DEPARTMENT OF MEDICAID SERVICES
INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
TECHNICAL ADVISORY COMMITTEE MEETING

****

Via Videoconference
December 2, 2025
Commencing at 9:34 a.m.

Theresa Prokop
Certified Voicewriter

A P P E A R A N C E S

BOARD MEMBERS:

Wayne Harvey, TAC Chair
Melanie Tyner-Wilson
Johnny Callebs
Frankie Huffman
Ann Pierce
Doug Hoyt
Brad Schneider

MS. WASH: Good morning, Wayne. This is Barbara Wash with the Department of Medicaid Services. It is now 10:00, but I am still clearing the waiting room.

MR. HARVEY: That's fine, Barbara. Just let us know when it's all clear.

MS. WASH: Okay, I will. Thank you.

Okay. It looks like the waiting room is clear and we currently have Brad Schneider, Melanie Tyner-Wilson, Wayne, Johnny Callebs and Doug Hoyt.

Is there someone else I'm missing? I don't see Ann Pierce on here. I don't know if she could be on an iPhone. I also don't see Frankie Huffman or Cheri Ellis-Reeves. So those are the ones that we're missing, but we do have quorum.

MS. PIERCE: I'm here.

MR. HARVEY: Okay. Great.

MS. WASH: Oh, okay. Oh, I see now. Okay, thank you.

MS. PIERCE: Mm-hmm.

MS. WASH: Okay. Thank you. The waiting room is clear.

MR. HARVEY: Okay. Thank you, Barbara. We'll go ahead and get started with the agenda.

The first thing up on the agenda is approval of the minutes from the previous meeting. Does anybody want to make that motion?

MR. HOYT: So moved.

MR. HARVEY: Thank you, Doug. Does anybody want to second?

MS. TYNER-WILSON: Second.

MR. HARVEY: Thank you, Melanie. Any discussion before we cast our vote?

(no response)

MR. HARVEY: All right, all committee members in favor just say aye. Aye.

MR. HOYT: Aye.

MR. CALLEBS: Aye.

MR. HARVEY: Any opposed?

(no response)

MR. HARVEY: All right. Motion carries then. Meeting minutes from the previous meeting are approved.

To kick off the agenda, we go into old business, and the first thing on the agenda is

general updates of Medicaid's initiatives for 2025/26.

Barbara, do we know who's going to represent the Cabinet today and brief us on the different things that they're updating us on?

MS. WASH: Yes. They were assigned. and they should be --.

MS. HANCOCK: I'm here. This is Carmen.

MS. WASH: That's Carmen.

MR. HARVEY: Hey, Carmen.

MS. HANCOCK: Good morning, everyone. Good morning, sir. I did want to say on these first two items, I'll do my absolute best. I really feel like these are probably items that you all would want to hear from Commissioner Lee or one of the deputy commissioners on. This meeting happens to coincide with a monthly division directors meeting, so I just wanted to let you all know, if you might want to consider shifting the schedule of this meeting. Shifting the cadence so that we can get Commissioner Lee or Senior Deputy Commissioner Judy Cecil or Dr. Hoffman here during these meetings. So just a heads-up on that.

In terms of general updates, so we do have several things going on in terms of processes and improvements. Cabinet-wide initiatives to align practices and procedures in preparation for ensuring access to Medicaid services federal final rule.

Along those same lines, we are working with HealthTech Solutions and Mercer on all of the final rules and developing gap analyses and game plans for how we can meet those different requirements on the timelines as they flow out. So that work is consistently ongoing.

As many of you all know, and I will be speaking on it later, our 1915(c), our new child waiver, has been approved by CMS. So we are actively daily, multiple times a day, in planning and implementation meetings on that. We do still anticipate the go-live with that in early 2026.

There is also ongoing work around implementation of House Resolution 1, work requirements and other requirements that came out of HR 1.

And generically, I think someone else

is going to present later on the (i)RISE. So that's another big program that we're in the process of getting up and running right now as well.

And then impact of recent federal legislation, I really would want Commissioner Lee or one of the deputy commissioners to speak to that.

MR. HARVEY: So, we don't get no update again.

MS. HANCOCK: I'm sorry. It's just truly the timing of this. They can't attend at this day and time.

MR. HARVEY: Okay. Well, I don't think we're looking for anything that, you know, we're going to hold anybody to or anything in regards to. We're seriously just looking for an update in reference to how it's impacting things there at Medicaid and so forth and so on. Is there any way that you could speak to that or would you rather not?

MS. HANCOCK: I can generically, especially from the Long-Term Services and Supports perspective. We haven't seen an impact in our areas. Obviously, our waivers,

those are, you know, those are approved for five years at a time, so those are just truckin' along as usual. We haven't -- you know, so from that perspective, we aren't having any rates cut or impacted, again, from the LTSS perspective. There may be other areas that I really wouldn't want to speak to, like with regards to the MCOs and the inner workings there. I'm just -- it's just not my area of expertise.

But in terms of, again, our waiver programs and the long-term care programs, we have not seen an impact. And Amy, I see your hand up.

MS. TYNER-WILSON: I have a question. Melanie.

MS. HANCOCK: Melanie?

MR. HARVEY: Melanie, she actually called on Amy first. Let's let Amy go and then we'll let you go.

MS. TYNER-WILSON: Okay.

MS. STAED: No, I'll defer to Melanie. She's a member of the TAC. She can -- go ahead, Melanie.

MS. TYNER-WILSON: Oh, well, two

things. One, if we did change the time of the meeting, would that requires some kind of legislative something? I don't know the protocol for that.

And I think what they were talking about just previous was about expanded Medicaid. And maybe Amy was going to refer to that. That people that have access to SNAP and those kind of things would be in a different, I don't know, pool of people than what is involved with individuals that serves directly on the waivers. Am I right?

MS. HANCOCK: Medicaid expansion calculation.

MS. TYNER-WILSON: All right. Thank you.

MS. HANCOCK: Yes, ma'am.

MS. STAED: I had a couple questions. One question, two comments. Do you have any idea -- I understand the CHILD waiver's been approved and that's a process in and of itself to get from approval to implementation. Do you have any idea of when providers may see a preview of rates?

MS. HANCOCK: The rates are already

published and they are already out there. And I will -- I'm going to share that with you all.

MS. STAED: Okay.

MS. HANCOCK: A little later. Yeah.

MS. STAED: Was notice sent out to providers that the rates were published or that the waiver was approved?

MS. HANCOCK: Uh, we did send out -- in terms of notice that the waiver, but I don't know, Amy. I would have to check back with my communications folks. I don't know if a specific notice was sent out about the approval, but we have been posting provider information sessions. We hosted three of those the week before last and that went out to all of our listserves.

MS. STAED: Okay. Yeah, I think providers are reluctant to become interested without knowing if it's affordable for them to do that, so those rates are important. So thank you, and I will find them. Are they on the fee schedule page with the other ones?

MS. HANCOCK: That's exactly where they are, mm-hmm.

MS. STAED: Okay. I'll look for that.

MS. HANCOCK: If you look at the fee schedule page, yeah, CHILD has just been added as another tab.

MS. STAED: Okay. Yeah, and I'll send those out too after this meeting, and I will look at those.

And then specifically related to impact of federal legislation, two key points that I think that this TAC would like to hear updates on are, number 1, the progress on analyzing the 80/20 provision and the Access Rule.

What services that will impact, what kind of impact we would see. Obviously, implementation of that specific provision is down the line, and frankly, if implementation may be questionable, there's an appetite in the federal government to maybe consider whether that moves forward. But still, I think the TAC members would like an update on that given that it could a tremendous impact.

And two, I think it's also important to talk about the impact of the phase down of

the SCL Provider Tax and how that will impact services and supports, because that need is going to have to move down from 5.5% to the safe harbor, which is either 3 or 3.5% now per federal reconciliation bill from last July.

And so, you know, we'd like, and I think they'd like an analysis of what that loss of revenue in federal funding for the SCL program will be and what -- how that will impact services and service delivery.

MS. HANCOCK: Okay. Sorry, I'm taking notes. That is definitely something I can take back to Steve and Commissioner Lee to get some feedback on.

MS. STAED: Awesome. Thank you.

MS. HANCOCK: Yes, absolutely.

MR. HARVEY: Any other questions on the update of the impact of recent federal legislation?

(no response)

MR. HARVEY: Do you see any other hands, Barbara?

MS. WASH: No other hands are up.

MR. HARVEY: Okay. Great.

MS. TYNER-WILSON: Melanie, can I ask

a question again, because I've been listening to the intersession legislative committee hearings and I think there have been some discussion about the impact of some of this, and just mainly a discussion, because I think the state legislature is concerned in terms of the impact it will have on the working budget for Kentucky. And I can send those YouTube videos to somebody if they're interested.

MS. STAED: I do think it's still important to discuss that here though too, Melanie.

MS. TYNER-WILSON: Oh, yeah. Yeah. But just so you know, it's --

MS. STAED: Yeah, I've testified. Yeah, I testified about it, so, yeah.

MS. TYNER-WILSON: But it wasn't just in the committee meeting that you testified, it was discussed at a couple of other ones, because there is just such an ongoing concern about the impact to just the overall state budget, you know, and how they're going to figure out how to cover all these things. Thank you.

MR. HARVEY: Okay. Great. Any other

questions or comments or anything before we move on?

(no response)

MR. HARVEY: Okay, the next thing up is the update regarding the 1915(c) waiver waitlist.

MS. HANCOCK: Okay. So on our waiting list for ABI Acute, ABI Long-Term Care and our Model II Waiver, there are -- there is no waiting list. Our Home and Community Based waiver, the waitlist right now is at 5587. And the Michelle P. Waiver is 9759. And the SCL waiver is 3814. So that's a total across the board of 19,160 people. The unduplicated number on that is 16,492.

And we are working on -- I know that when we look at these numbers, they often seem to feel stagnant, so we are working on an additional report that I hope to have ready by the next meeting that actually shows the flow from month to month so the people that fall off, the numbers that are picked up, so that it doesn't look like things are just sitting there, because there is quite a lot of movement going on behind the scenes with these slots.

And we want to make sure that we are able to illustrate that for you all.

Cathy, you've got your hand up?

MS. LERZA: Yeah, I just think it's important to also make sure that everyone knows that not only can people be on more than one waiting list at a time, that currently over -- well, it's 31.1% of the people on waiting lists have funding in another waiver.

And, for instance, in people -- there are 179 people on the Michelle P. waiting list, but they're in the SCL waiver. So it's just I think it's important to know that in Kentucky we allow people to be on more than one waiting list. We allow them to be on a waiting list while they're in another waiver. And so it ends up being kind of a bit of an inflation. So, just wanted to point that out.

MS. HANCOCK: That's helpful.

And for PDS Services, we should have someone on from the Department for Aging and Independent Living.

MS. MOUNTJOY: Hi, Carmen, it's Marnie Mountjoy and I'm here to talk about PDS.

MS. HANCOCK: Hi, Marnie.

MS. MOUNTJOY: So the number of case management agencies, we did a bit of cleanup on our list, so the last time I reported that there were 71 but it is actually 66 and there was some discrepancy in the way some agencies were double counted. So, for example, New Vista was listed twice because they provide services to different waiver populations. So 66 is the number of PDS case management agencies. That's 15 area development districts, 13 community mental health centers, and 38 independent case management agencies.

We have five case management agencies that are in queue to be reviewed for PDS and that down from eight when I spoke last time.

And on our PDS interest list, again, this is a list we are trying to clean up. We found that there's some duplication that folks will be on more than one interest list.

So, for example, they'll be on a New Vista interest list, then they'll also be on a Bluegrass interest list. So we're trying to clean that up and get some accurate names but we're running into some security issues. We want to make sure everybody's privacy is

protected, so we want to get this list created correctly.

So, right now, an inaccurate number would be 780 that are on the interest list. And I believe those are the updates that I have for this report.

MR. HARVEY: Anybody have questions over the PDS update?

(no response)

MR. HARVEY: Okay. The next thing on the agenda is involuntary termination summary report.

MS. MARKLE: Good morning, everyone. I have those numbers for you. Total number of involuntary terminations in the last year for all services is at 63, with 43 of those being related to residential services only.

Of the total involuntary terminations in the last six months for all services there were 32. And of that total number in the last six months were 25 for residential services only.

Of the total number of involuntary terminations in the last month there were nine. And of the total of those that were residential

services only are six.

Of the total involuntary terminations not transitioned in the last year for all services, it's 17. And of those that are residential services only are 13.

And our current number of active involuntary terms over one year old is at seven.

MR. HARVEY: Okay. Thank you, Elizabeth. Does anybody have any questions over the involuntary termination summary report?

(no response)

MR. HARVEY: Okay. We'll move right along into new business, and I'm assuming, Carmen, that you're going to do the presentation on the CHILD waiver?

MS. HANCOCK: Yes, sir. I will.

MR. HARVEY: Thank you.

MS. HANCOCK: Let me -- let's get the screenshare.

MS. WASH: I've just stopped sharing, Carmen, so you can share.

MS. HANCOCK: Okay. and it's not -- it says sharing is not turned on. You can

request sharing. I'm just going to send the request and see if that something you can approve really quickly.

MS. WASH: I've just allowed it. Yes.

MS. HANCOCK: Yes. Thank you.

MS. WASH: Mm-hmm.

MS. HANCOCK: Okay. How's that? Can you all see that? Okay. Very good. Okay.

So, introduction to the 1915(c) CHILD waiver. So, 1915(c) waiver history. The Community Health for Improved Lives and Development or CHILD waiver is a new 1915(c) waiver option in Kentucky.

For those of you all who've been around for a while, you'll know that this is the first 1915(c) waiver new waiver that we have done since the Michelle P. waiver back in the mid-to late 2000s. So it's been quite a long time coming for us to have a new 1915(c) waiver option.

Of course, 1915(c) waivers are a federal and state partnership with each paying part of the cost.

And that 1915(c) specifically refers

to the section of the Social Security Act which authorizes states to request the option to provide home and community-based alternatives to institutional care.

CHILD waiver overview. So, the primary goal of the CHILD waiver is to keep children, youth, and young adults with multi-system needs and complexities safe, healthy, and, to the extent feasible, independent, within their communities and families.

Additionally, the CHILD waiver aims to serve children, youth, and young adults and is dedicated to a holistic approach to addressing high-intensity needs with a support system as determined by the enrolled participant.

Participant eligibility requirements. The child waiver population is focused on the ages of zero up to 21 years of age and would include those with an intellectual or developmental disability, or both, or severe emotional disability, or a combination of any of those.

The youth would have also been

unresponsive to other services and supports that would have enabled them to remain in the community setting, and they need to meet one or more of the following criteria.

So the first being that they are currently unhoused or at risk of being unhoused, that as a direct result of the intensity of their disability or their care needs.

They may have a history within the last year of at least two different out-of-home care placements, also as a direct result of the intensity of their disability or care needs.

Other criteria, possibly within the last year, as a direct result of the intensity of their needs, they have had any incident that involved at least five contacts with police departments, sheriff's office, emergency services, fire department. Those types of offices.

They might be identified through discharge or recommended for discharge from an inpatient psychiatric hospital, an ICF/IID, or a similar institution, within the next 45 days, or they may just require the support that the

CHILD waiver will offer.

This is a look at the services within the waiver. Case management, respite, community living supports, environmental and minor home adaptations, home modifications, clinical and therapeutic services, and supervised residential care.

I do want to make a note that this is the first Medicaid-funded waiver program that does provide a supervised residential component to children. So this is a first for our state.

And going back to -- just to harken back to one of the first slides, the CHILD waiver is really intended for the most intense, you know, highest need, highest acuity youth who have really exhausted other options that would allow them to remain in the community, you know, and live independently. So therein lies the supervised residential care.

Part of this too, as we worked through who does this kiddo look like, you all are probably aware of youth who have been placed out-of-state, for instance, because we don't have that type of placement in Kentucky.

This waiver would be the type of program that would fill that kind of need with that residential component and that strong basis of clinical and therapeutic services.

So, I am going to -- let's end this, and as Amy asked earlier, I'm going to actually walk you all directly to where you can find -- let me move this little guy around -- our fee schedules. Can you see this page? Fantastic.

So, right here on our Team Kentucky page, and I'll be honest, when I search this, I don't have the link saved, I just type in Kentucky DMS fee schedules to my Google bar and this is the first thing that pops up.

But on our fee schedules page, if you scroll right down to Home and Community Based Services Waiver Rates and click on that, you're going to get a little pop-up that you a lot of times have to say yes to. Let's close these guys out.

Right here at the bottom we've added another tab for CHILD. And make that a little bit larger.

And here are the rates. Case management is one unit per participant per

month. You can see right there 425.92 is the monthly rate for case management. The clinical and therapeutic services, this is a 15-minute unit and it's 29.95 per unit. That's the rate there.

Make this a little bit bigger. Make sure everyone can see.

Community living supports, there are two levels. There is a level for those youth who are in a stable home environment, whether it be with their parents or a foster placement or something like that. There's a level of CLS for that situation.

There is also a level of CLS for those who may be in a transitional phase. Maybe they're in one of our supervised residential settings but they're really trying to transition back into their traditional home setting. So we do have CCLS that's authorized for those types of situations as well. That's also a 15-minute unit and the unit is $7.37.

Environmental and minor home modifications, this is the lifetime limit up to $9680. Again, these are for home modifications that are needed in order to really meet the

health, safety, and welfare of the waiver participant, so of the youth. It might be ramps, it might be accessibility changes to doorways, countertops, that sort of thing.

There might be upgrades to say electrical or plumbing systems to accommodate medical equipment or something like that. So that what we're looking at with our environmental and minor home modifications.

Supervised residential care, I'll make a note here. This is the highest residential rate that any of our waivers offers at this time. It's $550 per day.

Respite, that's also a 15-minute unit. We have respite and then respite in a congregate setting. meaning respite that may be provided at one of our certified residential providers who's also doing a congregate respite service. Those are a 15-minute unit. $5.92 a unit.

So, we are also allowing for exceptional supports in a handful of these services. There is an exceptional unit that could be allowed for case management, so, you know, during those times where a case manager

is really working hard on a specific case or, you know, it really needs some attention, so case management is one of those.

Clinical and therapeutic services also allows for an exceptional unit. And then we do have an option for an exceptional rate in our supervised residential care.

Again, understanding that we're going to be working with youth who have the highest intensity, the highest acuity of needs.

So, any questions while I'm here? Amy?

MS. STAED: I can't get to the react button, so I just raised my actual hand. Can I ask what -- I know in the waiver application, DMS stated that they looked to ABI and SCL to kind of get a basis for the rates, which makes sense given the needs of those populations, populations served and the structure of those waivers. That makes total sense.

Can I ask, if you can speak to what -- how -- what they looked to, to arrive at the residential rate?

MS. HANCOCK: Yeah, we did. We looked at, like you said, both ABI and SCL. We

actually, the ABI rate -- I'm sorry, Amy, I can't remember right off the top of my head if it's acute or long-term care is the highest residential rate that we have currently, so we actually went 50 percent above that rate when we made this rate.

The consideration here also was, when we look at those youth who are being placed, for instance, out-of-state or in similar type situations, you know, we had to look at what those daily rates are or what those contracted rates are, so that was a consideration as well.

But we knew that this residential rate needed to be --

MS. STAED: Yeah.

MS. HANCOCK: Needed to meet the --

MS. STAED: And I understand, and hopefully the Cabinet for Health and Family Services will consider a similar option for a residential rate in SCL to address those individuals, you know, those 17 individuals that are currently have been waiting for, you know, a new residential placement for over a year, to help support those extremely intense needs, because right now even with exceptional

supports, that money has to be used for -- to pay, you know, double staff, things like that, and can't be used to bring in, you know, other kinds of care options.

And so I hope that that considering increasing that rate, you know, at least for high-needs individuals will be considered in SCL, because I do agree that a higher rate is absolutely needed to support, you know, intense individuals or children in this case. And I think that's great and I applaud that commitment and recognition by the Cabinet in this waiver application to do that, and I think it's going to be a really good thing for these kids to help them stabilize, and hopefully, you know, move back into the family home with those supports.

And so I think it's a wonderful thing that you all have done here. Thank you for addressing that. I appreciate it.

MS. HANCOCK: Sure, Amy. And thank for calling that out. That obviously is the exact goal is to stabilize these youth, to get them back into their family homes in their communities, in their schools, in their

churches, that's the idea. So thank you for calling that out. I do appreciate it.

So, I'm going to stop sharing.

MR. HARVEY: Ann has her hand up. She has a question.

MS. PIERCE: Thank you. Thank you, Wayne. Thank you, Carmen. This waiver's wonderful. I cannot applaud you enough for implementing this.

My question is, the criteria to qualify for the CHILD waiver could easily apply to adults, and as Amy said, I agree with Amy, that are in danger of eviction. I'm just wondering, I'd never heard of this waiver. I mean, are there waivers out there similar to this for adults that we could consider?

MS. HANCOCK: So the way that -- that's a great question. The way that waivers have to be written, in terms of the application process, we have to identify a specific target group of people. And we have to clearly define eligibility when we submit the application to DMS.

So, again, depending on the population, you know, the group of people that

you are talking about, SCL would be the most, you know, comprehensive waiver for folks with intellectual developmental disabilities. You know, those types of diagnoses, our ABI waivers would the most comprehensive for someone who has a brain injury. That would be an adult, 18 or over with a brain injury.

Also, coming around the bend is going to be (i)RISE, which isn't a 1915(c) waiver, it's a 1915(i), and that really will have, you know, a vast set of services for adults with complex and multi-system needs.

I don't -- I'm not necessarily involved in the RISE process, and I'm not the expert on that, I just am very excited about it because of everything that I continue to hear as it's coming on board. They are enrolling providers in RISE right now, so gosh, I hope we have services out there soon, but those are very comprehensive, and that's for adults.

MS. PIERCE: May I continue? May I continue?

MS. HANCOCK: Sure.

MS. PIERCE: So, I guess my concern is that the children receiving these intense

services, which are wonderful, are going to turn into adults and then suddenly there going to lose everything. So, I mean, for instance, people with severe autism, which is near and dear to my heart, are they going to qualify for the (i)RISE or just that -- I'm just saying they're going to suddenly be put in this situation where they're going to be denied of everything and that won't be good. The ones that can't transition to home.

Anyway, I see that as a future problem and something that maybe DMS might be thinking about how to deal with that.

And I had another question. Put my glasses on. Oh, you said something about the ones that are out-of-state right now, the seven that are out of state, that this CHILD waiver would fill the out-of-state component, and I'm not sure what that means. That it would pay for them to go out-of-state or I mean obviously they're already doing that. So, I don't know.

MS. HANCOCK: Right. I apologize if that was confusing. I was more intending to say that had we had this program a year ago or two years ago, we may not have had to had those

placements out-of-state. This type of program could have filled that need with the supervised residential component and those clinical and therapeutic services.

MS. PIERCE: Excellent. Thank you.

MS. HANCOCK: Yes, ma'am. And, you know, we have already considered that aging out, that transition period, so, you know, that's really going to need to be a conversation, in-depth conversation, that's had with case managers, with these waiver participants and making sure that they are on all of the waiting lists that they would qualify for as soon as possible, if they are not already.

And then we start -- we're going to start the transition planning 120 days -- at least 120 days before the person's 21st birthday. So we have some potential stopgaps there. And lots of hands up. Lots of hands.

MR. HARVEY: I think Johnny had his hand up first and then we'll go to Frankie and then we'll get Amy. Johnny, go ahead.

MR. CALLEBS: Hey, thank you. I really just wanted to say some of the same

things that Ann and Amy said in support of, you know, an enhanced service package or covered services for adults in the SCL waiver in particular, who have needs that are so intense that they are not being met by current waiver services.

So, I think maybe this could serve as a model for putting something together going forward so that we can offer more intense support, or higher levels of support rather, for that small group of people that seem to be, you know, maybe falling through the cracks and can't get their needs met as the waivers currently exist.

And then also I do think we need to pay attention to Ann's point about this, you know, of potentially a sudden drop-off if you have someone in the CHILD waiver and they're going to transition then into SCL, for example, and your used to this very high level of support keeping you in the community and out of an institution, and then if that's not available as you transition into SCL, I think that's something that we just need to focus on and make sure that, you know, the gains that

were made for this person don't just get, you know, jeopardized by a lack of services as they're transitioning.

So, anyway, but also, Carmen, hats off to you all for this CHILD waiver. I think it is serving a valuable purpose and we need to, you know, do better in our state as far as creating options for people with intense needs so that they don't have to go three and four states over to get what they need, and the toll that that takes on families, it's a lot.

So, I think this is a great step in that direction, so thank you all.

MS. HANCOCK: Thank you.

MR. CALLEBS: That's all.

MS. HANCOCK: And we had Frankie and Amy.

MR. HARVEY: Yeah. I'm trying to get Frankie to go ahead. Frankie, it's your turn.

MR. HUFFMAN: Hi. One of the questions I have is, cause for example, I think it's a good idea. I think we needed a CHILD waiver for a long time. I know several kids that are on Michelle P. Does that mean they'll automatically transition from Michelle P. to

the CHILD waiver?

MS. HANCOCK: That's a good question, Frankie, and one that has come up before. No. The answer is no. They wouldn't transition from Michelle P. or from any of the other, you know, maybe if there was a kiddo on HCB, they would not automatically transition. This would be a separate waiver application that they would have to apply for.

Anything else, sir?

MR. HUFFMAN: That makes sense. Thank you for telling me.

MS. HANCOCK: You're welcome.

MR. HARVEY: Amy, go ahead with your question.

MS. STAED: Yeah. I am glad that the transition planning process was brought up, because we've talked about this extensively in our comments that we submitted, you know, to the waiver. And I think a portion of this that's going to significantly help with the transition process is, number 1, creating emergency criteria in every single waiver. Because right now, if someone needed to transition from CHILD to SCL, they could get an

emergency slot, right? That would be easily achievable in 120 days.

But if somebody needs to transition from CHILD to Michelle P., for example, if that was the more appropriate, you know, care option for them given the support needs, that their support needs aren't as intense, et cetera, you know, they wouldn't be able to. So creating an emergency criteria for every single waiver, even if there is not a waitlist, I think is vitally important.

And two, I think it's important that the Cabinet next, you know, prior to every budget, you know, so every two years take a look at the CHILD waiver population and do an analysis of how many slots they're going to need in the next budget.

You know, how many people over the next two-year period are going to turn 21 and are going to transition. And really, you know, make sure we're consistently asking for those slots in the budget to ensure that at the very least, you know, those individuals will have slots available to them and those are the minimum amount of slots that would be funded to

help with that transition.

I think it's a pretty easy analysis, but just, you know, something that you just have to create a process for. And I think that those are two really easy things that really will help, you know, with that process, because I can't just start at the 120 days with the case manager. You know, I think it really has to start with the budget every two years making sure the slots are there, then with the emergency criteria to make sure that there's no waiting time for these children who will then be adults at that point. But and then, again, ensuring that there are comparable services that can support their needs in whatever waiver, you know, they are transitioning to. Thanks.

MS. TYNER-WILSON: Wayne, can I ask a question?

MR. HARVEY: Sure, go ahead, Melanie.

MS. TYNER-WILSON: Okay. Thank you. This was really helpful information, and I keep thinking the CDC has put out the incidence rate for eight -year-olds with autism is one in 31, and it's, you know, gone up through the charts

crazily over the many years, but my question was, is there a credential, like a training requirement for providers like, you know, do they have to be a DCBA or, you know, some credential as well as do the people that are in, like foster care have to have a certain level of training and, you know, background in order to be able to have these children to be able to come into their homes? Does that make sense?

MS. HANCOCK: It absolutely does. And those are fantastic questions. So they sort of lead into one of the bullets there, the provider enrollment certification process. So, as I mentioned earlier, we have already started information sessions. We hosted three virtual sessions for providers the week before last, and we actually had over 170 people attend those sessions. Yes.

And then we are doing an in-person new provider orientation session. That's going to be here in Frankfort on December 16th. Anyone who attended those information sessions was also sent the information and the invitation to come to that new provider

orientation. As of yesterday, I haven't been able to get in to look at it today, but as of yesterday, we had 31 people enrolled to come to that new provider orientation.

So we're going through these processes with any potential new provider. They have to attend information sessions, they have to attend the orientation, and then there's another set of trainings that have to be completed just around person-centered planning, HIPAA, trauma-informed care, professionalism and ethics, some of the final rules and things like that.

So those will be required trainings for any services that are going to be provided at a service site. So primarily like the supervised residential, we will be going out, DMS, Medicaid staff will be going out and doing on-site precertification reviews. So they will be held to the same standard that say our SCL residences are held to. Okay?

So we will be doing all of that prior to allowing a provider to be certified and then enrolled as a waiver provider.

There is a second set of requirements

at the staff level. Most notably, a couple of the differences. So for your CLS, community living support providers, in our other waiver programs, the minimum age is 18. We felt like that wasn't appropriate with this particular population given that the age of the people served actually goes up to 21, so we've made the minimum age for a CLS provider, in this waiver, 21.

Obviously, there are background checks. Drug screenings, a whole host of trainings that have to be completed including medication administration training, CPR, first aid, crisis prevention intervention. All of those would have to be completed before someone could be an independent functioning case manager or director support provider or clinician.

But the clinicians, like for the clinical and therapeutic supports have another level where they have to have those certain licensures or credentials as well, to be able to provide those services.

MS. TYNER-WILSON: That's great. And also, just from a health and safety standpoint,

issues around elopement. Those seem to be common concerns for the young child, and I don't know if this population would, you know, have those kind of issues, but just being aware of, you know, things that you can do within the home as far as alarms and all that kind of stuff, as well as making the caregiver, the families that welcome this child into their home, making sure that they understand the whole concept of elopement that happens frequently with the very young child. Thank you.

MS. HANCOCK: So, Melanie, since you mentioned that, one of the other training requirements, again, for anyone who's doing hands-on services, so that would be your CLS provider, your residential provider, even case managers, they have to have a separate individualized training on each person that they're supporting or providing services to that would address does this person have a history of elopement, are there other sort of risks or behaviors that we need to be aware of and watch out for.

And then, you know, mitigation

planning. So a big part of that clinical and therapeutic support service is helping the entire care team to plan things like risk mitigation, crisis prevention and de-escalation, and different techniques like that so that we kind of get to that place where hopefully we are avoiding or we can de-escalate situations very quickly.

But also, again, personalized to the individual and their experiences and behaviors up to that point.

MS. TYNER-WILSON: Thank you. That's exciting. I'm an old foster adoptive parent and I remember a million years ago when we went through the training it was kind of just generalized, and I'm excited that the training is going to be so specific to the individual child that might be brought into the home. So that's great. Thank you.

MR. HARVEY: Johnny's got his hand back up. Johnny, go ahead.

MR. CALLEBS: Yeah. Thank you. Carmen, just a quick question. Am I correct in saying that this CHILD waiver does not offer a PDS option? Is that correct?

MS. HANCOCK: That's correct. Yes, sir.

MR. CALLEBS: Okay. All right. I guess because of the more clinical nature of the services.

MS. HANCOCK: Spot on. Yes. The clinical nature of the services and again, the acuity of need. You know. Yeah.

MR. CALLEBS: Okay, thank you. I just wanted to clarify that.

MS. HANCOCK: We wanted to ensure that we had appropriately trained staff, clinician level staff. Yes. And again, we might be working with children who already are in out-of-home placement. So there were lots of factors there. But no, PDS is not an option.

MR. CALLEBS: Thank you.

MS. HANCOCK: Yes, sir.

MR. HARVEY: Carmen, can you talk a little bit to the bullet point of planned outreach to parents or potential participants? Because I really didn't hear, and maybe I just missed it during your presentation, what the Cabinet's plan was on that.

MS. HANCOCK: So we have, when we worked through setting up this waiver, we actually worked very, very closely with our partners in DCBS as well as the Department for Behavioral Health and Intellectual Developmental Disabilities. So we have awareness around this new waiver in child-facing programs across the Cabinet.

In terms of targeted, you know, information to participants or potential participants and parents, we are planning to do, I'm not really sure what to call it. Maybe a town hall or an open information session just sort of an introduction to the public. That would be next year, early next year, that would be more for parents or potential participants or even the types of providers or places, people, organizations that might encounter these youth.

So schools, counselors, clinicians who might already be working with youth in these situations. Also, you know, DCBS staff and that sort of thing. So we are planning to host some sessions, I just don't have dates on those yet.

And again, when we put out -- Amy asked earlier have we put information out. Yes, we put information out to all of our current providers. So current waiver providers who might already be interacting with these children are already aware of the program upcoming.

And then there was another bullet on there that I wanted to mention. Target date would be early 2026, so we're aiming for January of '26.

Yes. I'm trying to make sure, Mr. Harvey, that I've gotten all these bullets. Is there anything else that you see that I haven't covered?

MR. HARVEY: No. I think you've hit on the different bullets. I see Ann's hand up. I think she has another question.

MS. HANCOCK: Okay.

MS. PIERCE: I just want you all to know I'm remembering to unmute myself this time. I had one more question. My lived experience living with severe autism tells me that it's very difficult to get providers for services, and well anyway, and I'm just

wondering, are you actively working on recruiting providers to do services for -- okay. Just double checking.

MS. HANCOCK: Yes, ma'am. When we put out our initial interest sort of outreach and we had, gosh, it was close to 200. It was around 180 providers that did respond to our interest list.

And then, like I said, we had over 170 that attended our informational sessions, and then I have over 30 right now who are registered already for that new provider orientation.

So we've been just thrilled with the response from the provider community and really hopeful. Obviously, we have many current waiver providers who are across the board, ABI, Michelle P., SEL, who have shown interest, but we've also got agencies out there who aren't current waiver providers but who have this sort of expertise who have also expressed interest in becoming providers, and that's very exciting.

MS. PIERCE: I'm glad they've changed their mind. I guess they just needed to be

paid more, right? Which we've all been saying all along. So, thank you.

MS. HANCOCK: Yes, ma'am.

MR. HARVEY: Any other questions? Anybody else got a hand up or anything? Go ahead, Johnny.

MR. CALLEBS: One more. Carmen, since we're talking about provider and provider recruitment, do you have any information about geography of providers who have shown interest or applied so far? Do we have a kind of statewide coverage or are, you know -- I guess to say, are the services centered around, you know, just Lexington, Louisville, and Northern Kentucky? But I know the goal is, you know, statewide access. So just curious how that's looking so far.

MS. HANCOCK: So, Johnny, I am capturing that in the provider orientation we've also asked which counties they cover, and we had captured previously which services the providers were interested in offering. And I'll be honest, that registration link has only been out there for a little over a week and I haven't done a deep dive yet on the coverage,

but we are collecting that. And like you said, the goal would be statewide.

MR. CALLEBS: Okay, thank you.

MS. HANCOCK: You know, the standard pockets: Louisville, Lexington, Paducah, Bowling Green.

MR. CALLEBS: Okay. Thank you.

MS. HANCOCK: Yes, sir.

MR. HARVEY: Any other questions for Carmen?

(no response)

MR. HARVEY: Carmen, thank you for that presentation. That was very, very thorough.

Oh, I see Frankie's got a hand up at the last minute. Go ahead, Frankie.

MR. HUFFMAN: Sorry, I had one last question about that. I just wanted to make sure I was understanding correctly. Like, for example, within Louisville, with this new CHILD waiver, there's a boys' school, Home of the Innocents, in Louisville. It's like a nursing home for kids. Is this waiver designed to get them out of like Home of the Innocents or is it to take care of them at home?

MS. HANCOCK: So, certainly depending on an individual's situation, that could very well be a great scenario that someone who's at Home of the Innocents could come out and be supported in the community again. So that definitely could certainly be an option, Frankie. Yeah. That's a great call-out.

MR. HARVEY: Okay. Any other questions?

MS. HANCOCK: Thank you all.

MS. TYNER-WILSON: Wayne, I have one. I can't find a hand to raise my hand like everybody. I am a techno peasant. But I had one question or just a suggestion for Carmen is, you know, maybe, I used to work in development peds at UK and we would have medical students kind of rotate through with us, you know, every month, and if you could get on their, you know, have some representative from your world to go and be a part of, you know, training of medical residents, I mean, they might become pediatricians. They become neurology. You know, who knows what they are going to become but it might be a way to get the information out, as well as different other

organizations that do, you know, ongoing training and information sharing for folks.

I don't know, but just thinking down the road about stuff like that. I think they would probably be interested in taking coursework or getting additional information if they knew what it was about and see if it matched their nursing students as well and functional work students as well.

MS. HANCOCK: We can all use more education, yes, ma'am. Absolutely.

MS. TYNER-WILSON: It never ends, does it?

MS. HANCOCK: No, ma'am. Thank you.

MS. TYNER-WILSON: I'll continue to learn how to raise my hand too. I'm sorry. I needed a training on that.

MR. HARVEY: I see Ann's hand up again. Go ahead, Ann.

MS. PIERCE: Hi, I'm following up on what Melanie said. Back in the day, there was no ABA and so we had to fly people in from California and hire our own people and train them, but we partnered with colleges and universities, and they did internships with

their special education students, and that was really good and it gave them an idea of what severe autism, in particular, looked like. But that might be something you want to consider too. They are eager to do that. Thank you, Melanie, for bringing that up.

MR. HARVEY: Any other questions or comments on Carmen's presentation?

(no response)

MR. HARVEY: Thank you, Carmen.

MS. HANCOCK: Thank you all for your time. I really appreciate it.

MR. HARVEY: All right. Next thing up on the agenda is update on the RISE enrollment process. Barbara, who's going to do that update for us?

MS. WASH: I believe -- hang on just a second. Let me double check. I'm not sure who is going to step up on that one. Erin, did we assign that to any particular person?

I believe we did.

MS. BICKERS: Give me just a moment. I'm trying to get into my e-mails.

It looks like Carmen, but I don't think that was for her because it was

underneath all of the other CHILD stuff. I apologize, Wayne. We may have to take that one back and get you some information. I don't see anybody on that might be able to address that at the moment.

MR. HARVEY: Okay.

MS. WASH: Or they may not be here today.

MS. STAED: Hey, Wayne, can I add something on there just because I asked you to put it on the agenda?

MR. HARVEY: Go ahead.

MS. STAED: We've heard reports from providers who are our members who are in the process of enrolling in RISE, which is great. I'm very excited that they are doing that. That may be the process is going a little slow, and I think maybe the hang-up could be in the provider enrollment portion of that, but I'm not entirely sure. So if that frames any sort of investigation or information that you all bring back at a later date, hopefully that's helpful.

MS. BICKERS: It is, Amy. Thank you so much. I was going to ask if there was

anything in particular. So we will -- Barbara will add that to her takeback and we will get with program integrity and see if they can provide a little information on the enrollment side.

MS. STAED: Thank you, Erin.

MS. BICKERS: Of course.

MR. HARVEY: Okay. The next thing we have is an update or synopsis on the recently held BAC and MAC meetings. Erin, are you going to do that or someone else from the Cabinet?

MS. BICKERS: I can. Some. Barbara can also step in. She has been spearheading those and taking care of them. And I do know we have had a MAC and a BAC since the last time we have met. I was not on the BAC meeting. Those are closed meetings. I did not have an assignment, so therefore, I was not invited. So I don't have a whole lot of information. I do know there are some new changes with the minutes of the MAC being posted within 30 days of their meeting, which is a little different.

The last MAC meeting went really well. It was a lot of voting on the new chair. Some of the new processes. And I believe those

2026 dates are being worked on getting out and on the website and out to all the TAC chairs once they're established.

MS. WASH: Actually, I have an update on the MAC. Yes. Waiting for Dr. Schuster to approve the new meeting dates. because they went out for everyone to basically pick a date and time that's best for them. So we should be seeing those posted up on the website pretty soon.

MS. BICKERS: Thank you, Barb. And Dr. Sheila Schuster is -- was still -- was voted in as the Chair of the MAC, and Emily Beauregard, I believe, was voted the Chair of the BAC. The Consumer Rights TAC did dissolve with the start up of the BAC. So now there's only 16 of you guys instead of 17.

Is there anything else in more particular you'd like to have updates on? Just general overview?

MR. HARVEY: No, I was just wanting all of the people on the call to have a general overview of those two meetings taking place. I actually attended the MAC meeting, so I was aware of what happened, and it was mostly just

house type stuff and reestablishing the committee and voting the officers in and so forth and so on.

MS. WASH: They did speak about having an in-person meeting in the spring. So that was something new for the MAC.

MR. HARVEY: Okay. Does anybody have any announcements or general discussion they would like to bring forward?

(no response)

MR. HARVEY: Okay. I don't see anything. We really haven't discussed anything to call for recommendations. MAC meeting representation, Barbara and Erin just covered that they're still establishing the MAC meeting dates, and once that schedule is established, I, as your TAC Chair, will plan to attend those meetings and put forward any information that's necessary from this particular committee.

Does anybody else have anything to add?

(no response)

MR. HARVEY: Okay. I want to thank all the Cabinet representatives that presented today, especially Carmen. She took the brunt

of things for the Cabinet today, and we really appreciate you providing the information on the CHILD waiver, Carmen. That was very useful for our committee.

I want to wish everybody a Merry Christmas. Hopefully you had a good Thanksgiving last week. And we will see you guys next year. 2026, believe it or not. Thank you.

(Proceedings concluded at 11:12 a.m.)

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C E R T I F I C A T E

I, Theresa Prokop, Certified Voicewriter, hereby certify that the foregoing record represents the original record of the Technical Advisory Committee meeting; the record is an accurate and complete recording of the proceeding; and a transcript of this record has been produced and delivered to the Department of Medicaid Services.

Dated this 18th day of December, 2025.

Theresa Prokop, Certified Voicewriter