent, the
19 emergency processes just normal emergency
20 processes as those become available. I
21 just wanted to let you all know that we've
22 got all of that completed already.

23 And then as far as the
24 communication goes, we send out to all the
25 MACs, TACs, all of our server lists, that

1 includes members, families, providers and
2 then we put it on our website.

3 MS. STAED: Deputy Commissioner
4 Hoffman, you mentioned the report that is
5 due to the legislature, is that in
6 October?

7 MS. HOFFMAN: It is due in
8 October, but in order to meet that October
9 deadline, I have to have it done much,
10 much earlier to get it through the
11 process, so my goal now is to have it
12 completed by August the 26th for review.

13 MS. STAED: Oh, wow. Good luck.

14 MS. HOFFMAN: For review.

15 MS. STAED: And then, I think
16 you were occupied, but is there any plan
17 for as we introduce these Michelle P.
18 slots and, obviously, rightfully phasing
19 them in, and I think I agree with you that
20 the system tends to get overwhelmed when
21 you just drop them in.

22 MS. HOFFMAN: It stops. It
23 doesn't slow down, in stops. We ran into
24 that with the original Michelle P.
25 allocations with the lawsuit, we had that

1 happen.

2 MS. STAED: Yeah. Is there any
3 plan -- and again, I understand the FMA
4 piece -- the RFP piece, but is there any
5 plan to address the PDS waitlist,
6 individuals, obviously we've opened up
7 case management and that is starting to
8 throw out but now individuals can't find
9 an FMA, so is the idea that the new
10 allocations would probably just go to
11 traditional services or --

12 MS. HOFFMAN: I can't speak to
13 that, because that's a personal decision
14 for the member and/or guardian; right?
15 But we are addressing it in our
16 conversations. I'm not addressing it,
17 like, making things happen, but coming up
18 with suggestions and talking through
19 things that are causing that waitlist and
20 what we can do about it and, of course,
21 the RFP was one of those options. Of
22 course, we have not made any decisions so
23 I can't speak for the cabinet at this
24 time, but we are in conversations, like I
25 said, we had two meetings last week or

1 discussions last week.

2 MS. STAED: If an individual

3 wants to, obviously, be on a waitlist for

4 PDS service, that is their choice. But

5 would it be Medicaid's position that they

6 need to engage in traditional services to

7 preserve their slot? If you don't engage

8 in a slot within, I believe it's 60 days,

9 you lose it, so would it then be

10 Medicaid's opinion that they would need to

11 engage in some sort of traditional service

12 while they are waiting?

13 MS. HOFFMAN: I'm not going to

14 make that recommendation to families right

15 now. I would say though that we have an

16 extremely large amount of people who are

17 on the waiting list that have state plan

18 services. They are Medicaid eligible and

19 can receive state plan services, and they

20 are not accessing the service. So I wish

21 those folks would at least access services

22 that they need through regular state plan;

23 right? I know that not everything is

24 available and it doesn't look exactly like

25 waiver, but there are things that they can

1 be accessing they are not. And the last
2 time that we checked, it was a large
3 percentage.

4 MS. STAED: Unfortunately, I
5 think the issue is that they don't know
6 that they can access those services, to be
7 honest. Yeah, I think some of it is an
8 education issue.

9 MS. HOFFMAN: We have been
10 talking about that, too. We've also been
11 talking about, for example, connectors and
12 other folks getting what I call our Waiver
13 101 training. We have been working
14 through that, trying to get the Medicaid
15 Waiver 101 out to folks, as well.

16 I think it was David Barry --
17 he's a big help, as well, on the
18 eligibility side sometimes and he has even
19 requested as soon as we get it updated.

20 MS. STAED: And just to be
21 clear, the criteria is still in place that
22 if an individual doesn't access their slot
23 within the regulatory timeframe, they will
24 lose it. So for example, someone would
25 not be able to just wait for a year on a

1 PDS service. They would need to access
2 it?

3 MS. HOFFMAN: Alicia, make sure
4 I am right though.

5 Amy, I am used to talking
6 old-school because I used to be in this
7 position years ago. We will always take a
8 look at extenuating circumstances for
9 members and things like that, but I
10 believe that is correct, it is 60 days.

11 Alicia, can you confirm that
12 it's 60 days if they need to access
13 services? We can do extensions based on
14 extenuating circumstances on a
15 case-by-case basis?

16 MS. CLARK: We have looked on a
17 case-by-case basis, but our regulations do
18 say 60 days, so we would expect them to
19 show that they are trying to find
20 traditional providers, but there are also
21 additional PDS interest form that they are
22 put on if they can't find services, but
23 again, I always like to -- and I tell
24 people what services are needed; right?
25 And I try to point them to the right

1 direction. If it's therapies, and stuff
2 that we can get through state plan, I
3 definitely want them to get the services
4 that they need, when they have Medicaid.

5 MS. HOFFMAN: Absolutely.

6 MS. CLARK: As community
7 resources.

8 MS. STAED: Thank you. I
9 appreciate the clarification.

10 MS. HOFFMAN: Johnny?

11 MR. CALLEBS: Leslie, one
12 question about the urgent category for
13 SCL, so the 125 additional slots for
14 fiscal year '25, are there any plans to
15 allocate any of those people in the urgent
16 category, or will they all be held and
17 used for emergencies only.

18 MS. HOFFMAN: No. Crystal,
19 correct me if I'm wrong, we will be
20 looking at actions for an urgent list,
21 like asking for additional documentation
22 and things like that, and then we will
23 continue the process as emergencies come
24 up.

25 Crystal, I don't need mean to

1 speak for you, do you want to take that?

2 MS. ADAMS: That's fine.

3 Because we have the turnover spots, we

4 have the whole group of spots the new one

5 and old and we make sure that we have the

6 requirements set aside that CMS requires

7 us to have for emergencies, so we have

8 those set aside. The rest of those will

9 go to folks on the urgent waiting list,

10 and we have already searched doing some of

11 those allocations, but because folks on

12 urgent may not have the updated inactives

13 and things like that that we actually have

14 to have to get them through the level of

15 care and that process, we've already

16 started the process of reaching out to

17 those folks and making sure that those are

18 getting taken care of and our CMHCs are

19 helping out a lot with that in making sure

20 those get done and as they submit that

21 documentation to us and have everything

22 updated and ready to go, we allocate. So

23 we are allocating them as they come in and

24 they get that paperwork completed.

25 MR. CALLEBS: Okay. Can ask one

1 more question? How many slots does CMS
2 require you to set aside for emergencies?
3 MS. ADAMS: It's in the waiver
4 application.
5 MS. HOFFMAN: I'm looking. I
6 think I've got it. Just a second.
7 MS. ADAMS: Yeah. I don't have
8 exact numbers. I don't want to say the
9 wrong one.
10 MS. HOFFMAN: Is it 228 --
11 MS. CLARK: That's what I had in
12 my mind, but I don't have it in front of
13 me.
14 MS. ADAMS: That sounds right.
15 I was going to say it's about 225, but I
16 didn't want to say --
17 MR. CALLEBS: 228 are required
18 to be --
19 MS. ADAMS: Held.
20 MR. CALLEBS: Held for
21 emergencies? Okay. Thank you.
22 MS. CLARK: And I have confirmed
23 that is 228.
24 MS. ADAMS: Yeah. I found it
25 now.

1 MS. CLARK: I just had to pull
2 it up.

3 MR. CALLEBS: And that is over
4 the course of the waiver year?

5 MS. CLARK: Yes.

6 MR. CALLEBS: Okay. Thank you.

7 MR. HARVEY: Any other questions
8 on that agenda topic?

9 Leslie, flagged the waiting list
10 numbers on the screen. Do you want to
11 read all of those really quick one more
12 time?

13 MS. HOFFMAN: Let me pull those
14 back up. Can you see now?

15 MR. HARVEY: Yes.

16 MS. HOFFMAN: Sorry they're -- I
17 want to make sure we had this morning's
18 numbers. The last I had was last week and
19 I wanted to make sure we have updated
20 numbers for you today.

21 MS. STAED: Do you have any --
22 and you don't have to give me specific
23 numbers -- any roundabout numbers for the
24 HCP waitlist?

25 MS. HOFFMAN: Yes, I do. Hang

1 on just a second.

2 MS. CLARK: I was like, I can

3 get it if you can give me --

4 MS. HOFFMAN: I was going to

5 say, my numbers are from last week,

6 Alicia, if you want to pull --

7 MS. CLARK: It's just going to

8 take a couple of seconds.

9 MS. HOFFMAN: I've got 2,132

10 from July 29th.

11 MS. CLARK: Our systems are

12 secure, so when you are not in it very

13 continuously, it will kick you out and you

14 have to sign back in.

15 You said HCB, and it looks like

16 2,119 as of this moment.

17 MS. STAED: Thank you.

18 MS. CLARK: You're welcome.

19 MS. HOFFMAN: Just a reminder on

20 HCB, there are reserved slots for Money

21 Follows the Person. I believe it's 50.

22 MS. STAED: Is it 50 per year?

23 MS. HOFFMAN: Yes.

24 MS. STAED: Thank you.

25 MS. HOFFMAN: Used 10 and have

1 40 left.

2 MR. HARVEY: Does anyone have
3 any questions over the waiting list
4 numbers?

5 Okay. The last agenda item I
6 have is disclosure of Medicaid personnel
7 to serve as the current contact for
8 providers, and after some explanation
9 back-and-forth on that agenda item, I
10 think, Leslie, you were nominated for
11 that. So it's my understanding that you
12 will be the person that providers can send
13 an email to in case there's an
14 astronomical issue that needs to be dealt
15 with. Is that correct?

16 MS. HOFFMAN: Sorry. I was
17 muted again. I keep muting because of my
18 doggies.

19 We do ask you to contact the
20 operating agency. I mean, if you've got a
21 bad situation, you can always cc me, too.
22 I don't mind that. Michelle P. and SCL
23 should be handled by DBH, our operating
24 agency. If it PDS, it should go to DALE,
25 the operating agency. Technically,

1 provider and participants who are enrolled
2 in the program should go to the
3 corresponding agency, however, you are
4 welcome to contact us as well. And then,
5 I've got contact information here that I
6 was going to drop into the chat, if I can.
7 You already have Alicia and I on speed
8 dial. I'm teasing.

9 MS. CLARK: Y'all are probably
10 familiar with Crystal.

11 And then Crystal, would you
12 like -- and sorry I'm putting you on the
13 spot. I think that you all had somebody
14 who is moving into a new role here soon?

15 MS. ADAMS: Yes. Effective
16 August 16th, Kathy Larison who is
17 currently a branch manager within our
18 division will be the assistant director
19 for the division. So along with me or in
20 my absence, she is the contact.

21 MS. HOFFMAN: And, Wayne, I put
22 the contact information because I had to
23 look that up, get that information as well
24 today for DBH and DALE if you need those
25 phone numbers and they've got their email

1 boxes.

2 MR. HARVEY: Awesome. Good
3 deal.

4 All right. I don't have any
5 further agenda items. Does anybody have
6 anything that they want to throw out on
7 the table for open discussion?

8 MS. STAED: Just one thing. Is
9 the Medicaid public comment -- previously
10 providers were encouraged to send
11 non-pressing, sort of, general
12 philosophical concerns, specific comments
13 about hopes and dreams for services, et
14 cetera, to that email. Is that still
15 being encouraged?

16 MS. HOFFMAN: Yes. I just would
17 mention that there are very few changes
18 with rates during this time, if you're
19 hopes and dreams are rates, I'm just
20 sharing that with you. There's not a
21 whole lot of changes. It's basically the
22 rates for this particular amendment.

23 MS. STAED: Yes, I think
24 providers are being encouraged to -- when
25 it comes to thinking about the regs, the

1 changes were being encouraged to be sent
2 there, but if that's not where it should
3 go.

4 MS. HOFFMAN: If you want to
5 send comments -- Guidehouse is still a
6 contractor that is assisting us with the
7 rates and the waivers. If you want to
8 share that information, you can send that
9 to me and just put, "Future dreams for
10 waivers." That would be fine enough, and
11 I will share it.

12 MS. STAED: Bucket list for
13 waivers?

14 MS. HOFFMAN: Yes, we all have
15 our bucket list. I still have a bucket
16 from being a case manager. We all have a
17 bucket list.

18 MS. STAED: Thank you. I
19 appreciate that.

20 MR. CALLEBS: I have one
21 question before Leslie gets off the line.

22 MS. HOFFMAN: Yes?

23 MR. CALLEBS: Leslie, now that
24 the rate study is complete, is there still
25 an ongoing, overall, effort at waiver

1 redesign?

2 MS. HOFFMAN: Yes.

3 MR. CALLEBS: I know we had some
4 things like, aligning service definitions
5 and names of services and rates and things
6 like that, but are there still -- can you
7 give us an update on the status of that?

8 MS. HOFFMAN: Yeah, of course,
9 our priorities right now have been to
10 address those things immediately and we
11 have to get to CMS and quality assurance
12 at CMS constantly ask us for a five-year
13 waiver and we have to submit those every
14 three years and things like that.

15 I guess, Johnny, you are
16 probably aware that there are about nine
17 federal final rules that are coming out,
18 and some of them will impact HCB, and some
19 of them will impact our behavioral health
20 programs, so we are trying to get prepared
21 because CMS is going to expect us to be in
22 compliance, and we are trying to get
23 everything in our priority. And the
24 redesign is still on the table --

25 MS. CLARK: Leslie --

1 MS. HOFFMAN: Yes?

2 MS. CLARK: Do you also want to
3 mention about the -- and I'm going to get
4 these acronyms wrong, but the money that
5 was used for -- so in the ARPA plan, it
6 was the money to give providers an
7 increased rate or whatever, so because
8 that is all tied, and you can't do
9 anything that would affect the MOE or
10 MOA -- I can't think --

11 MS. STAED: Maintenance of
12 Effort. It is an E.

13 MS. CLARK: Maintenance of
14 Effort. There we go. Because DMS looks
15 at if you are taking something away, so
16 they have been very, a very strong point
17 there that we can't make big changes like
18 that, even if it has never been in the
19 waiver before, maybe it has been in the
20 application, but it has never been
21 available, they are like, you can never do
22 anything to that service until all of that
23 ARPA money has been used. So until all of
24 that ARPA money -- this is where it is
25 over my head, the financial part, is

1 pulled down and all of that, we cannot do
2 anything to any of the services that looks
3 like we made a big change.

4 MS. HOFFMAN: That's correct.
5 Thank you, Alicia, for bringing that up.
6 So until that Maintenance of Effort has
7 been achieved during that time period and
8 all funds have been exhausted, we are not
9 allowed to make any major changes. We
10 expect the funds to be exhausted the end
11 of the year, but I'm not going to quote
12 that because I, actually, just last week
13 asked finance to relook at that, because
14 they think that might even go until the
15 beginning of the year -- the new year. So
16 we were thinking the end of December, but
17 now we are thinking that some of it might
18 fall over into the beginning of the
19 following year. I just asked last week.
20 I don't have an answer on that.

21 MS. STAED: So I believe that
22 CMS updated the MLE extension that have, I
23 think, through the end of 2025 to expend
24 all of the money. I think it is through
25 2025.

1 MS. HOFFMAN: I will look. I
2 had March of 2025 written down prior to
3 that, so we can take a look.

4 MS. STAED: You could be right.

5 MS. CLARK: That's what I had as
6 well, is March, 2025.

7 MS. STAED: Okay. It's March
8 2025?

9 MS. CLARK: That's what I had,
10 unless something has changed recently that
11 I'm not aware of.

12 MS. STAED: Lots of things have
13 changed recently.

14 MS. HOFFMAN: And again, that is
15 how that conversation came up that we knew
16 it had to be exhausted by March and when
17 our folks in finance were thinking that it
18 might actually go past December but it
19 should be in first quarter, so we are
20 probably okay.

21 MR. CALLEBS: So once those
22 funds are expended, then we can see,
23 maybe, more activity in just, overall,
24 waiver redesign efforts.

25 MS. HOFFMAN: Yes. We can even

1 gave you an update on that later. It
2 continues on our work list. Of course,
3 Guidehouse is assisting with that.

4 MR. CALLEBS: Sure. Okay. All
5 right. Well, thank you.

6 MS. STAED: And that
7 expenditure -- that expiration of that MOE
8 aligns very perfectly with the timing of
9 new regs.

10 MS. HOFFMAN: Yes. That's what
11 I was thinking.

12 Jonathan Scott, he is on if
13 we've got any questions, but I think I
14 answered your questions. We do public
15 comment in winter of '25 for the
16 regulations, and maybe an effective date
17 around spring of the following.

18 Jonathan, does that sound right
19 to you if you are on?

20 MR. SCOTT: Good morning,
21 everyone. Jonathan Scott, DMS Liaison and
22 Reg Coordinator.

23 Yes, that -- it takes us quite
24 awhile to get regs through, as you all
25 know, it is a 9- to 12-month process

1 anymore. We anticipate there would be
2 lots of comments on the regs that would be
3 made, so just want to keep that in mind
4 that it's probably going to be a longer
5 process so if we file in winter 2022 --
6 2025 -- we would be lucky to get them
7 through by summer 2025. That would be
8 fast. We would probably be looking at
9 fall 2026. I don't imagine that these
10 would be emergency regulations, because we
11 would want to make sure that you all have
12 some runway to assess everything as it
13 went forward. So, you know, it is a
14 slower process with that right now.

15 MS. STAED: And Jonathan, can I
16 ask a clarifying question about the dates
17 that you just said?

18 MR. SCOTT: Sure.

19 MS. STAED: We are anticipating
20 filing in the spring, potentially.

21 MR. SCOTT: No. I believe that
22 we would anticipate a file date somewhere
23 in winter. So winter of 2025. So that is
24 probably --

25 MS. STAED: A year from now.

1 MR. SCOTT: Yeah. No, no, no.
2 Maybe six months from now, something like
3 that.

4 MS. STAED: Okay.

5 MR. SCOTT: Not to put a number
6 on it, I wouldn't hold us to that, but
7 that is kind of the start of winter 2025.
8 So, you know, you are looking at that.

9 MS. STAED: Okay. I see what
10 you are saying.

11 MS. HOFFMAN: Jonathan, I had
12 one more question earlier about -- maybe
13 you said this -- we are probably not going
14 to get to these through an e-reg,
15 especially if it's spring or possible
16 session; right?

17 MR. SCOTT: Yes. Yes. It's
18 going to be difficult because we split our
19 efforts between regs and legislation,
20 making sure that we are prepared for
21 upcoming legislation. We will see,
22 probably, 100 bill drafts that we have to
23 review. We will be tracking anywhere from
24 30 bills or more that we will be moving
25 through the process so it is simply the

1 reg bandwidth and the legislative
2 bandwidth are very difficult to be doing
3 at the same time. It's just the nature of
4 the beast.

5 MS. STAED: Thank you.

6 MR. HARVEY: Any other questions
7 for that particular agenda item before we
8 adjourn the meeting? No other questions?

9 I'd like to thank the cabinet
10 personnel that attended the call. Very
11 helpful information today. We will go
12 ahead and adjourn the call.

13 MS. HOFFMAN: Thank you so much.
14 Have a great day.

15 MR. CALLEBS: Thank you.

16 MR. SCHNEIDER: Thank you.

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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
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 9th of August, 2024

/s/ Stefanie Sweet

Stefanie Sweet, CVR, RCP-M