COMMONWEALTH OF KENTUCKY

CABINET FOR HEALTH AND FAMILY SERVICES

FOR MEDICAID SERVICES

"INTELLECTUAL AND DEVELOPMENT DISABILITIES

TECHNICAL ADVISORY MEETING"

VIA ZOOM MEETING

DATE:

SEPTEMBER 20, 2022

10:00 A.M.

A T T E N D E E S:

Rick Christman, Chairman - KAPP

Pam Smith - DMS

Erin Bickers - DMS

Amy Staed

Patty Dempsey

(and others all via ZOOM)

MR. CHRISTMAN: Okay. Let's get started. Did we receive the minutes by the way?
MS. BICKERS: I believe so. Let me double-check.
MR. CHRISTMAN: I checked on the website. I couldn't find them.
MS. BICKERS: They are not put on the website until after they are approved.
MR. CHRISTMAN: Okay. Well, we will have to defer on that anyway.
MS. BICKERS: I will let you know if any more members hop on.
MR. CHRISTMAN: Thank you. Is Pam on?
MS. BICKERS: Yes, sir.
MR. CHRISTMAN: Hi, Pam.
MS. SMITH: Hello.
MR. CHRISTMAN: Thank you, Pam, for sending these statistics, and I notice from 2018 to 2021 the amount paid on day training declined from 52 million to 12. I'm thinking that that will have increased by now. But it did bring up a question in my mind. There are still, as far as I know, several, a number, of ADT that are still not open, that are shuttered; correct, as

far as you know, Pam?
MS. SMITH: Honestly, I am not sure. I know that there were some that have decided to do that. I don't have any count on that, though.
MR. CHRISTMAN: Right. But there's some as far as we know?
MS. SMITH: There were and there were a lot of residential providers that prior to this last Appendix K update that were choosing not to send their individuals to ADT because that allowed them to bill a higher rate.
MR. CHRISTMAN: Now, presumably that issue has resolved the increase in the rates, presumably. We will see at some point; right?
MS. SMITH: They are actually able to bill that. It was already in Appendix K. When we did the most recent update it allowed a lot of the direct service -- some of the other direct service like personal care and those type of services to bill up to 50 percent of their rate. The condition was removed off of residential that

required them to not be going to ADT that allowed them to also bill the 50 percent increase, and that's been in place since the beginning -- since like March. I think it was the beginning of March.

MR. CHRISTMAN: Thank you for reminding me of that. But my question is that at some point, and maybe we are at that point, where Covid is stabilized. I mean it's still maybe a problem, but it may never get better than it is now; right? At some point it's going to be what it is.

Now, these ADTs that are closed they have participants signed up to, you know, attend those ADTs in their plan of care. Will at some point -- if these closed ADTs never open up, can they continue to say they are providing ADT services? At some point shouldn't they be written out of the plans of care?

MS. SMITH: It is the case manager and the rest of the team's responsibility that if an individual is not utilizing that service, they need to evaluate what would be best for that individual. It shouldn't

remain on the plan of care if there's no plan for them to utilize it.

MR. CHRISTMAN: I'm not sure if that is the case, but wouldn't --

MS. SMITH: Well, even if there's a plan for them to go back but there's not a date of when that anticipated time is, that shouldn't be left on the plan of care just to be there. And, you know, honestly we had a lot of interactions with participants and their families where they felt like part of Covid they were forced to go to ADT so that they would be out of the home during the day because it allowed the residential provider to not have as much staffing. And so there have been several participants that are happy that they have not been forced to go to ADT. It was not what they wanted.

MR. CHRISTMAN: I'm not saying being forced, but at some point doesn't your department step in and tell case managers you can no longer write this ADT into the plan of care since they are not open?

MS. SMITH: If they have officially closed

it shouldn't -- well, I mean, whether they are open or not plays a part. They shouldn't be -- if there's a closed provider, they shouldn't even be allowed to choose them because they are no longer an enrolled provider. But case managers should not be -- and I would, you know, hope that the team that meets with the individual would advocate for that person and would not let their plan of care have services on it that they are not interested in using or that they are not using right now. That is not the intent of case management and a person-centered plan.

MR. CHRISTMAN: Right. And they shouldn't write into a plan of care a service that isn't available; right?

MS. SMITH: They should not be -- if they are choosing --

MR. CHRISTMAN: I'm sorry. Go ahead.

MS. SMITH: If the provider is not enrolled any longer, then the system would not let them. They wouldn't even show up to be on there. Now, if the provider is maintaining their enrollment, you know, there's not --

we know when we do the recertifications and when we, you know, look at them for -- when we are doing inequality audits we will pick up on it then, but we don't necessarily know the ADTs have not -- unless they were disenrolling and have not notified us -- and this would be with any service. The only one we are going to know about particularly is if they have people coming and they close, because then they have to give us transition plans and we have to see, you know, that the individuals are given choice about where to go. But when they sign -- that's part of why the team sign-in sheet is so important. Those conversations should be happening at the team meeting, and case managers are not adequately -- are not being given accurate information or if someone is not advocating for that participant -- that is very unfortunate that all of the providers that make up that plan of care, that no one is advocating for what the participant wants.

MR. CHRISTMAN: Well, I would like to just -- I'm not sure that's happening, Pam.

I don't know. But you're saying that at the point of certification if they are not operating, providing that service that's on their list of services they provide, it should be removed; right?

MS. SMITH: It should be, yes, because there are other things that obviously that individual should have had needs or even wishes to go to ADT, and if those are not being met it should be removed and either replaced with a different ADT provider or replaced completely with a different service, or a different -- or if there is a way with natural supports that are meeting that need. The need shouldn't be going unmet just because the previous provider they were receiving that service from is not choosing to provide those services right now. That should no longer be the case.

MR. CHRISTMAN: Right. Well, can the department send out a reminder on that, or let people know that -- I'm just afraid that this is still the case, that there are closed ADTs and there are people whose plan

of care provides for attending that ADT and, you know, we are all caught in this limbo.

MS. SMITH: I can check with BDID and see if they know specifically of any that are closed and try to get that information. Without knowing -- having kind of some direction to go in, it's really like I'm going on -- like searching for needles in a haystack, who is providing services, so I can do some investigation to that. Let me talk with BDID and see if they have any -- since they have the -- their QAs in the field, a lot of times they have a better idea of what's going on with an SCL versus the other waivers that don't have that staff that are out there. So let me check with them and see if they have any stats on that.

MR. CHRISTMAN: You are referring to DDID; right?

MS. SMITH: BDID, right.

MR. CHRISTMAN: Is there anybody on this call from DDID?

MS. SMITH: I was looking really quick. I

do not -- I do not see -- quick glance through the names, I don't see anybody on.

MR. CHRISTMAN: So I guess they don't routinely send a representative to attend these meetings?

MS. SMITH: They do at times, but I will tell you without having something specifically on the agenda that we would need them for, then I don't routinely reach out to them just to make sure they are going to have somebody attending.

MR. CHRISTMAN: Well, you might think that they would just attend just to see what we are talking about. Anyway, that's not your problem. But, okay, I appreciate that, Pam, and hopefully -- basically we want to know if an ADT is closed, are they still representing that they are offering ADT services, because they shouldn't be if they are closed; right?

MS. SMITH: Do you-all know of any that are --

MR. CHRISTMAN: I do.

MS. SMITH: -- where that is the scenario? If you want to send those to me, I'll start

with those.
MR. CHRISTMAN: I'll do that. Thanks, Pam.
MS. STAED: Pam, can I jump in the conversation? There are many ADT providers who have chosen not to reopen, but will reopen at a later point. But to my knowledge, most participants who attended those day training programs who, as you know who do want to attend day programming -- obviously, some do not want to attend day programming -- the teams have worked to either find a new day programming provider or have worked to find other services. Those day programming providers who are closed physically are providing virtual options to participants who choose to engage in those services.
MS. SMITH: Thank you, Amy. That is what I would hope would be happening.
MR. CHRISTMAN: Okay, okay.
MS. SMITH: And I do know some of them have gotten very creative and actually have -- kind of changing the model of ADT in some cases because they found some of these alternative methods, you know, that they

have been able to do different things and that it's really worked well and that the participants have really enjoyed it. So, you know, there has been some good that came out of the, you know, not necessarily being in a building, where you had to think about -- you know, you had to think of things outside of the box and different activities and different ways that you could still meet individuals' needs, so...

MR. CHRISTMAN: Okay. Well, thank you for looking into it, and I'll send you some -- I'll look into it also and share some organizations that may be you could look at.

In our data request we had some other items that we wanted to get some information from. Are you still working on those, Pam?

MS. SMITH: I actually was getting ready to -- I'm doing final quality on critical incidents for individuals that have exceptional supports. And so what I have, is I can tell you in about the 18 months of time that critical incidents were in MWMA, when we looked at this report, because it

didn't go in until late 2020, I believe. I don't want to get my years wrong. But there's not as much data in MWMA just because the requirements used, MWMA, which makes reporting easier, so we are looking at a smaller time frame. But there were 264 unique individuals that had at least one incident report reported and they had an exceptional support, and there were 2,963 unique incidences. I will tell you there are two individuals that had over 100 incidents a piece. Basically the bigger bucket -- so there were 120 that are kind of bucketed in a green category, which they had less than once incident a month. Most times they even had, like, less than -- they had one maybe for the whole reporting period, or two or three, and so those were the biggest buckets. We do still have, though -- there's about 62 individuals that had maybe three or more incident reports a month, going all the way up to the nine individuals that had close to five or more a month, including our two individuals that had over 100 incident reports themselves.

But I'm finishing the quality on like the buckets, because I'm also giving you the -- like, so far I have behaviors up right now. There were -- of the 2,963 unique incidents, 924 of those were for behaviors, and then it will give you the breakdown of -- like, for example, 164 of those were verbal aggression, all the way down to you had one for self-neglect property damage, you had a physical aggression property damage. There's several that there was just one of incident of that subcategory, but you will see all of that when I send that to you.

MR. CHRISTMAN: Thank you. And, again, we are asking information on discontinuation notices. You and I have spoken about that quite a bit in the past.

MS. SMITH: So right now it is not a requirement that that is reported in the system, so what we have is not complete data. I don't know how reliable it is, and it's also mixed with discontinuation notices because an individual -- or because that provider is closing, which isn't

really a discontinuation notice for a particular individual. They are just -- they are required to do that, tell us when, like, the provider themselves is discontinuing services, because we follow that to make sure everyone is given freedom of choice. There's also several where the discontinuation notice has been issued, but services have continued and there's been no more incident reports and no more report of problems. So it's not clear as to whether an issue resolved itself and the discontinuation notice is no longer applicable.

Elizabeth has been working with me to try to refine that data and what we have, but I don't know that it's going to give a completely accurate picture about what you are trying to gather.

MR. CHRISTMAN: Right. But as you recall, at one time -- well, a couple of years ago, anyway before Covid, it was considered to be like a major problem that providers were issuing discontinuation notices and then compelled to continue to provide services

to that individual. I don't know that that situation has gone away. You understand what I'm saying? We actually formed a task force, as you recall, to talk about that issue.

MS. SMITH: Yes. There just had never been -- there was not -- still even then there wasn't the data -- not saying that it wasn't an issue and then it couldn't still be an issue, but we don't have the data in a reportable manner that I can easily get that and report that for you.

MR. CHRISTMAN: I understand that, but if I understand you correctly you are going to try?

MS. SMITH: We have been trying. So we have been trying to do that. We are looking at building out MWMA to track that. It just is a -- it is a change that is down the road. It's not something that is going to happen quickly. It's on the road map, but it's not on -- it's not in any of the most current releases that we are working towards.

MR. CHRISTMAN: Are you saying this is like

months away in your opinion?
MS. SMITH: Yes. For it to be in MWMA, yes.
MR. CHRISTMAN: And that would be the best way to discern this information, would be through MWMA?
MS. SMITH: There has to be -- and there's going to have to be a requirement for providers to report this. Currently today there's nothing in regulation that requires providers to report it. If they don't report it, there's not anything -- there's nothing in the regulation to follow up on them, you know, not reporting it. So it is something that will also take provider education. And then at that point you still -- and even with it being MWMA, it still is something that you are dependent on the provider to submit timely and accurate information.
MR. CHRISTMAN: Amy, I recall at one time KAPP did do a survey of members on this issue, and you will recall at one time this was a very concerning issue among the members.

MS. STAED: Rick -- again, for the court reporter, I'm no sorry, I'm Amy Staed. I'm with the Kentucky Association of Private Providers. We did -- that data is now several years old and wouldn't be necessarily statistically valid. If Medicaid would like, we can try to generate some data to try to give to you, Pam. Just, obviously, something that you-all can look at as an FYI.

But also I wondered, Rick, if maybe -- Pam, you discussed those two individuals with over 100 incidents, and I think that Rick would agree that those individuals like that are the individuals we are talking about --

MR. CHRISTMAN: Yeah.

MS. STAED: -- regarding this kind of unmet need in the waiver of providers who can't really rise to the level of services that they need, and maybe that's demonstrated by, you know, the number of incidents that are happening. And I wondered -- and I don't even know if this is possible because I don't know what Medicaid's capabilities

are. I wondered if, Rick, the TAC would want to try to dig a little deeper into the data on those, you know, two individuals, and individuals like them, to see if we can discern really what's going on and try to find solutions that help everyone.

MR. CHRISTMAN: Yeah, I can't imagine that. It must be a nightmare. What do you think, Pam, is there --

MS. SMITH: I cannot really give you a -- so we, ourselves, are doing that as I have really started looking at this report. How much I can share with the TAC is limited by that's that individual's health information. So there can't be -- we would have to be very careful about what is shared. Now, certainly generalities of, you know, most of the incidents fell into this category or that category, or what types of exceptional supports they were receiving. That kind of information I can share, but not -- I cannot get very specific into those individuals, but this is something that -- actually, I am setting up a meeting to meet with DDID for them to

get this data as well, so that they can -- they can look into it further, too.

MR. CHRISTMAN: Is it possible to invite the provider to a TAC meeting and without divulging any confidential information about the identity of the individual? Just, you know, hear firsthand kind of what their stories are.

MS. SMITH: It would be up to them if they want to do that. And I, you know, would not share who they are. I could not share who they are with you-all without their permission. And this may be that these incidents -- this doesn't mean that these all happened at one particular provider location. Now, you know, agree, over 100 incidents reports is very excessive. Also, this could also include medical incidents. So if they have had -- you know, if somebody that has a lot of medical complications -- I don't have the -- I don't have the data yet of every incident report broken out to tell you specifically what type of incident it was. There's a lot of factors that can go -- that can go

into that, so...

MR. CHRISTMAN: Right. And, Pam, in speaking with your colleagues I'm sure you have meetings from time to time with your colleagues throughout the United States. Do you know if our particular policy, our regulation regarding the necessity of finding another provider before you can really discontinue services, is that a common regulation among the states or do all states have such a provision?

MS. SMITH: There is a provision that you can't just -- and this is going to sound harsh, that you can't just dump someone without services. So you can't just take them to the emergency room. However, there also is the same understanding that it is not -- there needs to be something in between there so that the provider who obviously is not serving this person effectively because they can't for whatever reason, but they also have a due diligence to protect their staff and to protect the other individuals they serve. So it really is a -- it's a huge -- I mean, it's a big

problem and it's also getting to the bottom of, you know, looking at the different -- are we seeing more incidents at a certain provider, are we seeing more -- you know, because incidents a lot of times are symptoms of other things that are going on. So it's not just every time about the individual person. For example, there may be -- and we have seen this with bad players that, you know, unfortunately, you identified, that it's not -- when you take the individual away from that situation, there's a completely different presentation and their behaviors are different. Their whole demeanor is different. It's multifaceted. There's -- you know, there's a lot to it. It can't just...

MR. CHRISTMAN: I agree, and I think the tragedy is that the way -- let me just say this. You know, I -- you know, I'm part of a national organization, and I go there and I describe what's going on in Kentucky and they act like they don't know what I'm talking about. Like there's other states that don't have those kind of provisions.

MS. SMITH: There's other states, too, that -- Kentucky is very heavy into the amount of things that are required as critical incident.

MR. CHRISTMAN: I'm talking about discontinuation of services.

MS. SMITH: So, Rick, maybe bring that to a meeting. Invite some of those colleagues, or you-all as a TAC talk about that and provide some, you know, feedback on what feasibly other states are doing versus this is a problem --

MR. CHRISTMAN: Yeah, that's good.

MS. SMITH: Those are the types of things that exactly this TAC should be doing, is bringing that kind of information.

And, Amy, we do track -- so each individual on individual levels, they are trended. There's reports that are done where things are trended by participants, by provider, and that data is used to identify problems and identify successes, actually, so...

MS. STAED: Thanks, Pam. Thank you for clarifying that. I didn't realize the

system had that capability.
MS. SMITH: In MWMA we get weekly and monthly reports, as well as the ability that we can generate our own reports. Like, if there's a -- you know, if I wanted to go in and look at a particular incident category or a particular provider, I could do that at any time.
MR. CHRISTMAN: Well, I agree with what you have said, Pam, and I think that -- I guess the tragedy of it is that there are individuals who could thrive in another setting, but because of the risk they believe they are going to take, they don't want to give that individual a chance. Do you follow what I'm saying?
MS. SMITH: I do. I'm curious if other states are not having a similar problem, what are other states doing. So I think that would be of value. If you can have someone come and speak to the TAC members or to, you know, provide information, that would be a value to share.
MR. CHRISTMAN: I will work on that. Thank you.

And maybe -- Amy, are you aware of anybody -- is this an issue with Anchor?

MS. STAED: Yeah, I'm happy, Rick, to connect you with associations in other states if you want to chat with them about how their states handle this type of situation.

MR. CHRISTMAN: Because I think they do them in different ways. I mean, they are not all like Kentucky, would you agree, Amy?

MS. STAED: Yeah, I would definitely agree. A lot of states use the 30-day notice period, or however many days it is. Obviously, some states vary by how many days the notice period is. But from what I understand similar to how the ABI waiver in Kentucky is -- and I could be mistaken on my notion of how that works. But a lot of states at the end of the period, if the individual has not, or the team has not located another provider by the end of the period, the state steps in and locates someone for them.

MR. CHRISTMAN: Interesting. Yeah.

MS. SMITH: That doesn't -- we actually, if they reach out to us, we help with any waiver in that. But it's not necessarily -- ABI does not -- ABI works just like SCL. It's just there a lot of times is more engagement from the ABI providers asking for help or reaching out and collaborating and saying, okay, this is what I've tried, do you have any other ideas or -- but, you know, that is something that we have -- I have done quite -- I have actually called and talked to providers before, so...

MR. CHRISTMAN: Yeah, and sometimes -- just anecdotally from what I hear, sometimes the most difficult people to serve are being served by people who have the least resources to serve that person. So, yeah, we will look into that.

On No. 6 -- is Patty Dempsey on the line? Okay. Well, that was what she suggested. I don't want to assume that I know.

MS. BICKERS: I thought she logged in, rick. Let me look.

MS. SMITH: I see her. She's on.
MS. BICKERS: She's on. She just may be on mute.
MR. CHRISTMAN: Patty, are you there?
MS. DEMPSEY: I am.
MR. CHRISTMAN: You suggested this No. 6 on the agenda; correct?
MS. DEMPSEY: Yeah, I am.
MR. CHRISTMAN: Okay. Would you like to talk about that, please?
MS. DEMPSEY: Well, actually, I just wanted to see if we could get an update because we had gotten information on it. I wasn't for sure -- actually, wasn't up to date on actually what is being done on that, on the guidance, actually what that involves and are there various groups or committees that's actually working on that? So basically we had some questions. We had gotten some information. So just wanted to get a perspective from the state, if we could, on what's going on with that.
MS. SMITH: So we have been attending still some information sessions and some -- really call it officially training, but

more kind of implementation guidance that includes other states. We have been, again, reading and researching and understanding what we need to change. As far as the setup of any committees or groups, that has not occurred yet. It's mainly -- if it's been within the leadership of all of the different departments. So DAIL has been involved; BDID has been involved; of course Medicaid is involved. The leadership and the quality staff reviewing all the materials and establishing a plan of how we want to proceed. But we have not gotten to the point of engaging, you know, performing any of those committees or groups yet.

MS. DEMPSEY: And so actually is there a deadline for that, for actually this to happen?

MS. SMITH: I feel like there is. I cannot off the top of my head -- there has been honestly so much going on right now that, Patty, I don't want to pull a date out and it be wrong. So let me go back and confirm and I can send that.

MS. DEMPSEY: Okay, that's great. Thank you.

MR. CHRISTMAN: Let's go to No. 7, HB1 rate increase update. We received a letter from you, Pam. I don't know if that indicates you are concerned about this, too, Pam. It has been a long time.

MS. SMITH: The spending plan was modified and was sent to CMS. Let me find the date that it was -- but we still do not have final approval from CMS. And, Rick, I got -- CMS had sent the inquiry that you had sent to them. It actually went to the incorrect staff at CMS, but they forwarded that on to --

MR. CHRISTMAN: Oh, okay.

MS. SMITH: -- but there has not been -- there has not been a final approval from CMS. Trying to find a date.

MR. CHRISTMAN: Does that surprise you?

MS. SMITH: No.

MR. CHRISTMAN: It doesn't?

MS. SMITH: No. You think that there are how many states -- you know, all the states have to submit any modifications of the

plan, as well as quarterly updates to the plans to be reviewed. So it really, it doesn't surprise me.

Now, the date the rates the increase will go back to July 1. We will do adjustments. But, you know, for example, you know, the residential providers are already able to bill that additional 50 percent. It was in Appendix K.

MR. CHRISTMAN: I got you. Okay.

MS. SMITH: And a lot of the direct service providers are able to bill even higher than the 10 percent. They are able to bill 50 percent right now based on Appendix K. I will tell you one of the concerns CMS had, and they asked us questions originally was what kind of methodology was used to determine the 10 percent and the 50 percent, and concern about the inequality in the rates amongst different populations, so we provided, you know, information back to them that there was -- that this was a legislative action, that it was what was approved in the budget and that it directed us to use the funds for --

that were in ARPA to fund this. So that means we have to get their approval and that's where we are, still waiting on that final approval from them.

MR. CHRISTMAN: Are you still confident that we will get that approval?

MS. SMITH: They haven't given me a reason to believe that we will not, but, you know, again I can't really speak for them, so...

MR. CHRISTMAN: Here's another question just for my own -- so I can figure this out. Are we are saying we are funding this with the FMAP dollars? When does the FMAP boost end?

MS. SMITH: So they extended it. It was that they had to be utilized by March of 2024. They extended that date, however, those funds won't -- we will exhaust those before we get to 2024.

MR. CHRISTMAN: Well, we have enough to get throughout biennium; correct?

MS. SMITH: No, we don't. We do not.

MR. CHRISTMAN: Then what happens?

MS. SMITH: They -- in the budget bill there was language that they would, and I

don't have it up in front of me exactly how -- that they would provide funds or that they -- it wasn't a specific --

MS. STAED: Pam, I know -- the language is, the General Assembly intends to...

MS. SMITH: Intends, thank you. That was the word I was looking for. They intend to provide that money, but...

MR. CHRISTMAN: From the general fund; right?

MS. STAED: Yes.

MR. CHRISTMAN: Once these FMAP dollars run out, is that your understanding?

MS. STAED: Yes, it's from the general fund, Rick. It's Amy. It's from the general fund.

MR. CHRISTMAN: So we wouldn't have to renew it in the next biennium? It's on --

MS. SMITH: Well, you are going to have -- the rate study is also coming in the middle.

MR. CHRISTMAN: Right.

MS. SMITH: So, ultimately, that 20 percent is going to end up being -- you know, you will be absorbed in the rate study, so you

won't see anybody that gets less a than a 20 percent increase, but, you know, now instead of at the time that the new rates go in, it being, you know, maybe a 40 percent increase, the rate is going to be -- it would be 20 percent of what was given plus 20 percent of the rate increase. So that -- this 20 percent increase over the biennium will be absorbed into -- will be absorbed into the rates.

MR. CHRISTMAN: And basically the 20 percent is a floor then; right?

MS. SMITH: Yes. So no one will get less than that. We weren't anticipating that -- the initial indications were no provider was going to get less than that anyways.

MR. CHRISTMAN: Okay. Well, that's great. Thank you.

MS. SMITH: But what it did do is it took all of those -- so our original spending plan with all of the activities we had outlined in that, all of those went away. So we can't -- we can't do any of the activities that were outlined in the original spending plan. It will all be --

those funds will all be used to this rate increase.

MR. CHRISTMAN: Oh, you mean like the -- oh, like additional slots, things like that?

MS. SMITH: No. Like the work on the waiting list, like the -- all of it that was outlined in the original spending plan, the things we were going to try to do --

MR. CHRISTMAN: Workforce things, that?

MS. SMITH: Yes, yes. All of the things to try to strengthen the program.

MR. CHRISTMAN: Okay.

MS. SMITH: Those -- the funding for those went away. Now, we are looking at, you know, how can we do things. You know, the rate study we -- because that is so vital, and we realize that in particular -- so outside of SCL, the other waivers had not received an increase in many, many years. Some well over ten years. And HCB actually had seen a decrease in some of their rates. So we felt very strongly and the secretary committed to us completing the rate study so that work has gone on. We are looking

at the other things that we believe are very important in the spending plan to see alternative ways that we can fund those and still have some of those things happen.

MR. CHRISTMAN: Yeah, while still, I guess, conforming with the HB 1; right?

MS. SMITH: Yes. So we -- there's none of that -- those dollars are not there to be used. So none of this would be funded using those dollars.

MR. CHRISTMAN: Gotcha. Well, that leads us to our next agenda item: Rate Study Work Group Update. Do you have some specific question, Amy, on that?

MS. STAED: I mean, I was just looking for an update. Some of the meetings have been cancelled. And, Pam, I might be remembering this totally wrong, but I think the original timeline provided to the work group had us seeing a preview of the rates in September or October.

MS. SMITH: It did. It did. However, with the rewriting of the spending plan and the work on that and the rate increase, so things have stopped temporarily on the rate

study. We also had to -- because of our procurement and contract rules, we had to reprocure. So Guidehouse will be continuing; however, there was a period of time that they could not work. So we are having a meeting -- we are going to still have the meeting next week really for me to give just a kind of updated timeline of where we are and what we -- you know, where the -- when we will be at the point of previewing those rates.

MS. STAED: Are we still -- if you don't mind me asking, are we still on track to kind of do all of this and reopen the regs and get everything implemented, as well as some of the other things you-all have been discussing with the regs in Q1 of next year?

MS. SMITH: The regs and things will be opened Q1, but the time it takes to approve the regs and the waivers, it will likely be Q2 or Q3 before everything makes it through, all the processing gets approved.

MS. STAED: Thank you.

MS. SMITH: We have got a going list of

things that -- because as you mentioned, there's several things in the regs that we wanted to change and within the waiver applications that we wanted to change that we are going to do. When we open it up, we are going to do all of those at one time, which will include, you know, the rates, which hopefully will be much more timely than if we were to open them multiple times. That's why you have seen with all of our -- all six waivers ended up being on the renewal timeline either at the end of last year or the during this year. So that's why a lot of the waivers -- as you have seen them posted for public comment, there doesn't look like there really was much change to them, other than SCL we added the 50 slots that were given in House Bill 1 and the 50 for Michelle P. -- the initial 50 is going into that Michelle P. renewal, and then once we do the second -- once we open it back up with the rates, then we will put the additional 50 that we were given for the second year, and those renew. So that we were able to put back in

there. But there were things that we need to clean up in the regulations and in the waiver applications themselves that will be done when we are able to change the regulations.

MR. CHRISTMAN: Let me see if I understand this. I mean, originally you hoped September, because you were just going to focus on SCL and Michelle P., and now it's taking longer because you are including, among the reasons it's taking longer, is because you are including all the waivers?

MS. SMITH: No. There was never a plan to just do Michelle P. and SCL. It was all six waivers, because we want all the participants who are served, regardless of their disability and what waiver they are on, equal access to services and the benefits. So the plan was always that all six of them would happen at the same time.

MR. CHRISTMAN: Okay. But it is taking longer than you originally hoped; right?

MS. SMITH: , yes.

MR. CHRISTMAN: Yes, okay.

Well, let me ask another basic

question. Is there a third party involved in this rate study, like Navigant before?
MS. SMITH: Yes. As I mentioned, that was who was working on it before. We have re-procured. They will be -- we have the signed agreement with them and they will be continuing the rate study.
MR. CHRISTMAN: Will there be work groups working with Navigant on this made up of some providers or has that already been established?
MS. SMITH: Yeah, the rate study -- so that will continue, that same work group will continue to be part of the rate study, as well as we will continue to post all of the meetings and the minutes and all of that information on the website like we have -- like we have been doing.
MR. CHRISTMAN: So if I understand you, it won't be necessary to establish new groups, we will just use --
MS. SMITH: No. It will be the same. It will be the same groups. The same -- yeah, the same individuals who were participating.

MR. CHRISTMAN: Okay. And I guess they have not been meeting yet, or they will meet soon or...

MS. SMITH: We did not meet. We have not had the last couple of meetings. We have a meeting scheduled for, I believe, Monday, I think is when it is, the 26th. And so we are going to meet. It may be not be the full two hours, but to go back over kind of what our -- to reestablish the timeline and the going forward and to talk about the cadence of the meetings and, you know, just really to get everything started again, is what Monday the 26th meeting is going to be about.

MR. CHRISTMAN: So we are back on track.

MS. SMITH: Yes. And we will just establish our new -- answer any questions about the timeline and kind of establish our new milestone dates on Monday.

MR. CHRISTMAN: And your best guess now is the second or third quarter of 2023 as to when this will be finished?

MS. SMITH: To be -- our hope is for them to be in place and approved by quarter

three of '23. So by fall of '23. Now, we will begin work on opening the regulations -- I mean, there is a lot of work that goes into getting them submitted to LRC and to CMS for approval, and then they have their time period that they take to review. So, you know, we well begin working on regulation changes and the waiver amendment. We will already be working on that beginning in the first quarter of '22.

MR. CHRISTMAN: You think like in the --

MS. SMITH: I'm sorry, '23. I'm looking at '22. I said '22. So '23. Hoping by the end of that first quarter that we can be done and it can be passed on to the next levels for approval --

MR. CHRISTMAN: Okay.

MS. SMITH: -- for that to take the second quarter.

MR. CHRISTMAN: Okay, thank you. Go ahead.

MS. STAED: This is Amy. Just a quick question. And you don't have to know the answer or necessarily answer me now, but I didn't know if you-all had intended to use

the E-reg process throughout that next year to implement them sooner, or if you are just going to go the traditional route.

MS. SMITH: I actually cannot answer that because it is above me as to who's making that decision.

MS. STAED: Gotcha.

MR. CHRISTMAN: Okay. In terms of the MAC meeting, which is tomorrow, I believe. Is that correct? Or no?

MS. SMITH: It is Thursday.

MR. CHRISTMAN: Thursday. I will not be able to attend. Just in my opinion, I'm not sure, since we don't have a quorum and we haven't -- does anyone feel a desire to attend the MAC meeting? I'm not sure that the members of the MAC necessarily care about the issues we have spoken about here. What do you think, Amy?

MS. STAED: Oh, I mean -- yeah, I don't know. That's up to you, Rick. But before we get off, can we do the waitlist numbers?

MR. CHRISTMAN: Oh, I'm sorry, I skipped that. I'm sorry.

MS. DEMPSEY: Yeah, can we do No. 9?

MR. CHRISTMAN: Yes, that's what we are going to do.

MS. SMITH: So SCL waitlist is at 2,849.

MS. DEMPSEY: What was it?

MS. SMITH: 2,849. There are zero in the emergency category. 125 in urgent and 2,000 -- oh, wait, that's not right. I got the same number for future planning. So the balance of that -- let me do that math really quick. I wrote down the same number twice. Let's see.

2,724 future planning. For Michelle --

MR. CHRISTMAN: How are you -- go ahead.

MS. SMITH: Go ahead, Rick. Do you have a question on that specifically?

MR. CHRISTMAN: Well, are you still working on that protocol for children in terms of eligibility?

MS. SMITH: That was part of the enhanced FMAP work.

MR. CHRISTMAN: Yeah, okay.

MS. SMITH: So, no, there has not been continued work on that. It is something that we likely will pick back up, but the

work stopped on that when we had -- when we modified the spending plan.

MR. CHRISTMAN: I gotcha. But you are still hoping to revive that?

MS. SMITH: We are hoping to look at waitlist in general, and part of that is looking at children, as well as not just the waitlist, but children receiving services in general, and if it would be more appropriate for there to be a different waiver for children.

MR. CHRISTMAN: And to come up with a different protocol in terms of eligibility for children, pediatrics?

MS. SMITH: I mean, they still have to meet -- so they ultimately -- the fundamental requirement is they have to meet institutional level of care. Yes, assessment tools are something again we were going to look at through the -- with the FMAP, the spending plan, so we had to stop our work on that when we modified that for the rates. So, you know, that's all things that we have to -- we will have to pick back up as we can based on the

availability of funds outside of that enhanced FMAP money to be able to do those activities.

MR. CHRISTMAN: Right. Well, as you know, we have been talking about this for years.

MS. SMITH: Right. And that's why it was very exciting when we had the enhanced FMAP dollars.

MR. CHRISTMAN: Right.

MS. SMITH: We were going to be able to do -- and we had the teams already working on it, but, you know, we had to stop all of that when we were directed to use that money for that 20 percent increase despite working on the rate study as well, so...

MR. CHRISTMAN: So there's actually a cost involved in studying this and coming up --

MS. SMITH: I mean, yes, you have to -- to be able to engage -- you know, we had at that point Guidehouse, who was previously Navigant, they were not just working on the rate study; they were also leading all of our waiver, all of the activities in the enhanced FMAP, and so their level of expertise and what them, or any other

consultant, would be able to bring to the table is what's essential to be able to help us project manage that and to take those types of projects from start to finish line. There is a lot of -- you know, there's staffing time that goes into that, as well as just the expertise when you have -- you know, these consultant groups that we have come in have experience with CMS, they have experience with multiple other states, so they are able to facilitate those things happening.

MR. CHRISTMAN: I gotcha.

MS. SMITH: And augment the staff, so you have staff that are responsible for day-to-day operations and making sure that everything continues. So you can't just stop the day-to-day operations to work on the social projects.

MR. CHRISTMAN: Yeah, I guess I didn't realize there was a third party involved, which makes sense.

MS. SMITH: Yes, they were -- it was being paid through those enhanced FMAP funds.

MR. CHRISTMAN: Okay. So is there any

chance that you can revive that before the end of this biennium, or do we just --

MS. SMITH: We are looking at ways that we can -- the Secretary has given us some leeway in working with the Commissioner of those things that were in that spending plan that we can continue that, you know, the state is having to come up with the funds to pay for those outside of what we were going to have with the enhanced FMAP.

MR. CHRISTMAN: Okay. So maybe, yes, likely you can revive that before the end of the biennium? You are hopeful?

MS. SMITH: Well, and at this point it's not even -- yes, I am hopeful that we are going to revive some of those things, but we won't be -- it won't be on as large of a scale as it was when we had the enhanced FMAP dollars.

MR. CHRISTMAN: But it still may be able to get accomplished?

MS. SMITH: A few of those can. A few of those things can. So some of the studies, like on the waitlist and looking at children and potentially looking at an

assessment tool, most likely yes. Now, the crisis funds that were going for -- looking at, you know, supporting when we had somebody that maybe had went out to a crisis hospitalization and needed that interim level of care to help them transition back into residential successfully.

MR. CHRISTMAN: Yeah.

MS. SMITH: That was a huge cost and that right now is not -- we will not be able to pick that back up.

MR. CHRISTMAN: But the pediatric assessment, if I understand you --

MS. SMITH: It's not even just pediatric assessment. It's looking at evaluating assessment tool overall.

MR. CHRISTMAN: And that's a priority?

MS. SMITH: That is one of the projects that we would like to restart.

MR. CHRISTMAN: Okay. So our next meeting is --

MS. SMITH: You want the Michelle P. numbers?

MS. DEMPSEY: Can you hear me?

MS. SMITH: Yes.
MS. DEMPSEY: I have a question. What was the Michelle P. numbers?
MS. SMITH: So total on the waitlist is 7,964. Under 20 is 5,520, and greater than 20 is 2,444. So still we are hovering at that 69 to 70 percent are children.
MS. DEMPSEY: 70 percent. I was anxious to hear about that. I hadn't heard the numbers for a while. Because I just wondered if -- like for right now -- and it doesn't look like it really -- if there was an increase in people signing up on the waiting list.
MS. SMITH: No. It really has kind of leveled off. We are not -- we do still have some that are added, but we also have been allocating pretty much every 90 days for the last three years. We have 411 slots available right now, not counting the 50, because I can't put those in until we get the approval from CMS, but we probably will. As soon as this last round of allocations wraps up, then we will be doing another round of allocations.

MS. DEMPSEY: Okay, okay.
MS. SMITH: Probably at least by the end of the year, we will allocate probably another 250 slots sometime between now and December.
MS. DEMPSEY: Okay, between now and December. I was just kind of curious because it doesn't look like there's a big increase. We have gotten a lot of phone calls, and I do have to say most of them are pretty much like either one of the parents have lost their jobs and they have not originally -- children that have not signed up for services previously. So I just wondered if there was a big increase.
MS. SMITH: No. It's been -- it has stayed stable, and we also encouraged, in particular for children that, you know, if you are under the age of 21, I mean, they are eligible for state plan services, they are eligible for EPSDT special services. So if there is a benefit that -- you know, if it's something that wouldn't normally be covered, but it's medically necessary for that child, they are eligible to receive

approvals using that EPSDT special services benefit. So there are other opportunities for them to get services outside of the waiver.

MS. DEMPSEY: Okay. Still through the department for Medicaid; right?

MS. SMITH: Yes, it's still through Medicaid.

MS. DEMPSEY: Yeah, okay. Thank you very much.

MR. CHRISTMAN: Well, I apologize for my inadvertent skipping over of No. 9, but I think we have covered that now.

So does anybody else have a comment before we talk about our next meeting and adjourn?

MS. DEMPSEY: Is that a zoom meeting?

MS. SMITH: It is.

MR. CHRISTMAN: Is that pretty much how all the TACs -- you probably don't know, Pam, but is that -- has the MAC decided to meet --

MS. BICKERS: So far, Rick, we have been kind of leaving that up per TAC. Ninety (90) to 99 percent of the TACs have decided

that with winter coming and they don't want to travel, that they would like to stay via Zoom. I believe the MAC said that they would like to maybe sometime in the spring do an in person. So we have kind of been leaving that up to the TACs.

I will tell you some of the barriers we have run into. Public Health area had some pipes burst, so their big nice conference rooms that we could utilize have not been able to be used. And LRC is no longer allowing people to use their video equipment, which we have to have with it being open meetings. So that's been some of the barriers we have run into.

So for the most part, a lot of the TACs have decided that they prefer virtual. They feel like they get better attendance. They don't have to travel. One said they could be dressed up up top and then in their PJ bottoms. So just kind of been leaving that up to you guys to talk about. If you want to maybe put it on your agenda either next meeting or -- and I am currently working on the 2023 calendar. I got most of

those e-mails constructed yesterday, and I just haven't had a chance to hit send on all those. So I should have those dates out to you within the next week or two hopefully. I just want to go back over my calendar and make sure I didn't miss a month, miss a TAC. There's quite a few of you guys. So I want to make sure I don't have anything overlapping. So it's just been kind of left up to you guys. Most everyone prefers the virtual so far.

MR. CHRISTMAN: Okay. Well, November will be virtual.

Another question in terms of the regulations on the membership of a TAC. Is there provisions that if you miss so many meetings you are no longer on the TAC?

MS. BICKERS: So there has been -- we ran into this issue with one other TAC. There are -- if you have members that, you know, that are not showing and that aren't active, that their term has not expired, the guidance I have been giving is if you can basically write a blanket letter, we are looking to fill this spot, and then I

can start reaching out to the associations with that. I know that you guys have a few vacant slots as well that I also have been trying to reach out and get filled. I have let some of the other TACs know, the ones that have been having this issue. Like, if you know someone that is in that association and you want to reach out, say, hey, you know, we've got a vacant spot, would you be interested in serving. They can reach out to me and we can get that ball rolling. I know a lot of the other TACs -- you know, they all know a lot of people in the other associations and so they kind of reach out and say, hey, do you have any interest in doing that. So that's something that you and I can work on together.

MR. CHRISTMAN: Yes, yes. And, again, what about bumping off people who don't attend?

MS. BICKERS: Yeah, so I believe it's -- I believe it's three consecutive meetings, then we can reach out to the association and, you know, say, hey, we have an inactive member. That's where the blanket

letter coming from the chair just to say, hey, you know, we have an inconsistent, inactive member. Whether they are no longer interested in serving, or maybe they have moved out of town, so that's kind of a request to fill that, and the vacant spots I work on. But when it comes to the inactive, it's just kind of very simple blanket letter, you know, we got an inactive member, we would like to fill the spot, so that I can reach out to them with something from the Chair that's states -- so it's not just me saying, hey, you got people not showing up. But then the vacant slots, that's something that I work on with the association.

MR. CHRISTMAN: But when you say a vacant letter, that would be a vacant letter that goes only to the people who haven't been attending?

MS. BICKERS: Yes, a blanket letter, not a vacant letter. I'm sorry. My sinuses are stuffy today. Something generic that says this is our Chair, you know, I'm the Chair of this TAC and we have had inactive

members, and you can just leave a spot and I can kind of fill in the name. So that way you are not constructing a letter for everyone who is inactive.

MR. CHRISTMAN: Can you help me construct a list of members who haven't attended for three consecutive meetings.

MS. BICKERS: Yes, I can go back and pull some of the minutes and look at who hasn't been there.

MR. CHRISTMAN: Okay, good. All right. Sounds like we have some work to do then; right, Erin?

MS. BICKERS: Yes, sir. Okay.

MR. CHRISTMAN: Okay. And our next meeting will be November; correct?

MS. BICKERS: Yes.

MR. CHRISTMAN: That will be --

MS. BICKERS: Give me just a second. Let me pull up my calendar here.

MR. CHRISTMAN: -- the 15th?

MS. BICKERS: Yes, sir.

MR. CHRISTMAN: And did you say you will be asking us to establish dates for 2023 sometime soon?

MS. BICKERS: Sorry about that. I muted myself. I have already worked on that calendar. I just want to go back and review it.

MR. CHRISTMAN: So you have picked out some dates for our TAC to meet then?

MS. BICKERS: Yes, sir. What I did is I based it off of the same -- the dates and times you did this year to stay consistent.

MR. CHRISTMAN: All right. That sounds great. If there's no further business, we are adjourned.

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THEREUPON, the Meeting was concluded.

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STATE OF KENTUCKY)
COUNTY OF FAYETTE)

I, JOLINDA S. TODD, Registered Professional Reporter and Notary Public in and for the State of Kentucky at Large, certify that this transcript is a true and accurate record of the Children's Health Technical Advisory Committee meeting.

My commission expires: August 24, 2023.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal of office on this the 16th day of October 2022.

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