

EXCEPTIONAL SUPPORT WAIVER SERVICES TASK FORCE

Minutes of the 1st Meeting of the 2020 Interim

July 27, 2020

Call to Order and Roll Call

The 1st meeting of the Exceptional Support Waiver Services Task Force was held on Monday, July 27, 2020, at 1:00 PM, in Room 171 of the Capitol Annex. Senator Julie Raque Adams, 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; Senator Dennis Parrett, Representative Tina Bojanowski; David Allgood, LeeAnn Creech, Thomas Laurino, Lisa Lee, Brad Schneider, Steve Shannon, Amy Staed, Dee Werline, Brenda Wylie, and Bonnie Thorson Young.

Guests: Chris Ryder, President, Shawna Cornett, Vice President, Kentucky's Self-Empowerment Network; Nicole Griffith, Executive Director, Employment Solutions; Brandon Griffith, Executive Director, No Boundaries Case Management.

LRC Staff: Chris Joffrion, Hillary McGoodwin, and Shyan Stivers.

An Analysis of Exceptional Support Waiver Services from the Perspective of Consumer Advocates

Chris Ryder, President of the Kentucky Self-Empowerment Network stated that the limitations of the exceptional support waiver affect consumers in ways most people do not consider. Giving the example of catheters, Mr. Ryder stated that the limitations of the waiver do not fit the frequency of services like new catheters needed. Shawna Cornett, Vice President of the Kentucky Self-Empowerment Network, spoke to the needs to update the waiver to help consumers especially in rural areas. Ms. Cornett spoke to the limited options rural consumers have for transportation, and their needs are not being met.

Brandon Griffith, Executive Director of No Boundaries Case Management supported the statements made by Mr. Ryder and Ms. Cornett. Currently, consumers must re-apply every six months for the waiver. During that limited window, consumers may not have their basic needs covered, which what the waiver is supposed to do. The waiver is written in a narrow way that makes it very hard to get their needs covered and to find providers willing to take waiver clients as patients. The barriers in the waiver can be fixed

with time extensions, patient-centered-language, and incentives for providers and community partners to serve the exceptional support population.

In response to questions and comments from Senator Raque Adams, Brad Schiender, Vice President, LifeSkills stated that there are limitations in the waiver on how services can be provided.

In response to questions and comments from Senator Parrett, Chris Ryder and Brandon Griffith stated that the convoluted application process for providers of Medicaid assisted transportation is a barrier for rural transportation firms.

In response to questions and comments from Representative Riley, Brandon Griffith stated that there are incentives to keep transportation bids down and red tape that limit access for consumers.

An Analysis of Exceptional Support Waiver Services from the Perspective of Regional Providers

Steve Shannon, Executive Director, Kentucky Association of Regional Programs gave a brief history of community based services and the exceptional support waiver services program. Mr. Shannon learned from providers four action steps the task force may want to consider. The Kentucky Association of Regional Providers (KARP) recommends that the task force find a way to make the application and approval process less onerous, while maintaining accountability, and access to quality services. Second, KARP recommends a team approach to the approval process prior to making a decision. Third, KARP recommends to extending the prior authorization period from six months to twelve months while incorporating an expedited renewal process. The fourth action item KARP recommends is to review the assessment tools used to determine patient need and select one universal assessment tool.

Mr. Shannon suggested several guiding principles for the task force: a budget neutral process that keeps focus on the needs of the individuals, in-depth discussions about the specific populations served and underserved by the waiver, and an understanding that residential providers should be expected to fully support individuals who are capable of living alone but cannot because of insufficient funds and community supports.

In response to questions and comments from Senator Raque Adams, Mr. Shannon stated that nursing needs are a gap and the dilemma of where do people go when they age out of home care and child care. The planning process would benefit from a tiered model.

In response to questions and comments from Representative Bojanowski, Mr. Shannon stated that existing Supported Community Living (SCL) parameters are set in regulation and that Exceptional Supports are an addition to the SCL regulation.

An Analysis of Exceptional Support Waiver Services from the Perspective of Private Providers

Amy Staed, Executive Director, Kentucky Association of Private Providers explained what exceptional support services are and who they serve. Ms. Staed identified eight problems with the current process for providing exceptional supports: 1) current regulations deter providers from agreeing to support individuals with intense support needs; 2) potential recoupments deter providers from agreeing to support individuals with intense support needs; 3) the exceptional supports application process is overly complicated; 4) there are not enough long term supports after stabilization; 5) SCL workforce crisis exists; 6) there is limited access to consultative clinical and therapeutic services; 7) exceptional support rates are calculated using an arbitrary formula; 8) the exceptional supports rate fails to reimburse providers for the actual cost of care and are difficult to bill.

Ms. Staed provided two recommendations for the task force to consider to combat the problems identified previously. First, establish a higher level of care while also retaining exceptional supports system by establishing criteria for individuals whose support needs are greater than what can be provided in residential levels one and two. In this scenario, exceptional supports can be used exclusively for short-term crisis mitigation and/or crisis stabilization.

Second, Ms. Staed recommended overhauling the current system by streamlining the application process by reducing administrative burden, adjusting timelines, allowing for back dating of claims, adjusting exceptional supports rate methodology to ensure that it is truly cost based, simplifying the billing procedures, overhauling the SCL referral system to ensure providers are not deterred from accepting a high intensity referrals, increasing consultative, clinical, and therapeutic service until limits so that participants have access to the services available under SCL 1, and establish an exceptional supports rate for case managers.

In response to questions and comments from Senator Raque Adams, Ms. Staed stated that exceptional supports fall under the same federal match as SCL and come with a 5.5% provider tax.

Adjournment

There being no further business, the meeting adjourned at 4:23pm.