

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

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Via Videoconference  
June 6, 2023  
Commencing at 10:00 a.m.

Tiffany Felts, CVR  
Court Reporter

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APPEARANCES

BOARD MEMBERS:

- Rick Christman, TAC Chair
- Melanie Tyner-Wilson (Not present.)
- Wayne Harvey
- Johnny Callebs
- Christan Stewart (Not present.)
- Cheri Ellis-Reeves

1 MS. BICKERS: It is just now ten  
2 o'clock. We are waiting on clearing the  
3 waiting room. I have Rick, Wayne, John, and  
4 Cheri. Melanie, did I miss you when you  
5 were coming in?

6 (No response.)

7 MS. BICKERS: Okay. I don't think  
8 she's logged in yet. For your other TAC  
9 members, you do have a new member joining  
10 you. She is going to be replacing Patty  
11 Dempsey, and her name is Melanie. And I  
12 don't see that she's logged in yet, but it's  
13 just now ten o'clock, so we'll give it about  
14 another minute or so, Rick --

15 MR. CHRISTMAN: Sure. Sure. We  
16 actually have --

17 MS. BICKERS: -- if you're okay with  
18 that, to clear the waiting room.

19 MR. CHRISTMAN: We actually have two  
20 new members joining us.

21 MS. BICKERS: Okay.

22 MR. CHRISTMAN: Johnny, you have been  
23 with us -- Johnny, is this your first  
24 meeting?

25 MR. CALLEBS: It is as a -- yes, in a

1 while.

2 MR. CHRISTMAN: Yeah, in a while.

3 But in an official position on our committee

4 --

5 MR. CALLEBS: Yeah.

6 MR. CHRISTMAN: -- and you represent  
7 the DD council.

8 MR. CALLEBS: That's right.

9 MS. BICKERS: Well, welcome, Johnny.  
10 Sorry about that.

11 MR. CALLEBS: That's okay. That's  
12 all right. Good to see you, Rick.

13 MR. CHRISTMAN: Good to see you back.

14 MR. CALLEBS: Yeah.

15 MR. CHRISTMAN: Is Melanie in the  
16 waiting room? Can you tell, Erin?

17 MS. BICKERS: I just cleared the  
18 waiting room, and I'm just scrolling to make  
19 sure I didn't miss her. But you do already  
20 have a quorum if you would like to begin. I  
21 don't see her.

22 MR. CHRISTMAN: Okay.

23 MS. BICKERS: And I can let you know  
24 if she pops in.

25 MR. CHRISTMAN: All right. Thank

1           you. Welcome, everyone. I want everyone on  
2           this call to feel free to make comments. I  
3           would ask you to raise your hand rather than  
4           use the chat. I'd like to have this more  
5           like an in-person meeting as possible, but  
6           everyone is willing -- is encouraged to  
7           raise their hand and contribute as we go  
8           along here.

9                        We do have a quorum, and we did  
10           receive our minutes from the prior meeting.  
11           I will entertain a motion to approve those.

12                       MS. ELLIS-REEVES: I approve; second.

13                       MR. CHRISTMAN: I have a motion to  
14           approve. And is there a second?

15                       MS. ELLIS-REEVES: Yes, I second.

16                       MR. CHRISTMAN: Who made the motion  
17           to approve?

18                       MS. ELLIS-REEVES: I did. Cheri.

19                       MR. CHRISTMAN: Okay. And then there  
20           needs to be a second.

21                       MR. CALLEBS: I will second the  
22           motion.

23                       MR. CHRISTMAN: Okay. Motion has  
24           been made and seconded. All in favor, say  
25           aye.

1 (Aye.)

2 MR. CHRISTMAN: Any opposed, say no.

3 (No response.)

4 MR. CHRISTMAN: Thank you. We did  
5 have -- our MAC meeting was held on the 25th  
6 of May; I attended. A lot of the -- we had  
7 a lot of discussion on the person-directed  
8 services. There was a member of the  
9 committee that was concerned about having  
10 received the rate increase yet. I was a  
11 little bit confused. Does the rate increase  
12 affect person-directed services differently  
13 than it does other providers?

14 MS. CLARK: The rate increase is for  
15 everybody.

16 MR. CHRISTMAN: Yeah.

17 MS. CLARK: However, for the  
18 participant-directed, we're not going back  
19 as they're -- they didn't have the overhead,  
20 and they were not already paying people  
21 previously, whereas, a lot of times, the  
22 traditional providers are.

23 MR. CHRISTMAN: Okay. So they're not  
24 getting rate -- I mean, they're not getting  
25 adjustments --

1 MS. CLARK: They're getting --

2 MR. CHRISTMAN: -- back to July 1st;  
3 is that correct?

4 MS. CLARK: They can get adjustments  
5 going forward.

6 MR. CHRISTMAN: Okay, but not  
7 retroactively. Am I understanding that  
8 correctly?

9 MS. CLARK: Yeah. Yeah, they can get  
10 adjustments going forward once they have  
11 their new contracts in place and all of  
12 that.

13 MR. CHRISTMAN: And not  
14 retroactively, correct?

15 MS. CLARK: That -- yes, Rick. Going  
16 forward, they have to have a person-centered  
17 meeting. There have to be new contracts,  
18 all of that, before a pay rate can be  
19 increased.

20 MR. CHRISTMAN: And has that happened  
21 for them? Is that available to them now,  
22 that rate increase?

23 MS. CLARK: Yes. Yes, it's  
24 available. But again, you know, a lot of  
25 times, rate increases are for, you know,

1           when somebody has specific skills. It's not  
2           just everybody gets paid the highest rate.

3           MR. CHRISTMAN: Mm-hmm.

4           MS. CLARK: It should be determined  
5           based on the needs, based on how hard it is  
6           to find employees or to possibly keep  
7           employees, to help retain those staff.

8           MR. CHRISTMAN: I understand. So  
9           it's a little -- it's more complicated than  
10          the typical -- the experience that providers  
11          would have. Speaking on that, is Pam on the  
12          line?

13          MS. CLARK: She is not; I'm here for  
14          Pam today.

15          MR. CHRISTMAN: Okay. So I  
16          understand we've received some of those  
17          retroactive payments in our organization.  
18          Do you know the status of the rest?

19          MS. CLARK: We are continuing to push  
20          those out. There was a lot that had to be a  
21          lot of manual review. We had several  
22          providers who did not follow the  
23          instructions that were sent out to not do  
24          anything with those claims. So that's going  
25          -- for those providers, that's taking us



1 even longer to review and to ensure that we  
2 are adjusting appropriately.

3 MS. BICKERS: And, Amy --

4 MR. CHRISTMAN: Well, for those  
5 people that haven't -- who are not having  
6 those problems, when do you think that this  
7 process will be wrapped up?

8 MS. CLARK: It will be done by the  
9 end of the fiscal year.

10 MR. CHRISTMAN: Okay.

11 MS. CLARK: We've had to go in and,  
12 like, break them up because there's so much  
13 --

14 MR. CHRISTMAN: Mm-hmm.

15 MS. CLARK: -- so it's being done in  
16 phases.

17 MR. CHRISTMAN: But you feel  
18 confident that for those people who aren't  
19 having any particular problems, it will be  
20 wrapped up before the end of June?

21 MS. CLARK: Yes.

22 MR. CHRISTMAN: Okay. Well, the  
23 other thing --

24 MS. BICKERS: Amy has her hand  
25 raised. I'm sorry, Rick.

1 MR. CHRISTMAN: Oh, I'm sorry, yes.  
2 Who's -- go ahead, Amy.

3 MS. STAED: Hi. Thank you, Alisha.  
4 Thank you for -- I know this has been a lot.  
5 So thank you. And people have been  
6 commenting that they have gotten their RAs  
7 and are very excited to see 500 pages  
8 because that means they got a mass  
9 adjustment. So they are coming in slowly  
10 but surely, so appreciate -- really  
11 appreciate all that work, and know it hasn't  
12 been easy.

13 I had a question related to the mass  
14 adjustments, and you may or may not have an  
15 answer, but I did want to bring it to your  
16 attention. So obviously, for the SCL  
17 claims, SCL providers will need to go ahead  
18 and pay an additional provider tax, remit  
19 that provider tax off the additional money  
20 received as a result of the mass adjustment.  
21 I didn't know if maybe after the fact  
22 because some people -- you know, the claims  
23 are coming in SCL, Michelle P., and people  
24 are having a really hard time figuring out  
25 how much they need to pay for the provider

1 tax because you don't pay it on Michelle P.  
2 And I just didn't know if there was any way  
3 to give folks a number, or at the end of all  
4 the mass adjustment, give people a report  
5 about how much they got for SCL, or if there  
6 was any sort of way to accomplish that so  
7 people can pay what they owe.

8 MS. CLARK: Amy, I'm not 100 percent  
9 positive on that, but I can take that back  
10 and ask those additional questions.

11 MS. STAED: Thank you, I really  
12 appreciate it.

13 MS. CLARK: You're welcome.

14 MR. CHRISTMAN: The other thing that  
15 happened at the MAC meeting is we did submit  
16 a recommendation that was approved by this  
17 group that the Department for Medicaid  
18 Services, in conjunction with the Department  
19 for IDD and CAP, review and revise, as  
20 necessary, the regulations regarding the  
21 involuntary termination of services for  
22 persons who participate in the SCL and  
23 Michelle P. waivers. And that was submitted  
24 in writing prior to the MAC meeting.

25 Alisha, I mean, do we know what the

1 -- are we going to get a response from  
2 Medicaid then soon?

3 MS. BICKERS: Rick, once the MAC  
4 votes to take the recommendations from the  
5 TAC, DMS has 45 calendar days --

6 MR. CHRISTMAN: Mm-hmm.

7 MS. BICKERS: -- to respond. I  
8 believe that puts us due -- they're due  
9 July 10th, so you should have them on or  
10 before July 10th.

11 MR. CHRISTMAN: Okay, thank you.

12 MS. BICKERS: And Johnny also has his  
13 hand raised.

14 MR. CHRISTMAN: Yes. Yes, Johnny.

15 MR. CALLEBS: Thank you. Thank you.

16 Just a follow-up question for Alisha.

17 Alisha, back to the revised rates for PDS.

18 Were PDS employees specifically exempted or

19 prohibited from getting the increase? I

20 guess I'm looking back at if you had a

21 long-term PDS employee who's been in place,

22 you know, all through the pandemic period,

23 and would otherwise be subject to get the

24 increase. There's no way that they can get

25 it at all? They're just excluded --

1 MS. CLARK: They --

2 MR. CALLEBS: -- and they have to --  
3 can only get it going forward?

4 MS. CLARK: Once they have their plan  
5 of care meetings, their person-centered  
6 meetings, and if the participant chooses to  
7 provide them a raise, then they can do that  
8 going forward. But not all participants are  
9 going to choose to provide everybody the max  
10 amount as a raise.

11 MR. CALLEBS: Okay. But even if they  
12 wanted to, they're still prohibited from it.  
13 They can only get it going forward; is that  
14 right?

15 MS. CLARK: Like I said earlier, once  
16 a person-centered plan of care is done and  
17 that team meeting has occurred, they can do  
18 that going forward.

19 MR. CHRISTMAN: Does that help,  
20 Johnny?

21 MR. CALLEBS: I understand the  
22 answer. I'm not sure I agree with it, but I  
23 understand the answer.

24 MR. CHRISTMAN: Right, right. But,  
25 yeah --

1 MR. CALLEBS: Thank you.

2 MR. CHRISTMAN: -- there's no  
3 retroactive.

4 MR. CALLEBS: Right.

5 MS. GRIBBINS: So is that for an  
6 annual plan of care, or just if a  
7 modification needs to be done? Like, if a  
8 --

9 MS. CLARK: No. Modifications can be  
10 done at any point in time. And case  
11 managers should be meeting with their  
12 participants monthly, should be finding out  
13 how services are going. How, you know -- if  
14 they have employees that they're looking to  
15 provide a raise to --

16 MR. CHRISTMAN: Mm-hmm.

17 MS. CLARK: -- because they provide  
18 the training. I mean, it could be a number  
19 of things, but modifications should happen  
20 throughout the year.

21 MS. GRIBBINS: Right. I thought you  
22 were implying that once they had their  
23 annual plan of care, but it could be a team  
24 meeting to make this decision and then go  
25 forward.

1 MS. CLARK: No. A team meeting can  
2 happen at any point in time.

3 MS. GRIBBINS: Right. We understand.

4 MR. CALLEBS: Were the non-PDS, you  
5 know, team meetings and a plan revision  
6 required for folks who did not choose PDS?  
7 In order to get the raise, we're just doing  
8 mass adjustments for everyone who has  
9 traditional services with no team meeting  
10 requirement; is that correct?

11 MS. CLARK: So we don't -- you don't  
12 have to bill the max rate. We pay either up  
13 to the max rate or the lesser charges, and a  
14 lot of our providers, through the pandemic,  
15 have given their employees pay raises, those  
16 on the front line, because they've had a  
17 hard time gaining employees or keeping  
18 employees.

19 MR. CALLEBS: Sure.

20 MS. CLARK: So that is cost that has  
21 already incurred by traditional agencies.

22 MR. CHRISTMAN: This decision by the  
23 department to not grant retroactive payments  
24 to PDS, is that something by necessity, or  
25 is that something that the department has

1 chosen to do?

2 MS. CLARK: We involved CMS with  
3 those decisions.

4 MR. CHRISTMAN: I'm sorry?

5 MS. CLARK: We involved CMS --

6 MR. CHRISTMAN: Uh-huh.

7 MS. CLARK: -- with those decisions.

8 MR. CHRISTMAN: So it was  
9 discretionary?

10 MS. CLARK: After speaking with CMS,  
11 it was determined that for PDS -- because  
12 those -- they did not already pay out any  
13 increased rates, they do not already have  
14 any overhead --

15 MR. CHRISTMAN: Mm-hmm.

16 MS. CLARK: -- that it would be going  
17 forward if they choose to. Again, it's  
18 person-centered, so if they choose to  
19 provide somebody with an increased rate for  
20 that care and that service.

21 MR. CALLEBS: But could they have if  
22 they had wanted to? I mean, they didn't  
23 have the funds to do it, did they? I mean,  
24 if they had wanted to, because I think there  
25 are probably some PDS folks who also



1           struggled with finding or keeping staff. It  
2           just seems like they're --

3                     MS. CLARK: We submitted a letter --

4                     MR. CALLEBS: -- categorically  
5           excluded.

6                     MS. CLARK: We submitted a letter to  
7           our PDS agencies back on May the fifth. We  
8           can provide that letter to you all.

9                     MR. CHRISTMAN: It's possible that  
10          they -- because we knew there was going to  
11          be a 10 percent increase, that they  
12          anticipated receiving a 10 percent increase  
13          prior to this that they may -- are you  
14          saying, Johnny, that they may have already  
15          increased the wages of their staff in  
16          anticipation of receiving this increase?

17                    MR. CALLEBS: Well, no. I'm saying  
18          maybe they don't have the money to do it --

19                    MR. CHRISTMAN: All right.

20                    MR. CALLEBS: -- but would like to,  
21          or maybe they lost staff and had trouble  
22          recruiting replacement staff, but could have  
23          had they been able to, you know --

24                    MS. CLARK: That money has not  
25          already been spent.

1 MR. CHRISTMAN: Okay. All right --

2 MR. CALLEBS: All right. Thanks for  
3 the -- yeah. Thanks for clarifying. I just  
4 wanted to kind of delve a little bit more  
5 into, you know, why it wasn't allowed for  
6 that group.

7 MR. CHRISTMAN: Amy, you have your  
8 hand raised.

9 MS. STAED: I just wanted to make a  
10 comment about all of this. Obviously, the  
11 intent of the legislation was to give ES  
12 families the ability to increase staff wages  
13 if they were having trouble identifying and  
14 hiring employees at the wages that they were  
15 able to offer prior to the legislation.

16 Unfortunately, it took the federal  
17 government -- the intent was that this was  
18 all supposed to happen, you know, last July,  
19 and that, you know, last July, everyone  
20 could have a conversation with their staff  
21 or evaluate, you know, their staff  
22 performance and increase wages as  
23 appropriate in a person-centered way.

24 Unfortunately, it took the federal  
25 government, you know, nine months to approve

1           our spending plan. The appendix came,  
2           amendment, etc., you know, they drug their  
3           feet on this one tremendously, and that  
4           ability wasn't there. And so here we are  
5           now, and now we do have the ability to  
6           increase wages by up to 10 percent, and then  
7           on July 1st, they will have the ability to  
8           increase wages, again, up to another  
9           10 percent, for a total of 20 percent.

10                    You know, it was my understanding  
11           that there are a lot of concerns about tax  
12           implications for these PDS employees, you  
13           know, with back pay and things like that,  
14           and taxable years. And so I think there  
15           were a lot of pretty serious concerns that  
16           were brought forward about those, but the  
17           good news is on July 1st, you know, they'll  
18           have another opportunity to evaluate  
19           employee performance or offer even more pay  
20           if they're having trouble recruiting staff.

21                    MR. CHRISTMAN: Yes. Thank you, Amy.

22                    Okay. Our next agenda item is  
23           extending community living supports to SCL  
24           recipients through waiver redesign. I  
25           guess, as we all know, the waiver is being

1 redesigned. I assume that among the goals,  
2 or I understand among the goals, is to bring  
3 some consistency between Michelle P. and  
4 SCL, which is a great idea. And I think, in  
5 particular, and in talking, I know in our  
6 organization, in terms of SCL, community  
7 access is just very difficult to deliver as  
8 prescribed. And I'm wondering if there's  
9 anyone else that has experienced the same  
10 thing -- has an opinion about extending CLS  
11 to SCL participants.

12 (No response.)

13 MR. CHRISTMAN: Jana, did you have  
14 any comments to make?

15 MS. BROWN: I did, and I am the  
16 community work director for Employment  
17 Solutions, and we find it very difficult to  
18 find staffing for community access simply  
19 because it's a hard service to provide.  
20 They don't want you to have agency hotspots.  
21 A lot of our individuals want to do  
22 activities with their peers, such as Special  
23 Olympics, but that's not possible because  
24 it's about integrating them into a setting  
25 that doesn't just deal with people with

1 intellectual disabilities.

2 So that in itself is difficult. I  
3 don't know if other agencies are having the  
4 same issue or not.

5 MR. CHRISTMAN: Any opinions out  
6 there about extending CLS services to the  
7 SCL population?

8 MS. CLARK: I would just say --

9 MS. STAED: Hey, Rick --

10 MR. CHRISTMAN: Yeah.

11 MS. CLARK: Go ahead, Amy.

12 MS. STAED: Oh, sorry. Hey, Rick,  
13 obviously CAP would -- we are supportive of  
14 any sort of measure to extend -- to create  
15 more options for people with disabilities.  
16 And certainly, we've seen -- we've heard  
17 reports of, you know, some community access  
18 providers maybe not doing it quite in the  
19 way that it's written in the regulation, you  
20 know, for whatever reason that may be.

21 You know, I think this is an  
22 important conversation to have to figure out  
23 how we can give people the most access to  
24 the community and, you know, meet their  
25 needs and support them. So, you know, it's

1 definitely a conversation to be had moving  
2 forward.

3 MR. CHRISTMAN: Yes. So I guess what  
4 we're saying is community access; if you  
5 deliver it the way it is prescribed, it's  
6 very difficult to give these individuals  
7 access to the community as opposed to CLS,  
8 which is much simpler.

9 MS. CLARK: So CLS was incorporated.  
10 It was previously provided, but all that  
11 moved under the name of personal assistant.  
12 So adding this specific service back would  
13 be a duplication 'cause personal assistance  
14 is already provided, and that definition is  
15 pretty lengthy.

16 MS. BROWN: But it's not available to  
17 anyone who lives in a residential agency or  
18 with an FHP.

19 MR. CHRISTMAN: Is that correct,  
20 Alisha?

21 MS. CLARK: That is something that  
22 we're looking at in the waiver redesign is  
23 what else is allowed for those individuals  
24 that are in FHPs; currently, no.

25 MR. CHRISTMAN: And what about staff

1 departments? Is it not available to them  
2 either, the personal assistance?

3 MS. CLARK: In the residential?

4 MR. CHRISTMAN: Yeah.

5 MS. CLARK: No. They're getting paid  
6 at, you know, it's per day. It's not by  
7 units like the personal assistance is, so  
8 they get one lump sum of money --

9 MR. CHRISTMAN: Right.

10 MS. CLARK: -- and it should -- and  
11 all that is incorporated into the amount  
12 that they get taking them out in the  
13 community and providing their personal  
14 assistance, or, you know, the specific  
15 bathing, dressing, all of that is  
16 incorporated into that rate for the  
17 residential, I believe.

18 MS. STAED: Hey, Alisha, can I -- you  
19 are absolutely correct in what you're  
20 saying. I think the concern or the issue  
21 that comes up with that is, for example,  
22 when you have three people in a staff  
23 residence and obviously one staff, it's  
24 impossible in a person-centered way to, you  
25 know, take all three people into the

1 community and do each individual things that  
2 all three people maybe don't want to go, or  
3 want to do different things.

4 And so, I think what Rick is saying  
5 is that some sort of service offering that  
6 would allow a different agency to come pick  
7 up a participant and do community activities  
8 that isn't necessarily community access in a  
9 person-centered way. I think that he's  
10 saying that there is a need for that, as  
11 that can be very difficult to achieve in a  
12 staff residence when you have three  
13 individuals who have very different wants  
14 and needs, and want to do different things,  
15 and want to lead their lives in different  
16 ways. But again, that's definitely a  
17 conversation for --

18 MS. CLARK: Oh, absolutely. Thank  
19 you, Amy, for that comment. And, you know,  
20 just reading, I guess, the agenda item that  
21 didn't lead me to what you were saying  
22 there, so.

23 MR. CHRISTMAN: Okay. So that's  
24 something that the waiver redesign people  
25 are considering?



1 MS. CLARK: Yeah, we're looking at  
2 all services. We're looking at consistency.  
3 We're looking at everything.

4 MR. CHRISTMAN: Mm-hmm. Well, good.  
5 Well, I hope -- and again, this is just a  
6 suggestion that -- this is one of the things  
7 that we hope you look at very closely.

8 Community guide changes through  
9 waiver design. Amy, did you want to comment  
10 on that one?

11 MS. STAED: Well, this has been kind  
12 of cleared up a little bit, but since we  
13 have so many people here, I think it's good  
14 to talk about so we can get -- and I think  
15 maybe Pam or Alisha was working on maybe  
16 getting something in writing.

17 So right now, there is this  
18 perception that to perform the community  
19 guide service for more than three  
20 individuals, an individual provider/agency  
21 would need to be licensed by OIG as a  
22 personal services agency, which is kind of  
23 difficult and burdensome.

24 And so, this idea has kind of been  
25 out there for a while, and it's been a

1           deterrent from what I understand for  
2           individuals, you know, to provide that  
3           community guide service. But in  
4           conversations that I had with a group of  
5           folks from DDID and Medicaid, they all --  
6           and, Alisha, please correct me if I  
7           misunderstood -- kind of said that no,  
8           that's not really the case.

9                   And I believe someone stated that  
10           they would work on getting -- trying to get  
11           a definitive, like, you don't have to be a  
12           personal services agency to do this from  
13           OIG. Am I remembering all of that  
14           correctly, Alisha?

15                   MS. CLARK: Yeah. I know Pam has  
16           been working on this. I'll follow up with  
17           her to see where that's at and those  
18           discussions with OIG.

19                   MS. STAED: Thank you.

20                   MR. CHRISTMAN: Thank you. This is  
21           another one about consistency between the  
22           waivers on units of service. Stacy, I know  
23           you wanted to discuss this. Do you want to  
24           add?

25                   MS. SEALE: Sure. So I'm the

1 director of therapies at Employment  
2 Solutions, and we were discussing about the  
3 waiver redesign, and I brought up the fact  
4 of what I would like to see looked at is SCL  
5 participants having more than 13 units a  
6 month for three different consultative  
7 services. And if that was just something  
8 that was going to be looked at and make it  
9 more comparable to Michelle P. when it comes  
10 to the actual units. I know rates have been  
11 looked at, but units is never discussed.

12 MS. CLARK: Are you talking about the  
13 consultative clinical services?

14 MS. SEALE: Yes.

15 MS. CLARK: I do know -- I don't have  
16 anything in front of me 'cause this just got  
17 approved -- consistency of approved units.  
18 So I do know that we are looking at --  
19 because I think there's a max, and you can  
20 probably tell me right off the top of your  
21 head. I can't think of it at the moment,  
22 but there is a max before it would have to  
23 be exceptional units, that kind of thing.

24 And that is something that we are  
25 looking at, but I would just also, you know,

1 talking about the consistency of approved  
2 units, I just want to ensure that everybody  
3 on this meeting and, you know, our members,  
4 whoever it may be, everybody, that all of  
5 our services and our units should definitely  
6 be person-centered. They should be based  
7 on, you know, the assessed needs. They  
8 should be based on their goals and their  
9 wants.

10 So, you know, not everybody is going  
11 to have 40 hours a week per se for services.

12 Some people might only need 10 or 20. So  
13 it shouldn't be just a blanket: This is  
14 what we're giving everybody. It should be  
15 based on their actual needs.

16 MR. CHRISTMAN: Well, Stacy --

17 MS. CLARK: Back --

18 MR. CHRISTMAN: I'm sorry, go ahead.

19 Did somebody --

20 MS. CLARK: Oh, no. I was going to  
21 say back to Stacy's -- because I kind of  
22 went off there a little bit different just  
23 based on the agenda item. But, yes, we are  
24 looking at the units, as well, on the  
25 services. So thank you for that comment.

1 MR. CHRISTMAN: Yeah, to hopefully  
2 bring some more consistency. That is part  
3 of your objectives, right?

4 MS. CLARK: Between waivers, yes.

5 MR. CHRISTMAN: Yeah. Okay, good.

6 Rate study finalization and  
7 implementation: Alisha, do you know where  
8 that stands at the moment?

9 MS. CLARK: Right -- I mean, it's  
10 still unchanged from the last time. We're  
11 still awaiting final executive approval on  
12 that.

13 MR. CHRISTMAN: Okay. Well, what  
14 comes first? I guess the design or the, I  
15 mean -- so are you saying the design and the  
16 rate changes would be approved  
17 simultaneously?

18 MS. CLARK: That's something that  
19 we'll just definitely have to look at, but  
20 right now, we still -- we're waiting on, you  
21 know, that's at the executive level. All  
22 the rates and everything, so there's really  
23 not anything that I can say on that today  
24 here in the meeting.

25 MR. CHRISTMAN: Okay. Is there a

1 particular goal? I guess -- do you have any  
2 idea what a goal might be in terms of having  
3 this determined -- in time?

4 MS. CLARK: Rick, it's way above my  
5 pay grade.

6 MR. CHRISTMAN: Right. Right.

7 MS. CLARK: You know, that --  
8 unfortunately, I can't provide that  
9 timeline.

10 MR. CHRISTMAN: Okay.

11 Children's waiver study update: I  
12 know we had a meeting -- oh, go ahead,  
13 Johnny.

14 MR. CALLEBS: Can I ask a question  
15 about the rate study?

16 MR. CHRISTMAN: Please.

17 MR. CALLEBS: Alisha, so is it -- the  
18 study is complete. Is that --

19 MS. CLARK: Yes, the study --

20 MR. CALLEBS: -- correct?

21 MS. CLARK: The study --

22 MR. CALLEBS: And all recommended  
23 rates have been submitted to the cabinet for  
24 review?

25 MS. CLARK: For review by the

1 executive leaders, yes, it is complete.

2 Mm-hmm.

3 MR. CALLEBS: Okay. And then they  
4 ended up recommending, I guess, individual  
5 rates for each service, and then that's  
6 under review by executive leadership. And  
7 is there a target date for approval --

8 MS. CLARK: That's what --

9 MR. CALLEBS: -- or feedback by --

10 MS. CLARK: Yeah. That's what, I  
11 think, Rick was asking me --

12 MR. CALLEBS: Mm-hmm.

13 MS. CLARK: -- and I don't -- I mean,  
14 I don't have that information.

15 MR. CALLEBS: Okay.

16 MS. CLARK: It's at the executive  
17 level, which is above my pay grade.

18 MR. CALLEBS: All right. Understood,  
19 thank you.

20 MR. CHRISTMAN: Well, again, that  
21 brings my question: We're still talking  
22 about tweaking, you know, the available  
23 units and what types of services are  
24 available and what waivers. So even though  
25 the rates have been settled, as explained to

1 Johnny, there's still some room to make  
2 further changes with the rate study?

3 MS. CLARK: Well, what --

4 MR. CHRISTMAN: As such as those that  
5 we talked about this morning?

6 MS. CLARK: The rate study is based  
7 on what it costs to provide a service and,  
8 you know, all the other stuff that goes into  
9 that, but as far as we can make changes in  
10 the future --

11 MR. CHRISTMAN: Mm-hmm

12 MS. CLARK: -- about, like, if the  
13 limits on a service if it needs to go up a  
14 little bit, maybe the consultative clinical.  
15 There, you know -- and any changes we make,  
16 that's put out for public comment.

17 MR. CHRISTMAN: Right.

18 MS. CLARK: And we would definitely  
19 -- we'll be sharing all that information  
20 because we will definitely want public  
21 comment on everything.

22 MR. CHRISTMAN: Was that part of the  
23 confusion in the agenda because we tied that  
24 to the rate study? Which these things  
25 didn't necessarily -- be necessarily tied to



1 the rate study?

2 MS. CLARK: I'm sorry, what are you

3 --

4 MR. CHRISTMAN: You mentioned the  
5 agenda was confusing to you.

6 MS. CLARK: Well, no. It's just --

7 MR. CHRISTMAN: Is that because we  
8 tied it to the waiver redesign?

9 MS. CLARK: No, I think that your  
10 agenda -- when you just say consistency of  
11 approved units of service for Michelle P.  
12 and SCL, you know, they're -- what exactly  
13 are we talking about? You didn't really  
14 talk about, you know, until Stacy was nice  
15 enough to be, like, consultative clinical.  
16 We feel like that there needs to be an  
17 increase in the total amount -- the maximum  
18 amount of units. It was very vague. And,  
19 you know, what community guide changes  
20 through waiver redesign? It -- there is --  
21 it was pretty vague in some areas, so --

22 MR. CHRISTMAN: Yeah, that's --

23 MS. CLARK: -- but it wasn't  
24 connected to the rate study.

25 MR. CHRISTMAN: Okay.

1 MR. CALLEBS: I have one more  
2 question, Rick, if I may.

3 MR. CHRISTMAN: Sure. Sure.

4 MR. CALLEBS: Alisha, do you know if  
5 any of the rate -- the reimbursement  
6 recommendations fell below the legislatively  
7 approved rate increases? And if so, you  
8 know, what do we do about that?

9 MS. CLARK: No, I don't know --

10 MR. CALLEBS: Okay.

11 MS. CLARK: -- about that.

12 MS. STAED: I can answer that  
13 question. This is Amy. None of the rate  
14 recommendations fell below the legislatively  
15 mandated rate increase because that becomes  
16 the new floor. That was pretty well  
17 explained to the rate study workgroup that I  
18 was a part of. And in the event that a rate  
19 did fall -- the recommended rate did fall  
20 below that, the legislatively mandated 20  
21 percent rate increase was the rate that was  
22 subbed in instead. So no rate was below  
23 that.

24 And I will say the rate study, the  
25 way that it worked, units of service weren't

1 taken into account. Those are kind of two  
2 separate issues. What the contractors did  
3 is they determined exactly how much money it  
4 costs to provide one unit of service for  
5 whatever service it was. And in that cost,  
6 they considered overhead, health insurance  
7 costs, benefits programs, taxes, pay rates.  
8 And I will just say, you know, that they  
9 included pay rates, not based on what you  
10 currently pay, but what they think that you  
11 should be able to pay, you know?

12 So, you know, really great pay rates  
13 for workers and things like that. And so  
14 they -- I'm not a mathematician, but they --

15 MS. CLARK: Yeah. I will continue  
16 that by saying, you know, I don't want to  
17 provide anybody any, not incorrect  
18 information, but possibly, like,  
19 misinformation on everything that went into  
20 this. But there was, I mean, people that  
21 were way smarter than me definitely, you  
22 know, took everything into consideration.

23 But like Amy said, you know, we can't  
24 -- there was a legislative mandate of that  
25 10 percent and then 10 percent. It can't be

1 below that 10 percent of what was mandated,  
2 but, you know, I would just be careful. We  
3 don't -- I don't want to misrepresent or  
4 misspeak what every single thing that went  
5 into these rates because there was a lot  
6 taken into consideration.

7 MS. STAED: And there are recordings  
8 of the meetings available on the -- Alisha,  
9 is it the improving services -- waiver  
10 services website? But any -- there were  
11 recordings of the meetings, so you can go  
12 and watch them, and watch the discussion,  
13 and watch the contractors talk about all the  
14 different things that went into the rates,  
15 all the different cost areas that they  
16 considered.

17 MR. CHRISTMAN: Thank you. Now,  
18 Alisha, let me make sure I understand this.  
19 The reason CMS was able to approve these  
20 rates is because now they're authorized  
21 through appendix K rather than ARPA funds;  
22 is that correct?

23 MS. CLARK: So the way -- in the  
24 budget bill, what we had to do is because  
25 the budget bill was written to use ARPA

1 funds, that is what we had to get CMS  
2 approval. We had to rewrite the plan  
3 because of that language that was inserted  
4 in there, but, you know, so that's what's  
5 taking so long.

6 And again, you know, I think for this  
7 meeting, obviously, the rate study is  
8 finalized. It's complete, and we are  
9 waiting. It's at the executive level, and I  
10 think that's probably really the only thing  
11 that we can say at this point.

12 MR. CHRISTMAN: Well, again, is it  
13 now authorized through Appendix K rather  
14 than ARPA? Is that allowed, CMS?

15 It's not. Alisha's shaking her head.

16 MS. STAED: It's both, Rick.

17 MR. CHRISTMAN: Yeah.

18 MS. STAED: ARPA is the pot of money  
19 that they're using, but CMS -- and I don't  
20 want to, again, misrepresent conversations  
21 that I have not been privy to, but it was  
22 our understanding, and it has been  
23 explained, you know, and before -- in  
24 testimony before the legislature that CMS  
25 had advised Kentucky that the quickest route

1 to do all of the things that we were trying  
2 to do --

3 MS. CLARK: That's how we get the  
4 money --

5 MS. STAED: -- with the rate  
6 increases, yeah. Was to use the Appendix K  
7 process, as well as making changes to the  
8 state -- to our ARPA spending plan. And  
9 that was just the quickest way to accomplish  
10 everything so that Kentucky did not have to  
11 submit waiver amendments with new rates in  
12 them, which can take a lot longer.  
13 Especially considering that hopefully,  
14 they'll be submitting waiver amendments  
15 later this year or next year to include some  
16 of the rates for the rate study and the rate  
17 methodology.

18 MR. CHRISTMAN: And typically, you  
19 would have to have a rate study before you  
20 could increase rates, right? That's the  
21 federal government's position?

22 MS. CLARK: Not if you --

23 MS. STAED: You have to have a rate  
24 methodology.

25 MR. CHRISTMAN: You have to have a

1 rate methodology.

2 MS. CLARK: Yes.

3 MR. CHRISTMAN: Now, if -- Appendix K  
4 is going to expire at some point. Does that  
5 mean if these rates, these 10 percent plus  
6 10 percent, are going to continue -- that  
7 would require a rate study or a rate --

8 MS. CLARK: We already have a rate  
9 study. We are working with CMS. We are  
10 being very open and transparent with them  
11 and are working with them on our  
12 implementation of this going forward with  
13 our regulations and with all of that.

14 (Indiscernible.)

15 MR. CHRISTMAN: Right, but you would  
16 be compelled to have a rate analysis or a  
17 rate study.

18 MS. CLARK: You have to have --

19 MR. CHRISTMAN: And as far as we  
20 know, the Guidehouse one is the only one we  
21 have.

22 MS. CLARK: We had to have a rate  
23 study in order to be able to increase rates,  
24 but --

25 MR. CHRISTMAN: Right. And guide

1 study is the only rate study that's been  
2 done.

3 MS. CLARK: There was an RFP, and  
4 they were chosen as the vendor, and that is  
5 our rate study. And, you know, again, it's  
6 been completed, and it's awaiting final  
7 executive approval.

8 MR. CHRISTMAN: Right. But I'm just  
9 saying once appendix K expires, does that  
10 mean that creates sort of a deadline for you  
11 then?

12 MS. CLARK: No. We're working with  
13 CMS on that.

14 MR. CHRISTMAN: Okay. Okay, so it  
15 might create a deadline?

16 (No response.)

17 MS. CLARK: Well, as you say, you're  
18 working with CMS on that.

19 MS. CLARK: Right. We're working  
20 with CMS to be seamless, so.

21 MR. CHRISTMAN: Okay. When does the  
22 Appendix K end?

23 MS. CLARK: As of right now, it's set  
24 to end in November.

25 MR. CHRISTMAN: Uh-huh. Okay.



1                   Several of us were a part of the  
2                   children's waiver study update meeting. I  
3                   forget what day it was. Alisha was there,  
4                   and Amy was there, and I was there. I would  
5                   just characterize that as we just looked at  
6                   quite a bit of statistics, right, about the  
7                   demand for services, particularly for  
8                   children with behavioral health issues and  
9                   autism. Did you want to comment anymore,  
10                  Amy, or -- on that, in terms of what we  
11                  talked about.

12                  MS. STAED: Yeah. So one, it was a  
13                  really good meeting. Just to clarify for  
14                  everyone: It's a feasibility study, so  
15                  they're not quite looking into the specifics  
16                  of what we would do. While that is part of  
17                  the conversation, they're looking into,  
18                  essentially, do we have the demand for this,  
19                  and then later, could we afford to do it?

20                  MR. CHRISTMAN: Right.

21                  MS. STAED: And how do we implement  
22                  this? But the meetings have been very  
23                  productive, I mean, from my perspective.  
24                  And I am not speaking on behalf of the  
25                  cabinet and cannot make assurances about

1           what will happen in the end, but there  
2           definitely, I think we would all agree, is a  
3           need, and there have been some really  
4           powerful personal testimonies from parents  
5           of children who need pretty specialized  
6           services that they just -- they're happy  
7           that they receive Michelle P. services, but  
8           they are having to, kind of, cobble together  
9           a set of supports that's just not working  
10          quite right.

11                        And I think there's definitely a  
12          need. And it's really exciting, and the  
13          conversations have been very productive.  
14          The contractors that the cabinet has been  
15          working with have brought really great  
16          information and have really been looking  
17          into how other states are doing this so that  
18          Kentucky can really think about how to meet  
19          the needs of Kentuckians and children's --  
20          and children with disabilities and autism.

21                        So it's been really productive, and  
22          I'm just really happy to be part of the  
23          conversation.

24                        MR. CHRISTMAN: That's --

25                        MS. CLARK: And I would say, I've

1           been, you know, I was there for that  
2           meeting, but we've also went around and had  
3           focus group meetings throughout the state  
4           and virtually with parents and caregivers.  
5           We're continuing to review data. We're  
6           going to compile all the results, and we  
7           will be posting that information, including  
8           the presentation, to our website. So look  
9           for more information to come in the future  
10          regarding the feasibility study.

11                   MR. CHRISTMAN: Yeah. That's very  
12          positive.

13                   What do we know about the waitlists  
14          currently?

15                   MS. CLARK: Right now, Michelle P.  
16          waiver has 8,284 -- still remains  
17          consistent, with 70 percent being children.  
18          SCL: 3,172 total. Out of those, 121 of  
19          those are urgent. And then, no emergency  
20          there.

21                   MS. STAED: Hey, Alisha?

22                   MS. CLARK: Yeah?

23                   MS. STAED: When did the next round  
24          of slots become available? Is it the new  
25          fiscal year?

1 MS. CLARK: Yeah, but we also have to  
2 work that in because that not only -- that  
3 also has to be approved by CMS, as well.

4 MS. STAED: Okay.

5 MS. CLARK: It's two-fold. We have  
6 the funding --

7 MS. STAED: Okay.

8 MS. CLARK: -- and then the approval  
9 by CMS.

10 MS. STAED: Okay, perfect. I just  
11 didn't -- I wasn't sure. Thank you.

12 MS. CLARK: You're welcome.

13 MR. CHRISTMAN: The access rule.

14 MR. CALLEBS: Can I ask a question  
15 about waitlists?

16 MR. CHRISTMAN: Oh, sure. Go ahead,  
17 sorry.

18 MR. CALLEBS: Sorry to interrupt.  
19 Are we, I mean, we always get the waitlist  
20 numbers, but, you know, they keep  
21 increasing. Are we -- is there a plan or  
22 effort to do anything about waitlists? I  
23 mean, we have 11 -- more than 11,000 people  
24 waiting, and --

25 MS. CLARK: I --

1 MR. CALLEBS: -- I mean, we've got --  
2 we always have the numbers, but -- and I  
3 realize it's a funding issue, but --

4 MS. CLARK: It's --

5 MR. CALLEBS: -- I'm sorry.

6 MS. CLARK: -- twofold. Obviously,  
7 you gotta have funding in order to get more  
8 slots. We do request slots in every budget  
9 year, so we always request more slots.  
10 Gotta have the funding. But another thing  
11 to just note, we do have this many people on  
12 the waiting list, but the majority of those  
13 are being served already. Either, you know,  
14 some on the SCL, on the waiting list there,  
15 are being served through Michelle P. waiver,  
16 but they're already on it because they see  
17 in the future that they're going to need  
18 residential services.

19 There's, through Michelle P., and  
20 we've done the study on it, that some of  
21 these are already being served by, say, the  
22 home and community-based waiver. So a  
23 large, large amount of these individuals are  
24 being served in some capacity already. But  
25 you're right; we need more funding.

1 MR. CALLEBS: Does the -- do you  
2 know, Alisha, if the cabinet intends to,  
3 with the upcoming budget session, how many  
4 slots they would --

5 MS. CLARK: I don't know how many  
6 slots, but I can tell you we always request  
7 a whole lot. And, you know, we're not given  
8 near the amount that we request.

9 MS. BICKERS: Alisha, there is a  
10 request for those numbers to be dropped in  
11 the chat if you don't mind.

12 MS. CLARK: What numbers are they  
13 wanting?

14 MR. CHRISTMAN: The waitlist numbers.

15 MS. CLARK: Oh, waitlist numbers?

16 MS. BICKERS: Yes, ma'am.

17 MS. CLARK: Okay. Let me see if I  
18 can put those over here real quick. Thank  
19 you, Erin. I did not see that. I've got  
20 the Michelle P. waiver over there, and now,  
21 let me put in my SCL here. And then, 121 is  
22 urgent. Make sure I spell --

23 MR. CHRISTMAN: Johnny, I would  
24 think, too, that let's say we do get a  
25 children's waiver. Since I think two-thirds

1 of the people on the waitlist for Michelle  
2 P. are children, I would, perhaps, think  
3 over time that that number of people would  
4 be reduced. That would be the hope, I  
5 think.

6 MR. CALLEBS: That would make sense.  
7 And two, I wonder, you know, if a children's  
8 waiver does come to pass, if, you know,  
9 children who would qualify for it would be  
10 switched over into that instead of Michelle  
11 P. Kids who are already on Michelle P. --

12 MR. CHRISTMAN: Yeah.

13 MR. CALLEBS: -- would they migrate  
14 to the children's waiver and free up  
15 Michelle P. slots.

16 MR. CHRISTMAN: Yeah. That's -- I  
17 guess that's what I'm suggesting. Although  
18 --

19 MR. CALLEBS: Yeah.

20 MR. CHRISTMAN: -- I suspect it's  
21 going to be very complicated.

22 MR. CALLEBS: I suspect, as well.

23 MS. STAED: And just so everyone  
24 knows, this is a conversation that we're  
25 having that's ongoing with the legislature

1           about how to eliminate the waitlists in a  
2           measured way without creating -- without  
3           overwhelming the system. Because what we  
4           absolutely don't want is to eliminate the  
5           waitlist and then have unofficial waitlists  
6           for services, like we're kind of already  
7           seeing --

8                       MR. CHRISTMAN: Mm-hmm.

9                       MS. STAED: -- for case management  
10           and the HCB waiver. So obviously, it would  
11           have to be almost a phased-in thing, but I  
12           think putting a plan in place and creating  
13           the plan is vitally important to eliminating  
14           the waitlist. And these are conversations  
15           that we're having with both the House and  
16           Senate right now.

17                      MR. CALLEBS: I think that's great  
18           news. I agree, Amy, and, you know, we have  
19           to have the capacity -- provider capacity to  
20           serve everyone, and -- but, yeah, I agree.  
21           A plan is needed, and plus, we don't want to  
22           just have the waitlists become stagnant,  
23           even if people are getting some sort of  
24           service while they wait.

25                      I think many are probably



1 underserved, and then if the waitlist just  
2 keeps growing, I think we just open  
3 ourselves up to the risk of more lawsuits or  
4 settlement agreements or what have you if we  
5 don't make a good faith effort in addressing  
6 the waitlists.

7 So anyway, that's good to hear.

8 MR. CHRISTMAN: Yes, thanks. That is  
9 very good news, Amy. And we still need to  
10 discuss the access rule; is that correct?

11 MS. STAED: I put --

12 MR. CHRISTMAN: Amy --

13 MS. STAED: Yeah, I put that on  
14 there. I just wanted to, I guess, chat a  
15 little bit about it. For those of you who  
16 don't know, who may not be CAP members, the  
17 access rule is a proposed set of federal  
18 regulations affecting lots of Medicaid  
19 programs, specifically HCBS Medicaid  
20 programs. So all of our 1915 waivers would  
21 be potentially affected. There's a lot of  
22 good stuff in there. A lot of reporting  
23 requirements related to rate sufficiency,  
24 things like that.

25 But the goal of the federal

1 government is to really increase access to  
2 these services, and they know that payment  
3 rates are a problem nationally for these  
4 services. There are some concerning things  
5 in the access rule. Specifically, there is  
6 this idea that potentially -- and again,  
7 this is just a proposed rule. It's not  
8 final. It's not anything, but potentially,  
9 80 percent of all provider payments would  
10 have to go to salary, which in direct care  
11 salary -- so there's lots of public, kind  
12 of, upheaval about that concept as it's  
13 generally accepted that it's more like 60 to  
14 70 percent goes to that because of overhead  
15 and things like that. And I really don't  
16 want to get too much into the weeds.

17 But CAP will be submitting public  
18 comments. We're working with our national  
19 partners to submit public comments. We just  
20 wondered if the Cabinet for Health and  
21 Family Services had considered submitting  
22 public comments at all about that and if  
23 not, we would love to work with the cabinet  
24 to coordinate on our comments if they're  
25 interested.

1 MS. CLARK: I appreciate that, Amy.  
2 Right now, you know, I don't have those  
3 answers for you.

4 MS. STAED: You all have a lot going  
5 on right now, too, so I get it.

6 MS. CLARK: Right. We've been a  
7 little busy.

8 MS. STAED: Amy, I apologize. Could  
9 you go over that just one more time? This  
10 access rule, and then who's proposing this?

11 MS. STAED: So, Rick, you are a CAP  
12 member, so I did send out a pretty lengthy  
13 -- we did a meeting about this, and I sent  
14 out the PowerPoint slides --

15 MR. CHRISTMAN: Yeah.

16 MS. STAED: -- so I'll send them to  
17 you again.

18 MR. CHRISTMAN: Well, I'm sorry.

19 MS. STAED: No, it's okay. I am  
20 greatly paraphrasing here because this is,  
21 like, a 250-page set of rules that have been  
22 proposed. But there's one portion of the  
23 rule -- so there's this idea within the  
24 federal law -- within federal law that  
25 Medicaid programs have to ensure that

1 payment rates are sufficient to support  
2 their provider network. And that's true for  
3 all Medicaid payment rates, whether you be a  
4 doctor or a dentist, or a waiver provider.

5 But recently, some states -- there  
6 are -- waiver providers have filed lawsuits  
7 or complaints with CMS saying that our state  
8 doesn't pay us and our reimbursement rates  
9 aren't sufficient. And the Supreme Court  
10 refused to hear the case saying that this  
11 is, you know, we don't have the ability to  
12 decide what payment rate is sufficient, you  
13 know? We are a federal court. That's  
14 really within the federal government's  
15 purview. And then, CMS said, "We don't even  
16 have the data to determine if rates are  
17 sufficient." So that's kind of where this  
18 rule comes from.

19 MR. CHRISTMAN: Mm-hmm.

20 MS. STAED: Which a lot of data  
21 collection in the rule that -- and sort of  
22 data collection requirements that they  
23 impose on states, which could -- sounds  
24 pretty burdensome, frankly.

25 But one of their ideas is they also

1 know that there is this big direct care  
2 workforce crisis, right? And CMS seems to  
3 think that by mandating that a provider pay  
4 80 percent of their reimbursement rate to  
5 the direct care worker, that that will kind  
6 of fix all the problems.

7 And there is -- again, I don't want  
8 to get too much into the weeds. There's a  
9 lot of conversation about who this would  
10 apply to. It may not even apply to IDB  
11 waivers, but it might apply to other support  
12 waivers. But I think the long and the short  
13 of it is that operational costs are much  
14 higher than 20 percent for a lot of --  
15 especially for a lot of companies. And that  
16 80 percent of a low rate -- and again, not  
17 commenting on Kentucky's rates or anything.  
18 This is just nationally, kind of, what we're  
19 hearing, 80 percent of a low rate is still  
20 not going to help you pay your employees  
21 more.

22 So there's been a lot of, kind of,  
23 public upheaval around this concept of this  
24 -- it's being called, kind of, the 80/20  
25 rule and CMS is going to, I expect, get a

1           tremendous amount of feedback on that.

2                   And so again, CAP is working to  
3           submit public comments, working with  
4           national partners, working across sectors,  
5           you know, across the care sector to really  
6           say this is not the right solution to the  
7           workforce crisis, mandating certain sort of  
8           pay pass alongs, or however you want to  
9           determine it. We really need to have a  
10          deeper conversation about what the issue is.

11                   And so that's a very abbreviated  
12          synopsis of the access rule.

13                   MR. CHRISTMAN: Thank you for that,  
14          Amy, and I apologize for not picking up on  
15          -- as a CAP member. Maybe our membership  
16          expired or something. I don't know. I'll  
17          have to look into that. Any other general  
18          discussion or recommendations?

19                                (No response.)

20                   MR. CHRISTMAN: I just don't believe  
21          we made any recommendations.

22                                I'll attend the MAC meeting on the  
23          27th, and our next meeting is, I believe,  
24          August the first. And if there's not any  
25          other discussion, I don't see any hands

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raised. Then we are adjourned. Thank you.

(Meeting adjourned at 10:58 a.m.)

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CERTIFICATE

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

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

Dated this 14th day of June, 2023.

Tiffany Felts, CVR  
Tiffany Felts, CVR