NURSING FACILITY
TECHNICAL ADVISORY COMMITTEE MEETING

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Via Videoconference
September 8, 2021
Commencing at 11:06 a.m.

Shana W. Spencer, RPR, CRR
Court Reporter

APPEARANCES

BOARD MEMBERS:

Terry Skaggs, Chair

Janine Lehman

Adam Lewandowski

Sarah McIntosh (not present)

Jay Trumbo

MR. SKAGGS: We can go ahead and start the meeting. I think most everyone, from what I can tell, is identified on the screen.

This question, I guess, is going out to our court reporter. Do you need us to introduce ourselves, or are we -- are we good to go?

COURT REPORTER: We're good to go.

MR. SKAGGS: Good to go. Good deal. All right. The first item on the agenda is approval of the minutes. Wayne and I discussed them yesterday, and I don't think either one of us had seen any changes or anything that needed to occur at this point in time.

So unless someone has any changes, additions, or deletions, I accept a motion to approve the minutes from June 30.

MR. TRUMBO: So move.

MR. SKAGGS: We've got Jay.

MR. LEWANDOWSKI: Approved.

MR. SKAGGS: And Adam on the second. Are there any opposed? Let's go that way.

(No response.)

MR. SKAGGS: Hearing none, we'll move on in to our issues. The first item on -- under our issues is the rate add-ons and bed reserve extension expenditures. I think Wayne had reached out to Steve. Just to get an update on where we were on the expenditures on, I think, the 270 rate and the 29-dollar rate and the bed hold rate, if -- Steve, if you've got that.

MR. BECHTEL: Yeah. I've got it. The -- the add-on, the 270-dollar add-on, we have paid year to date -- or paid to date for that -- that went all the way back to April '20. It is -- we've paid 17.6 million, just a little bit over 17.6 million. It's 17,652,687 and some -- and 29 cent -- 39 cents.

On the 29-dollar add-on, we have paid a total of about 82,934,848. And on the bed reserve, we have paid $1,113,244.

MR. SKAGGS: All righty. It looks like, on the 29-dollar rate, we're doing pretty good as far as the overall monies that were allocated at this point.

MR. BECHTEL: Yeah. Hold on one second. Let me dig a little -- you know, we allocated -- there was a total of 150 million allocated across the two state fiscal years. It just kind of goes over. But the way that the billing -- if you remember the last time I talked, we weren't going to do 75 million in the first -- in the first half of the year because of the way that the billing is. It's billed retrospectively.

So, you know, you're going to get the majority of it in this -- this next six months, the first six months of this state fiscal year. So if you'd look at the 150 million, that's about 12.5 million a month, is what you can anticipate. And so far, we've been paying roughly right at 12 million. 11,847,000 is what we've been paying a month.

MR. SKAGGS: Okay.

MR. BECHTEL: So it's right on there. There may be an overage at the end. If we continue at that level, it looks like we may have an over -- we may have a payback to the budget reserve trust fund of about 7.8

million. It really depends on the bed days that are billed between now and the end of the year so --

MR. SKAGGS: All right. I appreciate the update. Anything else from anyone on the committee? Any other questions on that?

MR. TRUMBO: No.

MR. SKAGGS: Hearing none, the next item is the discussion of the Carewise hybrid level-of-care model.

I know, Lee, if you don't care, Janine was not able to be with us on the last call. And just for Janine's benefit, can you -- can you kind of give us, again, an overview of how that's going to work and then, I guess, how all this is going to roll out? You know, will there be a demo period or, you know, just -- I'll throw it out to you and let you talk. I'll quit talking.

MS. GUICE: I turned on my camera and left off my microphone. Actually, this has already begun. The --

MR. SKAGGS: Okay.

MS. GUICE: -- hybrid model has

already begun. It began in August. We didn't -- we didn't move very quickly with it because as soon as we thought we were going to be able to start going into some facilities, of course, some of the facilities started to close down.

So what's happening is that Carewise will be testing, I guess I should say. They'll do some reviews of 90 percent of the population, the Medicaid population. And if you -- if the facility meets and continues with meeting the LOC levels of, you know, a substantial portion of that 90 percent, then they're done. And they will extend everybody else in the facility; okay? They'll do a random sampling.

If they can't go into the facilities right now, we might -- we'll just extend for a little bit because we have something else coming in November, I hope. And I'll be happy to talk to you about that right as we get to the end of this conversation or under new business, either one.

MR. SKAGGS: Okay.

MS. GUICE: So that is the -- the

very simplified version of the model. And so if you have some specific questions about it? I know that some of the facilities have probably already been through it. I don't know if anybody that's on the phone has been through it or not.

MR. SKAGGS: Wayne or Janine?

MS. LEHMAN: This is Janine. Can you hear me?

MR. SKAGGS: We can.

MS. GUICE: Yes.

MS. LEHMAN: Okay. Great. I read the minutes and understood those and what you've just said, Lee. Can you tell me, what is the percentage that you're using for your sample size?

MS. GUICE: Ninety -- oh, the total Medicaid beds.

MS. LEHMAN: Okay. So it's --

MS. GUICE: So that's the -- that's the total, so then it's 90 percent of that number.

MS. LEHMAN: Okay. And then if you pass that sampling, you don't go any further. If not, then you expand that to the 100

percent; correct?

MS. GUICE: Yes, ma'am.

MS. LEHMAN: Okay. And if you're not able to get into the buildings right now because of COVID, you say you're just extending when you'll come in to do that annual review?

MS. GUICE: Yes.

MS. LEHMAN: Okay. That's really the only questions I had. It sounded good to me.

MR. SKAGGS: Excellent. And, Lee, if you want to go ahead with, you know, what you were planning in November, I mean, we -- we can go ahead with it right now.

MS. GUICE: Okay. We are adding -- let me get back to the -- we are adding a functionality to the system, to KLOCS. And we're talking about it -- and I've got my head up because I'm looking on my other screen. So pardon me just for a minute until I get it big enough and then I'm going to share my screen and let you all see it.

MS. HUGHES: Hang on, Lee, and I'll get you where you can share.

MS. GUICE: Thank you.

MS. HUGHES: I'll stop my share.

MS. GUICE: I've got to get my cursor back over here and let me share. It's not letting me share yet.

MS. HUGHES: I just got you. You should be able to now.

MS. GUICE: Okay. There we go. Thank you. We're calling it KLOCS Telehealth. Can you see that?

MR. SKAGGS: We can.

MS. GUICE: Okay. So this is just a quick one-pager. I'm not sure how to make this a full screen other than how I have it, so I apologize for that. But the point of this is to try to be able to access and complete all of the information and all of the assessments that we need to do on the Medicaid side virtually; okay?

I know that we may not always need this, and let me say this just really quickly. This is not a requirement; okay? It is not a requirement.

It is going to be a benefit, and we anticipate that system will become live

sometime in November or at the end of November. But we want to do a pilot project with this functionality to make sure that we have it all working correctly.

So what this will do is it will allow the facilities and Carewise to schedule meetings through the use of our Teams, Microsoft Teams, which you can either -- you either have the -- you can have it on your computer, or you can visit through a website. Or you can just -- it's available through KLOCS.

It will allow for screen sharing like we're doing now, if that's what you need to do. It will allow for people to talk exactly the way we're talking now. It will allow for document sharing. It will allow for a lot of virtual contact just like we're having in the Zoom meeting pretty much.

So in KLOCS, there will be a scheduling functionality for the PRO to use and the facility to be able to accept, you know, or ask for a rescheduling. It will based on the annual assessment dates or whenever somebody -- if somebody is newly admitted and

you want to use this functionality, you can do this as well.

The purpose is to have, just like it says, contactless and realtime virtual assessments. It's going to increase our ability to function virtually without -- on both sides, without traveling, without having anybody come into the facility that will limit, we're hoping, any possibility of carrying a contagion into the building by having someone else come into the building.

And as you can see, we're currently planning for a go live, a pilot project -- I'm trying to think of the word I'm looking for -- of a smaller group of facilities to begin in November 2021 so that we can make sure that it's working.

We can see what kinds of things we need to be able to do, you know, better training, different training, different functionality. And we hope for a rollout statewide availability in early 2022.

Now, I have talked to the PRO and gotten a list from them of who they recommend, and I've sent that listing out to Wayne and out

to Tim Veno to get recommendations from both of them about people on the list. Do we need to switch some people in and out? Do we need to add some others? Wayne has responded; right, Wayne? I got your response. Still waiting on Mr. Veno to respond.

So we will be contacting those facilities, and we will talk to them about the pilot and conduct early training and go through that whole process with them probably in October.

So I'm hoping -- you know, I'm hoping that this will be yet another step toward easing this process and allowing for us to continue through some of the things that we're required to do without being too burdensome.

And now I understand, of course, that this is going to require somebody at the facility to be involved with assessments. And from my conversations internally with our PRO and with the folks that we have with Medicaid that used to work in a facility, I know this is different, that sometimes that doesn't happen. It just depends on the

facility. Sometimes the PRO goes in, and they do what they do. And nobody actually stays with them or talks to them the whole time.

Of course, this will be a little bit different, but I think it will be -- you know, if it works out, if it works out for the facility, if it's safer, and if it's easier for the facilities, we're going to have this as a functionality hopefully for the long term.

MR. TRUMBO: Sounds like a great concept. I certainly like to see us using technology and, I mean, I've got to think that it's going to help you all to be more cost-effective, you know, not having to do all the travel time and downtime from that.

What is the notice period that the facilities will have before somebody is expected to be online with the -- with the PRO?

MS. GUICE: I think that the scheduling is going to be somewhat like it is now when they tell you when they're going to come into the facility. Because that has to

do with their business process as far as when they roll in, how much notice they have to give you before they come in.

And so do you think that that's going to be an issue in some way, Jay, or something that we might need to look at?

MR. TRUMBO: Just from the standpoint of you've obviously got to have somebody ready and available on the provider side to provide the other side of this. So I just want to make sure that they've had fair opportunity to make sure, you know, they've got someone ready to go.

MS. GUICE: I think that's a really good point, and I will make a note of that. And that'll be something that we'll work on, you know, with the pilot -- with the pilot facilities, to talk to them about what seems reasonable, et cetera.

MR. TRUMBO: Sounds great. Thank you.

MR. SKAGGS: Any other questions from the TAC?

(No response.)

MR. SKAGGS: Hearing none, we'll

move on to Item C, guardianship inaccessible assets. I'm going to throw that out to either Terry Harman or Wayne. They've been following this -- this issue and --

MR. JOHNSON: Terry, if we could. Before we move off --

MR. SKAGGS: Sure.

MR. JOHNSON: Before we move off of KLOCS, this is -- and Terry Harman, before you get started.

This sort of falls under level of care, I guess, and a question for Lee. I know that there was a policy implemented, a waiver of the prior authorizations for ancillaries. And I think where that stands, I think it was the -- the time period from August 11 forward, I think. Prior authorizations were waived for therapies and oxygen.

MS. GUICE: I think --

MR. JOHNSON: And I believe the --

MS. GUICE: I think it's the --

MR. JOHNSON: They were waiting on Medicaid at that point to -- to get that approved. I just wanted to get an update.

MS. GUICE: I think that it's not

August 11th. I think, instead, it is August 25th for the -- I think. Hold on and let me look that up just real quickly.

MR. JOHNSON: Okay. While you're -- while you're looking, Lee, I -- we did get -- a couple of facilities contacted me. I think Carewise had sent out a notification or communicated with the providers and then I talked to Gainwell. And Gainwell said they're waiting to get the -- you know, the final approval from you. So I just thought I'd ask. That's sort of level-of-care related, and I thought, Terry, I'd throw that under --

MR. SKAGGS: I appreciate that.

MR. JOHNSON: Yeah.

MS. GUICE: It's August 25th; okay, is the date for them. I did not realize that Carewise or Gainwell was waiting for approval, so I will get on that.

MR. JOHNSON: Yeah. I believe Gainwell is. So from August 25th forward, prior authorizations are not required for ancillaries including oxygen; correct?

MS. GUICE: No prior authorizations

for inpatient services; okay? So does that -- does oxygen fall under the concept of ancillary services? Then yes, that would be correct.

MR. SKAGGS: Yep. Okay.

MS. LEHMAN: Terry, this is Janine.

MR. JOHNSON: Thank you. Thank you, Lee.

MR. SKAGGS: I'm sorry.

MS. LEHMAN: Can I ask one other question? I saw in the minutes --

MR. SKAGGS: Sure.

MS. LEHMAN: -- about the MAP-350s, and I think that is absolutely wonderful, the way that has changed. I was at a facility today, and they had not heard of that yet.

Can you tell me when that was implemented, or is it going to be implemented, that we don't have to have those signed and don't have to do them yearly, et cetera?

MS. GUICE: It has been implemented, and I thought we made it effective in June or July 1st.

MR. SKAGGS: I was thinking that

Wayne had sent out a reimbursement alert to all -- for all of our members laying that out.

MR. JOHNSON: Yes. That's correct, Lee. We did --

MS. GUICE: Yeah. We --

MR. JOHNSON: Yeah. We did send that out. I believe it was -- it may have been only once or twice, but we did communicate that once we had the -- I think it was the May TAC, was when we discussed that.

MS. GUICE: Okay.

MR. SKAGGS: Yeah.

MS. GUICE: And -- but it is something that I wanted to bring up again today. Apparently, some of the facilities are still using really old forms. I would prefer that they use the updated form and put it in their packet.

That way, when somebody uploads a form from 2000, we're not getting into KLOCS. We're not really having assurance that they're giving the right notice to the members and the families.

So if we need to do another blast or send that out, I'd be happy to send you the form and ask you to do that.

MR. JOHNSON: Yeah. I think, Lee, that would be --

MS. GUICE: Would you like --

MR. JOHNSON: Yeah. That would be good. I will do that. If you'll send me the form and the effective date, that would be good. I can go back and check that. But I will send that back out again, Lee.

And I think we had noticed or you had noted in the last meeting that it would be good to have that form included in -- excuse me -- in the admission packet.

MS. GUICE: Yes.

MR. JOHNSON: So I will note that as well once I get your email.

MS. GUICE: Yeah. We have to make sure that admissions to nursing facilities, folks that are admitted, have an understanding that they have choices. And that's all we have to do, is tell them.

And so if the nursing facilities can put that in their admission package, they're

done. They are done. No signing, no keeping it in the record, in the case file, no annual re-signing. We just, though, need to have the updated form instead of any -- any others or making up any of your own.

MR. SKAGGS: And, Lee, I think I remember you saying that when they're doing the level of care, you're actually uploading the form even though it's not a signed form.

MS. GUICE: Right. Because the system asks for the form, we need you to upload it until someday in the future, we're able to make that change to KLOCS and not require that form anymore. Believe it or not, we couldn't do that while we're doing Telehealth because it doesn't have anything to do with the Telehealth portion of KLOCS.

So you just need to still upload it. Try to upload the new form. Just keep it right there. Keep it on your computer and just up -- you know, attach it every time, the same one.

MR. SKAGGS: Janine, I've got it in PDF form, and I'll send it to you.

MS. LEHMAN: Please. And then I'll

make sure I share it and check facilities when I'm there just that -- to make sure that they're aware of it and are using it. That would be great. Thank you.

MR. SKAGGS: Thanks, Janine. Are we ready to go back to the Item C? Wayne or Terry, I'll let you all take it.

MS. HARMAN: Yeah. I'm ready. Wayne, are you good with me moving forward?

MR. JOHNSON: Yes. Terry, if you -- if you want to. I know before you do, Terry, Lee Guice and I had a conversation. I think it was a couple of weeks ago. And we were basically crunching to this meeting to discuss Medicaid and possible policy changes regarding guardianship and the issues that we've had previously.

So, Terry, if you want to go ahead and kick it off from there and then, Lee, I'm sure, will add to the discussion.

MS. HARMAN: Sure. First, before I get started -- and I apologize to everyone else, but let me first apologize to Lee. Lee, let me personally apologize for missing the call that you, Wayne, and I had set up.

Hopefully Wayne shared -- I'm sure he did -- that unfortunately something came up. I ended up in the emergency room, and so, therefore, I do apologize for that. I don't normally blow off meetings or miss meetings, and I wanted to personally apologize for that.

MS. GUICE: Absolutely no need. I don't consider an event that constitutes an emergency room visit for anyone, whether it was you or anyone in your family, as blowing it off.

MS. HARMAN: Thank you.

MS. GUICE: So absolutely no need to apologize.

MS. HARMAN: Thank you for that, but I did want to take that opportunity.

What you had sent out I did review, the MS-1880 and the MS-1970. And not knowing quite what you and Wayne discussed, I will tell you in the MS-1880 under why, I did see reference to unavailable assets. And then in the MS-1970, under A, No. 8, I also saw, you know, verbiage regarding, you know, when you're not able to get bank statements or

things like that.

But I didn't see anything in either of these that spoke specifically or directly to someone who is not competent. And unless -- unless I'm missing something or I'm not interpreting it correctly, I don't see how we can -- and maybe you can help me with this -- we can utilize those -- those regulations to fit the inaccessible.

Because a specific bank account, for instance, if we can't get or a representative can't get, you know, those bank statements, can we get that or a letter from the bank. It's really difficult, but we can sometimes and say, hey, you know, they're -- it's going to take longer than what you're asking. Can you give us an extension, et cetera. We can do that.

But with the guardianships and the inaccessibility, we don't even know, and the representative doesn't even know, what's out there. We don't even know most of the time what bank accounts are out there or if there's any life insurance or anything else.

So I can't speak for other facilities,

but what I can say is for our facilities, we are required -- okay. We make it a requirement that once we determine that the customer is not competent and we do not have a valid POA or a representative who is willing and able to access, you know, the financial information for verifications, we send a letter. And it's, you know, a letter that we have had our attorneys write up, so it is a legal letter.

And we send that out to the caseworker, and it's very explicit. And it says, you know, we have a customer who unfortunately is incompetent. We have to file for guardianship. We are requesting an extension of time. We're unable to, you know, access those.

But that hasn't helped us when we've done this, when we've gone for that. The caseworkers haven't -- they've kept cases open, but they've not utilized that in the way that we're looking for inaccessible assets.

So, again, without knowing the conversation that you and Wayne had, you

know, that was the only piece I was able to gather out of both of those regulations.

MS. GUICE: So, Terry, are you -- are you asking us to ignore any assets?

MS. HARMAN: We're asking that those assets be -- yes, set -- not ignored but set aside; okay, if it takes -- and it often does -- three, four months.

Even once the guardian is appointed, the guardianship team -- and, again, we've had these conversations with the guardianship folks as well. It sometimes takes -- it can take six months sometimes, sometimes longer, to get access to those bank accounts.

So let's say it takes six, seven months. You know, the center, whatever facility files for the guardianship. The guardian is appointed. The guardian then gets that case, starts working the case, et cetera, et cetera, and then determines that that customer does have bank account; right? And maybe they have $5,000. Maybe they have $3,000. We're not sure. But it takes six, seven months to determine that these are the assets.

The guardian then does what they need to do and spends that customer down. The facility and the customer is denied for those six months because the caseworkers are viewing that as the customer was over assets the entire time.

Well, the customer was over assets the entire time, but those assets weren't available to them. There was no one to access. There was no one to get into the bank account to spend them down properly, to perhaps do a pre-paid burial or, you know, whatever the need be.

So, therefore, that customer is penalized. An incompetent customer is penalized as well as the facility who is providing the care. Does that -- that make sense?

MS. GUICE: Yes. It does make sense. I'm a little confused about -- I'm a little confused about -- and I'm not saying that you're misstating. But I'm a little confused about why we would deny all the way back to the application if we didn't have knowledge about the dates or the assets at

that time so --

MS. HARMAN: Right. Yeah. I -- I agree with you. I'm completely in agreement with you as to why that would happen. That's one of the reasons, quite frankly, when we initiated an official letter -- and just to let you know, Lee, we do this in every state that we operate in.

And, you know, we let our caseworkers -- right? We let them know that we have a resident who is not competent. They cannot access their finances. There is no one to do that.

So, therefore, we as a facility have to file on behalf of that customer to be able to get a guardian who is -- legally has the right to go in, search, access, spend that customer down.

So we're very -- I think we're -- I think we're very explicit about that. We're very upfront about that. But the way that it's viewed is the caseworker says, okay, we have all of this. The customer was over assets from January to June, and those six months are denied. Now, yes, the guardian

has spent them down. We'll give you eligibility beginning July 1st moving forward.

MS. GUICE: Okay. So let me take a look at that and talk to DCBS --

MS. HARMAN: Okay.

MS. GUICE: -- with that specific question in mind.

MS. HARMAN: That would be great.

MS. GUICE: And, you know, one thing, Terry, just because you do it in other states, I appreciate that, and CMS might even say it's perfectly fine in every state. But that doesn't mean necessarily that that will be our policy or that CMS would even say it's okay here. Because I've had that experience before with CMS. Sometimes they'll say it's okay in 2018, but in 2021, it's completely wrong.

MS. HARMAN: Yeah. They --

MS. GUICE: And you have to redo the whole thing.

MS. HARMAN: I can appreciate what you're saying. I can appreciate what you're saying. I've had a few states, quite

frankly, who actually have done SPAs specifically for this. But then I have had other states -- but then I've had other states who have been able to utilize a neighboring state's regulations and the federal regulations -- which I think I sent you, Lee, but I'd be more than happy to --

MS. GUICE: No. You sent them to me.

MS. HARMAN: Yeah.

MS. GUICE: You sent them to me.

MS. HARMAN: Yeah. I appreciate you looking into this. Because I do think that your regulations, you do have the language, quite frankly, that would be supportive. I think we just need to take it a step further, and I appreciate you looking into that.

MS. GUICE: Okay. Okay. Thank you.

MS. HARMAN: Sure. Thank you.

MR. SKAGGS: Wayne, anything else on that?

MR. JOHNSON: No. I think that covers it. And, Lee, we appreciate you

bringing that up to DCBS to see -- basically, what we're trying to do is avoid that gap coverage that Terry described, so I appreciate you taking that up with DCBS.

MR. SKAGGS: All right. The next item on the agenda is ambulance issues. I think Betsy was going to address some transportation issues that have arisen, and I'll throw it out to Betsy.

MS. JOHNSON: Yes. Can you hear me?

MR. SKAGGS: We can.

MS. JOHNSON: Okay. I really don't have a lot of say. I just want to make sure that people in Medicaid know that we are working with the Kentucky Hospital Association because there's a lot of concern about the availability for nonemergency transportation. And it was actually a concern before COVID but, of course, as you can imagine, it's gotten even worse.

So we are looking at some options. I think the Kentucky Hospital Association has had discussions with President Stivers, and we will be meeting with -- we were supposed

to be meeting with her tomorrow, Julie Raque Adams, but -- because of the special session, that's been postponed. But, anyway, I just wanted you all to be aware of that.

I don't know, Wayne. Did you want me to cover anything else other than informing them of the fact that we're having significant issues?

And I believe the hospital association has also engaged Secretary Friedlander in these discussions and looking at potential state plan -- state health plan changes to the certificate of need process.

MR. JOHNSON: Yeah. The only -- and I know that Jay, I think, brought this up at the last TAC meeting, Betsy, that there were transportation issues. So it's not only issues with ambulance transportation but also nonemergent transportation.

And I know, for the benefit of the TAC members and Medicaid as well, that the association does field calls. And it's probably -- Lisa Biddle-Puffer probably is the one that fields those. But we do get calls from providers that are, you know,

stating that they're having issues trying to get nonemergents transportation as well as the ambulance issue.

MS. JOHNSON: Right. So, you know, we're working on the ambulance side with the hospital association. But yeah, to your point, Wayne, I just -- recently, like, last week, I got a call from a northern Kentucky personal care home operator where one of her residents had been sent out to the hospital, and the hospital said that -- I think it's -- what is it, Lee? They've been around forever, the van transportation that you all pay, FTSD (sic) or something like that.

MS. GUICE: Right.

MS. JOHNSON: They said that they refused to transport -- I think this individual had been COVID positive or something. But, anyway, that's straightened out. But I think -- you know, I remember back when I was in Medicaid, transportation was an issue. And just to let you know, it's -- I think COVID has made it even worse, so I've been working on those issues.

MS. GUICE: Well, if you -- if the

association gets a specific complaint about any NT, the nonemergency transportation and it's not resolved right away, please feel free to send it forward.

MS. JOHNSON: Okay.

MS. GUICE: We have a very good working relationship with our administrators, and we believe we can resolve any issues that come up. That doesn't mean that everybody is going to be happy, but it means that we will be happy to address it.

And yes, COVID has made it much, much worse, as you can imagine. The business is set up to transport in groups, and with COVID, that is a little bit of a problem. And with COVID-positive individuals, that's a bigger problem. So yes, it's tricky these days, but we're trying.

MS. JOHNSON: And I think, Lee, another problem -- we're all going to have to work on these issues together because, I mean, workforce is a significant concern. And we've heard that from our -- the KBEMS, and I'm sure it's the same thing with the nonemergency transport companies as well.

MS. GUICE: Yes.

MR. SKAGGS: Anything else there?

MS. JOHNSON: I don't have anything, Terry.

MR. SKAGGS: Thank you, Betsy. Thank you. Any other issues to come before the TAC?

(No response.)

MR. SKAGGS: Hearing none, the next meeting date has not been determined yet. We will get with the TAC members and try to work out a schedule that will get us meeting sometime in the next quarter.

And I guess with that, unless there is any other thing -- any other item to bring before the TAC --

MS. HUGHES: Terry?

MR. SKAGGS: Yes.

MS. HUGHES: This is Sharley. And Dr. Bobber has not come back in but -- that I see unless he's phoned back in, and it's not showing up.

But I did want to just mention that we have a new medical director, and his specialty is in geriatric care. So he may be

reaching out to some of you all. It's Muhammad Babar, and it's spelled b-a-r.

MS. JOHNSON: Well, that's fantastic, Sharley. He was on the long-term-care task force, too, isn't he?

MS. GUICE: Is he?

MS. HUGHES: I think he is. And I think he's with the University of Louisville.

MS. JOHNSON: Right.

MS. GUICE: He is on the long-term-care task force, yes.

MS. JOHNSON: Okay. Yeah. Actually, I've met him a couple of times. He's great. And my mom was in need of a geriatrician, and he was the only one I had in my cell phone. So I texted him about a week ago, and he was very responsive.

So -- so that's a -- that's great. He'll be great to work with, very, very positive news. Thank you.

MS. HUGHES: Well, good. I'm glad that you all had heard of him, or some of you had, because I was really impressed with him, on (inaudible) -- that he was introduced to some staff. I told him I would be his

geriatric patient for Medicaid. Probably the oldest -- oldest one, I believe, on that meeting.

But I just wanted to -- he had called in earlier. As I said, I believe he's working at the practice today, so he had to get -- probably had to get back off so --

MS. JOHNSON: So is he -- is he full-time with Medicaid, then? Is he, like --

MS. HUGHES: Lee, do you know if he's full-time? I know he's still working at UK some, so he may be just part-time with Medicaid.

MS. GUICE: I actually don't --

PARTICIPANT: I think it's just two days a week.

MS. GUICE: Okay. Good.

MS. HUGHES: Two days a week. Okay.

MR. SKAGGS: All righty.

MS. HUGHES: But he is trying to attend, if I could gather, meetings that may perhaps be on days that he's at his clinic and so forth so --

MR. SKAGGS: Okay. Well, he is --

MS. HUGHES: -- hopefully he'll be able to attend these meetings more.

MR. SKAGGS: He is welcome anytime he can -- he can attend.

MS. HUGHES: Thank you.

MR. SKAGGS: All righty. Anything else?

(No response.)

MR. SKAGGS: Hearing nothing, I think we stand adjourned. Thank you.

(Meeting concluded at 11:48 a.m.)

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C E R T I F I C A T E

I, SHANA SPENCER, Certified Realtime Reporter and Registered Professional Reporter, do hereby certify that the foregoing typewritten pages are a true and accurate transcript of the proceedings to the best of my ability.

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

Dated this 13th day of September, 2021.

/s/ Shana W. Spencer

Shana Spencer, RPR, CRR