

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

Via Videoconference
April 7, 2026
Commencing at 10 a.m.

Tiffany Felts, CVR
Certified Verbatim Reporter

APPEARANCES

BOARD MEMBERS:

Wayne Harvey, TAC Chair
Brad Schneider
Johnny Callebs
Corey Nett
Cheri Ellis-Reeves (not present)
Doug Hoyt
Melanie Tyner-Wilson
Ann Pierce

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1 MS. DAVIS: Good morning, everyone.
2 This is Danni Davis with DMS. The time is
3 now 9:58, and we are still working on
4 clearing the waiting room.

5 I have now 10, and the committee
6 members present thus far, we have Doug Hoyt,
7 yourself, Mr. Wayne, Mrs. Pierce, as well as
8 Mrs. Tyner-Wilson. Barbara, have I missed
9 anyone else?

10 MS. WASH: No, it looks like you have
11 them all. Good morning, all.

12 MS. TYNER-WILSON: Good morning.

13 MR. HARVEY: Does that give us a
14 quorum in order to approve the minutes and
15 so forth, or not?

16 MS. DAVIS: It does not. You would
17 need at least one more member.

18 MR. CALLEBS: I'm not sure you called
19 my name. It's Johnny, I'm here.

20 MS. DAVIS: Okay, that's perfect.
21 And then Brad also just joined us, so you
22 have quorum.

23 MR. HARVEY: Okay, great. That makes
24 it a lot better meeting.

25 MS. DAVIS: There you go.

1 MR. HARVEY: It doesn't mean anything
2 if we can't approve anything, Danni.

3 MS. DAVIS: Exactly.

4 MR. HARVEY: Thank you so much for
5 clearing the waiting room and everything.
6 Is the waiting room completely clear? Are
7 we good to go now?

8 MS. DAVIS: We still have a few
9 joining.

10 MR. HARVEY: Okay, let's give it a
11 minute or so and let you clear those out of
12 the waiting room. And just give me a heads
13 up when that's done and we'll go ahead and
14 get started.

15 MS. DAVIS: Okay, that sounds great.

16 The waiting room looks about clear if
17 you want to go ahead and get started.

18 MR. HARVEY: Okay. Well, welcome,
19 everyone. I hope everyone had a good Easter
20 Sunday this past weekend.

21 First thing we have up on the agenda
22 is approval of the minutes from the previous
23 meeting. Does any of the committee members
24 that's on the call want to go ahead and make
25 that motion?

1 MS. TYNER-WILSON: I move to approve
2 the minutes, Wayne. This is Melanie
3 Tyner-Wilson.

4 MR. HARVEY: Thank you, Melanie.
5 Thank you, Melanie. Does anybody want to
6 second that?

7 MR. CALLEBS: It's Johnny, I'll
8 second.

9 MR. HARVEY: Thank you, Johnny. Is
10 there any discussion? Does anybody have any
11 comment or discussion around the minutes
12 from the previous meeting?

13 (No response)

14 MR. HARVEY: I don't see anybody's
15 hand up or anything. Okay, all those in
16 favor, say, "aye."

17 (Aye).

18 MR. HARVEY: Any opposed?

19 (No response)

20 MR. HARVEY: Okay, we'll let the
21 record reflect that the motion passed and
22 the minutes are approved from the last
23 meeting.

24 The next thing on the agenda is old
25 business, general updates of Medicaid's 2026

1 initiatives. Danni, do we know who is
2 representing the cabinet this morning in
3 regards to that? Is Carmen or --

4 MS. DAVIS: Yeah, so --

5 MR. HARVEY: -- or someone from DMS
6 here?

7 MS. DAVIS: Yeah, so Carmen is here.

8 MR. HARVEY: Okay, great. Good.

9 MS. HANCOCK: Good morning, Wayne.
10 Good morning, everyone. I'm Carmen Hancock,
11 I'm the -- good morning -- division director
12 for Long-Term Services and Supports here
13 with Medicaid.

14 So just some general updates on 2026
15 initiatives, we mentioned, I guess a TAC or
16 two previously, that we were doing a Home
17 and Community-Based Services Survey. That
18 survey has been wrapped up. We completed
19 that last week on April the 2nd. There were
20 over 27,000 outreach calls made to
21 participants to gauge their satisfaction,
22 their engagement with services, that sort of
23 thing. We did complete over 2,000 surveys,
24 so we're working on the data analysis for
25 that. We do have to submit a summary to CMS

1 before September of this year, so we're in
2 good shape with that project.

3 We do have some ongoing work with
4 waitlist management. So some of the work
5 here is tied into legislative outcomes that
6 we're sort of waiting on, and I know there
7 is later a legislative update. So we're
8 working on some waitlist management
9 initiatives. Of course, we've got House
10 Bill 2 that we're keeping a close eye on.
11 It's been passed, but there is still the
12 opportunity to veto and overturn, so we're
13 waiting on some outcomes there to sort of
14 guide how we approach our work moving
15 forward. More about that later.

16 We did kick off, again, the CHILD
17 Waiver at the top of the year. I have more
18 information on that later as well, but
19 generally, right now, we are in very much a
20 holding pattern to see how this legislative
21 session shakes out. Again, depending on
22 what the outcomes are, there is going to be
23 a lot of work to do, probably very quickly.
24 So I would anticipate that we have a whole
25 lot more information on the next TAC after

1 this session ends.

2 MR. HARVEY: Now, Carmen, did -- I
3 see Amy's got a question; go ahead, Amy.

4 MS. STAED: Hi. Can you talk about
5 the recent RFP for FMA services that was
6 released last week?

7 MS. HANCOCK: I can't give a lot of
8 information on that. The RFP was released
9 to seek out a single statewide vendor for
10 financial management services. That was
11 based on CMS guidance and recommendations,
12 and it really is centered around us coming
13 into compliance with their guidance.

14 MS. STAED: And I -- obviously, you
15 all are prohibited from speaking directly
16 about that --

17 MS. HANCOCK: Yeah.

18 MS. STAED: -- but what you are --
19 what you can say, if you can, could you --
20 or are you able to speak to the intent of
21 moving towards, again, just a one-vendor
22 system and away from the current system, if
23 you're able to touch on that at all? You
24 know, obviously I understand you are
25 prohibited from saying too much.

1 MS. HANCOCK: Right. And I
2 appreciate you acknowledging that, Amy.
3 Yeah, really, the most that we can sort of
4 say right now is that based on CMS guidance
5 and to ensure compliance and really access
6 to services, we're moving towards a single
7 statewide vendor as opposed to the current
8 model, which resides -- those duties reside
9 with the CMHCs and the ADs.

10 (Ms. Staed gives a thumbs-up).

11 MS. HANCOCK: Okay, thank you.

12 MR. HARVEY: Carmen, I was going to
13 ask, have we got any children enrolled in
14 the CHILD Waiver yet, or what's the --

15 MS. HANCOCK: Yes. Yes, Wayne. Okay
16 --

17 MR. HARVEY: -- the update on that,
18 please?

19 MS. HANCOCK: Good updates here.
20 Okay, so I'll start with the provider side.
21 We have 14 providers that have applied. We
22 did deny two of those. Six have been
23 certified. Two of those six have worked all
24 the way through the enrollment process with
25 Program Integrity, and essentially, are up

1 and running. And those two providers are a
2 mix of, like, case management, respite,
3 environmental minor home modifications,
4 clinical therapeutic services, so there's a
5 good array of services that we do have
6 providers up and running for. So there are
7 four more that are actively working through
8 finalizing that enrollment process, at least
9 one of those would be a residential
10 provider, which is fantastic. So that's
11 where we are with our providers.

12 Participants, very, very exciting,
13 we've had 13 applications. Of those, six
14 are already approved with a level of care.
15 One has been denied. We have 3 folks who
16 are waiting on assessments, and 21 that are
17 sitting in that RFI, we've requested more
18 information to process their application, so
19 we're waiting on additional information from
20 them.

21 So again, two providers up, running,
22 enrolled, ready to provide services, and six
23 approvals with a level of care in place for
24 participants. Yes, very exciting.

25 MR. HARVEY: Now, the person that was

1 denied, was -- were they denied due to just
2 not -- not meeting one of the qualification
3 requirements, or do you have any information
4 on that, or can you relay anything on that?

5 MS. HANCOCK: I do. I do. That one
6 denial was based on, again, we needed
7 additional documentation, information to
8 fully process the application, and it was
9 never received. They did get 60 days to
10 provide all of that required information,
11 and it was just never sent.

12 MR. HARVEY: Go ahead, Amy.

13 MS. STAED: I know in the
14 application, priority for enrollment is
15 given to children in state custody, which we
16 obviously do have quite a bit. I think
17 we've all seen, you know, the news articles
18 and things like that. Obviously, again, I
19 know you can't share specifics related to
20 each person's case, but how -- are you guys
21 making progress? Because I know there is
22 obviously a tremendous need there for
23 housing options with that population, and
24 obviously some of that is dependent on
25 getting the residential providers --

1 MS. HANCOCK: Right.

2 MS. STAED: -- you know, up and
3 running and certified and things like that.
4 But how is that going? Is that -- are you
5 making progress with that?

6 MS. HANCOCK: Yeah, Amy, so I do want
7 to iterate there was not a priority
8 population here.

9 MS. STAED: Sure.

10 MS. HANCOCK: That group of folks was
11 not -- there was not any sort of designated,
12 you know, priority there, however, we have
13 worked really closely with DCBS. I've had
14 calls with them and their field workers on
15 individual cases, so we've really
16 collaborated quite well directly with DCBS
17 in working with those kiddos that they do
18 have in their custody. I didn't -- I did
19 not pull that specific data with regard to
20 of the 31 applications, how many -- you
21 know, how many are already working with DCBS
22 or that sort of thing. But just from
23 recollection and looking through, we do have
24 a fair mix of kiddos who are still living at
25 home and who are experiencing significant

1 challenges. We've had a handful that, as
2 intended, happened to be currently, you
3 know, hospitalized but expecting discharge
4 soon, which is great because we wrote that
5 specifically into the waiver as a
6 population. And then that -- we do have a
7 handful of those that are in DCBS custody
8 that we're working with.

9 So it's -- it is a fair mix, and
10 working through this project so
11 collaboratively with our sister agencies
12 over the last year really has improved that
13 communication directly with us and DCBS. So
14 it's been very good.

15 MS. STAED: This is all fantastic
16 news. Congratulations to you all for
17 getting this up and going in not a very long
18 amount of time. But yeah, great news.

19 MS. HANCOCK: I think it's been less
20 than a year, yes, ma'am. Yes, less than a
21 year start to finish. Thank you. Yeah.

22 MS. TYNER-WILSON: And I have a
23 question. Wayne, can I ask a question?

24 MR. HARVEY: Sure, go ahead. I knew
25 you were coming, Melanie, because I noticed

1 you unmuted your mic, so go ahead.

2 MS. TYNER-WILSON: I still can't
3 figure out how to raise my hand, like on the
4 computer.

5 Two things, and thank you for --
6 Carmen, for this information. It's really
7 helpful. I would love in a future meeting
8 if it could be put on a future agenda to
9 really discuss in full for folks that aren't
10 intimately involved with the certification
11 process to have some kind of presentation
12 information session to help bring us into
13 the same -- because I know the providers
14 probably are intimately involved in that and
15 have a deep understanding. And I'm a foster
16 parent, a foster adoptive parent, so I've
17 been in that journey as well, but I'd love
18 to have a clarification on what happens in
19 the certification process. And also the
20 whole issue of abuse and neglect because I
21 think -- I'm sure that that's been things
22 that you all have had to deal with, you
23 know, in certifying or approving this
24 process because I know that was oftentimes a
25 conversation that was had when I was a

1 foster adoptive parent, you know, going
2 through all the training that they provided.
3 And I just think that's -- if you're raising
4 the bar in terms of protecting children,
5 that is very exciting to me and thank you
6 for the effort there. But if possible, if
7 that could be included in future agendas for
8 this group, that would be wonderful.

9 MR. HARVEY: I think I can answer on
10 that one, Carmen.

11 MS. HANCOCK: Sure.

12 MR. HARVEY: Yeah, all you have to
13 do, Melanie, is make an agenda request --

14 MS. TYNER-WILSON: Okay.

15 MR. HARVEY: -- around that, and I
16 can work with the cabinet to try and get --
17 it would probably be some DDID personnel.

18 MS. TYNER-WILSON: Yeah.

19 MR. HARVEY: -- along with some DMS
20 personnel to do a presentation on that.

21 MS. TYNER-WILSON: Okay.

22 MR. HARVEY: The question would be
23 how long do you want to dedicate to that?

24 MS. TYNER-WILSON: Oh, just enough to
25 be able --

1 MR. HARVEY: Yeah. Yeah.

2 MS. TYNER-WILSON: Yeah, I think --

3 MR. HARVEY: Yeah, we would have to
4 get a watered-down --

5 MS. TYNER-WILSON: Yes, I agree.

6 MR. HARVEY: -- quicker presentation
7 then because I'm sure they could speak on it
8 for hours --

9 MS. TYNER-WILSON: Yes.

10 MR. HARVEY: -- of what all it
11 involves.

12 MS. TYNER-WILSON: My passion is to
13 figure out ways that we can get more
14 families to be foster adoptive parents and
15 -- because I think that's such an incredible
16 need. I think there's something like 10,000
17 children in out-of-home care right now if my
18 data is correct, and probably many of them
19 have a whole range of unique needs,
20 including disabilities. And so just
21 figuring out a way to, you know, do
22 something where we're educating the
23 community at large to maybe increase people
24 that might be interested in being a foster
25 parent, adoptive parent, because I know that

1 there's a great need for that.

2 So -- but I will formally -- if I
3 send an email to you, Wayne, would that be
4 formal enough to get it on the agenda?

5 MR. HARVEY: Yeah, absolutely. When
6 I request agenda items for the next
7 meeting --

8 MS. TYNER-WILSON: Okay.

9 MR. HARVEY: -- in June, you're more
10 than welcome to submit that as an agenda
11 request. And if you want it to be targeted
12 towards, you know, adopted -- or foster care
13 or family home providers or whatever you
14 want it to be targeted towards, include that
15 in your email so that I've got something to
16 work with --

17 MS. TYNER-WILSON: Okay.

18 MR. HARVEY: -- the cabinet
19 representatives on.

20 MS. TYNER-WILSON: All right, thank
21 you.

22 MR. HARVEY: You're welcome.

23 Any other questions for Carmen on the
24 CHILD Waiver enrollment process and where
25 that's at? I mean, it was a good update on

1 that, Carmen, really appreciate that.

2 MS. HANCOCK: Thank you.

3 MR. HARVEY: The next thing on the
4 agenda is update on the RISE enrollment
5 process. Are you doing that, Carmen, or is
6 that in your wheelhouse?

7 MS. HANCOCK: Tanya Dickinson was
8 going to give an update on that. I don't
9 know if she's made it on yet. I know she
10 was hopping from one thing to another.

11 DR. HOFFMANN: Carmen, this is
12 Leslie, she said she'd be on after 10:15, so
13 if you could just move it on the agenda,
14 that probably would be the best, if you
15 don't mind.

16 MR. HARVEY: Okay, it's 10:18,
17 Leslie, just letting you know.

18 DR. HOFFMANN: I know, I saw that.
19 She said after 10:15. I think she had
20 another meeting.

21 MR. HARVEY: All right. Okay.

22 DR. HOFFMANN: Oh, did you already
23 have that conversation? I apologize; I just
24 got on.

25 MR. HARVEY: No.

1 DR. HOFFMANN: Okay.

2 MR. HARVEY: We can move down to the

3 --

4 DR. HOFFMANN: Yeah.

5 MR. HARVEY: -- initiatives CHFS has
6 for current legislative session.

7 DR. HOFFMANN: Thank you.

8 MR. HARVEY: We can talk about that
9 if you guys want to.

10 MS. HANCOCK: Okay, Wayne, so I sort
11 of indicated earlier there is a lot going
12 on. We are -- as discussed in previous
13 TACs, we do have essentially daily updates
14 on anything that's going through the
15 legislature that might have an impact on
16 Medicaid, our programs, our services. There
17 are quite a few items that we've had to keep
18 our eye on very closely, House Bill 2 being
19 really the main one. There's been quite a
20 lot of back-and-forth there, and the impacts
21 to our programs in terms of operations would
22 be fairly significant. So -- but again, at
23 this point, without having the session
24 closed and without having all of the
25 additional opportunities -- I think there's

1 another veto opportunity and then another
2 overturn opportunity, so we really don't
3 know what we're working with just yet with
4 House Bill 2.

5 I would also like to add -- this came
6 up in a presentation that Commissioner Lee
7 was giving a week or so ago, and it occurred
8 to me that I don't know how much we have
9 really spoken about H.R. 1 on this TAC. So
10 again, House Resolution 1 was passed -- was
11 signed into law at the federal level last
12 July 4th. And I think the reason why we
13 haven't talked about it much on this TAC is
14 because there's not going to be a lot of
15 impact. So I wanted to sort of just air
16 that out in case there were people out there
17 with concerns or who had questions.

18 So some of the major implications
19 with H.R. 1 or, like, the community
20 engagement requirements, different
21 eligibility determination timelines, and
22 then cost-sharing, those items specifically
23 apply to our Medicaid -- what's called the
24 Medicaid expansion population. Those are
25 folks who are adults, so this is 19 to

1 64-years-old who have qualified for Medicaid
2 based on their income alone. So the
3 community engagement piece, the increased
4 eligibility verification, cost-sharing,
5 people with disabilities, medically frail,
6 serious health conditions, essentially
7 anything that has to do with, like, a
8 disability, a diagnosis, or a specific
9 condition, those people are excluded from
10 these things. So, again, I don't know that
11 we'd ever really spoken to that on this TAC,
12 so I just wanted to bring it up knowing that
13 there probably are people out there that are
14 hearing this and are concerned. So this
15 population really isn't impacted there.

16 Let me think, more legislative stuff.
17 Same thing -- going back to House Bill 2,
18 same thing with the budget bill. We don't
19 know what things look like just yet. We
20 really do -- we anticipate that at the next
21 TAC, we will have a lot more information to
22 share on sort of what our marching orders
23 are going forward and the changes that we
24 need to make. So that's what I have for
25 that right now.

1 MR. HARVEY: Yeah, I heard
2 Commissioner Lee speak at length to H.R. 1
3 during the MAC meeting.

4 MS. HANCOCK: Mm-hmm.

5 MR. HARVEY: She did a presentation
6 on it and everything, so yeah, I'm sure you
7 guys are spending quite a bit of time
8 preparing for that and working to comply --

9 MS. HANCOCK: Every day.

10 MR. HARVEY: -- to the requirements
11 for that.

12 MS. HANCOCK: Every day.

13 MR. HARVEY: I see Ann's got her hand
14 up. Go ahead, Ann, ask your question.

15 MS. PIERCE: Hey, thanks, Wayne. Hi,
16 everybody. And I get my bills mixed up so I
17 might be on the wrong bill, but I know one
18 of them talked about six-month
19 recertification, and when you said people
20 with IDD are excluded, are they excluded
21 from that six-month re-cert?

22 MS. HANCOCK: Yes, ma'am, that's
23 exactly right.

24 MS. PIERCE: Okay, good. Thank you.

25 MS. HANCOCK: So that -- yes, so that

1 six-month -- that increased recertification
2 or, you know, eligibility verification, it
3 applies to that expansion population, which
4 again, is the adults 19 to 64 who have
5 qualified for Medicaid based on their income
6 alone. So our, you know, folks who are
7 getting LTSS services or who are on a
8 waiver, that does not apply.

9 MS. PIERCE: I -- and I had one more
10 question. It just -- it seems like a burden
11 to the state to recertify even every year,
12 people who obviously are going to qualify
13 for the rest of their life, and I just
14 wonder if we need to address that somehow in
15 the future legislature stuff or in a
16 recommendation. I don't know, it's just --
17 does that make sense?

18 MS. HANCOCK: It does. And I think
19 you were on the right track there,
20 Ms. Pierce, with speaking with your
21 legislature, but there is a -- so the
22 increased eligibility checks are -- again,
23 that's federal law. There's nothing that we
24 can -- we have to abide by that. So the
25 increased -- the increased eligibility

1 renewals and verifications, again, that's
2 federal law for that expansion population.
3 It's also federal that we have to do an
4 annual eligibility check, so that --

5 MS. PIERCE: So we need to change it
6 at the federal level?

7 MS. HANCOCK: Yes, ma'am.

8 MS. PIERCE: Got it. Okay, thank
9 you.

10 MS. HANCOCK: Mm-hmm.

11 MR. HARVEY: I see Corey's hand up.
12 Go ahead, Corey.

13 MR. NETT: Do we have any more slots
14 in HP2? I know they were only trying to
15 give us 450.

16 MS. HANCOCK: So the slots that were
17 in the budget bill have also changed.
18 We've -- that's fluctuated. So we don't
19 know what those are going to look like, but
20 certainly, the last sort of iteration that
21 we got out of that was significantly fewer
22 slots than we have in recent years. So
23 still waiting to see where that falls,
24 Corey.

25 MR. NETT: And how many of those

1 slots do you know have to be reserved for
2 emergency?

3 MS. HANCOCK: So the emergency slots
4 are actually spelled out in our waiver
5 applications, and Corey, I don't know those
6 off the top of my head. SCL has 200 and
7 some-odd and there are a handful in ABI, but
8 in terms of a specific emergency set-aside,
9 those are where they lie, they're actually
10 housed in the waiver applications.

11 MR. NETT: Thank you.

12 MS. HANCOCK: Yes, sir.

13 MR. HARVEY: Any other questions for
14 Carmen on the legislative update? I know
15 it's been a trying session --

16 MS. HANCOCK: It has.

17 MR. HARVEY: -- this time around,
18 Carmen. I can't imagine that the hoops you
19 guys have been jumping through, so --

20 MS. STAED: Hey, Wayne?

21 MR. HARVEY: Sure. Yeah, go ahead.

22 MS. STAED: I did just want to
23 piggyback off of what Carmen said about H.R.
24 1 and the waiver population being, you know,
25 overwhelmingly not affected by the six-month

1 recertifications, you know, work
2 requirements, those kinds of things. But
3 parent caregivers who may themselves be on
4 Medicaid could be affected by the every
5 six-month recertification, things like that.
6 So just, you know, keep -- I would caution
7 that those folks just keep an eye out for
8 communications from Kentucky, you know, the
9 Department for Medicaid Services, things
10 like that, and, you know, as they -- as the
11 state comes into compliance -- I don't --
12 obviously don't want to speak on their
13 behalf, but I'm sure that they will be over
14 communicating about all of those changes and
15 things, but it is possible that parents
16 could be affected if they themselves are on
17 Medicaid, so I just did want to flag that.

18 MR. HARVEY: Absolutely. Absolutely.

19 MS. HANCOCK: And that -- yes, Amy,
20 that's true. And just for a bit more
21 context, these major impacts that I talked
22 about they're all -- especially like the
23 renewal -- the six-month renewals, that
24 begins January 1st of '27. And to your
25 point, Amy, we do plan to over-communicate

1 that for the remainder of this year, yeah.

2 MR. HARVEY: Any other questions for
3 Carmen on the legislative session?

4 (No response)

5 MR. HARVEY: I don't see any other
6 hands. Do you see any other hands, Danni?
7 I know you typically can see more than me.

8 MS. DAVIS: I do not, no hands at the
9 moment.

10 MR. HARVEY: Okay, thank you.

11 MS. DAVIS: Mm-hmm.

12 MR. HARVEY: Do we have the person on
13 that was going to do the RISE update, or do
14 we need to continue on down the agenda?

15 MS. DAVIS: Tanya is now -- or Tanya
16 is now present, yes. My apologies for
17 mispronouncing your name.

18 MR. HARVEY: Okay. All right.

19 MS. DICKINSON: That's all right. I
20 am here; can you hear me?

21 MR. HARVEY: Yes.

22 MS. DICKINSON: I'm sorry, I'm on --
23 I'm on my phone because I was out at an
24 appointment and got called to join, so I
25 will try to -- try to take care of this as

1 efficiently as possible, but apologies for
2 my technology.

3 MS. DAVIS: Tanya, are you still
4 there?

5 MS. WASH: I think she's gone mute.

6 MR. HARVEY: Either that or she's
7 making a very emphatic impression here.

8 MS. DAVIS: So she's not on mute. I
9 think it may just be an issue with the
10 microphone.

11 MR. HARVEY: Yeah, I was -- I was
12 going to say, I didn't see her mute symbol
13 there, so.

14 MS. DAVIS: Okay, she may be trying
15 to rejoin. Let's see here.

16 MR. HARVEY: Well, let's -- let's
17 pick up and go to the update on the waiver
18 waitlists, and let's see if we can get her
19 joined in and -- joined back in and
20 everything, and then we'll go back to the
21 RISE update.

22 MS. DAVIS: Okay.

23 MS. HANCOCK: So Wayne, I've got the
24 waiver waitlist information.

25 MR. HARVEY: Great.

1 MS. HANCOCK: So in terms of the
2 waiting lists, our ABI acute, CHILD, and
3 Model II waivers have no waiting list right
4 now. We are showing three people on the ABI
5 Long-Term Care waiting list, but we do have
6 the slots available so we're working,
7 actively working, to get those people
8 allocated and into slots. Our HCB Waiver
9 right now has 7,069 people on the waiting
10 list. Michelle P. is 9,735, and SCL is
11 3,845. So unduplicated, so if we just count
12 each person who's on a waiting list one
13 time, that's 17,539 people on waiting lists.

14 I did want to give another breakdown.
15 Of those 17,539, there are 5,182 people who
16 already are receiving services in another
17 waiver, so they already have a slot in
18 another waiver and are actively receiving
19 services. And some additional context here,
20 17-and-a-half people -- 17-and-a-half
21 percent of people who are on the waiting
22 lists, are on more than one waiting list.
23 And then of those folks on the waiting list,
24 about 78 percent of them have an active
25 Medicaid benefit and would have access to

1 Medicaid services through some other means,
2 whether that be state plan, EPSDT, perhaps
3 they're enrolled in PACE, or, you know,
4 something else. So 78 percent of the people
5 on the waiting lists actually have Medicaid
6 and could actively be receiving Medicaid
7 services.

8 So I'll take a snip and drop that in
9 the chat. I know those it's a lot of
10 numbers, so it's easier to see when I drop
11 it in there.

12 And like I said, we are doing a lot
13 of work on impacts to the waiting lists and
14 I really think that we're going to have a
15 summary that makes a whole lot more sense
16 and is more realistic in the future, so.

17 MR. HARVEY: Okay, good. Does
18 anybody have questions about the numbers for
19 the waiting lists to report? I see that
20 Tanya is -- I'm assuming I'm saying her name
21 right -- is back in and logged in, so maybe
22 we can go back and get the RISE update now.

23 MS. GRIBBINS: Can I ask a question?

24 MR. HARVEY: Sure. Yeah, go ahead,
25 Myra.

1 MS. GRIBBINS: As far as the waiting
2 list, as a case manager, one of the big
3 problems we see with PDS is the FMA
4 agencies, and that really delays us in
5 getting people enrolled. So as far as that
6 waiting list that you're talking about, is
7 any of that information correlated in with
8 FMA or could we ever have some research on
9 the FMA?

10 MS. HANCOCK: So Myra, that's a
11 fantastic question. I don't have that
12 correlation specifically here. I think from
13 the case management perspective, I would
14 guess where you all sort of have your
15 challenges and barriers is when someone
16 actually gets their slot allocated and
17 they're no longer on a waiting list. So I
18 think what you're getting at specifically
19 may not have a lot of correlation with the
20 waitlists as it's being reported right now.
21 Does that make sense?

22 MS. GRIBBINS: Yes.

23 MS. HANCOCK: Okay.

24 MS. GRIBBINS: And that is true
25 because it can take up to three months once

1 someone's allocated for us to find an FMA
2 agency that will accept them and then get
3 them enrolled.

4 MS. HANCOCK: So I would like to go
5 back to the RFP question that Amy asked
6 earlier and reiterate that CMS has
7 recommended that we move our current FMA
8 model to a single statewide vendor.

9 MS. GRIBBINS: Okay. We would
10 support that. Thank you.

11 MS. HANCOCK: Yes, ma'am.

12 MR. HARVEY: Any other questions on
13 the waitlist stuff before -- go ahead, Ann,
14 I see your hand up.

15 MS. PIERCE: Thank you, Wayne. Will
16 that -- Carmen, will that -- let me put my
17 glasses on -- will that single vendor, do
18 you think it will, like, reduce waiting? Is
19 that -- is that the purpose?

20 DR. HOFFMANN: Carmen, I'm going to
21 interrupt.

22 MS. HANCOCK: Yes, ma'am.

23 DR. HOFFMANN: I don't think we
24 should -- we can't discuss anything else
25 related to this today on the call. I'm so

1 sorry. There is an official document out
2 there, and we just -- we're just not at
3 liberty to discuss the information. You can
4 -- others can visit the website and draw
5 down this document, but I don't think that
6 we can talk anymore about it on a public
7 meeting. I'm sorry, I just don't feel -- I
8 feel like we're going to jeopardize.

9 MS. HANCOCK: Thank you, Leslie.

10 MS. PIERCE: Thank you, Leslie.

11 MR. HARVEY: Yeah, and for those that
12 don't understand why Leslie's stating that,
13 there's certain rules and requirements
14 around RFPs for the state of Kentucky where
15 they just can't discuss certain things until
16 it makes its way all the way through its
17 process and is settled, I guess would be the
18 right way to say that.

19 DR. HOFFMANN: Thank you, Wayne. And
20 with that said, there's more to come for
21 you. As Carmen said, we can -- after we get
22 through the budget and all the vetoing and
23 all those pieces, there'll be more that we
24 can share. And then on the RFP, we'll be
25 able to share more. Thank you.

1 MR. HARVEY: Absolutely. Thank you,
2 Leslie.

3 Do we want to go back to the RISE
4 enrollment update now?

5 MS. DAVIS: Yes, Tanya is here, she
6 is present. Is she having issues with the
7 microphone again?

8 MS. DICKINSON: Oh, she's just having
9 all kinds of issues.

10 MS. DAVIS: Okay.

11 MS. DICKINSON: We will cross our
12 fingers while we're going.

13 MS. DAVIS: There you go.

14 MS. DICKINSON: Apologies for that.
15 Good morning. I'm glad to join everybody.
16 I wanted to bring you a quick update on the
17 1915(i) RISE initiative.

18 We have been very pleased with the
19 growth of the program recently. We were
20 recently able to open another region within
21 the state, the Pathways region. We're
22 working by -- just so folks can have a point
23 of reference -- the community mental health
24 center regions, but it may or may not be the
25 community mental health center of that

1 region that's actually providing services.
2 But for a quick update as far as referrals
3 go, we've had 149 -- or I'm sorry, 159 so
4 far from the open regions that we have. We
5 have heard 134 of those to assessment, and
6 of those who have been completed, there is
7 --

8 MR. HARVEY: Did we lose her feed
9 again, Danni?

10 MS. DAVIS: I believe we lost her
11 again, yes.

12 MS. DICKINSON: No, I'm still here.

13 MS. DAVIS: She's still present, but
14 the microphone issue --

15 MS. DICKINSON: She's back.

16 MS. DAVIS: Okay, there we go.

17 MS. DICKINSON: Let me see if I can
18 get to my numbers because my numbers on a
19 different screen. I'm so sorry, I do
20 apologize for this. We've had a few folks
21 who've been denied services, as well as a
22 few folks who've declined --

23 MS. DAVIS: It's the same issue going
24 on.

25 MS. DICKINSON: I'm about --

1 MS. DAVIS: There we go.

2 MS. DICKINSON: I'm about 15 minutes
3 from my home. Would it be just as easy if I
4 put this in the chat when I get back?

5 MR. HARVEY: I think that might be a
6 good idea.

7 DR. HOFFMANN: Tanya, that's fine,
8 yeah. I was going to say, just stick it in
9 there. It's just an update, and Carmen, if
10 you have the information, if it was emailed,
11 you can -- I don't care that you read it
12 either. I don't know if Anne had sent the
13 update.

14 MS. HANCOCK: I don't.

15 DR. HOFFMANN: She didn't? Okay.

16 MS. HANCOCK: No, ma'am, I do not
17 have the specific --

18 DR. HOFFMANN: It's okay.

19 MS. HANCOCK: -- yeah.

20 DR. HOFFMANN: Yep.

21 MS. HANCOCK: I'm sorry.

22 MS. DICKINSON: I'll be on the PC
23 here in about 15 minutes --

24 DR. HOFFMANN: You're fine.

25 MS. DICKINSON: -- and I'll put it

1 all in the chat.

2 DR. HOFFMANN: That's fine, thank
3 you.

4 MS. DICKINSON: If anyone has any
5 questions, I'll be available to answer them.
6 Thank you, and again, apologies.

7 MR. HARVEY: Okay, well, let's move
8 on from that invigorating update and look at
9 the PDS services update. Do we have
10 somebody on that's doing that specifically?

11 MS. ROGERS: Hi, I believe this is my
12 turn.

13 MR. HARVEY: Yes. Yes, go ahead.

14 MS. ROGERS: I'm filling in for
15 Marnie Mountjoy. She is not with us today.
16 My name's Dena Rogers. This is my first
17 meeting, so please forgive me. I was
18 instructed just to give a few updates
19 regarding PDS.

20 So we have 49 PDS case management
21 agencies currently. We have 14 that are in
22 the queue to be certified, 2 of those 14
23 have already been assigned, they're in
24 process. And then I believe our waitlist
25 right now, we have 669 on there, but there

1 could be some duplication. We are still
2 working internally on that to make sure that
3 we have the correct number because we do
4 feel like there's some duplication there on
5 what agencies are reporting.

6 MR. HARVEY: Do we have any questions
7 in regards to the PDS update?

8 (No response)

9 MR. HARVEY: I don't see -- oh,
10 there -- go ahead, Johnny.

11 MR. CALLEBS: Hey, thanks, Wayne.
12 Dena, for those 669 who are waiting, do you
13 know the reason for the wait? Is it because
14 they can't find a case management agency, or
15 because they can't find an FMA, or some
16 other reason?

17 MS. ROGERS: No, I believe it's both
18 of those. And kind of piggybacking off of
19 what Carmen said, we are, as DAIL,
20 internally analyzing that and kind of seeing
21 where we could help and support our
22 participants. We have devised some outreach
23 that we're going to start doing to see if
24 there's something else that we could help
25 them with, you know, contain that waitlist

1 and get them services that they need.

2 MR. CALLEBS: Okay, thank you.

3 MS. ROGERS: Mm-hmm.

4 MR. HARVEY: Any other questions
5 about the PDS services?

6 MS. TYNER-WILSON: Wayne, this is
7 Melanie. Can I ask a question?

8 MR. HARVEY: Go ahead, Melanie.

9 MS. TYNER-WILSON: Help me to
10 understand, if there is a lag time in terms
11 of the PDS, is there options for within the
12 DDID to -- you know, if they don't have an
13 agency to refer it to, is there a group
14 within DDID that could take on the
15 responsibility of that until an agency is
16 found or trained or certified to be able to
17 do this?

18 MS. ROGERS: I apologize, I'm not
19 certain that I would be able to answer that.
20 There may be someone from BDID on the call.

21 MS. HANCOCK: Well, I can hop in
22 here, Dena.

23 MS. ROGERS: Okay, thanks.

24 MS. HANCOCK: Sure. So Melanie, what
25 Dena's reporting, really are people who are

1 specifically waiting on PDS, and then she
2 said, "whether it be a case manager or
3 financial management agency." There is
4 always the option to access traditional
5 services, so there is opportunity there for
6 those folks who would be willing to access
7 traditional services, whether it be case
8 management, or, you know, the personal
9 assistance, community living supports, and
10 that sort of thing. So they aren't stuck in
11 a situation where they cannot access
12 services. They're just perhaps choosing not
13 to access a traditional service delivery.
14 Does that make sense?

15 MS. TYNER-WILSON: Yeah. Oh, yes,
16 and thank you for that. Is the process for
17 a case management agency to become
18 certified, is it so arduous that it takes a
19 lot of time, a lot of levels that have to be
20 approved before -- that makes it take longer
21 period of time?

22 MS. HANCOCK: No, ma'am --

23 MS. TYNER-WILSON: Because I know
24 that there's independent case management and
25 case management, so are those -- seems like

1 those two are kind of the -- and they're
2 separate, if my understanding is correct?

3 MS. ROGERS: I think I understood you
4 correct, Melanie. And it's not so much as
5 not having enough case management agencies
6 as having enough case managers.

7 MS. TYNER-WILSON: Sure.

8 MS. ROGERS: I mean, they're only
9 capable of handling, you know, a certain
10 caseload.

11 MS. TYNER-WILSON: Yeah.

12 MS. ROGERS: And so I think having
13 enough case managers to be able to give --
14 carry those caseloads is part of the
15 problem.

16 MS. TYNER-WILSON: And that criteria,
17 is that set by statute, you know, or is it
18 best practice, you know, like case managers
19 can only have, I don't know, 30, 40
20 individuals on their caseload? Is -- how is
21 that dictated?

22 MS. ROGERS: Correct me if I'm wrong,
23 Carmen, no, there's not a specific number --

24 MS. TYNER-WILSON: Oh, okay.

25 MS. ROGERS: -- but obviously, it

1 needs to be manageable.

2 MS. TYNER-WILSON: Yeah, oh, of
3 course. Of course, they're very important
4 people.

5 MS. STAED: And I just wanted to jump
6 in and add that specifically for case
7 management, caseload is so highly dependent
8 on that individual served. There's a
9 difference between -- you know, there's a
10 difference in responsibility sometimes or
11 thought process between being a -- case
12 managing individuals who are enrolled in PDS
13 versus traditional. There's just, you know,
14 sometimes different things you have to do,
15 someone who's, you know, being a case
16 manager for someone who is actively in
17 crisis versus being case manager for someone
18 who's stable. And so those really hard
19 prescriptive boundaries don't work in all
20 cases, and again, it's highly dependent on
21 caseload.

22 But I think what we're talking about
23 here specifically related to PDS services is
24 oftentimes what we see is that there are
25 long waits sometimes to access the FMA

1 service. So someone will already sometimes
2 have a case manager, and it be difficult.
3 Sometimes -- you know, sometimes there is a
4 wait to get a case manager because there are
5 specifically in the Home and Community-Based
6 Waiver, that service has within the past --
7 oh, gosh, Carmen, correct me if I'm wrong --
8 year-and-a-half expanded who could be a case
9 manager specifically in that waiver for the
10 PDS service. So I think there's a lot of
11 things at play and things are getting
12 better, and, you know, new case managers are
13 coming on board all the time. It's just I
14 think sometimes once you have that
15 bottleneck and that backlog, it becomes
16 difficult to catch back up. And the Home
17 and Community-Based Waiver has just seen an
18 incredible amount of growth over the past
19 three, four, five years, that now onboarding
20 the new case managers and things is
21 something that just takes time to catch up.
22 So I think that's kind of what you're --
23 maybe are asking, Melanie.

24 MS. TYNER-WILSON: Yes, because I
25 know at one point in time when I inquired

1 about it earlier, like, what is the required
2 academic, you know, level of a case manager?
3 I was told that it would be somebody that
4 had either a master's or an undergraduate
5 degree, like in social work or something
6 like that. But then I also heard that there
7 was -- then they had kind of a process where
8 they were bringing many more people in that
9 didn't have those kinds of backgrounds just
10 so they could try to meet the demand of, you
11 know --

12 MS. STAED: I wouldn't characterize
13 it like that. I think during COVID --
14 again, I don't want to speak on behalf of
15 Medicaid, would not do that -- but there was
16 a change that -- to a lot of different
17 academic requirements and job requirements,
18 and all of those are spelled out in each
19 individual waiver themselves for any kind of
20 position. So a direct support professional,
21 you know, a behaviorist, all -- every --
22 everyone who works in a waiver, it's very
23 clearly spelled out what the academic
24 requirements are. And I would say that I
25 think there was a realization that sometimes

1 there were a tremendous amount of people who
2 had a tremendous amount of experience
3 supporting individuals in these roles, but
4 not necessarily a master's level degree, but
5 that their real-world job experience with
6 people with disabilities could serve as a
7 substitute for some of those higher level
8 degrees as well. And so I think that there
9 was some flexibility built in there, but
10 specifically, if you're looking for the job
11 requirements of case manager, they're
12 relatively -- I'm very confident saying that
13 they're the same in all of the waivers, so
14 if you want to just pull one waiver,
15 whichever one you're most specific -- you
16 know, familiar with, and just do a word
17 search on case manager, you'll find the job
18 requirements pretty quickly in there. I
19 think it might even be the first service in
20 each waiver that's listed, so they are in
21 all of the waivers.

22 MS. TYNER-WILSON: Oh, no, and I've
23 read that. I just remember that there was
24 -- there -- I had always thought that the
25 academic things was a requirement, but then

1 I like what you said about lived experiences
2 because there's many individuals that don't
3 have that kind of academic background but
4 have amazing lived experience that bring a
5 lot of wisdom to that role and position.

6 And I was just trying to figure out a way to
7 wrap my brain around, you know, the profile
8 of professionals that provide that level of
9 support to individuals. And so I'm not
10 trying to malign or say negative things
11 about case managers because I find them to
12 be amazing people. I'm trying to just --
13 moving forward, you know, trying to make
14 sure we have enough so individuals can get
15 the level of support that they need.

16 Because I know in my journey with my loved
17 one, we have had just amazing case managers
18 that have been very -- that have been
19 instrumental in our -- in my loved one's
20 life, so very important role.

21 MR. HARVEY: I see Ann's had her hand
22 up for quite some time. Go ahead, Ann.

23 MS. PIERCE: Yes, thank you, Wayne.
24 I just kind of want to get back to something
25 Carmen said. Thank you for your comments,

1 Carmen, and it was about while you're
2 waiting for PDS, that there are options --
3 opportunities available. And I know -- I
4 just want to remind everybody that there are
5 people whose disabilities are so profound
6 that they already have PDS or another waiver
7 but they're unable to find providers to get
8 services. So that -- I don't know what we
9 can do about that, but there are many.
10 Maybe we can address that at a future
11 meeting.

12 MR. HARVEY: Other questions for the
13 PDS services update?

14 (No response)

15 MR. HARVEY: I don't see any other
16 hands, so.

17 Okay, let's move on to the
18 involuntary termination summary report.

19 MS. MARKLE: Good morning, everyone.

20 MR. HARVEY: Good morning.

21 MS. MARKLE: So -- yes, so total
22 number of involuntary terminations in the
23 last year for all services is sitting at 62.
24 The total number of involuntary terminations
25 in the last year for residential services

1 only is at 45. Of the total involuntary
2 terminations in the last 6 months, that
3 stands at 28. And of those that are
4 residential services only is 21.

5 Involuntary terminations in the last month
6 is six, and five of those were residential
7 services only. Total involuntary
8 terminations not transitioned in the last
9 year for all services is 19. Of those,
10 residential services only is 17. And the
11 total of active involuntary terminations
12 over one year old stands at seven.

13 MR. HARVEY: Okay. Is that a hand
14 left up or is that a new question, Ann?

15 MS. PIERCE: That's a new hand.

16 MR. HARVEY: Okay, go ahead.

17 MS. PIERCE: And Melanie, I'm going
18 to show you how to do that. Thank you,
19 Elizabeth. Can you possibly put that in the
20 chat also?

21 MS. MARKLE: Sure thing.

22 MS. PIERCE: Thank you. Is this --

23 MR. HARVEY: Any other questions --
24 go ahead, Ann, I'm sorry.

25 MS. PIERCE: Is this a good segue

1 into the diagnosis request report?

2 MR. HARVEY: I thought we would speak
3 about that when we got down to Item No. 6.

4 MS. PIERCE: Okay, thank you.

5 MR. HARVEY: Okay.

6 MR. NETT: I have a question.

7 MR. HARVEY: Go ahead, Corey.

8 MR. NETT: Out of the 19, do they
9 have any services anymore at all?

10 MR. HARVEY: Did you see -- did you
11 hear that question, Elizabeth?

12 MS. MARKLE: I'm sorry, I was
13 distracted.

14 MR. HARVEY: He was asking if out of
15 the 19 terminations that was reported,
16 there's -- are they continuing to receive
17 services?

18 MS. MARKLE: Yes, Corey, they are.

19 MR. NETT: All right, thank you.

20 MS. MARKLE: You're welcome.

21 MR. HARVEY: Any other questions on
22 the termination summary report?

23 (No response)

24 MR. HARVEY: Okay. What I'm going to
25 do right now is we've got Steve Shannon

1 here, who is the executive director of KARP,
2 who's going to do a presentation on the
3 funding of the waiting lists. And I thought
4 we'd be to it already by now, so we're going
5 to jump the cap on LRI PDS hours that we had
6 on the agenda and let Steve go ahead and do
7 his presentation and everything so that he
8 can get that done and we're respectful of
9 his time and everything. Steve, if you're
10 on, go ahead and unmute your mic --

11 MR. SHANNON: Yeah.

12 MR. HARVEY: -- and let's get with
13 it.

14 MR. SHANNON: I'm here. All right.
15 I was going to do a presentation PowerPoint
16 slide. I can do that. I'm going to talk
17 about kind of where we got to and what we've
18 done with waitlists over time. And I'm
19 going to say it now and I'll say it again, I
20 have this information due to my age, because
21 I've been around long enough to know what
22 took place. And I just think it's important
23 to understand where we've been before we go
24 on any further, and part of that is it goes
25 back to the Patton administration of all

1 things, and he served from first elected in
2 '95 and served through 2003. If Wayne
3 remembers this, and that was the first
4 expansion of services in a very long time.
5 I got involved in IDD services in '95, a
6 little bit before that even, and it was kind
7 of if you needed a placement if you needed
8 to get into, it was AIS/MR, but the SCL
9 program, the answer was always call the
10 governor's office and get the governor to
11 tell us to put you in the waiver. There
12 wasn't a plan for increasing that. And to
13 Governor Patton's credit, he realized this
14 was a problem, he visited/talked with
15 families, and that was the first expansion
16 in 2000 that actually increased the number
17 of placements for what is the SCL program.
18 This was before Michelle P., HCB, but this
19 was really SCL, the first time there was an
20 increase in services. And since then, we
21 have tried every two years to get that
22 number up in terms of services, and I think
23 when it started, if I remember correctly,
24 Wayne, 1,200 maybe or so in what is the SCL
25 Waiver now, you know, which I think is close

1 to 5,000. So they really have expanded the
2 number over the past 20 plus years.

3 Unfortunately, the waitlist has grown
4 almost as much, probably equally so, and
5 part of the reason for the waitlist, talking
6 to families, is they didn't get on it when
7 there was no hope of moving. You know, and
8 once you start funding and additional people
9 can get services, more people signed up.

10 So we've gone through this exercise
11 many times of what can we do ideally to
12 address the waitlist? And what happened, a
13 group got together, I think in 2023, and
14 talked about what do we do about the
15 waitlist? How do we go about it? You know,
16 I go back again, the Arc U.S. and the
17 waitlist campaign that Kentucky joined in
18 the '90s, so we said, "Okay, what can we
19 do about this?"

20 So this group of advocates got
21 together and talked about ending the
22 waitlist, what can we do? And I have a
23 limited skill set, but I can really crush
24 the four basic math functions: I can add,
25 subtract, divide, and multiply as well as

1 anybody on the planet. Even without a
2 calculator, I can still do that. So we went
3 back and looked at it, what can we do to end
4 the waitlist in two years, four years, six
5 years, or eight years? And I did the math
6 to show how you would do that, and it's
7 really not very hard.

8 We heard the waitlist right now for
9 SCL is about 3,800 -- 3,845. If you end
10 that in 8 years, that means every year we
11 have to add about 450 people to the SCL
12 program to end it in 8 years. And I think
13 from a policy perspective, we've never
14 gotten this language in statute, and that's
15 really where it needs to be. It needs to be
16 a law because I think the cabinet is going
17 to have a hard time putting it in
18 regulation. But the General Assembly ought
19 to make a determination, how long should
20 people wait for waiver services? What's the
21 correct period of time? Because we talked
22 about emergencies, right? Those folks go to
23 the top, and that's really justified and
24 really important, but if you're not an
25 emergency, you could spend a fair amount of

1 time waiting for services, and this group
2 thought it was really inappropriate. And I
3 want to tell you the truth. I think
4 ideally, nobody should wait. Okay? In
5 reality, that's probably not really
6 practical.

7 We talked about two years. If you
8 think about it, I think about 1,923 people
9 in '27 -- you know, July 1 would be another
10 -- that's 150 or so people a month. You can
11 talk, Wayne, right, is that feasible? Do
12 you think the system can absorb 2,000 people
13 in a year?

14 MR. HARVEY: Absolutely not.

15 MR. SHANNON: No. So two wasn't
16 realistic, four is not a lot better if you
17 look at the number. So we decided to end
18 the wait in eight. Okay? So you can tell
19 people, they can still get, as Carmen
20 referenced earlier, they may be a Medicaid
21 recipient already, so they can get the
22 general -- you know, that state plan
23 service, they get some other services, but
24 for waiver services, the wait shouldn't be
25 any longer than eight years.

1 And we talked about that a lot in the
2 '24 session, and we presented in the interim
3 since then, I think last year as well, what
4 does that look like to end the wait in
5 eight? And it's interesting how you could
6 do this and this is where the math gets way
7 down in the weeds, but let's just take an
8 example. We're going to give 12 people
9 waiver services, 12 folks will enter the
10 SCL, and in Kentucky, we do it based on
11 fiscal year, which is July 1 to June 30th,
12 so it's not the calendar year, and we do
13 that because we have a two-year budget. So
14 they write a budget. Right now, we're at
15 the end, the last little bit of fiscal year
16 '26, next year's '27, and then '28. But
17 they have 12 people getting waiver services.
18 And you say, "We're going to fund those 12
19 people for 12 months." Again, that's 144
20 months of services.

21 But what if you phase them in over
22 time? And that's what Kentucky did in 2000
23 with that first rollout. And if you do
24 that, you save money the first year. So
25 this year, for example, they're going to

1 have -- the number is 90 SCL placements next
2 year at \$10,300 -- sorry, \$10,300,000. If
3 you say in July, the first year, we're going
4 to serve 8 people and then 7 and 8 and then
5 rotate it, that gets you to 90 throughout
6 the whole year but that just costs you
7 \$5,600,000. So you save \$4 million. You
8 can serve more people if you do it
9 strategically for the same amount of money
10 in the first year. And the same thing the
11 second year, those new people. And I think
12 that's what we haven't done recently is what
13 can we do? And you don't save more in the
14 second year so those 12 people, right, would
15 go through the process, but in the second
16 year of our budget cycle, they'd get out 12
17 months of service each because they're
18 already in, but you save money the first
19 year.

20 And I know this is really -- I could
21 see people's faces, you know, glossing over,
22 but in reality, the dollars are really,
23 really significant how it plays out. And
24 that allows for the same dollars to access
25 more services, and that, I think, is

1 something that at least we ought to have a
2 conversation about at some point. How do we
3 do this moving forward? Is it the IDD TAC's
4 recommendation? I still believe eight years
5 is realistic. I think it allows the
6 provider community to be prepared to do
7 that. I think that and I think we have to
8 acknowledge -- and I represent 12 CMHCs
9 providers. We have to acknowledge that it
10 doesn't do anyone really a lot of good, as
11 you heard with FMA, to get a service but not
12 be able to access it. So can we get to a
13 place where the providers know, have some
14 expectation what's going to happen, and that
15 residential piece becomes available?
16 Because that's the big start-up cost, right?
17 You gotta have a place for people to live,
18 you gotta go there, you have to be -- you
19 know, staff, and all those things need to
20 take place. But that would allow you -- and
21 it ends up being that first year is slightly
22 more than half the total cost if you phase
23 it in. So that 10 million, instead of 90,
24 it could be 160 or 170 people that first
25 year. The second year's more expensive.

1 They're going to get services anyway. That
2 allows you to grow it and be more strategic
3 in your approach. And it really is when you
4 think about it, if person one gets 12
5 months' worth of service, person 12 may get
6 one month's worth of service in the year,
7 that just shrinks that number you have to
8 pay for and allows more people to access
9 services and have more funds available going
10 forward.

11 And we have not had any success
12 putting this in statute. We have not had
13 any success -- I think people are really
14 leery of making that commitment for eight
15 years to have it taken care of because it's
16 a big number. If you look at -- you do the
17 same thing for Michelle P., that's going to
18 be based on what we have now, 1,250 people
19 almost per year. But it's still, from an
20 advocacy perspective, how long should people
21 wait? How long? And I think if you ask
22 people, eight is too long, right? They're
23 going to say, "It needs to be less than
24 eight years." I think it's really hard to
25 get a lot less than eight years, but that's

1 once you're on and you're going moving
2 forward, can you make that determination?
3 Does that make sense?

4 And I can show you math, I can -- but
5 I think it's more to think about the concept
6 and let someone else do the math. And the
7 first thing is how long should anyone wait,
8 you know? I mean, I would love if there
9 wasn't a wait, but there's going to be a
10 wait. There's going to be a wait for a
11 period of time. So someone gets on the
12 waiver today, we should be able to guarantee
13 them that they'll access those services --
14 thanks, Cathy. So in 2001, it was 1,624 on
15 the waitlist. It's now grown to 3,840.
16 Well, the program's grown appreciably as
17 well.

18 What can we do? What's the policy
19 position of how long is an appropriate wait
20 time?

21 MS. STAED: And Steve, I did just
22 want to add, too, on top of this -- Steve
23 and I have worked together pretty
24 extensively on this stuff. Not only, as
25 Steve alluded to, is it how long should

1 someone wait, but there are very real
2 budgetary impacts, right? The General
3 Assembly does have to appropriate the funds.
4 And Steve, in a big round number, how much
5 did we decide per year to end the wait in
6 eight would have to be appropriated?

7 MR. SHANNON: Looking at --

8 MS. STAED: Several hundred million?

9 MR. SHANNON: Yes. Yeah,
10 200 million, I think. And so, you know, and
11 it ends up being, is that realistic? Are
12 people going to accept that number? Again,
13 I don't know, if -- all right, let me see if
14 I can -- can I share? Is that permitted? I
15 am sharing.

16 All right, let's go down. Here it
17 is. They have a summary sheet; hopefully
18 you can read that. Here's the 8-year model
19 for the SCL program. The total cost is
20 \$23 million. It would be \$54 million a year
21 to do the -- at those numbers of waitlist
22 numbers. A little bit lower now on Michelle
23 P., but you look at the growth rate, right?
24 So you end up being -- and that's total
25 cost, so about 15 million general fund

1 dollars each year to go through the
2 waitlist. And that's a fair amount of
3 dollars obviously, and I don't know how
4 committed the General Assembly might be to
5 do that but that's the 8-year model. And
6 it's, you know -- but --

7 MR. HARVEY: Steve?

8 MR. SHANNON: Yeah?

9 MR. HARVEY: I want to interrupt you
10 just for a second. Danni, is there a way we
11 could show Steve's screen?

12 MR. SHANNON: Oh.

13 MS. DAVIS: Absolutely.

14 MR. HARVEY: Carmen just posted she
15 couldn't see it.

16 MS. DAVIS: Yes.

17 MR. HARVEY: Okay.

18 MS. DAVIS: So I think you should be
19 able to share it now.

20 MR. SHANNON: My bad. I went to
21 share --

22 MR. HARVEY: There it is.

23 MR. SHANNON: I saw -- what? They
24 don't want to see that nonsense. Let's go
25 to my power wherever it is. Well, I'm

1 having problems here. Where's my share?
2 There's share. Well, I'm sorry, but I can't
3 get it to share. Thought I could, but
4 apparently --

5 MS. DAVIS: So what's showing on my
6 end is HC --

7 MR. HARVEY: We're seeing the list,
8 Steve.

9 MR. SHANNON: Oh, really? Oh, good.

10 MR. HARVEY: Yeah.

11 MR. SHANNON: I'm not, but that's
12 okay. As long as you're seeing it that's
13 more important than me.

14 MR. HARVEY: Okay.

15 MR. SHANNON: But if you look at that
16 number, right, and I think it's the 55,000
17 number, and that's fairly -- I don't want
18 that either -- it's fairly expensive, but
19 you look at how you move through the
20 process, and you end up with a much better
21 number and people get the opportunity to be
22 seen, get services, get supported, and it
23 becomes a talking point that I think is more
24 strategic. And I think if that slide -- I
25 can't see my slides, but it's, you know --

1 are you seeing the 8-year number?

2 MS. STAED: Yeah, Steve, it's the --
3 it's the year one of the eight-year model
4 number.

5 MR. SHANNON: Okay, that's no good.

6 MS. STAED: Where it's got year one,
7 the annual cost.

8 MR. SHANNON: Oh, yeah, year one, the
9 HCB model. So that's the \$54 million figure
10 --

11 MS. STAED: Yeah.

12 MR. SHANNON: -- okay, across the
13 HCB, Michelle P., SCL to get that
14 accomplished to end the waitlist. So in a
15 2-year budget, that's \$104 million, right?
16 I think that's a challenge, but I think it's
17 a conversation that needs to take place that
18 people need to understand the value,
19 otherwise -- and, you know, the General
20 Assembly-type budget, 90 people, you know
21 3,800, you know, that's about 1 out of every
22 400 got a waiver slot this year. You know
23 -- so, you know, emergencies will be taken
24 care of, that's built-in and that's good.
25 But, you know, over next year, July 1 to

1 June 30th of '28 -- or '27, I suspect more
2 than 90 people will be added to the
3 waitlist, right? So we're going to be
4 really no better off a year from now than we
5 are right now. So at some point, you have
6 to get yourself serving more people than
7 come onto the waitlist or you never get
8 ahead of the process.

9 Corey, do you have a question?

10 MR. NETT: Yes. I know that the top
11 number is about 104 million. Has there ever
12 been any kind of calculation because I am on
13 the Michelle P. Waiver --

14 MR. SHANNON: Mm-hmm.

15 MR. NETT: -- and I am an employer,
16 and I give -- put money into the economy as
17 well. So what would the real numbers be
18 after taxes and after I put into --

19 MR. SHANNON: Yeah, I think that's a
20 great question, Corey. We've had
21 conversations about that, and we've not gone
22 across all providers, both the PDS option
23 and traditional option to gather that
24 information. But I think it's a way to tell
25 the story that that's going to decrease the

1 overall cost because you're adding. I think
2 one of the talking points we have to be
3 prepared is those folks are already paying
4 taxes who are currently working and we're
5 using that tax dollars for other services or
6 other things already. But I think that's a
7 great strategy. It's kind of a return on
8 the investment, what happens.

9 We've also talked a lot about are
10 there -- obviously, the SCL Waiver is
11 cheaper than an ICF institution, right? So
12 we've talked about that as a savings, and
13 even, I mean, the PDS option keeps people at
14 home. It can be more responsive. So we
15 talk about those things, but ultimately,
16 ultimately, we are asked repeatedly what
17 will the cost be and how much can the budget
18 bear? This is what happened this year in
19 terms of the waiver services, the SCL was 90
20 people will get new services from July 1 of
21 '27 through June 30th of '28, and then 30 to
22 45 the next year. Michelle P. is 65 and 45.
23 That's what they believe the budget can bear
24 this session, and we've tried repeatedly
25 that crafting the state budget, or any

1 budget, is a series of decisions that are
2 being made. It's questions. Do we do this?
3 And we -- two years ago, we could say we
4 were very successful in convincing people
5 that waiver services matter. I think the
6 number was close to 1,700 or 1,900 on the
7 waiver slots were funded 2 years ago. This
8 year we're at 405. Not that it's less
9 important, but how did we lose that standing
10 to go from 1,900 to 405? And that's the
11 challenge and we have to keep people going.
12 But it's a great question, Corey.

13 MR. NETT: That is insane to me. But
14 whenever I try to -- or I speak to a
15 lawmaker or anyone, I always say it's more
16 of an investment.

17 MR. SHANNON: Yes. Yeah. Yeah, it's
18 an investment with better outcomes for
19 people, what they prefer to get, and it also
20 is there's jobs development. But it is a
21 sound investment in the value of what
22 Kentucky puts forward, but I think it should
23 be portrayed that way. And I'm sure folks
24 can tell you that legislators quite often --
25 they probably told you, there's a lot of

1 good investments we're making, but this one
2 I think, for me it's a -- should be the
3 number one priority of what needs to take
4 place.

5 MR. NETT: Thank you.

6 MR. SHANNON: And -- thank you,
7 Corey.

8 MS. PIERCE: Yes. Thank you, Steve.
9 That was an excellent presentation, and I
10 support your model. Very well-thought-out,
11 and I will do what I can to help you.

12 MR. SHANNON: Thank you.

13 MS. PIERCE: It does leave out though
14 -- well, and again, I know I'm beating a
15 dead horse, but there are approximately 450
16 to 500 8-year-olds according to CDC data
17 added every year to Kentucky specifically
18 with profound autism who --

19 MR. SHANNON: Mm-hmm.

20 MS. PIERCE: -- have no providers to
21 serve them, and they will stay on this
22 waiting list, and that's added every year.

23 MR. SHANNON: Right. Or they'll go
24 out of state at a much larger number. I
25 think that's the other concern.

1 MS. PIERCE: Yeah, so, you know, I
2 don't know, we need to discuss this at some
3 point because it's going to be overwhelming
4 for the state, not to mention the families
5 --

6 MR. SHANNON: Mm-hmm.

7 MS. PIERCE: -- and the individuals,
8 of course.

9 MR. SHANNON: Yeah.

10 MS. PIERCE: So --

11 MR. SHANNON: Yeah. And it should be
12 pointed out that we use the HCB, Michelle
13 P., and SCL, and again, this is 2-years-old
14 information, right? We wanted to get this
15 passed last session was really those were
16 the waiting lists, the existing waitlists.

17 And I agree on the autism services.
18 You know, we all know of families who may
19 have a child out of state and wants to come
20 back home. You know, and fairly expensive
21 and what can we do with that? So I don't
22 think it's inappropriate to have a
23 conversation about, you know, are there
24 needs for other waivers to identify folks,
25 you know, and go from there? I've said with

1 other groups, may have said it with the IDD
2 TAC, I attend these occasionally, what's the
3 interface between Michelle P. and SCL? You
4 know, there's a lot of overlap of services,
5 but is there some way to have that connected
6 clearer so we know this person's on Michelle
7 P., they're getting SCL, right? You know,
8 and make that available as opposed to them
9 waiting, you know, somewhere else, some
10 mechanism, so.

11 But I still think eight years is
12 realistic. We made great progress in last
13 budget. This year we kind of stepped back,
14 I think that's pretty clear. It's the best
15 we could do, I think. And then we're going
16 to go forward, but the '28 budget is coming,
17 you know? We're going to meet again for the
18 '28 session and we need to start talking to
19 these number now, and talking to legislators
20 now and see what takes place and go from
21 there and see what those waitlist numbers
22 will be 2 years from now and be prepared to
23 make -- you know, do this math again and we
24 can see what -- then it will be fiscal year
25 '29. What's that going to cost us? It's

1 not going to cost us less, you know?

2 So any other questions?

3 (No response)

4 MR. SHANNON: All right, appreciate
5 the opportunity, folks.

6 MR. HARVEY: Thank you, Steve. That
7 was very informative. We had a presentation
8 during the last meeting on the wait lists
9 themselves and, you know, what constitutes
10 someone getting on the waiting list --

11 MR. SHANNON: Yeah.

12 MR. HARVEY: -- and everything like
13 that. And your presentation on trying to
14 fund the waiting lists has really, I think,
15 brought a lot of that information all
16 together, so thank you very much.

17 MR. SHANNON: Yeah. Yeah. And the
18 cost per month they're projecting now is up
19 around \$9,600, so in 2 years it's increased
20 by about almost \$1,000.

21 MR. HARVEY: Which seems like it
22 always goes up, it never goes down.

23 MR. SHANNON: Correct. That's right.
24 That's right. Thank you all.

25 MR. HARVEY: Thank you, Steve.

1 Now we'll move to the item we skipped
2 over, the cap on LRI PDS hours. I know that
3 was an issue --

4 MR. SHANNON: I think Johnny had a
5 question. I don't know what it's related
6 to. He had his hand up.

7 MR. HARVEY: Oh, go ahead, Johnny. I
8 didn't see you.

9 MR. CALLEBS: Yeah, that's okay.
10 Yeah, thank you, Steve, for the
11 presentation.

12 And I think, too, a big part of what
13 we got to do between now and the next budget
14 session is just educating lawmakers. A lot
15 of them don't really know what waivers are,
16 how complicated they can be, and the impact
17 they have on people's lives, people's
18 disabilities to remain in the community and
19 at home. So I think that's a big piece,
20 too. Some are obviously more knowledgeable
21 than others, but some just kind of glaze
22 over when you start talking about waiver
23 services. And, you know, in fact, we even
24 met with a state senator about the waitlist
25 and he said, "If it weren't for all the

1 illegals on the waitlists, we wouldn't have
2 to wait." So there's a lot of
3 misinformation, and, you know, just I guess,
4 you know, lack of awareness about what are
5 waivers, how do you get on them, who
6 qualifies, and the impact they have for
7 people with disabilities. So I just wanted
8 to throw that out there as well.

9 MR. SHANNON: It might be a good
10 topic to get on the Medicaid Oversight
11 Advisory Board's agenda, you know, as a
12 first step in the process. You know,
13 they're supposed to oversee the Medicaid
14 program, we haven't heard much about waivers
15 there. I mean, I did a presentation, but
16 kind of repeat that again; right, Amy?

17 MS. STAED: Yeah, we've talked about
18 this at length, but it doesn't always sink
19 in sometimes.

20 MR. SHANNON: I agree.

21 MR. HARVEY: All right. Good
22 feedback, Johnny, appreciate it.

23 Any other questions for Steve before
24 we let him go ahead and get to -- I'm sure
25 he's got a ton of other things he's got to

1 do today?

2 (No response)

3 MR. HARVEY: All right.

4 MR. SHANNON: Thank you all.

5 MR. HARVEY: Thank you, Steve.

6 Really appreciate you.

7 Cap on LRI PDS hours, I know Amy had
8 gotten a ton of feedback from different
9 providers in relation to this issue, and we
10 had sent specific information to the cabinet
11 in hopes of some information on. So is
12 Carmen still on? Is she the one that's
13 going to speak to this, or?

14 MS. DAVIS: Yes, she is still on.

15 MR. HARVEY: Okay.

16 MS. HANCOCK: I'm on. And I know
17 this was under new business. I did get some
18 of the feedback that you sent over, Wayne.
19 I appreciate that. We're working through a
20 lot of the comments and questions that you
21 sent over, but given that this was new
22 business, I thought it might be beneficial
23 to hear directly from the TAC. And Amy, if
24 you've gotten a lot of feedback, I would
25 love to hear that from you so that we can

1 really properly sort of prepare a response
2 and some discussions for the next time.

3 MS. STAED: Absolutely. Hold on, let
4 me get my screen in a place where I can
5 properly see it.

6 I think -- one, I think all providers
7 realize that this is not new per se, right?
8 But I think that there -- what has caused
9 confusion is that there appears to be a
10 shift in the thinking about this 40-hour --
11 let me back up. For those who don't know,
12 there was a letter issued a few weeks ago
13 informing legally responsible individuals,
14 so that's, you know, mom, dad, brother,
15 sister, who are a paid caregiver of their
16 loved one, that the amount of hours per week
17 that they may work is capped at 40 hours.
18 Now, this has always -- there has always
19 been, you know, a cap at the 40 hours of
20 caring for your loved one, but it appears as
21 though there has been a shift in how that 40
22 hours is calculated.

23 So in the past, it was historically
24 thought of as a household cap on PDS hours.
25 So if I'm a mom and I have two kids that are

1 on, let's say, the Home and Community-Based
2 Waiver, and both children require 40 hours
3 of care per week, I would not be paid for 80
4 hours of work. I would only be paid for 40
5 hours, you know, caring for both of my kids.
6 Now, it appears as though there has been a
7 shift in calculating those 40 hours per LRI.
8 So for example, if I'm mom and I'm caring
9 for my child for 40 hours a week, but, you
10 know, my neighbor down the road also has a
11 child on a waiver and needs -- you know,
12 wanted to ask me to help her with some
13 respite hours, an hour here or an hour
14 there, I would not be able to -- it appears
15 as though this letter indicates that I would
16 not be able to be paid to help her with
17 those respite hours if I have worked 40
18 hours that week for my own loved one, right?

19 And so it seems as though there has
20 been a change in how that 40 hours is
21 calculated, billed, etc. And I think that's
22 where a lot of confusion is coming up, and
23 obviously, I think a lot of the feedback is
24 coming from case managers who see these kind
25 of unique situations, you know, every day,

1 and every situation is slightly different.
2 You know, I could probably give you a
3 million of them, but that's -- but I think
4 it's really nicely summed up in the --
5 changing the rule from household cap to
6 individual LRI cap, and if that's not the
7 intent here, right, you know? So is the
8 individual LRI caregiver limited to 40 hours
9 per week no matter who they care for, or is
10 it just limited to 40 hours per week to care
11 for their loved one, but they could go work,
12 you know, some hours here there doing
13 respite, or, you know, something else for,
14 you know, their neighbor down the road or
15 someone else they know who needs help.

16 And I think where the concern comes
17 is, you know, we've talked ad nauseam that
18 there is a shortage on caregivers. You
19 know, we've talked about that. So to be
20 able to seek out a trusted friend who you
21 know knows how to take care of someone with
22 a significant disability is an advantage.
23 You know, to help -- to see -- for a mom to
24 be able to seek out help from their good
25 friend down the road in a strict 40-hour

1 limit really puts strain on individuals'
2 ability to, you know, bring in some respite
3 help and things like that.

4 And, you know, I know there are lots
5 of case managers on this call, so, you know,
6 without getting into specifics because, you
7 know, Carmen doesn't need to solve every
8 single specific situation, but if anyone
9 has, you know, anything to add, you know,
10 please feel free to jump in, but again, I
11 think it's really nicely summed up in is how
12 are we looking at the 40 hours now? Is it
13 household cap, which I think makes perfect
14 sense, you know? Or is it per LRI?

15 MS. HANCOCK: Yeah, I agree. That
16 was a -- that's very helpful, Amy, to hear
17 it explained. So I do feel like we need do
18 -- we do need to do some more digging and
19 get some additional clarification out there
20 to make sure that we haven't left people
21 with additional confusion in our efforts to
22 try to provide a clarification. So that --
23 we can work on that.

24 MR. HARVEY: I seen Ann had her hand
25 up, does she still have a question, or --

1 because I can't see her screen.

2 MS. PIERCE: Yes, thank you. I was
3 just typing in the chat.

4 MR. HARVEY: Okay.

5 MS. PIERCE: I'm going to have to go.
6 My daughter is almost here, and she needs me
7 all the time, so I'm so sorry. I think you
8 still have a quorum, right?

9 MR. HARVEY: Yes. Yes, thank you,
10 Ann.

11 MS. PIERCE: Okay, thank you.

12 MR. HARVEY: Any other feedback or
13 questions for Carmen on the LRI PDS hour
14 issue?

15 MS. STAED: I would just add one more
16 thing.

17 MR. HARVEY: Sure.

18 MS. STAED: That as you're thinking
19 about this, Carmen, from an oversight
20 perspective, I think that we would
21 discourage the cabinet from placing that
22 oversight on the case manager to try to
23 limit to if it is a strict 40 hours no
24 matter what, because often time, the case
25 manager has no clue if someone's working for

1 someone else. There could be multiple case
2 managers involved, multiple -- if we're
3 talking about PDS, multiple FMAs involved.
4 And so that kind of information sharing
5 isn't always readily available, or no way to
6 access that. So that's just, like, kind of
7 an added layer as you all think through this
8 on that issue.

9 MS. HANCOCK: Completely understand.
10 Yes, thank you.

11 MR. HARVEY: Go ahead, Corey, I see
12 you've got your hand up.

13 MR. NETT: I just want to clarify,
14 you're only talking about an aide that
15 happens to be a family member, right?

16 MS. STAED: The letter specifically
17 -- yes, the letter was specifically related
18 to -- and the target audience was legally
19 responsible individuals who are caring for
20 their own family member. But it could have
21 an implications on those individuals caring
22 for people who are not their family member,
23 and that's what we've asked for
24 clarification on.

25 MR. NETT: Because one of my aides

1 used to get 40 hours, and I have another
2 aide that gets respite-only. Would it be
3 limited to a total of 40 hours?

4 MS. STAED: I think that's definitely
5 what we're seeking clarification on. I
6 think we have some of the same questions,
7 too, and I think -- again, don't want to
8 speak on behalf of Medicaid, but I think
9 that they -- now that they have heard
10 specifically, like, what the issues are,
11 they'll be able to think through that and
12 issue some additional guidance that should
13 be able to clear things up for everybody,
14 hopefully.

15 MR. NETT: Thank you.

16 MR. HARVEY: Any other questions on
17 that particular topic?

18 (No response)

19 MR. HARVEY: Is that a new question,
20 Corey, or do you still just have your hand
21 up?

22 (No response)

23 MR. HARVEY: Okay, I think we've
24 covered that one then.

25 The last thing on the agenda for

1 today's meeting is discussion or reports of
2 progress regarding DMS's response to the
3 last IDD TAC MAC recommendation. That was
4 around the involuntary termination
5 recommendation that we sent from this
6 committee through MAC to DMS. Carmen, are
7 you reporting on that, or is Leslie or
8 somebody else reporting on that?

9 MS. HANCOCK: Well, I'm trying to get
10 myself unmuted, Wayne. I think we provided
11 -- and we've had a time today, haven't we?
12 I must've missed this on the agenda, so I am
13 so sorry. I think that we provided feedback
14 on that. I know that we sent -- we sent a
15 response letter and clarification with
16 regard to some of the involuntary
17 termination things that we had spoken about
18 were, obviously, that we would always go
19 through a corrective action plan process
20 first, there would always be the option to
21 transition back to traditional service
22 delivery model. I think we clarified that
23 -- just the realization that PDS is an
24 option, it's a service delivery option, and
25 it may not work for everyone given their

1 situation, so we would always, again, pursue
2 another service delivery option and work
3 through correction action plans to the
4 extent possible.

5 We did discuss the additional layer
6 of some third-party or external review of
7 those involuntary terminations before they
8 were processed, and just from an internal
9 systems perspective we've actually work
10 shopped that quite a bit at our systems
11 level, and we have done some redesign on the
12 involuntary termination process within our
13 MWMA system. Those updates and enhancements
14 are going to go live July 1, so that's going
15 to give us a whole lot more context and
16 visibility across all agencies with regard
17 to involuntary terminations, the process,
18 ensuring that appropriate actions have been
19 taken before we get to that place. And
20 we've also added in that additional layer,
21 which we had talked about, you know, in the
22 TAC, of capturing a specific reason for
23 involuntary terminations, and once we
24 capture that reason we can report on those.
25 But additionally, the logic model that we've

1 built into our system enhancements are going
2 to route those involuntary terminations
3 differently depending on what that reason
4 designation is.

5 So all of that to say, we did take
6 all of those recommendations and feedback,
7 and we've already put in quite a lot of
8 work, like with enhancing our systems and
9 enhancing the collaboration between all of
10 the operating agencies, you know, in that
11 effort to, again, have more oversight and
12 more eyes on these processes as they're
13 playing out.

14 MR. HARVEY: I think, Carmen, what
15 the committee members were specifically
16 looking for were just a progress report on
17 the things that DMS responded to us in their
18 written response to the recommendation
19 itself. I'm just going to read through the
20 last two paragraphs --

21 MS. HANCOCK: Okay.

22 MR. HARVEY: -- of what DMS sent back
23 to us, and it indicates, "During the course
24 of reviewing this recommendation, the
25 department has recognized that the need for

1 clear and consistent time frames and
2 policies for involuntary termination of
3 services goes beyond the proposed language
4 pertaining to SCL residential services."

5 MS. HANCOCK: Mm-hmm.

6 MR. HARVEY: "As we identified these
7 gaps, it is critical that we take steps
8 toward a comprehensive review of systemic
9 concerns across programs and service types.
10 The department must consider involuntary
11 termination of other provider services and
12 other 1915(c) Waiver programs. To this end,
13 the department has already taken measures to
14 begin collecting additional and more precise
15 data to identify reasons for involuntary
16 termination requests of all service types
17 and across all waiver programs. Further,
18 the department has noted the lack of an
19 internal review -- or external," I should
20 say, "review or grievance type process in
21 cases of involuntary termination and is
22 compelled to modify this process to include
23 an independent review of such cases. The
24 department, along with CHFS agencies, will
25 continue to work through these processes to

1 arrive at a holistic regulation change that
2 can benefit all home and community-based
3 providers and participants."

4 I think what we were looking for
5 today was just an update on where we're at
6 on all the things that DMS indicated that
7 were doing towards this.

8 MS. HANCOCK: Right. So yeah, what I
9 talked about in terms of system
10 enhancements, we've actually applied that
11 across all waivers and all services and all
12 service delivery models so that we will have
13 that information not just with regard to SCL
14 residential. This is also a topic that
15 we've built -- that we're going to build
16 into regulatory changes. We haven't been
17 able to do anything with our regulations
18 during session, so all of that would be, you
19 know, pushed out over the next few months
20 after the session ends.

21 So we have looked at both regulation
22 changes across all of the waivers, again,
23 system enhancements across all of the
24 waivers, and then that additional layer of
25 oversight, the third-party review, we're

1 still digging into that, from the
2 perspective of an operating agency managing
3 the flow of involuntary terminations, but
4 having an ultimate approval that lies with a
5 different agency. So for instance, in
6 SCL -- we'll just use SCL residential
7 involuntary termination request that gets
8 put through, normally that would be worked
9 and sort of finalized in the Department for
10 Behavioral Health, so BDID. But before, you
11 know, they officially approve or move
12 forward with that involuntary termination,
13 there would be an additional layer of
14 oversight with DMS reviewing it as well. So
15 that's what we're looking at.

16 MR. HOYT: Mr. Chairman? This has
17 been a long-standing issue that this TAC has
18 dealt with and many of us, as providers,
19 have dealt with for a very long time, and
20 there's been a lot of discussion. With this
21 being on the agenda, I've taken the liberty
22 of drafting some language as a
23 recommendation that I would appreciate this
24 TAC consider. And if it -- it has a little
25 length to it. If it would be appropriate,

1 I'm prepared to send that to Danni, and if
2 you would like to put it on the screen,
3 Danni, I'm sending it right now.

4 MS. DAVIS: Okay.

5 MR. HOYT: If it's appropriate,
6 Mr. Chair, that that be reviewed as I read
7 it. I would like to read it into the
8 record, however. If you'd consider this a
9 motion, I would make a motion that the IDD
10 TAC recommends and requests that CHFS
11 personnel provide a progress report at each
12 IDD TAC meeting addressing the following
13 items related --

14 MR. HARVEY: Doug, can I interrupt
15 you just for a second?

16 MR. HOYT: Absolutely.

17 MR. HARVEY: Have you gotten it yet,
18 Danni, so that we could show it to the
19 committee members as they're -- as he's
20 reading it?

21 MS. DAVIS: I have not, but I can
22 allow him to share screen share, if that
23 works.

24 MR. HOYT: No, let's see. You should
25 have it. Let me hit it again.

1 MR. HARVEY: I think it might save
2 you, Doug, from having to read it four or
3 five times if we could show it to the
4 committee members --

5 MR. HOYT: Yeah.

6 MR. HARVEY: -- so they know exactly
7 what --

8 MR. HOYT: Absolutely.

9 MR. HARVEY: -- the motion is and
10 what the recommendation is.

11 MR. HOYT: No, I want everybody --

12 MS. DAVIS: Okay, you should be able
13 to share now.

14 MR. HOYT: Well, you see, that
15 assumes I know how to do that. Let's see
16 here.

17 MS. DAVIS: So at the bottom of the
18 Zoom window, there's a box with an arrow --

19 MR. HOYT: Yep, there it is. I had
20 to find the right file to open. Can you see
21 that?

22 MS. DAVIS: Yes.

23 MR. HOYT: Okay.

24 MR. HARVEY: Yes, we can see it.

25 MR. HOYT: Okay. Again, I'd like to

1 read it into the record, if that's okay.

2 MR. HARVEY: Go ahead, Doug.

3 MR. HOYT: So my motion is that the
4 IDD TAC recommends and requests that CHFS
5 personnel provide a progress report at each
6 IDD TAC meeting addressing the following
7 items related to work on the processes
8 utilized to arrive at a holistic regulatory
9 change that can benefit all home and
10 community-based providers and participants
11 with regard to involuntary termination of
12 service including; one, an update on
13 measures taken for the identification of
14 gaps in reference to a comprehensive review
15 of systemic concerns across programs and
16 service types related to involuntary
17 termination of a service; two, an update on
18 progress towards research or decisions
19 regarding an external review or
20 grievance-type process for involuntary
21 termination of a service. This assumes that
22 CHFS just does not consider the grievance
23 appeal process currently available to each
24 participant by their provider that is
25 mandated to contain an external mechanism

1 satisfactory for this requirement. Third,
2 update on a projected timeline for CHFS to
3 arrive at that holistic change for the
4 long-standing issues with the voluntary --
5 involuntary termination requirements listed
6 within the 1915(c) governing regulations.

7 This recommendation is made to ensure
8 that work continues regarding the
9 long-standing issue for the IDD TAC of
10 systemic concerns related to involuntary
11 termination and to make sure that the
12 processes chosen by CHFS allow the
13 opportunity for all community home-based
14 providers and participants to be involved in
15 order to arrive at a holistic regulatory
16 change that can benefit us all in a timely
17 manner.

18 MR. HARVEY: Okay, the motion's been
19 made by Doug in reference to wanting to
20 introduce an ongoing report process until
21 the issue is resolved related to involuntary
22 terminations. Do I have a second?

23 MR. SCHNEIDER: I'll second.

24 MR. HARVEY: Brad seconds. Thank
25 you, Brad. All right, discussion. Anybody

1 have any questions or discussions that they
2 want to bring forward at this time?

3 MS. DAVIS: No questions or
4 discussions on my end, but Doug, I will be
5 sending you the link where this will have to
6 be submitted through that link to myself as
7 opposed to just through email.

8 MR. HARVEY: Actually, Danni, I'll
9 take care of that as the chair.

10 MS. DAVIS: Okay, fantastic.

11 MR. HARVEY: The chairs of each TAC
12 have access to this form that the MAC have
13 asked us to utilize in relation to
14 submitting formal recommendations that have
15 been approved and so forth. But I think
16 we're getting ahead of ourselves, we have to
17 get it approved first before I have to
18 utilize the form, so any discussion or
19 questions before we go to a vote on this?

20 (No response)

21 MR. HARVEY: I don't see any hands.
22 Danni, do you see any hands that I can't
23 see.

24 MS. DAVIS: I do not see any hands.

25 MR. HARVEY: Okay, what I will ask at

1 this time is that Danni just go down our
2 roll of members that are present and do a
3 roll vote, please.

4 MS. DAVIS: All right, so you first
5 have Wayne, yourself, your vote?

6 MR. HARVEY: I vote to approve.

7 MS. DAVIS: Brad Schneider?

8 MR. SCHNEIDER: I vote to approve.

9 MS. DAVIS: Melanie Tyner-Wilson?

10 MS. TYNER-WILSON: I'm going to
11 abstain.

12 MS. DAVIS: Okay.

13 Johnny Callebs?

14 MR. CALLEBS: I'm trying to reread
15 it. It's pretty lengthy. Can we -- can we
16 have some time to reread it?

17 MR. HARVEY: Sure. Just let us know
18 when you're done.

19 MR. CALLEBS: Let's see. Okay.

20 MR. HARVEY: I do want to make sure
21 the members understand that this is, from
22 what I've read and understand in regards to
23 Doug's motion, it is a motion simply about
24 DMS reporting. It's not -- it doesn't
25 change anything that we've submitted

1 previously. It doesn't require anything new
2 in relation to what has been submitted
3 previously or anything of that nature. It
4 simply requires the cabinet to continue to
5 give us a report and let us know where
6 they're at on this particular issue because
7 we did spend a significant amount of time on
8 it, if that helps people consider what's
9 written in Doug's motion.

10 MR. HOYT: Mr. Chairman, that's
11 exactly correct. This is an effort to just
12 keep the ball moving forward because this is
13 such an important topic for everybody. And
14 it is a reporting, there's no action other
15 than compelling progress reports.

16 MR. CALLEBS: Okay, well, can you
17 scroll the screen back up to the top so you
18 can see the whole motion, Doug, please?
19 Thank you.

20 MR. HOYT: Yep.

21 MR. CALLEBS: I can see it. And
22 Danni, if you need to go on and pass me up
23 while I'm rereading, I understand. I don't
24 want to hold everybody up if you want to
25 come back.

1 MS. DAVIS: No worries.

2 Next, we have Corey Nett. Your vote?

3 MR. NETT: I will approve because we
4 need to know the information.

5 MS. DAVIS: Okay.

6 And then Frankie Huffman, he is not
7 present. Ann Pierce, she was present, had
8 to leave. Cheri Ellis, not present, and
9 that was all of the members.

10 MR. HOYT: I don't think my name was
11 called. Just for the record, I approve.

12 MS. DAVIS: Oh, Doug, yes, my
13 apologies.

14 MR. CALLEBS: So this motion, again,
15 is just for ongoing reporting and updates
16 from DMS so we can gather more information.

17 MR. HOYT: Yes, to confirm, my motion
18 as it's stated on the screen right now is to
19 recommend and request that CHFS personnel
20 provide a progress report at each TAC
21 meeting addressing what is in the remainder
22 of these words on the screen.

23 MR. CALLEBS: Okay.

24 MR. HOYT: And those are the
25 remaining words.

1 MS. DAVIS: Hey Doug, you're sharing
2 all of your screens.

3 MR. HOYT: I know, I'm trying to --
4 there we go.

5 MR. HARVEY: I was getting ready to
6 tell him some kind of chat popped up.

7 MR. HOYT: I know it. I don't know
8 how that happened.

9 MR. CALLEBS: Yeah. I keep trying to
10 scroll down on my screen and it won't do it
11 because Doug's -- sorry.

12 MR. HOYT: Yep. Tell me where you'd
13 like to be.

14 MR. CALLEBS: Okay, I see it all now.
15 Thank you, appreciate it.

16 MR. HOYT: Mm-hmm.

17 MR. CALLEBS: So yeah, I will vote
18 yes on continued updates and data on this
19 particular issue.

20 MS. DAVIS: Alrighty, Johnny Callebs,
21 your vote is "yes," so that brings us to
22 five out of the nine members, so that is
23 warm to approve.

24 MR. HARVEY: All right, great. Thank
25 you, Danni.

1 MS. DAVIS: Of course.

2 MR. HOYT: Mr. Chairman, I will
3 forward this to you so that you have it for
4 proper submission.

5 MR. HARVEY: Thank you, Doug,
6 appreciate it. And I'll take care of
7 accessing the form that Danni was
8 referencing earlier and making sure that the
9 MAC is informed of the recommendation itself
10 prior to the next meeting --

11 MS. DAVIS: Thank you.

12 MR. HARVEY: -- which is kind of
13 really a bear because our meeting times are
14 right on top of the MAC meeting times. We
15 meet the first Tuesday, they meet the first
16 Thursday.

17 MS. DAVIS: Mm-hmm.

18 MR. HARVEY: And usually, our meeting
19 occurs before them, but this -- the MAC
20 meeting just occurred this past Thursday
21 because of the way the days of the month
22 fell. So, you know, it'll have to wait
23 until the June MAC meeting before this
24 recommendation comes forward, so -- and is
25 presented to the MAC itself.

1 And I've rode right into the next
2 agenda item here before we adjourn the
3 meeting for today, but the next IDD TAC --
4 or not IDD TAC but the next MAC meeting will
5 be June the 4th, and I will be in attendance
6 at that particular meeting and present this
7 particular recommendation.

8 Next meeting for the IDD TAC is June
9 the 2nd, which will be 2 days prior to that,
10 so we'll see if we have any other
11 recommendations from that particular meeting
12 that need to be forwarded onto the MAC, and
13 if so, we'll take care of that.

14 Any other questions or anything
15 before we adjourn today's meeting?

16 (No response)

17 MR. HARVEY: Okay. All right. Well,
18 everybody enjoy the good weather that's
19 coming our way, and we'll see you in June's
20 meeting. Thank you.

21 MS. DAVIS: Thank you.

22 (Meeting adjourns at 12:04 p.m.)
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C E R T I F I C A T E

I, TIFFANY FELTS, Certified Verbatim Reporter, herby certify that the foregoing record represents the original record of the Technical Advisory Committee meeting; the record is an accurate and complete recording of the proceeding; and a transcript of this record has been produced and delivered to the Department of Medicaid Services.

Dated this 16th day of April, 2026.


Tiffany Felts, CVR

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