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

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Via Videoconference
12 February 3, 2026
10:01 - 11:35 a.m.
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22 Theresa Prokop
Certified Voicewriter
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1 A P P E A R A N C E S

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3 **TAC MEMBERS:**

4 Wayne Harvey, Chair
Melanie Tyner-Wilson
5 Johnny Callebs
Frankie Huffman (not present)
6 Ann Pierce
Doug Hoyt
7 Brad Schneider
Corey Nett
8 Cheri Ellis-Reeves

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1 MR. HARVEY: The first thing I
2 wanted to do is give a new member to the IDD
3 TAC an opportunity to introduce himself.
4 And Corey, if you or your staff
5 person wants to go ahead and do the
6 introduction that we discussed prior to the
7 meeting, feel free. The floor is yours.
8 Corey, I think your mic is still
9 muted right now, so we're not hearing
10 anything.
11 MR. NETT VIA INTERPRETER: He said,
12 sorry about that.
13 THE INTERPRETER: Hello.
14 MR. NETT: Hello. My name is Corey
15 Nett.
16 MR. NETT VIA INTERPRETER: My name
17 is Corey Nett. I'm an alum of Western
18 Kentucky University. With a BA in journalism
19 and an emphasis on sociology and women's
20 studies. And I am a lifelong
21 differently-abled advocate. And I am very
22 glad to be joining TAC.
23 MR. HARVEY: Okay. Is that's all
24 you wanted to say, Corey?
25 MR. NETT: Yes.

1 MR. HARVEY: Not going to brag on
2 yourself a little bit more?
3 MR. NETT: No.
4 MR. NETT VIA INTERPRETER: Not right
5 now.
6 MR. HARVEY: All right. Thank you,
7 Corey. We welcome you to the IDD TAC.
8 The next thing on the agenda is the
9 approval of the meeting minutes from the last
10 meeting. Does anybody want to make that
11 motion?
12 MR. HOYT: So moved.
13 MR. HARVEY: Thank you, Doug. Does
14 anybody want to second it?
15 MR. SCHNEIDER: I'll second.
16 MR. HARVEY: Thank you, Brad.
17 Is there any discussion in regards
18 to the meeting minutes?
19 (No response.)
20 MR. HARVEY: All right, all members
21 in favor of approval, say aye.
22 TAC MEMBERS: Aye.
23 MR. HARVEY: Any opposed?
24 (No response.)
25 MR. HARVEY: Okay. Barbara, we've

1 got the meeting minutes approved, so we will
2 move forward on in to old business.
3 Who's going to speak on behalf of
4 the cabinet today, Barbara?
5 MS. WASH: This is Barbara.
6 MS. HANCOCK: Go on, Barbara.
7 MS. WASH: It's Carmen Hancock.
8 MR. HARVEY: Hey, Carmen. Welcome
9 back.
10 MS. HANCOCK: Oh, thank you,
11 Mr. Harvey. How are you?
12 MR. HARVEY: I'm doing fine. Doing
13 fine. Good to see you.
14 MS. HANCOCK: You too. Thank you.
15 So I've got some updates. From long-term
16 services and supports, specifically, I wanted
17 to let everyone know that we did go live with
18 our CHILD Community Health for Improved Lives
19 and Development waiver on January 1st.
20 At this point, we have two providers
21 that have been certified. And then we've got
22 seven more that are in process of being
23 reviewed.
24 We're actually going out tomorrow
25 for our first two provider on-site visits for

1 our residential services. So we are hoping to
2 get those two moved on through, and then have
3 some certified residential providers as well.
4 At this point, we've received nine
5 participant applications. One of those has
6 been approved and we've got two that are
7 awaiting their assessments right now. So
8 everything's moving right along with the CHILD
9 waiver. We are so pleased that we have had
10 very few hiccups. I'm going to find some wood
11 to knock on here.
12 The regulations were filed with the
13 LRC on January 7th, and we're currently in a
14 75-day public comment period. That's running
15 through March 31st of this year.
16 So I would encourage you all. We
17 sent out e-mail blasts, I believe last week
18 and the week before, with links to where you
19 can find those regulations to review and how
20 to submit your public comment.
21 If folks want that information, I
22 can gladly send it to you separately. So that
23 is very exciting.
24 Is there anyone on who can give a
25 better update? Oh, we have RISE next. Okay,

1 great. So I'll wait for someone else to hit
2 on that.
3 Also, I wanted to let everyone know
4 that we are launching a very large-scale home
5 and community-based services quality survey.
6 We anticipate to be starting the survey some
7 time this month.
8 And what that's going to be, there
9 will be going out to participants, to
10 guardians, phone calls, written letters, and
11 there should be some remote blasts as well.
12 And it's really important that we do
13 have participation in this survey. It's one
14 of the things that we use to make our services
15 better in the future, and these results also
16 go to CMS. It plays into ensuring that we
17 continue to maintain our quality and
18 performance measures and that sort of thing.
19 So if you hear something about that,
20 that is a legitimate survey. We will have
21 people calling and reaching out to gather
22 information on home and community-based
23 services quality measures.
24 Another note just to add is, as you
25 all are well aware, the legislature is

1 currently in session, so we are reviewing on a
2 pretty daily basis, proposed bills and
3 amendments and things of that nature.
4 So just in general, the Medicaid
5 team has been incredibly busy since the
6 beginning of session, and we plan to be
7 through the end of session as we are reviewing
8 and commenting and providing feedback on a
9 daily basis with regard to proposed bills and
10 amendments and that sort of thing. That is
11 going on with us right now as well.
12 And I know that RISE is next on the
13 agenda. I'm hoping that there's someone on
14 who can speak to it.
15 MS. STALEY: Hi. This is Sherri
16 Staley from DMS. Just an update about RISE.
17 It's a 1915(i) state plan amendment. So while
18 it functions like a waiver, it is different.
19 The goal of RISE is to help
20 Kentuckians with serious mental illness secure
21 housing, access education and employment while
22 thriving in their communities and avoiding
23 institutionalization.
24 I'm going to drop in the web page in
25 the chat so that people will have that

1 information. There's information there on how
2 to apply.
3 There are ten services that include
4 respite for caregivers, transportation that is
5 different than the Non-Emergency Medical
6 Transportation Medicaid benefit. Some home
7 modifications, supported employment, and
8 supported education, among others.
9 We have launched and our live with
10 this program. It's being administered by the
11 Department of Behavioral Health and
12 Developmental and Intellectual Disabilities,
13 and there's some participants that are already
14 enrolled, and several providers.
15 They do come out and do site visits
16 to ensure the providers are appropriate and
17 continue offering that support along the way.
18 So I'll pop that in the chat for
19 everyone.
20 MR. HARVEY: Sherri, do you have any
21 information on how the enrollment process for
22 the RISE waiver is going? Or, you know, have
23 there been any problems or has it been smooth
24 sailing?
25 MS. STALEY: Well, it's smooth

1 sailing so far because it's starting out
2 small, which is not a bad thing, right? We
3 want to make sure that we're giving people the
4 proper attention that we need. We've been
5 holding office hours for participant -- I mean
6 for providers -- to come and ask questions.
7 And if we don't have providers, then
8 we can't serve those participants. So we're
9 really rallying around the providers and
10 supporting them.
11 And then once a referral is made,
12 someone can self-refer themselves, then
13 there's a process, a screening process
14 determining eligibility for the program.
15 So those take a little bit of time,
16 but it's to ensure that the proper people get
17 the services that they need. And there's a
18 large team at the Department of Behavior
19 Health that's overseeing this and they are all
20 hands on deck.
21 So we haven't heard of any problems
22 yet. Like Carmen, I'm knocking on wood here,
23 but yeah, it's going okay so far.
24 MR. HARVEY: I see Johnny's got his
25 hand up wanting to ask a question. Go ahead,

1 Johnny.
2 MR. CALLEBS: Okay, thanks, Wayne.
3 Thanks, Sherri. Will all of the community
4 mental health centers be providers for RISE?
5 MS. STALEY: We anticipate that.
6 You know, that is up to them. And if they see
7 that that is something that they can provide,
8 we do not have all of those enrolled as RISE
9 participants currently. And we've sort of
10 soft launched into a couple of regions, the
11 Pennyroyal Region and one other.
12 So we do anticipate that throughout
13 this process they will all come aboard, and
14 they certainly have the opportunity to do
15 that, but not all of those are enrolled at
16 this time.
17 MR. CALLEBS: And then one more, if
18 I may. Are providers able to sign on who are
19 not community mental health centers?
20 MS. STALEY: Yes, absolutely. It
21 doesn't have to be a community mental health
22 center. They just have to be able to provide
23 the ten services and meet the Medicaid
24 enrollment requirements.
25 MR. CALLEBS: Okay. All right.

1 Thank you.
2 MR. HARVEY: Any other questions for
3 Sherri on the RISE initiative?
4 MS. TYNER-WILSON: Wayne, this is
5 Melanie. Can I ask a question?
6 MR. HARVEY: Sure. Absolutely. Go
7 ahead, Melanie.
8 MS. TYNER-WILSON: And I think
9 Ann -- Ann Holden?
10 MS. STALEY: Ann Hollen.
11 MS. TYNER-WILSON: I think she came
12 and talked to our Autism Society meeting in
13 January. And it just helped me to understand,
14 it's mental health, but there can be other co-
15 occurring developmental disabilities as well.
16 Am I correct in that assumption?
17 MS. STALEY: That is correct.
18 Someone has to have the serious mental illness
19 diagnoses that would apply, and there has to
20 be supporting documentation, but, yes, people
21 can also have co-occurring disorders as well.
22 MS. TYNER-WILSON: Okay, thank you.
23 MR. HARVEY: Anybody else have a
24 question for Sherri before we move on, on the
25 agenda?

1 (no response).
2 MR. HARVEY: Do you see anybody
3 else, Barbara?
4 MS. WASH: I don't see any other
5 hands raised.
6 MS. PIERCE: I have a question.
7 MR. HARVEY: Go ahead, Ann.
8 MS. PIERCE: I don't see where you
9 dropped that -- oh, there it is. Never mind.
10 Thank you.
11 MS. STALEY: I was a little slow
12 there.
13 MR. HARVEY: Any other questions for
14 Sherri?
15 (No response.)
16 MR. HARVEY: Okay, thank you,
17 Sherri. Appreciate you.
18 The next agenda item is -- well, I
19 think Carmen already spoke about the CHILD
20 waiver program, but are you going to speak to
21 the waiting list numbers and so forth, Carmen,
22 or is somebody else doing that?
23 MS. HANCOCK: Yes, sir.
24 MS. PIERCE: Excuse me, Wayne.
25 Excuse me. I'm sorry to interrupt. Can you

1 hear me?
2 MR. HARVEY: Yes.
3 MS. PIERCE: I had questions about
4 those other ones and I didn't know that I was
5 supposed to ask them at that time.
6 But I had a question about the HCBS
7 quality survey. Will that be sent to all
8 participants?
9 MS. HANCOCK: I will have to check
10 on that, Ann. I don't think so. I think it
11 was just a percentage, and I believe they were
12 just randomly selected, but I can get
13 confirmation on that.
14 MS. PIERCE: Okay, great. I think
15 it's important to give everyone an opportunity
16 to comment. I don't know that very many
17 people will, but that's just my suggestion.
18 And then I had a question about the
19 reviewing proposed bills.
20 MS. HANCOCK: Yes, ma'am.
21 MS. PIERCE: When will you do this?
22 You said you're going to provide feedback?
23 Who are you going to provide that to?
24 MS. HANCOCK: We are doing that
25 every day, sometimes multiple times a day.

1 MS. PIERCE: Provide feedback to
2 whom?
3 MS. HANCOCK: To the legislature.
4 MS. PIERCE: I see.
5 MS. HANCOCK: We're seeing the
6 proposed bills, proposed amendments, that sort
7 of thing as they are being released on a daily
8 basis, and we have a very short period of time
9 to review all of those documents and provide
10 feedback, responses, you know, clarification
11 or that sort of thing to proposed changes and
12 how they might impact our programs.
13 MS. PIERCE: So is there somewhere
14 that IDD TAC members can see your
15 recommendations?
16 MS. HANCOCK: I believe I saw Nicole
17 on here? I don't know that that -- I thought
18 I saw --
19 MS. LESNIEWSKI: I am here.
20 MS. HANCOCK: Okay. There we go.
21 MS. LESNIEWSKI: So our -- the
22 reviews that we send back through, those just
23 go through our internal process into the
24 legislature. The bills are all posted to the
25 LRC website, so anybody in the public can go

1 on and look at the bills, but the cabinet
2 reviews are internal to LRC and the cabinet.
3 MS. PIERCE: So we're not allowed to
4 see your review?
5 MS. LESNIEWSKI: Right. Those stay
6 with the LRC.
7 MS. PIERCE: Well, I would like to
8 see them. I think it's important for TAC
9 members to see your opinion on the bills.
10 Just throwing that out there.
11 And then I had a question about the
12 CHILD waiver.
13 MS. HANCOCK: Yes, ma'am.
14 MS. PIERCE: You said you had two
15 residential providers. Can you give details on
16 those at all?
17 MS. HANCOCK: Well, we have two
18 providers that we're going out to tomorrow to
19 do their initial pre-service inspections at
20 their sites.
21 These are both located in
22 Louisville. And we go out and do our
23 pre-service site inspections to make sure that
24 they are safe and make sure that they meet all
25 of our settings rule requirements, make sure

1 that we have the appropriate policies,
2 procedures, evacuation plans, locks. All of
3 the things. So we're going out to do their
4 inspections tomorrow. And then that would be
5 sort of the next step in whether they were to
6 get certified or not.
7 MS. PIERCE: Thank you.
8 MS. HANCOCK: But we do have two
9 other providers that already are certified and
10 they are -- one of them is a case management
11 provider, and the other is case management,
12 community living supports, clinical
13 therapeutic services, and so on.
14 MS. PIERCE: So, all these providers
15 fall under HCBS settings rule?
16 MS. HANCOCK: Yes, ma'am.
17 MS. PIERCE: Thank you.
18 MS. HANCOCK: You're welcome.
19 MR. HARVEY: Any other questions?
20 Any other questions for Carmen on the updates
21 that she's already spoken to before we get
22 onto the waiting list numbers and so forth?
23 (No response.)
24 MR. HARVEY: I don't see any other
25 hands, Carmen, so go ahead and proceed with

1 the waiting list stuff.
2 MS. HANCOCK: Yes, sir, thank you.
3 So updates on the waiting list for the now
4 seven 1915(c) waivers. We don't have anyone
5 on the waiting list for ABI acute, for the new
6 CHILD waiver or for Model II.
7 We did have three folks pop up on
8 the waiting list for ABI long-term care
9 waiver, but I want to caveat that with, we do
10 have available slots, so we are working to get
11 those allocated quickly and clear that back
12 out.
13 The HCB waiver, the total on the
14 waitlist right now is 6019. Michelle P. is
15 9806. And then SCL is 3813.
16 That's an unduplicated total. Just
17 the number of individuals across all of the
18 waivers is 16,792.
19 And I do, if we have time at the
20 end, I did go ahead and bring a presentation
21 on the new business item at the bottom
22 regarding the waiting list, so we can talk
23 more about this later as well.
24 MR. HARVEY: Any questions in
25 regards to the waiting list numbers? And

1 thank you, Carmen. Yeah, we did have -- we
2 did request a presentation on the waiting list
3 and so forth. I have seen several different
4 presentations on the waiting list from
5 different people from DMS at the cabinet
6 level, so I figured that wouldn't be too hard
7 to pull up and bring and present.
8 MS. HANCOCK: Yes.
9 MR. HARVEY: Okay, does anybody have
10 an update for us on the PDS services?
11 MS. MOUNTJOY: Sure. This is Marnie
12 Mountjoy with the Department for Aging and
13 Independent Living.
14 We have, let's see, 63 agencies have
15 been certified to provide case management
16 services for PDS. That's going to be the 15
17 area development districts, 14 community
18 mental health centers, and there are 34
19 independent case management agencies that are
20 certified to provide PDS. And there are seven
21 agencies that are in process for their review
22 to get PDS case management certification.
23 And there are -- we collect lists
24 from the case management agencies on people
25 that have expressed interest in PDS Services.

1 Now this is not -- it's not an accurate number
2 because there is duplication across the list,
3 so people will call multiple case management
4 agencies and gets on interest lists, but
5 there's also we have identified names that are
6 not even approved for waiver yet. So this is
7 not an accurate number, but it's 699 people
8 have expressed interest in PDS Services.
9 And that's all I have for the group.
10 MR. HARVEY: Any questions for
11 Marnie on the PDS services?
12 (No response.)
13 MR. HARVEY: Go ahead, Johnny.
14 MR. CALLEBS: Hey, thanks, Marnie.
15 Are these numbers that you gave, are they
16 specific to SCL?
17 MS. MOUNTJOY: No. It is PDS across
18 the board. If you're interested in
19 SEL-specific case management agencies, I can
20 get those numbers.
21 MR. CALLEBS: That's okay. I was
22 just curious. So, the numbers you gave are
23 across all waivers that allow PDS?
24 MS. MOUNTJOY: Correct. Correct.
25 Yes.

1 MR. CALLEBS: Okay. Got it. Thank
2 you.
3 MR. HARVEY: Any other questions for
4 Marnie?
5 (No response.)
6 MR. HARVEY: Thank you, Marnie.
7 Appreciate you.
8 Okay. Involuntary termination
9 summary report. Do we have Elizabeth on with
10 us or somebody from DDID to give that report?
11 MS. CLOSE: Elizabeth is out today,
12 so she sent the numbers to me. I'm Blair
13 Close with the DDID. So I will go through the
14 involuntary termination numbers.
15 Total number of involuntary
16 terminations in the past year for all services
17 was 60. Of those over the last year for
18 residential only was 42. Within the past six
19 months for all services was 24. And within
20 the last six months for residential only was
21 17 of those 24. There has been zero
22 involuntary terminations within the past
23 month.
24 And of the total involuntary
25 terminations of all services within the past

1 year that have not transitioned to new
2 providers yet, there were 12. And 11 of those
3 were residential.
4 MR. HARVEY: Thank you, Blair. Does
5 anybody have any questions for Blair on the
6 termination numbers themselves?
7 MS. TYNER-WILSON: This is Melanie.
8 Can I ask a question?
9 MR. HARVEY: Sure. Go ahead,
10 Melanie.
11 MS. TYNER-WILSON: Excuse me.
12 Blair, would you mind if you go back through?
13 I kind of got lost in all the numbers. And
14 help clarify what everything means?
15 MS. CLOSE: Yes, ma'am.
16 MS. TYNER-WILSON: Thank you.
17 (Muffled speaking.)
18 MS. WASH: Blair, this is Barbara
19 from DMS. We can't hear you.
20 MS. CLOSE: Can you hear me now?
21 Okay. Sorry. My computer does that
22 sometimes, so I have to unmute and then mute
23 back.
24 So, for the total number of
25 involuntary terminations of all services for

1 the past year, there were 60. So 60 total
2 involuntary terminations of all services.
3 Of those, 42 of them were for
4 residential services. So 42 residential
5 involuntary terminations in the last year.
6 And then I broke it down into the
7 last six months as well. So for the past six
8 months, for all services, it was 24. And then
9 17 of those were residential.
10 And then there's been zero
11 involuntary terminations in the past month.
12 And then for the past year for all
13 services, of those that have not transitioned
14 to a new provider yet, so basically those that
15 are still kind of open, there were 12 for all
16 services. Eleven of those were residential.
17 So there are 11 that are still open from
18 mainly the past six months for residential and
19 then one for in a different service besides
20 residential.
21 MS. TYNER-WILSON: Thank you for
22 this. Where I - how I get confused, when you
23 say all services, could somebody lose all
24 services on their --
25

1 MS. CLOSE: No. So I should clarify
2 that. That's a good question. So all
3 services just means of any service that's
4 provided. Most of the involuntary
5 terminations do come residentially, but
6 sometimes there are involuntary terminations
7 for other services. Those are all just
8 grouped together to all services. Not meaning
9 that one person lost all services, just all
10 the services that are eligible.
11 MS. TYNER-WILSON: Thank you.
12 MS. CLOSE: You're welcome.
13 Yes, Ann. I see your hand is up.
14 MS. PIERCE: Thank you, Blair. Am I
15 unmuted? Good.
16 MS. CLOSE: Yes, ma'am.
17 MS. PIERCE: I recall asking for
18 disability diagnosis of those in residential
19 who are unable to transition. I wonder if
20 Elizabeth, or I know I asked Elizabeth, and
21 I'm sure it just got lost in the shuffle. But
22 --
23 MS. CLOSE: I will follow up on
24 that. We are also -- I'll just mention, we
25 are having meetings to try and determine

1 potential better systems for tracking of this
2 information in MWMA. So, hopefully that will
3 help in the future as well to get kind of a
4 more rounded look, but I will follow up with
5 Elizabeth about the, you said disability
6 diagnosis for those specifically in
7 residential?
8 MS. PIERCE: Right. That are unable
9 to transition.
10 MS. CLOSE: Okay.
11 MS. PIERCE: Thank you so much.
12 MS. CLOSE: You're welcome.
13 MR. HARVEY: Any other questions for
14 Blair?
15 (No response.)
16 MR. HARVEY: I don't see any, Blair.
17 So I think you're off the hook.
18 MS. CLOSE: All right. Thank you,
19 all.
20 MR. HARVEY: All right. Corey?
21 THE INTERPRETER: Yeah, Corey has a
22 question, please.
23 MR. HARVEY: Not so quick, Blair.
24 MR. NETT VIA INTERPRETER: Is there
25 anything about a 60-day cut off?

1 THE INTERPRETER: Is that what you
2 said?
3 MR. NETT VIA INTERPRETER: 60 days
4 after termination?
5 MS. CLOSE: There has been -- I
6 think what you may be talking about, Corey,
7 there has been some like recommendations about
8 putting limits on how long an involuntary
9 termination can be active. Is that maybe what
10 you're referring to?
11 MR. NETT: Yes.
12 MS. CLOSE: As of this point, the
13 regulations don't have any sort of term limits
14 on that, but that is something that's been,
15 you know, talked through and discussed about
16 this system.
17 MR. NETT VIA INTERPRETER: I just
18 want to go on the record that I don't think
19 it's a good idea. So are they going to become
20 homeless or what are they going to do without
21 services?
22 MR. HARVEY: Blair, I think I can
23 address that if you'd like.
24 Corey, there was basically a
25 recommendation that came out of this IDD TAC

1 that was forwarded for informational purposes
2 to the Department of Medicaid services, and we
3 received a response from the MAC
4 recommendation, from DMS, that is an agenda
5 item later in this agenda today, that we can
6 certainly discuss that.
7 I don't know, Barbara, was he sent a
8 copy of the letter that DMS had sent us back
9 in regards to their response to the
10 recommendation?
11 MS. WASH: So Wayne, I did not have
12 his e-mail address at that time when I sent
13 that out, but I will definitely forward it to
14 him.
15 MR. HARVEY: Yeah. Barbara will
16 make sure that that gets forwarded to you, and
17 you will be able to see the response in its
18 entirety.
19 And basically, without getting too
20 much into discussing an agenda item that is
21 after the presentation and stuff, we'll
22 discuss more about that so that you will get a
23 better insight in regards to that, if that's
24 okay.
25 MR. NETT VIA INTERPRETER: Yes.

1 Thank you.
2 MR. HARVEY: Okay. Any other
3 questions for Blair before we move on from the
4 involuntary termination numbers?
5 (No response.)
6 MR. HARVEY: Okay.
7 MS. PIERCE: I do. I'm sorry. It
8 takes me a while to unmute.
9 Blair, and I don't know if you are
10 the right person, but I just would like to say
11 again that I would like to be informed of the
12 DMS feedback to legislators on proposed bills.
13 ANd it looks like maybe we're going to discuss
14 that a little bit too under number 6? But
15 maybe I'll contact you separately.
16 MS. CLOSE: I am not with DMS, so if
17 you want to talk to DMS. I am with the DDID,
18 which is separate from DMS.
19 MS. PIERCE: Right, so. Nevermind.
20 MS. CLOSE: We are not a part of all
21 the bill reviews.
22 MS. PIERCE: I will just write DMS.
23 I'm sorry.
24 MR. HARVEY: Any other questions for
25 Blair before we let her go? Thank you, Blair.

1 I appreciate you.
2 Under new business, presentation and
3 discussion for waiting list of all 1915(c)
4 waiver programs. Carmen, are you still with
5 us? Are you the one that's going to do that
6 presentation?
7 MS. HANCOCK: I'm here. Yes, sir.
8 I've got it. I'm going to try to -- Barbara,
9 can I take over and share my screen?
10 MS. WASH: Yes. I'm going to
11 unshare right now.
12 MS. HANCOCK: Okay.
13 MS. WASH: Okay. There you go,
14 Carmen.
15 MS. HANCOCK: Let's give this a go.
16 Move this guy out of the way.
17 Okay, can you all see?
18 MS. WASH: We can see your screen.
19 MS. HANCOCK: Fantastic. Thank you.
20 Okay, so based on the request, and
21 like you said, Mr. Harvey, we have presented
22 on waitlists and waitlist management several
23 times recently. So we did go ahead and bring
24 some of the information for your review today.
25 So I'll just go ahead and get started.

1 We have seven now, 1915(c) Home and
2 Community-Based Waiver programs. And I know
3 that many of you all will know these, but just
4 to go through, we have the Acquired Brain
5 Injury, Home and Community-Based Services, the
6 Michelle P. waiver, the Acquired Brain Injury
7 Long-Term Care waiver, the Model II waiver,
8 SCL, Supports for Community Living, and then
9 the new CHILD waiver.
10 So these are our seven 1915(c)
11 waiver programs.
12 In order to sort of talk about the
13 waitlist process, we really need to sort of go
14 through what the entire application process
15 looks like from the start.
16 So, obviously, for anyone who is
17 wanting to apply for waiver services, and I'm
18 just speaking right now really about the
19 waiver application process.
20 Please do keep in mind that the
21 application process for Medicaid is separate
22 and is running with a different group and a
23 different speed than a waiver application
24 would be. So this is for an application for
25 waiver services.

1 The first step, obviously, would be
2 to apply. This bubble says apply at kynect.
3 Ky.gov. You could use that as a resource to
4 complete your application.
5 Other methods to do that would be go
6 through your local CMHC or triple A. They can
7 also help you submit applications for waiver
8 services.
9 The application is received. It's
10 reviewed by a group of nurses or quality
11 reviewers, and they determine, based on the
12 information that's provided, if the applicant
13 meets those initial targeting criteria to
14 potentially qualify for the waiver.
15 It's just a very cursory review
16 based on initial documentation. Do we think
17 that this person meets minimum eligibility
18 criteria? Yes or no.
19 If yes, then they are then pushed to
20 the next step, which would be having a slot
21 reserved.
22 Now, if there are no available slots
23 on a waiver, then that's where you're waiting.
24 This is where your waiting list comes in, in
25 this process.

1 So, for instance, we don't have a
2 waiting list for our CHILD waiver. So as
3 people come in, as we are receiving
4 applications, we are immediately assigning
5 them to slots and they are going onto the next
6 step.
7 If we didn't have slots, this is
8 where we would put them on a waiting list.
9 Some of the waivers which we went through
10 earlier do you have waiting lists. Some do
11 not.
12 So, based on the number of people
13 that are on the waiting list, that sort of
14 determines that time between that slot route
15 where you are on a waiting list to okay, your
16 slot's come open. Your slot's become
17 available. We are going to allocate that slot
18 to you.
19 And then the other steps take place.
20 So just briefly going through those, we would
21 complete the assessment based on the waiver
22 program. So there's a different assessment
23 for the different programs.
24 For the HCB waiver it's the K-HAT.
25 For our child wavier it's the CANS. For SCL

1 it's the SIP assessment.
2 So the assessment's going to be
3 conducted, and based on the information that
4 was gathered during the application process,
5 any other documentation that's been provided
6 in conjunction with the assessment that's
7 conducted, again, there is another team of
8 nurses, and this can also go up to MD level
9 review if needed, but there's another team of
10 folks who reviews all of that documentation to
11 determine if this participant does meet the
12 level of care requirements for the specific
13 waiver program that they're applying for.
14 If yes, then we move on to, you
15 know, yay, you've been approved. Everything
16 is good. So you find your case manager, get
17 your person-centered team together and start
18 working on writing that person-centered
19 service plan.
20 Then that gets submitted, approved,
21 and services can begin.
22 So I wanted to kind of go through
23 the whole process so you can see where the
24 waiting list piece fits in there. Any
25 questions right now?

1 (No response.)
2 MS. HANCOCK: Okay. So,
3 understanding the waiting list to process.
4 This would be, like I said, when individuals
5 do meet that targeting criteria, but they
6 can't immediately access services because we
7 don't have, you know, enough slots there, the
8 position on the wait list is maintained until
9 a slot becomes available.
10 And the waitlists, at this point,
11 are first come, first serve except for with
12 the SCL waiver, we do have that opportunity
13 for, you know, urgent or emergency situations
14 that may come up that might push someone up on
15 the waiting list. But the vast majority are
16 first come, first serve.
17 There is some outreach that goes out
18 annually. There's a letter that gets kicked
19 out around the one-year mark for each person,
20 just letting them know that they are on the
21 waiting list. Giving them some information
22 about who to contact if they need to make
23 updates to their case or to their file.
24 And then if they, for whatever
25 reason, did not want to be on the waiting list

1 anymore, they can remove themselves from the
2 waiting list.
3 There is communication that is sent
4 out annually.
5 And then, again, we've already --
6 I've already mentioned this, but the wait time
7 would vary based on the number of CMS-approved
8 slots. And then, you know, how many are
9 allocated, what we've got reallocated,
10 available funding, et cetera.
11 Okay. So these are actually the
12 same numbers that I went through earlier today
13 with regard to the waiting list.
14 We update these at least once a
15 week, so this is that the data as of
16 yesterday.
17 So that's what's our waiting list
18 numbers look like currently.
19 And like I said, I went through this
20 earlier. We don't have anyone on ABI Acute,
21 CHILD or Model II's waiting list.
22 I did mention ABI Long-Term care
23 here. It shows three on the waiting list, but
24 we do have available slots, and we do have
25 some folks that are allocated that aren't

1 going to work all the way through their
2 application process, so we'll get these three
3 off that waiting list pretty quickly.
4 There is a caveat down there at the
5 bottom I wanted to call out. The Cabinet does
6 -- we do have to develop an allocation plan,
7 so when we get those newly appropriated slots,
8 we do have to create a plan for how those are
9 going to be released based on the waiver
10 program.
11 Obviously, this is to maximize the
12 individual's movement from the allocation
13 process to the actual utilization of services,
14 and to reduce the risk of a bottleneck that
15 could be caused by provider over capacity if
16 we just released all those slots at once. The
17 provider network just sort of can't handle
18 that volume.
19 Okay. A little bit more of a
20 breakdown of information about the content of
21 the waiting list.
22 So based on the waiver program, this
23 is the average amount of time. This is the
24 amount of time that someone would be waiting
25 on a waiting list. Again, broken out by the

1 waiver program.
2 And then down here at the bottom is
3 per waiver, the maximum days someone has been
4 on a waiting list, and then the average number
5 of days on a waiting list. And again, this is
6 based on data as of yesterday.
7 Okay. So let's get into what a slot
8 sort of means.
9 So unduplicated slots on the waiting
10 list. CMS, the Centers for Medicare and
11 Medicaid Services, does require waiver slots
12 to be unduplicated. So one slot can only
13 belong to one person.
14 CMS defines an unduplicated waiver
15 participant as, I'm going to quote this, "a
16 unique individual who participates in the
17 waiver during a waiver year, regardless of
18 when the individual entered the waiver and
19 length of stay on the waiver. A person who
20 enters, exits, and reenters the waiver during
21 a waiver year counts as one unduplicated
22 waiver participant."
23 So, the way that I like to think of
24 this is, think of each participant as the
25 owner of their slot. If they were to leave

1 the waiver for any reason, sort of outside of
2 death, if they were to leave the waiver for
3 any reason during the waiver year, they still
4 own that slot, and that slot can't be
5 reallocated to anyone else during that waiver
6 year that we're in. We have to wait until the
7 waiver year is over.
8 And, on a fun note, the waiver years
9 for each of our waivers are different. So we
10 are tracking out those participants on a
11 different schedule for the waivers.
12 The waiver year is based on when the
13 waiver itself was approved, when the waiver
14 application was approved, and the time frame
15 that was provided at that time.
16 So a waiver year might be August
17 through July, whereas another waiver might
18 have a waiver year of March through February.
19 So this only applies to slots held
20 back, which is persons who were not receiving
21 services at the end of the waiver year. If a
22 participant is actively receiving services,
23 when the waiver year ends, they become the
24 owner of their slot again for the next year.
25 Just to get into some of the

1 complexity of the content of the waiting list,
2 and I'll go through this, but then I want to
3 sort of pop back to the actual waitlist
4 figures.
5 So 14-and-a-half percent of the
6 people on a waiting list are on more than one
7 waiting list. So let's take that
8 14-and-a-half percent and go right back here.
9 So this is the total individually on
10 each waiting list. This is just the raw
11 total. The 16,792 is your unduplicated total.
12 So that's where we're seeing the difference of
13 14.5% of people are included in more than one
14 of these buckets.
15 31% of the people on waiting lists
16 are already allocated in another waiver. So,
17 again, going back to our slide here, 31% of
18 the people in these sections are already
19 receiving services in another waiver.
20 What we see very commonly is that we
21 have folks who are maybe receiving HCB waiver
22 services that's traditionally had the shortest
23 wait time, but they've got themselves on both
24 the Michelle P. and the SCL waiting lists.
25 So yes, they are in HCB, they are

1 actively reserving receiving services, but
2 they may still be counting as a one and a one
3 here for both Michelle P. and SCL.
4 All right. In addition, 94 percent
5 of the people who are on any of those waiting
6 lists already have Medicaid and are already
7 able to receive state plan services.
8 So the vast majority of folks who
9 are on one of those waiver waiting lists
10 already have Medicaid and can actively receive
11 Medicaid services.
12 So, while someone is on the waiting
13 list, obviously, if they already have Medicaid
14 then it might be a state plan Medicaid
15 services or services through one of our
16 managed care organizations.
17 For those who are under the age of
18 21 and who are enrolled in Medicaid, they have
19 access to EPSCT services.
20 There are a host of community-based
21 services, nonprofit organizations, and, you
22 know, just other sort of regular businesses
23 out there that can provide services and
24 supports that don't require a waiver
25 enrollment or anything of that nature at all.

1 In each area of the state, there are
2 state general funds that agencies have access
3 to for emergency services or for folks who
4 need services that don't yet have a waiver
5 spot.
6 There are local supports, like I
7 said, there are advocacy resources there.
8 Nonprofit organizations and all sorts of other
9 community organizations like your community
10 action groups that keep track of, you know,
11 those services that are available.
12 Also, while someone is on the
13 waiting list, they might be covered through
14 regular insurance, you know, through an
15 employer or through a spouse or a parent and
16 be receiving health coverage through that
17 source.
18 So those are just some of the
19 options for people while they are on the
20 waiting list.
21 I did mention this earlier, but just
22 to reiterate, there is at least an annual
23 communication that goes out to members who are
24 on all waiting list. We confirm that they are
25 on the waiting list based on the waiver.

1 So, in the example that I gave
2 earlier, if someone is on more than one
3 waiting list, they are going to get two
4 letters letting them know, hey, you're still
5 on the waiting list for Michelle P. and then
6 you're still on the waiting list for SCL, or
7 whatever those look like.
8 But there is a letter that is sent
9 out every year. Not only does it confirm that
10 you are maintaining your spot on the waiting
11 list, again, it encourages folks to double
12 check that their information is correct with
13 both the DCBS and Social Security office.
14 It also provides resources that can
15 be accessed while you're on the waiting list,
16 and then it provides information for both an
17 e-mail address and a phone number where they
18 could reach out to our 1915(c) waiver help
19 desk at any time for information and
20 assistance, or updates.
21 The waiver help desk is actually
22 just right here in the hallway right across
23 from me, so I can hear those folks talking all
24 day.
25 And one of the most frequent calls

1 that they receive is from folks who are
2 actually checking on their spot on the waiting
3 list. So that's another way to sort of keep
4 up-to-date there.
5 And I think the last one would be
6 questions.
7 So that is our general website,
8 obviously we can provide additional resources
9 for questions, but I'd love to field any right
10 now if we have time, Wayne.
11 MR. HARVEY: Sure, absolutely.
12 We've got plenty of time.
13 Johnny, go ahead.
14 MS. HANCOCK: Okay.
15 MR. CALLEBS: Thank you, Wayne.
16 Thanks, Carmen, for all that information.
17 Very helpful. I just have a couple questions.
18 The annual letter that goes out to
19 wait list members, are -- if you don't get
20 response from the person, are they then
21 removed from the waiting list? Do they have
22 to take some kind of action in order to remain
23 on the list?
24 MS. HANCOCK: No, sir. No, sir. I
25 actually reviewed those letters again just

1 this week. It is a very much sort of a
2 passive letter, just letting you know there is
3 no action that needs to be taken by the person
4 to remain on the waiting list.
5 MR. CALLEBS: Okay. Thank you.
6 And one more. Back to your
7 discussion on the unduplicated slot --
8 MS. HANCOCK: Yes.
9 MR. CALLEBS: -- I guess definition,
10 is it still -- the way it's operating, is it
11 still that if a person dies or moves away or
12 for whatever reason no longer wants waiver
13 services, then that slot allocation can then
14 be given to someone else even if it's in the
15 middle of a waiver year?
16 MS. HANCOCK: So, yes and no,
17 because you sort of combined things there,
18 Johnny.
19 MR. CALLEBS: Okay.
20 MS. HANCOCK: In the instance of
21 death, or if someone is at the very, very --
22 they have just been allocated their waiver
23 slot, brand, brand-new, and for whatever
24 reason, as they are working through the
25 assessment process or the documentation

1 process, it's determined they no longer
2 qualify.
3 So death or in that scenario I just
4 described, those slots can be reallocated,
5 essentially, immediately. We usually turn
6 them over the next month.
7 In all of the other scenarios, so,
8 someone's moved, they got a slot in another
9 waiver and they've moved over to that other
10 waiver, they no longer require the services,
11 whatever those other reasons may be, that is
12 their slot. They still own it until the end
13 of the waiver year. So we cannot reallocate
14 those until the end of the waiver year. Yes,
15 sir.
16 MR. CALLEBS: So only death or
17 ineligibility would give immediate
18 reallocation of a slot.
19 MS. HANCOCK: Yes, exactly. That's
20 right.
21 MR. CALLEBS: All right. That
22 helps. Thanks for explaining it.
23 MS. HANCOCK: Yes, sir. And just a
24 caveat there, because this has come up in the
25 last few months. That's not a Kentucky

1 decision. That's obviously a CMS requirement,
2 so that's how we have to do it.
3 And I see your hand up, ma'am. Oh,
4 sorry.
5 MR. HARVEY: That's what I was going
6 to do, I was just going to call on Ann, and
7 then we'll get to Corey's question.
8 MS. PIERCE: Yes, thank you. Trying
9 to lower my hand.
10 I'm sorry. My daughter's almost
11 here and I'm just trying to get ready for her,
12 and so I'm a little distracted.
13 So, and Johnny touched on this a bit
14 about when slots become available and you have
15 so much time to respond. This is all really
16 involved.
17 What if a slot becomes available,
18 you're notified you get services, but then
19 you're not able to -- you're still not able to
20 get a provider? I mean, do you get to keep
21 your waiver if no provider will accept you?
22 And I know you all know, my daughter
23 is profoundly autistic and she gets services,
24 thank goodness. I've had to fight for them,
25 but I do know people who, for lack of a better

1 word, have an empty waiver, because their
2 child, no provider is willing to serve their
3 child.
4 And that said, as far as profoundly
5 autistic people, is DMS doing anything to
6 consider the needs of this population?
7 MS. HANCOCK: I want to make sure I
8 get everything responded to.
9 In the majority of the waivers, so
10 not the CHILD waiver and not Model II, there
11 are multiple service delivery options.
12 Meaning that the other five waivers have a
13 participant-directed service option and a
14 traditional service option. So that comes in
15 very handy, the PDS piece, especially in very
16 remote parts of the state where there are sort
17 of a lack of providers for certain types of
18 services. That's where PDS service delivery
19 model can come in really, really handy.
20 Lack of provider, not being able to
21 find a provider, I don't know that that's one
22 that I've heard very often, Ann. There is a
23 time frame, so once you are allocated and
24 you've gotten all of your authorizations and
25 everything, you are required to start services

1 within 120 days.
2 So it's not an immediate thing,
3 there is some time there to make sure that
4 someone can find a case manager and develop
5 that plan of care and that sort of thing. So
6 I hope that helps with that portion of the
7 question.
8 The question about what are we doing
9 or what are our plans for additional services
10 in the future for certain specific
11 populations, like those who are profoundly
12 autistic, you know, the CHILD waiver right now
13 that's just come out really could be geared to
14 that population who are younger, because this
15 is only up until the age of 21.
16 But for future plans, we are always
17 looking for ways to impact and support the
18 most amount of people as possible.
19 MS. PIERCE: So, again, I do know
20 people who have the SCL waiver, but there
21 child is so hard to watch. I don't know that
22 DMS is -- I would like to sit down and talk to
23 someone there about this disability, because
24 it is tragic. The amount of energy it takes,
25 and it's just impossible to find providers

1 willing to invest that time and energy, even
2 case managers.
3 So, is it possible for me to sit
4 down and talk to someone in the department?
5 MS. HANCOCK: Sure. I'm sure that
6 we could schedule that sort of separately
7 outside of the body of the TAC meeting.
8 MS. PIERCE: That would be great.
9 Should I send you an e-mail?
10 MS. HANCOCK: Yes, ma'am.
11 Absolutely.
12 MS. PIERCE: And what is your
13 address?
14 MS. HANCOCK: It's going to be --
15 here, I'll put it in the chat.
16 MS. PIERCE: Thank you.
17 MS. HANCOCK: Now don't everybody go
18 crazy and start sending me all the e-mails.
19 I'm just kidding.
20 MS. PIERCE: It'll just be the
21 profound autism moms, probably.
22 MR. HARVEY: Okay. Let's go ahead
23 and get Corey's question.
24 MR. NETT VIA INTERPRETER: I just
25 have a couple questions. So we have thousands

1 of people waiting for services, and if someone
2 stops using a service, why do they have to
3 wait an entire year until it goes to the next
4 person?
5 MS. PIERCE: Good question.
6 MS. HANCOCK: Oh, it's a great
7 question. That goes back to the way that the
8 Centers for Medicare and Medicaid services
9 have structured the 1915(c) waiver program at
10 a federal level. They don't allow us to turn
11 those slots over. If someone just stops using
12 services, that waiver slot does sort of stay
13 reserved for them for the remainder of that
14 waiver year.
15 And again, that's not a Kentucky
16 thing. That's a federal CMS requirement in
17 terms of how the waivers are managed.
18 MR. NETT VIA INTERPRETER: So that's
19 not something we can work on then?
20 MS. HANCOCK: It's not.
21 Unfortunately, Cory, not that particular
22 piece.
23 MR. NETT VIA INTERPRETER: My other
24 question, you said if someone has an emergency
25 or special circumstance, they might be able to

1 move up?
2 MS. HANCOCK: That's exactly right,
3 Corey. So on the SCL waiver, if someone were
4 to have -- and when I think of an emergency,
5 and please, my apologies for the example, but
6 this is what I am envisioning. What I would
7 envision is you have a member, you know, you
8 have someone who's in the care of -- they are
9 still living with their mom and their dad,
10 right? And mom and dad likely are in a
11 position where they have guardianship and
12 they're managing things for that particular
13 participant.
14 Let's say that mom and dad both
15 tragically died in a car accident at the same
16 time, leaving that person without a support
17 system, without a home, without a guardian or
18 other resources to just manage day to day.
19 That would be an emergency situation where, on
20 the SCL waiver you could get bumped right up
21 and start working on your plan right away.
22 But it would have to be in a case of
23 something like imminent homelessness, complete
24 loss of caregiver, or caregiver network
25 system, that sort of thing.

1 MR. NETT VIA INTERPRETER: I ask
2 that question, because I have a friend whose
3 sister moved from another state, and she's
4 going to take care of her here in Kentucky
5 because the parents are getting too old back
6 in New Jersey. Would that be an emergency
7 situation?
8 MS. HANCOCK: Cory, I'd want to look
9 at the whole thing and all the details
10 separately. And I'd be happy to have that
11 conversation with you later, if you want.
12 Okay. Just shoot me an e-mail.
13 MR. NETT VIA INTERPRETER: That
14 would be great.
15 MS. HANCOCK: Just shoot me an
16 email.
17 MR. NETT VIA INTERPRETER: Okay.
18 Thank you.
19 MS. HANCOCK: You're welcome.
20 MR. HARVEY: Any other questions for
21 Carmen on the waiting list information from
22 the presentation she made?
23 (No response.)
24 MR. HARVEY: Okay, Carmen, you've
25 already touched a little bit on the

1 initiatives that CHS has for the current
2 legislative session. Do you have anything to
3 add to anything that you've already discussed?
4 MS. HANCOCK: I don't really, and I
5 did want to see if we might have had anyone
6 else join that could offer a little bit more
7 context from different areas. I'm not really
8 seeing --
9 MR. HARVEY: Johnny's got his hands
10 up. So he's going to ask you a question
11 anyway.
12 MS. HANCOCK: Okay, Johnny, go for
13 it.
14 MR. CALLEBS: Thank you. Just about
15 the legislative session and the budget in
16 particular, the governor's budget does contain
17 requests for funding for more waiver slots,
18 but I guess so far, the legislature has not
19 put any numbers, attached any numbers to that.
20 So I'm just curious where that lies right now
21 as far as the waiting list just keeps growing
22 exponentially, it seems like, and then the
23 governor's budget does contain the request for
24 extra slots, so far, the legislative one
25 doesn't.

1 Do you all plan to make the case for
2 more funding for the waitlist?
3 MS. HANCOCK: This conversation has
4 come up. Like you said, the governor's budget
5 does contain -- he did, you know, mention the
6 slots. The budget right now at the House and
7 Senate level has not been a sort of finalized,
8 so we are exactly where you alluded to us
9 being and that is with the same information as
10 you.
11 MR. CALLEBS: Okay.
12 MS. HANCOCK: I mean, obviously, we
13 will make the case to the extent that we can,
14 that is acceptable and allowable, but we do
15 not have a sense for how that's going to come
16 out in the end.
17 MR. CALLEBS: Okay. I understand.
18 Thank you.
19 MS. HANCOCK: Yes, sir.
20 MR. HARVEY: Any other questions or
21 anything?
22 MS. TYNER-WILSON: Wayne, this is
23 Melanie. Can I ask a question?
24 MR. HARVEY: Sure. Go ahead.
25 MS. TYNER-WILSON: And Carmen, that

1 was a great presentation. Thank you so much.
2 We appreciate it.
3 The one slide that you had on
4 waiting lists that you pointed out to five
5 years, do you have anybody that has been on
6 the waiting list that is at the 10-year mark
7 or 15 or 20-year mark? I pray that that's not
8 the case, but have their been people that have
9 been waiting for longer than five years?
10 MS. HANCOCK: So, I'm looking at --
11 well, to answer the question, yes. There are
12 people who have been waiting for over five
13 years. In this particular data pull, I don't
14 get the specifics to ask that, but I can
15 certainly get it, Melanie.
16 MS. TYNER-WILSON: That would be
17 wonderful, because it might be helpful as we
18 talk to our own legislators, like Johnny was
19 maybe getting to, to help us build a case. To
20 support justification for why we're advocating
21 for this kind of thing. Thank you.
22 MS. HANCOCK: Yes, ma'am. And all
23 of that support helps.
24 MS. TYNER-WILSON: It's a journey.
25 MS. HANCOCK: Yes, ma'am.

1 MR. HARVEY: Any other questions for
2 Carmen?
3 (No response.)
4 MR. HARVEY: I don't see anything
5 else, Carmen, so thank you for the
6 presentation. It was informational. Thank
7 you.
8 The next thing on the agenda is
9 discussion of ID TAC meeting dates. I think
10 all of the TAC members were sent an e-mail
11 indicating the dates that are available. If
12 we wanted to look at changing the meeting time
13 or the meeting dates for the IDD TAC meetings,
14 and Barbara had to research extensively to get
15 us three different options to look at.
16 Obviously, the original schedule is
17 an option, to keep it on Tuesdays. And then
18 the other two options that were made available
19 was, some meetings on Mondays or having the
20 meetings take place on Friday.
21 I did get some feedback from Corey
22 prior to the meeting indicating that it would
23 be his preference that the meeting stayed on
24 Tuesday due to scheduled therapies and so
25 forth that he and his caretaker attend, so I

1 think that's something to consider.
2 As far as I go, you know, Tuesdays
3 are okay with me. I don't know that we gain
4 any more access to DMS staff, which is one of
5 the things that I asked Barbara and the DMS
6 staff that we work with, and they indicated
7 they cannot guarantee that we will be granted
8 any more access to DMS staff, whether the
9 meetings take place on Monday, Friday, or
10 Tuesdays. So that's something to consider in
11 looking at all of this.
12 With that, if anybody needs to make
13 any comments or anything before we try to look
14 at making a decision on the future of when IDD
15 TAC meetings are going to take place, I will
16 yield the floor to anybody that wants to make
17 comment.
18 Go ahead, Ann.
19 MS. PIERCE: Oh, I am wondering why
20 in the first place did they want us -- did
21 they recommend we move our meeting day? I
22 mean, that's kind of confusing to me.
23 MR. HARVEY: I think that comment
24 was made by just a presentator that attended
25 one of our meetings. I don't think that was

1 somebody that had overall knowledge of the
2 availability of all DMS staff. So, you know,
3 that may have been something that became a
4 misnomer for us.
5 I do know that there's a huge
6 departmental meeting that takes place on
7 Tuesdays for Medicaid.
8 MS. HANCOCK: Yes. Yes.
9 MR. HARVEY: That's something that's
10 been made known to us. But I also know that
11 there are numerous meetings that take place on
12 Mondays, and I'm sure some that take place on
13 Friday as well.
14 I think Friday is a terrible day for
15 meetings because of a lot of different things
16 that could influence attendance if we were to
17 move it to that particular day. So just some
18 things to consider.
19 Johnny --
20 MS. HANCOCK: Wayne, that was me.
21 I'm the one who mentioned the date. And I
22 think it was either the last TAC or the one
23 prior, because we do have a commissioners
24 level and division director level meeting. It
25 just happens to fall on the same Tuesday of

1 the month as this meeting does. So that's
2 what that is.
3 MR. HARVEY: Johnny, go ahead.
4 MR. CALLEBS: Just, my comment is,
5 I'm okay with leaving it as is. Mondays and
6 Fridays, you know, folks are trying to take a
7 walk a long weekend or are on vacation,
8 usually a Monday or Friday is involved, so I
9 think you're right, Wayne, it might affect
10 attendance going forward. So I would be fine
11 leaving it as is.
12 MS. PIERCE: I am fine with it also.
13 Any day is fine with me. Any day's fine. It
14 sounds like it's best for Corey too.
15 MR. NETT VIA INTERPRETER: Can I
16 make a comment?
17 MR. HARVEY: Sure, go ahead, Corey.
18 MR. NETT VIA INTERPRETER: So it's
19 the first Tuesday of the month? He's just
20 saying, would another Tuesday be better than
21 the first? For that department, for her
22 concern about the department meetings.
23 MR. HARVEY: I think the issue would
24 be in regards to that is, we don't have that
25 as an option. A different Tuesday than the

1 one that's researched. Because the thing that
2 we have to do is ensure that the Zoom link and
3 everything that we do these particular
4 meetings on is available for the entirety of
5 that schedule. So the schedules that I sent
6 out via e-mail is what we've got that's
7 approved.
8 MS. WASH: Wayne and Corey, this is
9 Barbara from the Department of Medicaid.
10 We have 16 other TACs that we have
11 accounted for, so the dates that I had
12 provided that were second and third were dates
13 that were open and available for you all. So,
14 again, I apologize, but it is how the TACs
15 fall. And so that's the reason why we came up
16 with those second and third dates.
17 MR. HARVEY: I'm glad you mentioned
18 that Barbara, because I was getting ready to
19 get around to that point, because also, the
20 MAC utilizes the same zoom link and some other
21 meetings that Medicaid does utilize the same
22 Zoom link. So it's not just us that is trying
23 to use that particular Zoom link.
24 Any other feedback before I just go
25 ahead and have Barbara just go down through

1 the row and ask what the preference is from
2 each member, and will go with whatever the
3 majority is.
4 MS. WASH: So Brad had come back, I
5 prefer to continue with the existing meeting
6 schedule. And Ann said that it didn't matter
7 either way.
8 Melanie, do you have a preference?
9 I don't know if Melanie's still on.
10 MS. TYNER-WILSON: Yes, I'm still
11 here. No, I'm fine to continue with the
12 existing meeting schedule.
13 MS. WASH: Okay. Wayne?
14 MR. HARVEY: I'm good with Tuesdays.
15 MS. WASH: Okay. And Cheryl-- or
16 Cheri?
17 MS. ELLIS-REEVES: Yes, I'm good
18 with Tuesday.
19 MS. WASH: Okay. And we are missing
20 Frankie Hoffman, so.
21 MR. HARVEY: We can e-mail Frankie
22 and ask him what his opinion is, but it sounds
23 like Tuesday's going to carry in any way,
24 Barbara.
25 MS. WASH: Okay, sounds like a plan.

1 MR. HARVEY: Okay. Thank you.
2 Okay, oh, I did want to have
3 Barbara, if you've got that list of e-mail
4 addresses, we had a snafu with e-mail
5 addresses, and somehow, we got the wrong
6 e-mail address for Melanie. And I ended up
7 having to send her a bunch of information last
8 Friday right before this TAC meeting that she
9 should have gotten at the same time that all
10 of the other TAC numbers ended up getting it.
11 But I just wanted to each TAC member
12 to go through and verify that their e-mail
13 address is correct on this list, because this
14 is the official list that Barbara uses to send
15 out information.
16 MS. WASH: Does everybody see that?
17 MR. HARVEY: Is anybody's e-mails
18 address wrong on that?
19 MS. PIERCE: Can you make it a
20 little larger, Barbara?
21 MS. WASH: Sure. Hang on just a
22 second.
23 Whoa, went way too big on that one.
24 There we go. There we go. Is that big enough
25 or do we need a bigger?

1 MS. PIERCE: No, ma'am, I'm sorry, I
2 have a very old eyes.
3 MS. WASH: There we go.
4 MS. PIERCE: Thank you. Thank you,
5 that's good.
6 Okay. Mine's correct.
7 MS. WASH: And Melanie, I apologize,
8 but I might have been looking at --
9 MS. TYNER-WILSON: No worries.
10 MS. WASH: Okay.
11 MR. HARVEY: I had Melanie's correct
12 e-mail address in my computer, but I was just
13 copying and pasting the link that Barbara sent
14 stuff out on.
15 MS. WASH: And sometimes it's just a
16 transition.
17 MR. HARVEY: All right. I'm
18 assuming that everybody's e-mail address is
19 correct that is in attendance today. Okay,
20 good. Thank you, Barbara.
21 MS. WASH: You're welcome.
22 MR. HARVEY: Going back to the
23 agenda, the next item up is the discussion of
24 the DMS response to the MAC recommendation
25 that we had forwarded out of this particular

1 committee.
2 I'm just going to summarize here
3 rather than reading the entire response,
4 because it's pretty lengthy. But basically,
5 they understood our recommendation, understood
6 what we were indicating around the need for a
7 specific timeline in reference to a
8 termination process itself.
9 They did indicate the same thing
10 that we talked a little bit about that we
11 weren't tasked with as a committee in regards
12 to the kind of loophole in regards to well, if
13 nobody wants somebody that has been
14 terminated, where do they go?
15 And they've indicated they need to
16 do a lot more work in regards to that. And
17 they've indicated that they are going to
18 basically gather more information in reference
19 to involuntary termination, especially around
20 services that don't involve residential
21 services.
22 So I think in response to that,
23 which basically ends our work on the matter in
24 reference to specific things that relate to
25 that recommendation, we did what we were

1 tasked to do. We sent them ideas for them to
2 consider. They are considering those ideas
3 along with gathering more information and
4 doing the work that they need to do to come to
5 a more -- I can't remember the term they used
6 in the letter, holistic. A more holistic
7 regulatory change.
8 You know, they didn't indicate any
9 time frames or anything on that, so I think
10 it's important to us as a committee to look at
11 asking the question as we go along in these
12 TAC meetings, well, where are you at in
13 regards to gathering this information? And
14 what things have you seen?
15 I think that will be something
16 that's huge towards the progress we make as we
17 look for a better involuntary termination
18 process for all people that's involved
19 whenever an involuntary termination occurs.
20 With that, that's kind of all I had
21 in reference to that particular agenda item.
22 If anybody else has any feedback or any
23 information they want to bring forward in
24 regards to the response.
25 And Coreyt, I know that you didn't

1 have access to the written response prior to
2 the meeting. We -- Barbara is making
3 arrangements and stuff to send that to you
4 though, and you'll have it, because this will
5 not be the last time we discuss it, for sure.
6 It will be discussed in future meetings as we
7 move forward. And you'll be able to see a
8 little bit more into the response from
9 Medicaid.
10 And the other thing that I encourage
11 you to do is go back and watch some of the
12 prior IDD TAC meetings. So that you can get a
13 good sense of some of the information that was
14 discussed.
15 Because this has being a
16 long-standing issue for this particular
17 committee, that has been discussed for several
18 years, basically. I know at least three years
19 the issue has been going on. And I just want
20 to make you aware that those recordings are
21 out there and you can log on and view those if
22 you choose to do so to gather more background
23 information into the particular issue. Does
24 anybody else have -- Go ahead, Corey.
25

1 MR. NETT VIA INTERPRETER: I will
2 look back at those. I just don't like to
3 leave someone without services. I know that
4 something can be done. I know that this issue
5 has to be resolved at some point.
6 MR. HARVEY: Absolutely, Corey. And
7 I think some of the same concerns that you
8 have is the concerns of other committee
9 members as well. It's not something that is
10 easily figured out.
11 I think the thing that the committee
12 was tasked with in regards to ideas and in
13 regards to change in the process, I think we
14 accomplished that. We sent those ideas on to
15 the MAC and forwarded on to Medicaid for their
16 consideration, and they recognize the same
17 hole that we recognize, that there's a missing
18 element.
19 And I know Johnny speaks to this
20 lot. I think I've heard Melanie speak to it a
21 time or two in the past, and other people,
22 that hey, you know, there's something missing
23 in between, you know, where somebody may not
24 be appropriate or may not be successful, I
25 should say, in amongst the traditional or PDS

1 model SCL services.
2 And where does that person go if
3 there's no provider out there willing to serve
4 them? And is a huge question, and it's
5 something that Medicaid recognizes as an issue
6 obviously, in their response to us.
7 You will have that soon and be able
8 to see what they wrote in their response and
9 so forth.
10 MR. NETT VIA INTERPRETER: Can I
11 also get a copy from the committee to
12 Medicaid?
13 MR. HARVEY: You mean the
14 recommendation that came through Medicaid and
15 was forwarded on to --
16 Yes. Well, it's actually included
17 in the letter. The recommendation itself is
18 listed out. It's listed out and at the end of
19 the DMS response is there in the letter. So
20 you will be able to see that.
21 MR. NETT VIA INTERPRETER: Thank
22 you.
23 MR. HARVEY: You're welcome.
24 MS. TYNER-WILSON: Wayne?
25 MR. HARVEY: Sure, go ahead,

1 Melanie.
2 MS. TYNER-WILSON: I think this is
3 so timely because there are so many -- as I
4 referenced earlier, I'm an aging caregiver, so
5 I'm sure there are all kinds of people out
6 there that are worried about their loved ones.
7 Is there a possibility of putting
8 out a suggestion that maybe we work together
9 with CMS and all parties, you know, like in a
10 task force to be able to share ideas.
11 MR. HARVEY: Well, I'm glad you're
12 asking that, Melanie, because we have seen a
13 pilot program, the Kentucky Association of
14 Private Providers did, that Delaware is doing,
15 and we really tried to get them to come on our
16 TAC call and stuff for February, but the
17 schedules and stuff just didn't work out. We
18 couldn't have it.
19 But it's something that we are
20 looking at doing is having them on during a
21 future meeting and have them discuss a pilot
22 program that is kind of in between an ICF
23 level of care versus, you know, a
24 community-based waiver care, so it's kind of
25 the in-between thing. And we were obviously

1 going to invite different Medicaid
2 representatives to be a part of our meeting
3 that particular time whenever we can get them
4 in here, so that it could be an idea and could
5 be maybe an option that they look at something
6 that could be a possibility in Kentucky.
7 At this point, I think that's kind
8 of what as a committee we are going to be
9 reduced to is looking at different ideas and
10 stuff that we could present to Medicaid as a
11 possible solution.
12 Go ahead, Ann.
13 MS. PIERCE: What state did you say
14 that was?
15 MR. HARVEY: Delaware.
16 MS. PIERCE: Delaware. Thank you.
17 MR. HARVEY: Does anybody else have
18 any other feedback or questions about the
19 discussion of the DMS response to the MAC
20 recommendation?
21 MS. ANDERSON: I was going to
22 mention that I worked for a lot of years in
23 Indiana, and they had a program I believe was
24 a waiver. It was not an intermediate care
25 facility, but there were extensive support

1 needs programs.
2 So providers, in conjunction with
3 the State, worked to develop a program where
4 there were several of these homes throughout
5 the state where the funding model allowed for
6 on-staff nursing and behavioral support in
7 addition to a staffing level for direct
8 support professionals that supported the needs
9 of the people who were living in those homes.
10 There are several of those located throughout
11 the State of Indiana.
12 That happened after the state-run
13 institutions were closed and people were
14 really struggling in community-based settings.
15 MR. HARVEY: Thank you, we'll
16 definitely have Amy research the State of
17 Indiana a little bit, see if we can pull some
18 information out of there.
19 Any other feedback?
20 (No response.)
21 MR. HARVEY: Okay, we've really not
22 discussed anything today that we could
23 formalize a recommendation out of.
24 The next thing on the agenda would
25 be MAC meeting representation. The next MAC

1 meeting is this Thursday, actually. It happens
2 at 10:00 AM, and I will be in attendance for
3 that particular meeting.
4 I didn't see anything on the agenda
5 for that particular meeting that would be
6 worth mentioning on our particular call here
7 today, so with that, I'll move on to our next
8 meeting date, which April the 7th, 2026, 10:00
9 a.m. via Zoom.
10 Does anybody have anything before we
11 close?
12 (No response.)
13 MR. HARVEY: Okay, everybody stay
14 warm out there. It's extremely cold. I don't
15 know if you've been outside much, but it is
16 extremely cold. Stay warm and we'll see you
17 next meeting. Thank you.
18 MS. WASH: Thank you.
19 (Proceeding concluded at 11:35 a.m.)
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2 C E R T I F I C A T E

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4 I, THERESA PROKOP, Certified Voicewriter,

5 hereby certify that the foregoing record

6 represents the original record of the Technical

7 Advisory Committee meeting; the record is an

8 accurate and complete recording of the

9 proceeding; and a transcript of this record has

10 been produced and delivered to the Department of

11 Medicaid Services.

12

13 Dated this 15th day of February, 2026.

14 Theresa Prokop

15 ____________________________________

16 Theresa Prokop, Certified Voicewriter

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