

1915C HOME & COMMUNITY BASED SERVICES WAIVER REDESIGN TASK FORCE

Minutes of the 1st Meeting of the 2021 Interim

June 21, 2021

Call to Order and Roll Call

The 1st meeting of the 1915c Home & Community Based Services Waiver Redesign Task Force was held on Monday, June 21, 2021, at 1:00 PM, in Room 129 of the Capitol Annex. Representative Steve Riley, Chair, called the meeting to order, and the secretary called the roll.

Present were:

Members: Senator Julie Raque Adams, Co-Chair; Representative Steve Riley, Co-Chair; Senators Danny Carroll, Stephen Meredith, and Dennis Parrett; Representatives Daniel Elliott, Norma Kirk-McCormick, and Pamela Stevenson.

Guests: Lisa Lee, Commissioner, Department for Medicaid Services, Cabinet for Health and Family Services; Pam Smith, Division Director, Division of Community Alternatives, Cabinet for Health and Family Services; Steve Shannon, Executive Director, Kentucky Association of Regional Programs; Amy Staed, Executive Director, Kentucky Association of Private Providers; Diane Schirmer, Chair, Brian Injury Association of America, Kentucky Chapter; and Mary Haas, Advocate, Brain Injury Association of America, Kentucky Chapter.

LRC Staff: Chris Joffrion and Hillary Abbott

Navigant Consulting's 2018 Assessment Report of Kentucky's 1915(c) Home and Community-Based Waivers

Lisa Lee, Commissioner, Department for Medicaid Services, Cabinet for Health and Family Services and Pam Smith, Division Director, Division of Community Alternatives, Cabinet for Health and Family Services presented an overview of the six waiver programs and discussed key takeaways from the 2018 Navigant assessment. Ms. Smith stated that waiver redesign would need to address the waitlist and increasing expenditures to better serve the waiver population.

In response to questions from Senator Parrett, Ms. Smith stated that she did not have the data on hand of the recipients who have dropped off the waiting list.

In response to questions and comments from Senator Meredith, Commissioner Lee stated that additional funding in the amount of \$43 million per year would be needed to

even out provider reimbursement rates without reducing specific waiver reimbursement rates.

In response to questions from Senator Adams, Commissioner Lee stated that the cabinet is proceeding with waiver redesign efforts that have minimal impact on the budget due to the shortage of funding necessary to undertake the more robust changes outlined in the 2018 Navigant Report. Commissioner Lee stated that she will provide the task force with a breakdown of specific funding needs.

In response to questions from Senator Carroll, Commissioner Lee stated that she will provide the task force with a list of services broken down by waiver. Ms. Smith stated there are 10,200 Michelle P waiver slots allocated of the 10,500 total slots and that the Cabinet reserves 30-50 slots for emergency circumstances. Ms. Smith stated that she will provide the task force with the number of members who have been removed from the list in the past year. Ms. Smith stated that the waitlist for the Michelle P waiver includes individuals who originally applied for services six years ago and the cabinet is just now processing waitlist members from 2015.

Senator Carroll commented that the Cabinet's presentation stating that the average time on the waitlist is three years long is misleading and that the Cabinet should update their materials to reflect the six to seven year long wait times.

Kentucky Association of Regional Providers' Response to the 2018 Navigant Assessment Report

Steve Shannon, Executive Director, Kentucky Association of Regional Providers presented an overview of the waiver programs from the perspective of regional care providers. Mr. Shannon discussed the need for a Severe Mental Illness (SMI) waiver to help support community based living for people whose primary diagnosis is a SMI. Mr. Shannon also provided the task force with the following waiver redesign recommendations:

- The waiver redesign should not be budget neutral. There has to be new money brought into the waiver programs if results are going to be improved;
- Workforce needs to be a priority investment in any redesign efforts;
- The application process must be improved and there needs to be a shift of focus from output forms and checklists to a greater emphasis on quality outcomes for members;
- Evaluate Participant Directed Supports (PDS) and invest in a competent and trained PDS workforce;
- Explore fiscal intermediaries which will provide the Commonwealth with an interest free revolving line of credit for PDS payroll as PDS payroll needs stretch many regional care providers' resources thin; resources that could be used to serve members;

- Focus redesign efforts within specific waivers as opposed to redesigning across all waivers at once;
- Redesign efforts should include consistent language, definitions, and service names across all waivers to aid in continuity of care from providers and transparency for members;
- Develop a standardized assessment tool that gauges acuity and member specific level of support needs to ensure appropriate level of care; and
- The redesign must be a collective effort with collaboration from members, providers, families, and policy-makers.

In response to questions from Senator Meredith, Mr. Shannon stated the waiver participants and providers are not costing the commonwealth money. The waiver programs are designed to ensure a more cost efficient delivery of needed services. Failure to redesign the waivers will cost the state money. Mr. Shannon stated that the redesign should address workforce first, waiting list second, universal assessment tool third.

Senator Carroll asked the chairs of the task force what the scope of the task force will be, stating that issues raised like workforce and reimbursement initiatives should be prioritized due to the limited interim period.

Kentucky Association of Private Providers' Response to the 2018 Navigant Assessment Report

Amy Staed, Executive Director, Kentucky Association of Private Providers (KAPP), presented an overview of the waiver programs from the perspective of private providers, highlighting the following concerns and recommendations:

- The 2018 Navigant Report was not transparent, and KAPP believes that incomplete data was used to make recommendations. Therefore, KAPP believes ongoing redesign efforts must use updated reimbursement rate data;
- Workforce investment remains a priority need and should be a priority with waiver redesign efforts. Low wages for direct support providers and a demanding client base are some of the reasons why there is a provider shortage. KAPP believes that redesigning other areas of the waiver programs without addressing the workforce needs will be foolish because there will be few providers to give redesigned services to participants. KAPP believes an investment in providers is also an investment in the participants;
- There is a need for a standardized assessment tool which would help with all waiver participant needs but would help fill gaps in care from those with Exceptional Supports;
- The waitlists for SCL and MPW are a problem and only seem to be getting longer. Remedies for these waitlists must be addressed;

- There needs to be consideration of a “supports-across-lifespan” approach to the waiver upon application and assessment so that potential increases in care needs are anticipated; and
- KAPP would like to see the easing of restrictive regulations that hinder provider’s ability to provide continuity of care and more efficiently address crises. KAPP understands that this may be a CMS issue but it needs to be addressed.

In response to questions and comments from Senator Meredith, Ms. Staed stated that Kentucky is in-line with other states in terms of money spent on waiver populations however, we do not have the flexibility other states do to keep members on a waiver if their level of care needs change or they have a co-occurring issue. Ms. Staed stated that the lapse in service for some participants costs the state a great deal more money and is damaging to the participant. Ms. Staed stated that identifying and anticipating all potential needs of a person at their entry to the waiver program would help in creating a life plan of care for participants, limiting potential lapse in care.

In response to questions from Senator Meredith, Ms. Staed stated that some residence providers are going out of business and they are declining in number due to reimbursement rates not being sufficient and lack of workforce to staff them.

Brain Injury Association of America, Kentucky Chapter’s Response to the 2018 Navigant Assessment Report

Diane Schirmer, Chair, and Mary Hass, Advocate, Brain Injury Association of America (BIAAKY), Kentucky Chapter provided an overview of what an Acquired Brain Injury (ABI) is and how it effects injured persons before describing the ABI and ABI-Long Term Care waiver programs. Ms. Schirmer and Ms. Hass discussed the following waiver redesign concerns and recommendations:

- The 2018 Navigant report recommends a reduction in funding for the ABI waiver to be able to fund other waivers, and BIAAKY does not think a one-size-fits-all approach to rate adjustments should be utilized as it runs counter to the person-centered approach of the waiver program;
- A lack of a competent and trained workforce remains an issue with the ABI waiver programs, and BIAAKY recommends that workforce investment be a priority of this task force and any waiver redesign efforts. A long term funding plan must be in place for the waiver programs that trains and helps sustain compassionate and effective personnel to serve all of the waiver participants. An immediate rate increase could also help to quickly address workforce shortages;
- Gaps in care across all waivers must be addressed but also for participants with neurobehavioral challenges and those with medically complex needs. BIAAKY believes that gaps in care can be eliminated if there was a “follows-the-person” approach to waivers so that transition from one waiver to another

is seamless and no participant loses waiver coverage due to a change in care needs; and

- BIAAKY recommends making the COVID-19 emergency Appendix K changes to access to care permanent as they have expanded flexibility to participants and providers alike.

In response to questions from Senator Meredith, Ms. Schirmer stated the primary causes of traumatic brain injuries in Kentucky are motor vehicle accidents, falls, and domestic violence.

In response to questions from Senator Carroll, Ms. Schirmer stated that services unique to the ABI waiver include occupational, physical, and speech therapy and direct behavioral counseling.

There being no further business, the meeting was adjourned at 3:30 p.m.