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DEPARTMENT OF MEDICAID SERVICES
BEHAVIORAL HEALTH TECHNICAL ADVISORY COMMITTEE

Capitol Annex
702 Capital Avenue, Room 125
Frankfort, Kentucky

January 9, 2019,
commencing at 2:01 p.m.

Lisa Colston, FCRR, RPR
Federal Certified Realtime Reporter

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A T T E N D A N C E

TAC Committee Members:

Sheila A. Schuster, PhD, Chair
Steve Shannon
Valerie Mudd
Diane Schirmer
Mike Berry
Sarah Kidder

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DR. SCHUSTER: Welcome. I'm Sheila Schuster with the Mental Health Coalition. And I'm the Chair of the Behavioral Health TAC. So if you are not here for the Behavioral Health TAC, then you are on the wrong plane, wrong airport.

Oh. Here comes our other TAC member. Great.

(Mr. Mike Berry enters)

DR. SCHUSTER: So as we always do, we will go around the room and make introductions. But before we do that, and I didn't put it in correct order in the agenda, we have a nomination for an empty seat that we have. You all remember that NAMI Kentucky had Michael Gray as their TAC member. And Michael has gone on to work for the Treatment Advocacy Center. So he still is in Kentucky, which is a good thing for us. And I got a formal letter from the Board of NAMI Kentucky saying that they are appointing Sarah Kidder, who is their advocacy coordinator for NAMI Kentucky.

So I would like to have a motion from the TAC to accept the nomination from

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NAMI Kentucky.

MS. SCHIRMER: A motion.

DR. SCHUSTER: Diane.

MS. MUDD: (Indicating).

DR. SCHUSTER: A second from Val.

Any discussions? Questions?

All in favor signify by saying

"aye."

(Aye)

DR. SCHUSTER: Opposed, like sign.

(No response)

DR. SCHUSTER: Thank you.

And welcome, Sarah. Do you want to give a second for your background, just I think people know you who have been up here because you were with the Legislative Research Commission for several years. But tell a little bit about your background.

MS. KIDDER: Sure. I am now with Bart Baldwin Consulting and primarily doing behavioral health and disability-related government relations work. And, so, I'm really excited to be working with NAMI Kentucky. I worked with them back in Texas, too, when I did similar policy work. So

1 before that I had worked at LRC on the
2 Health and Welfare Committee, primarily doing
3 all behavioral health, disability and aging
4 research and drafting. And before that, was
5 in Texas at a mental health foundation
6 associated with the university and worked for
7 the legislature there as well. I've been
8 policy primarily, behavioral health policy
9 for about over a decade. I'm excited to keep
10 doing it.

11 DR. SCHUSTER: We are delighted to
12 have you. For those of you who remember
13 Tim's Law, Sarah did every iteration of Tim's
14 Law for a five year period. So she knew that
15 bill front -- forwards and backwards and so
16 forth. So welcome. We're delighted to have
17 you.

18 MS. KIDDER: Thank you.

19 DR. SCHUSTER: Diane, do you want
20 to introduce and maybe give a little bit of
21 background?

22 MS. SCHIRMER: Sure. My name is
23 Diane Schirmer. And I am the brain injury
24 rep. I work currently for New Vista
25 Behavioral Health, which is a subsidiary of

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Bluegrass. I'm also on the Board for the Brain Injury Alliance of Kentucky. And, also, I'm on the policy committee and the outcomes committee for the Brain Injury Association of America. And I'm a CARF surveyor. I've done brain injury since 1989, and my father had a brain injury after I started in it.

DR. SCHUSTER: Great. Val.

MS. MUDD: I'm Valerie Mudd. I'm the consumer programs coordinator for NAMI Lexington. And I'm the director of participation station, a peer run operated center. And I've been with NAMI since like 1997, I think. I got employed in 2006. Like most people do that work at NAMI, you volunteer until you die and then you get hired.

(Laughter)

MS. MUDD: But it has been a real pleasure to be on this TAC. And I'm a person living with mental illness as well.

DR. SCHUSTER: Great. Steve.

MR. SHANNON: I'm Steve Shannon with KARP, KARP Association of Mental Health

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Centers. I'm just glad to be here.

DR. SCHUSTER: Mike.

MR. BERRY: Mike Berry, People Advocating Recovery. And I'm a person in long-term recovery, which means I haven't used drugs or alcohol for almost 25 years.

DR. SCHUSTER: Wow. Good for you.

MR. BERRY: That is a long time, yeah.

DR. SCHUSTER: That is a long time. And we love Mike's voice. He lost it for a while. He had a scare with cancer. And so we are so glad that his voice is back, because we have long used him to rally the troops and make announcements and so forth.

MR. BERRY: It works.

DR. SCHUSTER: And it works. And we have our court reporter here.

THE REPORTER: Lisa Colston.

DR. SCHUSTER: Lisa Colston. And I'm Sheila Schuster. I'm a child psychologist by passion and training and advocacy. And I have been running the Mental Health Coalition since its inception in 1982. So I think we are one of the oldest

1 and biggest of the mental health coalitions
2 nationally. And Steve Shannon and I worked
3 on this legislation to create, actually, the
4 behavioral health TAC at the same time that
5 the children's health TAC and the therapies
6 TAC were all designed. So we wanted to have
7 a broad spectrum of mental illness, substance
8 use, and acquired brain injury, and we wanted
9 to have a consumer voice here. So we're
10 delighted to have you here.

11 And what we usually do,
12 Commissioner, is go around the room, so
13 everybody introduces themselves.

14 COMMISSIONER STECKEL: That would
15 be fabulous.

16 DR. SCHUSTER: Why don't you start
17 just to say who you are and then we are going
18 to come back to you to make some comments,
19 okay?

20 COMMISSIONER STECKEL: Okay. So
21 I'm Carol Steckel. I'm the Medicaid
22 Commissioner, and I've been here since
23 September.

24 MS. HOLLEN: Ann Hollen, Behavioral
25 Health Policy Advisement for the Department

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of Medicaid Services.

MS. HUGHES: I'm Sharley Hughes, the Department for Medicaid Services. And I will be the liaison for the TAC starting this meeting.

DR. SCHUSTER: Great.

MS. HUGHES: So if you have any questions, just let me know.

DR. SCHUSTER: Great. Kathy.

MS. ADAMS: Kathy Adams. I'm with the Children's Alliance.

MS. SANBORN: Michelle Sanborn, Children's Alliance.

MS. EISNER: Nina Eisner, The Ridge. But I also am the Chair of the Hospital Association Behavioral Health Forum, and I'm the Legislative Chair as well.

MS. HOLLAND: Kellie Holland with The Ridge.

MR. GRAY: David Gray with the Cabinet for Health and Family Services.

MS. YORK: Hi. I'm Jill York. And I'm executive director for the Kentucky Association of Nurse Practitioners and Nurse Midwives.

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MS. GUNNING: Kelly Gunning with NAMI Kentucky. I'm also a family member community psychologist. I also run the peer team at Eastern State Hospital and the Fayette County Mental Health Court.

DR. SCHUSTER: Great.

COMMISSIONER STECKEL: In your spare hours?

DR. SCHUSTER: She doesn't sleep much, that's for sure. Marc.

MR. KELLEY: Marc Kelly, Pathways.

MS. SHUFFELT: I'm Christy Shuffelt, the executive director of New Beginnings Bluegrass.

MS. DAY: Beth Day, Humana CareSource.

MS. MOWDER: Kristan Mowder, Humana CareSource.

MS. TIMMERMAN: Marcie Timmerman, executive director of Mental Health America of Kentucky.

MS. SLOAN: Miranda Sloan, executive director of the Kentucky Psychiatric Medical Association and the Kentucky Society of Addiction Medicine.

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MR. VENNARI: Joe Vennari, Humana
CareSource.

MS. BIGLEY: Cynthia Bigley, Otsuka
America Pharmaceutical.

MS. ABBOTT: Susan Abbott,
Protection and Advocacy.

MR. HANNA: David Hanna with
PassPort.

MS. McKune: Liz McKune, Passport
Health Plan. And I'm also the Chair of the
Kentucky Board of Examiners.

MR. CAIN: Micah Cain, Passport.

MS. LOY: Beverly Loy, executive
director of the Adanta Group.

MS. DYKES: Kim Dykes, the Adanta
Group.

MS. PAXTON: Julie Paxton, Mountain
Comprehensive Care.

MS. GORDON: Lori Gordon, WellCare.

MS. STEARMAN: Liz Stearman,
Anthem.

MS. BROOKS: Michelle Brooks,
Aetna.

MR. SCHULTZ: Rick Schultz with
Aetna.

1 MS. MANKOVICH: Paige Mankovich,
2 Aetna.
3 MR. JOHNSON: Dustin Johnson,
4 Aetna.
5 MR. LEEDY: Brad Leedy with
6 Bridgehaven Mental Health Services.
7 DR. SCHUSTER: And then Melanie.
8 MS. CUNNINGHAM: Melony Cunningham,
9 NAMI Kentucky.
10 COMMISSIONER STECKEL: I'm sorry.
11 I can't hear you.
12 DR. SCHUSTER: NAMI Kentucky.
13 COMMISSIONER STECKEL: Okay.
14 Wonderful.
15 DR. SCHUSTER: And then over here.
16 MR. PATEL: Dhaval Patel, Oliver
17 Winston Behavioral.
18 MS. PLYMARE: I'm Kaitlyn Carmine
19 Plymare with Oliver Winston.
20 MR. NALLY: Philip Nally, Oliver
21 Winston.
22 MS. CULL: Marie Cull, Cull &
23 Hayden.
24 DR. SCHUSTER: Great. We will ask
25 for you all to sign in. There is a sign-in

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sheet back on the podium and then there's handouts here.

We are delighted to have Commissioner Steckel here. We've never had the Medicaid Commissioner attend our TAC meeting. So...

And we are very good about always having our meetings and always making a report of recommendations to the MAC. So this is something new for us. So we're delighted.

So you had asked for a couple of minutes, and the floor is yours.

COMMISSIONER STECKEL: Well, thank you. And if you don't mind, I am going to kind of stand over here.

DR. SCHUSTER: Sure, sure.

COMMISSIONER STECKEL: Because I really am thrilled to be here. I'm stunned that I'm the first Medicaid Commissioner to have appeared before a TAC. Because the work that you all do, the TAC members -- and I re-arranged. Poor Sheila. It is a good thing you are adaptable.

DR. SCHUSTER: That's the

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psychologist in me. That's the mom in me.

COMMISSIONER STECKEL: I wanted to make sure I knew who the TAC members were and who the advisers were. And I understand that this is an all-hands-on-deck kind of advisory group. So I don't want to inhibit that. But I am thrilled, thrilled, thrilled to be here.

I, too, am a -- I suffer from depression. So, and, have my whole life. And it is one of those things that while I feel like I'm managing it and handling it, I have some empathy for what people are going through. Because I, too, have gone through it. And everyone looks at me and says, "You? Really?" But it is true. So I know you all experience that with your members.

I want to do several things. And part of it is, we're realigning the TACs and the MAC. Because I want to move away from the people bringing their claims or people bringing one-off issues that their providers have issues with. We've got methodologies and we've got places, including my phone number, for us to deal with that. This meeting should be about how do we help make

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the agency more efficient and effective, how do we make it easier for providers to participate in Medicaid, how do we make it easier for our beneficiaries to get the right services at the right time and at the right price.

Now, you all know, we live under federal regulations, we live under a budget. But within all of those parameters, the work that you do is so critically important to helping inform us with the work that we do. So what I would like to do, and Sharley will be the point person now, is we're making several changes in the TACs. And you will get a letter, Sheila, and everybody will get a letter outlining these changes.

But, basically, we're going to delete things from the agenda that are specific claims issues. And we will deal with those in the normal process of the way we do business. We really want to talk about systemic improvements, policies, ideas that you all may have that you thought they will never listen to us or they will never try it. Now, what we commit back to you all is it

1 won't be -- I've been lecturing a lot of
2 people about "Remember when your mom and dad
3 told you, 'Why, mom, do I have to do this?
4 Because I told you so.'" How many of us
5 liked that? Did anybody like that? No. So
6 we won't be like your mom and dad, like my
7 mom and dad. We'll explain why we couldn't
8 do something. But, also, if you tell us what
9 you're trying to accomplish, it could be that
10 we can't do it the way you thought we could
11 but if we tweak it here or there we can
12 accomplish your goal.

13 So the more robust these
14 discussions are in this TAC and the more
15 we're sharing ideas, the more we're
16 exploring. And it could be an idea that you
17 think is the craziest idea on this planet,
18 that that's the seed that gets us over the
19 hump for a major issue.

20 So I would encourage you all.
21 That's what we're hoping to accomplish with
22 this redesign. Or I don't want to call it --
23 rebooting of the TACs. You're vitally
24 important to the work we do. But we're not
25 going to entertain the claims process. I've

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said it enough.

The other thing that we're going to do is this will be your last meeting in this building. We're moving all of the meetings over to the Medicaid agency building, the Cabinet building. So that will enable us, for me, not to be the first and last Medicaid Commissioner that comes to the meetings, but then also will enable us to make sure we have the subject matter experts and we're not taking them away for a long period of time. And that's consistent with every TAC. So if you happen to participate in other TACs, we're moving them all to Frankfort and to the Cabinet buildings.

We're going to adhere to the MAC bylaws on the agendas. So the agendas have to be in two weeks before the meeting and you can update it up to a week before the meeting. And there's a variety of other things that we're going to tighten up and hopefully make changes, the goal being to encourage substantive policy discussions. So that being said, that's kind of the TAC functions.

1 Ann is here. We're here to answer
2 any questions that you all may have. But I
3 cannot emphasize enough, you all know better
4 than I do the problems we're facing here in
5 Kentucky, whether it's substance use
6 disorder, whether it is the -- including the
7 opioid issues, our issues with pregnant women
8 and children, I mean, just on down the line.
9 If I could talk to each of you, you would
10 have your area. We have got to get ahead of
11 this. And we've got to think creativity and
12 we have got to think aggressively. However,
13 we have to think within the parameters that
14 we have to deal with.

15 But I am a firm believer that when
16 you get this kind of population together and
17 you get the Medicaid experts together and we
18 respect each other but we agree to disagree
19 sometimes and we hash it out, I'm a policy
20 nerd, so I will get in the middle of it all
21 and just, you know, wrestle it out with you
22 and work through it and "What about this" or
23 "What about this" or "How about this" or
24 "Have you thought about this?" I would like
25 you to feel comfortable doing the same thing.

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And then surprisingly enough, 99 percent of the time we resolve the issue. You may not get everything you want, I may not get everything I want, but our beneficiaries get a better product. And that's what we're all about.

So, Sheila, thank you for letting me speak. I will be glad to answer any questions or we'll be glad to answer them as we go through the agenda. Any questions of me?

I have 30 years of Medicaid experience, so I started when I was two. So...

But I've been in a couple of states and then Chaired the national association. So I hope that bringing that experience to the state, the Commonwealth of Kentucky, is of benefit. But I, by far, do not know it all. So the idea of sharing and learning is really exciting to me. So thank you all for the work that you all do on behalf of our beneficiaries. So...

DR. SCHUSTER: Could I just ask a practical question, Commissioner? Because we

1 have resisted going to the Cabinet in part
2 because of the parking and the difficulty of
3 people getting in and out of the building and
4 the space that accommodates. I mean, you see
5 the -- and this is not atypical, I think.
6 You've been here at our other meetings. I
7 mean, we are 40 to 50 people every time.

8 COMMISSIONER STECKEL: Well, and we
9 will make it happen. We understand.

10 DR. SCHUSTER: Okay.

11 COMMISSIONER STECKEL: So we will
12 work to --

13 DR. SCHUSTER: Because I know we
14 have gone to the consumer TAC. I see Emily
15 Beauregard has come in as Chair of the
16 consumer TAC. And we meet in that little
17 room off what used to be the cafeteria and it
18 is crowded and it is --

19 COMMISSIONER STECKEL: Yeah. And
20 hot.

21 DR. SCHUSTER: -- you know, hard
22 and it is hot.

23 COMMISSIONER STECKEL: Yeah.

24 MS. HUGHES: I mean, we have other
25 rooms that we can accommodate this amount of

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people.

DR. SCHUSTER: Okay. So you know what our schedule is --

COMMISSIONER STECKEL: Yes, ma'am.

DR. SCHUSTER: -- right? I mean, we've set that. We have given that out to everyone.

COMMISSIONER STECKEL: And that's one of the other things, too. The other thing that won't affect you all, but we're not letting there be overlapping meetings, so that the leadership can choose to be at all of the TAC meetings if we want to.

MS. HUGHES: Well, this is not just a one-off that she is coming. She wants to be present and come to all of the TACs each time that she possibly can. So...

COMMISSIONER STECKEL: And when I say I love this work, that's why. I don't want to not be part of the seed planting and the ideas and all of that. And I say that and all of my staff looks at me and goes, "Yeah, right. Wait until you see your schedule." So...

But I would like the ability. And

1 if not me, to have some senior staff here.
2 So Ann is remarkable and amazing. She could
3 do all of this without any of us. But every
4 now and then we would like to be here. So
5 we've asked that there not be any overlapping
6 meetings. And we recognize the issue of the
7 room size. So we will -- as Sharley -- this
8 week has been a whirlwind for Sharley because
9 we've done -- we've turned this over this
10 week. Once we get through this week and have
11 all the meetings, then she'll go through them
12 methodically and make sure that there's --
13 and I say "comfortable." I live in a floor
14 that has plastic on the roof and --

15 DR. SCHUSTER: Yes, we noticed.

16 COMMISSIONER STECKEL: -- and they
17 are about to do some HVAC work. So I'm
18 envisioning these big silver circle
19 thingie's.

20 But as comfortable as that
21 environment can make us, we're not going to
22 put people into a small, cramped room as hot
23 as Hiaties. So...

24 DR. SCHUSTER: Yeah. I mean, I
25 think our -- my trademark is no tent is ever

1 big enough to bring in all the people that I
2 think ought to be in. And I think behavioral
3 health lends itself to that. So we've had
4 great representation from a variety of
5 providers, for instance, agencies and so
6 forth. And we want our consumers to feel
7 comfortable in coming, because we're very
8 much consumer participation as well.

9 COMMISSIONER STECKEL: I totally
10 agree with that.

11 DR. SCHUSTER: Okay.

12 COMMISSIONER STECKEL: And the last
13 thing we want to do is inhibit participation.
14 So, you know, people around a table or that
15 kind of concept. But we have spaces that if
16 I have to go to the Secretary and ask that we
17 start bumping people, don't tell them I said
18 that, okay, or any of my fellow
19 commissioners, but we have places that that
20 can be done.

21 DR. SCHUSTER: Okay.

22 COMMISSIONER STECKEL: And we want
23 to inhibit -- or we want to encourage
24 participation, not inhibit it. So I hear
25 what you are saying.

1 DR. SCHUSTER: I guess the other
2 thing I would ask, and you've seen our agenda
3 and I heard you say it at the last MAC
4 meeting, that you wanted the TACs and the MAC
5 to really deal with global or systemic issues
6 and not claims. I can't think of, in the
7 four years that we have been doing this, of
8 discussions that we've had that have really
9 been at the level of claims. Now, there may
10 be some. But, you know, we're concerned
11 about things like we spent a lot of time
12 talking about how do we do integrated care,
13 which is one of the things that the MCOs were
14 supposed to bring to the table. And we've
15 had those discussions a lot. Right now,
16 we're concerned about medically frail;
17 you know, which I consider to be a systemic
18 issue because it is going to affect so many
19 of our people especially.

20 So, I mean, I guess I would like
21 some input from you.

22 COMMISSIONER STECKEL: Like the
23 children's TAC, we have no concerns with
24 them. They do the exact same thing. There
25 are some TACs that are more guilty and some

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that are less guilty.

DR. SCHUSTER: Okay.

COMMISSIONER STECKEL: So, as a matter of fact, when I look at your agenda, I would say that you're exactly right. Now, the only issue is what we're not going to do is if a policy is set, the follow-up question is, if you need more information about that policy but we're not going to debate it ad nauseam. So the co-pay policy, if there are confusions, we've sent out information, we've sent out information, we've talked about it, we know that you all disagree with it, we are not going to debate it. You all can debate it. You can debate it. The Department of Medicaid Services is not going to participate in that debate. So it is things like that.

DR. SCHUSTER: But questions, in terms of a follow-up, in terms of some questions that have still come up about codes and services and what is going to have a co-pay and what is not going to have a co-pay.

COMMISSIONER STECKEL: But that has

1 all been sent out down to the code level.

2 DR. SCHUSTER: Yeah.

3 COMMISSIONER STECKEL: So...

4 MR. SHANNON: But I think there's
5 still confusion.

6 COMMISSIONER STECKEL: But this is
7 not the forum for that. If there is
8 confusion, then that is something that should
9 be taken up through another process, not the
10 TAC.

11 MR. SHANNON: Okay. I mean, I
12 think --

13 COMMISSIONER STECKEL: That is an
14 operational issue. Maybe that is the way I
15 describe it. It is an operational issue, not
16 a policy issue.

17 MR. SHANNON: Well, I think one
18 advantage, though, of here is that we have
19 all of the players here. And I have monthly
20 calls with MCOs. And, depending, some MCOs
21 tell me it is a \$3 co-pay for a month for
22 some that use residential, some tell me it is
23 \$3 a day.

24 COMMISSIONER STECKEL: But that is
25 an operational issue.

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MR. SHANNON: But this is a venue where everyone comes to.

COMMISSIONER STECKEL: This committee is designed to advise the Medicaid agency on policies. That is an issue with the MCOs. And if it is something that you disagree with the MCOs about, then there is a process in the Department to handle those types of issues. This is not the forum for that.

MR. SHANNON: Okay.

COMMISSIONER STECKEL: And this is not the forum -- if you all want to meet with the MCOs after DMS leaves, you can use these meetings for that purpose. But the purpose of the TAC is to advise the Medicaid agency alone.

MS. MUDD: So this is not the forum to talk about that I have people that come to my participation station that can't pay their co-pays?

COMMISSIONER STECKEL: That is -- no. It is -- the policy is debated and decided and that that would be something that you would have to work out through the

1 Medicaid agency. And I hear what you are
2 saying. But no, no.

3 Any other questions? Thank you.

4 DR. SCHUSTER: Thank you. I'm
5 trying to process all of this. Because one
6 of the advantages of the TAC has been the
7 breadth of representation that's here so that
8 we hear from the ground level about issues
9 that come up. And there's a purpose in that.
10 I mean, that's one of the reasons that we
11 open it as broadly as we do.

12 COMMISSIONER STECKEL: Right,
13 right.

14 DR. SCHUSTER: And so I'm trying to
15 weigh that. I'm trying to figure out --
16 I don't want to lose that function, quite
17 frankly --

18 COMMISSIONER STECKEL: Sure, sure.

19 DR. SCHUSTER: -- as part of the
20 TAC gathering. And so we always have an
21 opportunity for people to bring up issues or,
22 in fact, to e-mail me with issues to put on
23 the agenda.

24 COMMISSIONER STECKEL: Well, what
25 you all choose to do as a non-TAC committee

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here in this room, or we would even make our spaces available, is between you and the members here. But as a TAC, your job is to advise the Medicaid agency. Now, I -- and that's why I addressed the whole group. I'm going to get back up, if you don't mind.

That, I agree with you, there is a value to having all of these players in this room or in the Department's spaces talking about issues. If you all wanted to meet after the TAC as a group of citizens and talk about the co-pay issue, talk about an operational issue, the relationships with the MCOs, we will make that space -- we will accommodate you for that space and we will schedule it for longer than the TAC meeting. And you all can do that. And it benefits us because then you could come back through the appropriate channels and address the Department on operational issues, which I don't want -- the policy of co-pays has been decided. But there's a function for all of you all that are on the ground helping us make sure that when we operationalize something it's done correctly. But that's

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not the TAC's purpose.

MS. MUDD: This is quite a shift.

PARTICIPANT: Yes, it is.

COMMISSIONER STECKEL: Well, I'm sorry. This is the -- if you look at the statute and if you look at the bylaws. But if you look at the statute it is crystal clear. Your job is to advise the Medicaid agency.

DR. SCHUSTER: But part of what we bring and advise, I guess this is where I'm hung up and I think Valerie is, exactly what you described, Commissioner, and that is the on-the-ground experience that people have.

So it seems to me that it would be important -- I made my argument to the MAC. And you were there when I said, "I think this is backwards." And I would say it again.

Our people with behavioral health diagnoses ought to be given an incentive of \$3 to show up for their appropriate medication and service and not penalized.

COMMISSIONER STECKEL: And once again, I hear you and the decision has been made.

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DR. SCHUSTER: And I understand that that decision has been made.

COMMISSIONER STECKEL: We can spend our time talking about that or we could spend our time talking about developing policies and procedures.

DR. SCHUSTER: Okay. But my question is, that when we know from the experiences that we have as providers, as family members, as consumers about what's happening, and one of the things that we worry about is that people will not show up for the services because they don't want to be embarrassed to be asked for their co-pay, that's happened before --

MR. SHANNON: Self-selection.

DR. SCHUSTER: -- and it is self-selection, and so they say, "I'm just not going to go."

MS. SCHIRMER: That's right.

DR. SCHUSTER: Now, it seems to me that the Medicaid agency would want to know if that's what's happening. And we're a conduit for that. I guess that's where I'm coming from.

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COMMISSIONER STECKEL: Uh-huh,
uh-huh.

DR. SCHUSTER: And it is not to
argue with you about, you know, I think you
ought to change the policy, obviously. But I
am not going to argue that. I am not going
to take up the time of the TAC or the MAC to
argue that anymore.

But what is the role of the TAC and
our broad representation in bringing you that
data, I guess is part of the question.

COMMISSIONER STECKEL: And I
guess -- and let me back up a little bit.
I hear what you are saying. Maybe what we
need on the agenda is a policy agenda
component that these are the policies, these
are the things we're developing, and this is
how we want to talk about policy and this is
new programs and things. Maybe that's what
we do, we do new programs and then
operational issues.

And, but, with the operational
issues what I want to make sure we're doing
is it's real data and it is not "I heard" or
"I said" or "we think" or "I had a person

1 come into my office and they said this." If
2 you -- you know, over the past month, or
3 since the last TAC meeting, we had 42 people
4 that said they were not coming in or walked
5 out of our office after being asked for a
6 co-pay. Then, yes, I -- I hear what you are
7 saying now. And you are right.

8 DR. SCHUSTER: Yeah.

9 COMMISSIONER STECKEL: But what I
10 don't want to do is spend a lot of time, and
11 please don't take this as I don't want to
12 know this, I do, but I want to make sure that
13 we're funneling it into the right area. One,
14 so we could address it. But, two, so we're
15 doing what I really want this TAC to do. But
16 maybe -- what I don't want to do is then have
17 everyone stand up and say, "You've got data,
18 you've got data, you've got data." And so
19 now we've spent two hours.

20 DR. SCHUSTER: Well, I mean, we
21 have mechanisms. I mean, I have an e-mail
22 group for everybody that shows up at these
23 things. And people never hesitate to send me
24 an e-mail, as far as I can tell, or to call
25 me and just say, "Here is the data; you know,

1 here is what I found out." So I don't mind
2 taking responsibility for that part. We're
3 not going to spend two hours going through
4 everybody who is in the audience and saying,
5 "What is your data?" But I do --

6 COMMISSIONER STECKEL: See, I also
7 have -- a lot of you in this room have met
8 with me in my office. And the exact same
9 thing is talked about, which I don't
10 begrudge. That's fine. But, again, I'm
11 trying -- and maybe what I will -- I will
12 turn it back to you.

13 Let's think through how we can be
14 efficient with the TAC with my desire to have
15 more robust policy discussions. And my
16 understanding that, you made a very good
17 point, I am not above saying that I'm wrong
18 or that maybe I am not wrong yet but that I
19 might be.

20 DR. SCHUSTER: But you are open to
21 that input, right?

22 COMMISSIONER STECKEL: Yes.

23 DR. SCHUSTER: Okay.

24 COMMISSIONER STECKEL: I think you
25 have a point about is this a more efficient

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way of getting that data in.

DR. SCHUSTER: Right.

COMMISSIONER STECKEL: So maybe I will turn it over to you all and let's think through how can we do that so that we don't lose the power of this group to help us design the program.

I mean, Ann, how many new programs do you have on your agenda and grants and things like that?

MS. HOLLEN: Well, I have something called the SUD 1115. And I'm looking at the SMI 1115. I'm looking at the moms model. I'm looking at integrated care for kids model.

COMMISSIONER STECKEL: Yeah.

MS. HOLLEN: And I have a team of four.

COMMISSIONER STECKEL: Yeah.

MS. HOLLEN: And we're looking at some policy academies and some innovative accelerated programs with Medicaid. So, yes, a lot of things.

COMMISSIONER STECKEL: So that is where I really would like to spend time with

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all of us talking about are we going in the right direction or not. But I recognize and see where you are coming from. But...

DR. SCHUSTER: Okay. And I appreciate that. I guess what strikes me, from what Ann is saying, because you know, quite frankly, most of us end up being in a reactionary mode to Medicaid and what you are saying I think is you really want us to get on the other side of it --

COMMISSIONER STECKEL: Correct.

DR. SCHUSTER: -- and be the generator of ideas and policies and so forth. And we would love to be there. You know, we're real tired of being reactionary to what we think is bad stuff coming down the...

MR. SHANNON: You know, we discuss an SMI waiver, what that is, and that's happening here.

DR. SCHUSTER: I mean, and we have done that around some problems; you know, we have said "This is a huge problem and we really need to put our collective brains together." I think that is why people keep coming back to this TAC meeting, is that

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people feel like they get information but they also have a place to do it.

So I guess what I would say is, and maybe I can get with Ann, maybe we pick one of those and the SMI waiver certainly is high on our priority list or the SUD, certainly the rollout of the SUD, and both, you know, and maybe there are some ways for us to get out some information and plug in and have that kind of robust discussion at the early end.

COMMISSIONER STECKEL: Well, it may be -- and I apologize for doing this to you.

MS. HOLLEN: Throwing me under the bus?

COMMISSIONER STECKEL: No, no. Never, never.

But do remember -- and I did hear she has four people. But maybe there is something we can do within Medicaid to help her. And we do more of what we're doing with the 1915(c) re-write, in that we get groups of people. So if you are interested in the SUD waiver or the SMI waiver or the moms waiver or the kids waiver, then you can be on

1 those specific. And we will get the input
2 that way. And then at the TAC we give an
3 overview of each of those. So maybe that.
4 But I like the idea of you and Ann getting
5 together.

6 DR. SCHUSTER: Yeah, we can do
7 that.

8 COMMISSIONER STECKEL: And I will
9 say it publically. We will figure out how to
10 get you some support.

11 DR. SCHUSTER: See, it is good for
12 you, Ann, to come to the TAC, you get some
13 support.

14 MS. HUGHES: And to Sheila and
15 Steve's concern about that you have got
16 patients that are coming in and are picking
17 food, we know that. Every one of us in DMS,
18 we know it. And so it is not like that's
19 something new to us.

20 MR. SHANNON: Right.

21 MS. HUGHES: And I know that's
22 something that you all have voiced a lot.

23 MS. MUDD: It seems like we are
24 being pushed aside. And maybe I am taking
25 this the wrong way. I see -- and I talked to

1 a lady this morning. And she said, "I had to
2 pay \$50 for a co-pay for my medication, and I
3 don't know where I'm going to get the money."

4 COMMISSIONER STECKEL: Okay. Now,
5 that is not right.

6 MS. MUDD: I understand that may
7 not be a specific that you are talking about.
8 But this is, you know --

9 COMMISSIONER STECKEL: And I'm
10 sorry to interrupt you. I apologize. But
11 you need to get with us. And that's what
12 Sharley can do to help. That is not right.
13 There shouldn't be someone paying a \$50
14 co-pay. And we've had a couple of instances.

15 The other thing, the CHIP kids
16 group three, apparently some people are
17 getting letters. They should not. They do
18 not pay a co-pay. So what we were able to
19 do -- and this is why I really want us to go
20 through the process. So what we were able to
21 do with that is ask the physician to get us a
22 copy of the letter so that then we could
23 figure out how many other people got that
24 letter so that we can go back to them or go
25 back to the providers and say, "This is not

1 true." That kind of circumstance, if you
2 could get with Sharley and give her more
3 details, we can go back and make sure that
4 member knows if that -- and figure out why
5 did that pharmacy do that and what's the
6 circumstances around it.

7 But that just -- because we have
8 had a -- I'm sorry. I'm rambling now. I
9 apologize.

10 But we have had an issue where with
11 certain SUD prescriptions there are three
12 days and four days. And, but, they have --
13 but that whole seven day is one prescription.
14 And so we have had some issues where someone
15 has tried to charge \$3, \$3. And we've gone
16 back and educated.

17 So that's why it is so important,
18 rather than doing it here, that we hear about
19 that and that we know so that we can go back
20 and either fix it, do some more education, or
21 address it.

22 MS. MUDD: (Moved head up and
23 down).

24 MS. HUGHES: And look at it this
25 way. If that person came to your office

1 tomorrow and you waited to come to the TAC
2 meeting, you are going to wait two months to
3 get to bring that particular situation up
4 rather than either coming to me or to having
5 the member call their MCO and saying
6 something about "My pharmacy tried to charge
7 me \$50. Why?" And then that MCO contacting
8 that pharmacy. So it is actually making it
9 where it happened that that lady came in
10 yesterday and you have got --

11 DR. SCHUSTER: It could be a
12 quicker resolution.

13 MS. HUGHES: Right.

14 COMMISSIONER STECKEL: But I like
15 your idea about the data. So if an issue is
16 one-off, that's one thing. If it's every
17 single provider, then that's a different.
18 But if we have data, then we can take action
19 or at least be better informed.

20 PARTICIPANT: Commissioner, I would
21 make one observation. You know, this
22 gathering probably suffers from, a little
23 bit, there is a lot of different interests.
24 I mean, if I think about the hospital
25 association, for the most part you kind of

1 look to one entity for kind of a source of
2 truth, within the nursing home association
3 there is really two entities, you know,
4 within the dental association, the dentists
5 primarily you have one association, the
6 physicians, you've got KMA. So there is a
7 lot of divergent interest in here. And I
8 think what -- we can't manage all those
9 different interests. So if somehow --

10 DR. SCHUSTER: I don't know if they
11 are divergent.

12 PARTICIPANT: Well --

13 DR. SCHUSTER: It is many different
14 viewpoints.

15 PARTICIPANT: -- a few sources.
16 But I think there's -- everybody has a little
17 different perspective.

18 DR. SCHUSTER: But there's a
19 consistency around wanting to make sure that
20 people who have a behavioral health diagnosis
21 and are Medicaid recipients get exactly what
22 you said, Commissioner. And that is the
23 right treatment at the right time and the
24 right dosage and, you know.

25 COMMISSIONER STECKEL: Well, and I

1 think if we can walk out today with the true
2 belief that all of us believe that and all of
3 us are working to the same goal, then what I
4 am committed to is that we will be as
5 transparent as we can. I get frustrated with
6 how many times I've seen evidence that we do
7 what we do and then we tell nobody anything
8 or we tell someone you can't do it but then
9 we don't say why. So that's over. We will
10 explain to you why. We'll explain if it is a
11 policy decision, it is a policy decision; if
12 it is a federal rule, it is a federal rule;
13 if it is linked to another issue that we're
14 dealing with. We will make you more
15 informed.

16 And, Sheila, you hit the nail on
17 the head with we would very much like
18 everyone in this room to be proactive in the
19 process that we have going forward instead of
20 reactive. It wastes all of our time to have
21 to be reactive.

22 DR. SCHUSTER: Kelly.

23 MS. GUNNING: On that point, I
24 think this committee in particular, this TAC,
25 was very proactive and very vocal about this

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policy of the 1115 waiver for Medicaid. And it really blows my mind to sit here and hear people say, "Oh, we knew there would be people having to choose between medicine and food."

COMMISSIONER STECKEL: No. Nobody said that. Excuse me. Don't put those words in our mouth.

MS. GUNNING: Excuse me. I'm talking.

COMMISSIONER STECKEL: Well, I am not going to let you put words in our mouth.

MS. GUNNING: I just heard that. Did anyone else hear that they knew that would happen? But it is happening. We told you it would happen. In public forum after public forum we raised these policy issues. This is a very damaging policy. We've said it over and over. We've been at every forum. But it didn't -- it was proactive and it did us no good.

And now, I mean, I'm looking at these policies. I'm reading them. I don't think any of the people I work for can understand this because I'm having a hard

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time understanding it.

DR. SCHUSTER: The co-pay policy?

MS. GUNNING: Yes. So I don't know where to get my questions answered anymore.

DR. SCHUSTER: Well, let's take a deep breath and...

MS. GUNNING: But we were proactive.

DR. SCHUSTER: Yeah. And we have tried to be proactive. I mean, I'll go back to the medically frail issue. We were the most proactive group out there.

MS. GUNNING: And the co-pays.

DR. SCHUSTER: We had Dr. Liu here, I mean, the first day we ever heard about medically frail. And we've had him here several times. And we've had Dr. Brenzel here. And we have brought this up to the TAC -- to the MAC a number of times. I mean, the public record is there. And we still feel like we're kind of out here in this limbo. And we have talked to you about that when we met with you. And part of that is the delay of the waiver. But it also is this kind of mixed messages between Medicaid and

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those of us that are on the ground and the MCOs about should we be doing the attestations or not, you know, what is the communication going to be if people send in their own attestation, are they going to hear anything back. I mean, it really is a problem.

And, so, we're going to keep coming back to that because I do think that it affects people. But I think we have to go forward from here.

COMMISSIONER STECKEL: Well, and the medical frailty issue is a good example. We should be doing a better job. And we're not prepared today, so, unfortunately. I do know that we did get CMS's approval for those folks that are determined medically frail, that we're going to be able to extend that medical frailty determination beyond the normal period of time. So we should be better able to answer your questions. You are not -- it is -- like I said, it is not going to be something that we will always agree. But I hope that you all will feel that there is an honest dialogue and that

1 we're listening. And the policy may not be a
2 policy that you like in the end. But we need
3 that input. And we need people to respect
4 our process and respect -- and we will
5 respect your process.

6 But on that, the medically frail, I
7 should have been better able today to say to
8 you, "As we go forward now, here's where we
9 are with medical frailty." And I can send
10 you something in writing or be prepared at
11 the next TAC and do that.

12 DR. SCHUSTER: Yeah. I would like
13 an answer as soon as you have one,
14 Commissioner.

15 COMMISSIONER STECKEL: Yeah.

16 DR. SCHUSTER: Because we keep --
17 and the MCOs know. We spent the whole TAC
18 meeting two months ago, Ann was here, trying
19 to tease out who's supposed to be doing it
20 and who is supposed to be communicating.
21 And I got into it, actually, at the consumer
22 TAC when they had taken down the page on the
23 website that told people whether they were
24 medically frail or not. And the DMS person
25 said, "Well, it was because it didn't make

1 any difference." And I argued. Because I
2 said, "It may not make any difference
3 legally, because you can't do it. But it
4 makes a hell of a lot of difference to people
5 who are caught in this amorphous netherworld
6 of, you know, am I medically frail or am I
7 not. And with the clinicians trying to do
8 the attestations on top of everything else
9 that they are doing. I mean, Steve and I
10 talked to you at length about that.

11 COMMISSIONER STECKEL: Right,
12 right.

13 DR. SCHUSTER: So if we could get
14 something.

15 COMMISSIONER STECKEL: I will get
16 you something, yes.

17 DR. SCHUSTER: Okay. That would be
18 super helpful.

19 COMMISSIONER STECKEL: Yes, yes.

20 DR. SCHUSTER: Because we will get
21 it out to people. I mean, that's one of the
22 issues that we keep coming back to; you know,
23 quite frankly, we had a meeting on Friday
24 with the community mental health center
25 directors. And I said, "I don't know whether

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to tell you to tell your clinicians to send them in or not." I mean, which is not a good situation.

COMMISSIONER STECKEL: Right.

DR. SCHUSTER: They either should be told that they are being processed and that they should send in the attestations and that they are going to hear something from the MCO; yes, it was received; no, it is in the black hole; yes, we're going to act on it; yes, we sent it over to Medicaid. I mean, some kind of feedback loop. And that is what we had talked with you and Stephanie about in the meeting.

COMMISSIONER STECKEL: Right, right.

MS. SCHIRMER: And if I can just say, because I am one of us and I know how much we fought on these things, part of what I think you are saying is that we're going to start this process now and we need to have an open mind to bring about the change to get these things going through discussion, that even though you have been here a little while, you are just starting to roll into

1 some things to try to work with us; correct?

2 COMMISSIONER STECKEL: Yes, ma'am.

3 But I don't want to leave you with the
4 impression that everything will go your way.

5 DR. SCHUSTER: No, I don't -- we
6 have never believed that, I'm telling you
7 right now.

8 COMMISSIONER STECKEL: But I can
9 guarantee you, the surest way to get a
10 horrible program is not to be involved at the
11 front-end of it. So...

12 Because I hope that you see in the
13 1115 and in the work that Ann's doing, your
14 fingerprints are somewhere throughout there.
15 I mean, it may not be the one issue. But
16 your input has informed her work, it's
17 informed our work, and that's what I would
18 like to see. But, yes, ma'am, that's exactly
19 right.

20 DR. SCHUSTER: Any other questions?
21 Or, Bart, you had your hand up.

22 MR. BALDWIN: Just a comment.

23 DR. SCHUSTER: Do you want to
24 identify yourself.

25 MR. BALDWIN: Yeah. Sure.

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Bart Baldwin. And I work on behalf of several behavioral health providers, coalitions.

So just for clarification on this process. I think that the value that we get from everybody here, maybe we can talk about those things first and determine what we want the TAC to address from a policy perspective; maybe that's operational, because it does dominate operational things we talk about, some of it, and there is give and take on how much is operational and how much is policy. There is overlap there.

But I hear what you are saying in terms of the policy piece for the TAC. And certainly would love the opportunity to inform the work of Medicaid ahead of time on some of these things, would be great more so.

DR. SCHUSTER: Absolutely.

MR. BALDWIN: But the question is: The operational things that don't -- then what is the venue? If it is not through the TAC, then what is the best venue there? Because I think that's what is on people's minds. If it is not here in the TAC, then

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what is the best way to address those things?

COMMISSIONER STECKEL: Well, and each TAC has its own personality that I am finding, which is why I wanted to come do this myself instead of having somebody else do it.

The value of having all of these divergent, Dave as you pointed out, groups in this room is the value that we need. So it may be that we look at this in a different way, in that we have, you know, policy discussions, again I think the subgroups of people that are interested in the major policy issues that Ann's having to deal with, and then that leads to the TAC, where we can do -- we, DMS, can do a sub -- I mean, a briefing of those meetings and inputs provided. And then we have an operational component but it is very quick, you know, or even it is done in writing and then we do a briefing off of that. And then it could be that you all meet after we leave, and we'll provide the space, to talk in more detail about it or that the policy discussions are longer than normal.

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MR. BALDWIN: Yeah.

COMMISSIONER STECKEL: I will defer to you all on that. I see your points about the operational issues. If you all will acknowledge the need for data and hard-core data for our point.

DR. SCHUSTER: Right, right.

COMMISSIONER STECKEL: So...

MS. SCHIRMER: And you always ask for that, she does.

MS. HUGHES: And can I? Because I -- I don't -- Kelly, I don't want to start my tenure off working with this TAC with upsetting anyone.

MS. GUNNING: You're fine.

PARTICIPANT: It is all good.

MS. GUNNING: We've already said those things.

MS. HUGHES: I know. But what I meant, what I said to them, is we're hearing that too.

MS. GUNNING: You're fine. You are fine, Sharley. You're fine.

MS. HUGHES: Okay. I don't want to upset you.

1 MS. GUNNING: No. It is the policy
2 that's upsetting.

3 MS. HUGHES: Okay.

4 MS. GUNNING: Yeah.

5 COMMISSIONER STECKEL: So, and,
6 please if you have got -- if you want to yell
7 at someone, yell at me. Don't yell at
8 Sharley or at Ann. Yell at me. Because they
9 are doing their jobs.

10 MS. GUNNING: I was yelling at the
11 policy.

12 COMMISSIONER STECKEL: I
13 understand.

14 MS. GUNNING: Not an individual.

15 COMMISSIONER STECKEL: I
16 understand.

17 MS. GUNNING: It is a terrible
18 policy.

19 COMMISSIONER STECKEL: And I hear
20 you.

21 DR. SCHUSTER: Yeah. Nina.

22 MS. EISNER: And I'm just trying to
23 process this myself. And I know from the
24 hospital perspective, as you will recall, we
25 have those provider meetings. The Cabinet

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participates and we do. And --

PARTICIPANT: As it relates to
billing issues.

MS. EISNER: As it relates to
issues, individual provider issues. It is
not just billing. I mean --

MR. GRAY: (Inaudible).

MS. EISNER: No. It's not, David.
We haven't talked about those since 2011.
It's not just billing. But --

MR. GRAY: I've been to the last
two, and 90 percent of it is billing issues.

MS. EISNER: Yeah. Exactly. But,
anyway, my point being that it is an
established process and forum with
appropriate representatives that allow us to
bring individual provider issues that are
unresolved at every other level. You have to
go through all of the steps to try to resolve
it. Individual issues then come to that.
And from that we're able to kind of produce
global issues.

So there is still a voice. And the
Cabinet's had representation at those
meetings forever, since 2011, since we

1 started Medicaid managed care. So somehow
2 having an opportunity still for some of the
3 things that come up here to be integrated
4 from an individual provider level to a
5 potential global issue and then that goes to
6 you all.

7 So I just wanted -- I mean, the
8 hospital -- we have got it kind of worked out
9 on the hospital side. Of course, we then
10 feed to the hospital TAC as well.

11 COMMISSIONER STECKEL: And that is
12 changing, too. So you might as well just
13 head them off at the path, because this exact
14 same conversation is happening there. I will
15 tell them this. They are the worst
16 offenders. I have been to that TAC. FYI.

17 MR. GRAY: Russ's head is going to
18 explode.

19 MS. EISNER: And you will have an
20 exploding head in there. But, still, I think
21 it is as a collaboration, the hospitals.

22 COMMISSIONER STECKEL: I will sit
23 on the other side of the room so when it
24 explodes it doesn't get on me. But I hear
25 what you are saying.

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MS. EISNER: Yeah.

COMMISSIONER STECKEL: And maybe -- and that may be a good idea, is that we have a time where we bring in the up -- but I really -- but the point that Sharley made is then you wait until the next TAC meeting.

MS. EISNER: Sure. I understand.

COMMISSIONER STECKEL: So maybe what we need to do is identify in a more -- plus, we would benefit. And the co-pays is an issue that I know is very sensitive. But if we're operationalizing something, the boots on the ground immediate response is important because we can pick up. It is almost like creating a war room and a ready response. So what we need to think about is how do we get you all information of where should you have called when your member came in with a \$50 co-pay. And who should call for those types of things and issues that you will have. That's what we should do. Because then it can happen that day. And we don't just solve that problem. It is a matter of looking, okay, that person got it.

But that meant, you know,

1 2 million. Or not 2 million in Medicaid.
2 But, you know, it is a systemic issue.
3 So how do we then fix the systemic issue?
4 So...

5 MR. SHANNON: And we would much
6 prefer to talk policy than those operational
7 things.

8 COMMISSIONER STECKEL: I agree.

9 MR. SHANNON: And we had those
10 meetings for a long time, the CMAC's did, and
11 then they stopped, so we didn't have a venue.

12 DR. SCHUSTER: The operational
13 meetings?

14 MR. SHANNON: Yeah.

15 DR. SCHUSTER: Yeah, yeah.

16 MR. SHANNON: We didn't have a
17 venue to have those conversations. And
18 people come to this meeting, and part of that
19 was let's raise those issues. And this was a
20 chance to get people on Medicaid on those
21 issues. And that was the motivation, I
22 think, to raise those points. Because there
23 wasn't another venue to raise those points.

24 COMMISSIONER STECKEL: I hear you.

25 MR. SHANNON: And it was across the

1 board. I mean...

2 MS. MUDD: Yeah. Because Medicaid
3 was asking for specific issues, you know,
4 that were happening. I mean, we would ask
5 those questions.

6 MR. SHANNON: We are private
7 practice psychiatrists here, and we are a
8 very diverse group, but the issues are pretty
9 much focused on probably four or five things
10 on a regular basis. And we heard from large
11 providers and small providers on a variety of
12 issues. But this became the venue for that
13 to happen. And absent a venue, I think it is
14 not going to be nearly as clear or as
15 effective going forward. And I think that's
16 a reality, that there's not another venue.
17 If that could be created, that is wonderful.
18 But that is what this became part of as well.
19 Right, Sheila? I mean, is that...

20 DR. SCHUSTER: Yeah, yeah.

21 MR. SHANNON: You know...

22 DR. SCHUSTER: Well, and I think,
23 Nina, you used to say you loved coming to
24 these meetings because they were so different
25 from the hospital TAC.

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MS. EISNER: Yeah.

DR. SCHUSTER: Because we were absolutely talking about issues. Yeah.

MS. EISNER: Yeah.

COMMISSIONER STECKEL: So let -- I just -- Stephanie Bates is here now.

DR. SCHUSTER: We love Stephanie.

COMMISSIONER STECKEL: Which says something about them. So...

MS. BATES: They are just used to me.

COMMISSIONER STECKEL: But I asked Stephanie who created the -- the hospitals and MCOs meet and Medicaid's there. It was started by KHA. So...

MR. SHANNON: We started it as well.

COMMISSIONER STECKEL: Okay.

MR. SHANNON: And Medicaid stopped it.

COMMISSIONER STECKEL: Medicaid? Okay. So Medicaid will not stop it in the future.

MR. SHANNON: Okay. I'm just telling you in terms of who started it. We

1 had -- the CMAC's met with, then it was,
2 three MCOs, MCO representatives, not
3 together, individually, it was an all day
4 meeting, and then those meetings stopped
5 abruptly.

6 PARTICIPANT: Is the KHA meeting
7 all of the MCOs?

8 MR. SHANNON: No. There's --

9 MS. BATES: It is all MCOs on one
10 day separately.

11 MR. GRAY: Yeah. Six hours each.

12 MR. SHANNON: Yeah. It is exactly
13 the same.

14 MS. BATES: No, it is not six hours
15 each group. It is an all day.

16 MR. GRAY: Yeah, yeah.

17 COMMISSIONER STECKEL: So whatever
18 they do, we will support you doing. And for
19 the MCOs in the room, please understand this
20 is important to participate. So if I need to
21 call your CEO's, I will. But this will end a
22 lot of -- it will maybe circumvent a lot of
23 issues. Because I bet you --

24 MR. SHANNON: I mean, Beverly, did
25 you attend those meetings? Yeah. And they

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were pretty effective, I thought.

BEVERLY: They were. And then they just stopped.

MR. SHANNON: Yep.

COMMISSIONER STECKEL: Okay. Well, it won't be Medicaid that stops it. And Medicaid will encourage it, and we will have representatives there. But --

MS. BATES: I don't even know --

COMMISSIONER STECKEL: -- recognize it is a meeting between the community health centers and the MCOs.

DR. SCHUSTER: Right.

COMMISSIONER STECKEL: So...

DR. SCHUSTER: And Medicaid's in the room.

MR. SHANNON: And Medicaid's in the room.

COMMISSIONER STECKEL: Correct. But not to mediate, not to -- just to listen.

MR. SHANNON: There was an ongoing list I will send you, I think I have a hard copy of, concerns that were discussed regularly.

COMMISSIONER STECKEL: Okay.

1 MR. SHANNON: And then that process
2 stopped.

3 MS. BATES: So you all still have
4 your monthly calls, right?

5 MR. SHANNON: Calls, yeah.

6 MS. BATES: With the MCO's?

7 MR. SHANNON: Uh-huh.

8 MS. BATES: The CMAC? Okay.

9 MS. GUNNING: I know everyone
10 that's here will notify their bosses. But
11 could you make sure that we want this to
12 happen and be with us.

13 MS. BATES: Uh-huh.

14 MS. EISNER: Well, and one of the
15 reasons that the KHA/MCO/Cabinet thing goes
16 well is that there is also an opportunity for
17 a call-in. Because that way we can get
18 providers from the remote corners of the
19 state and not have that be a barrier.

20 And, so, as this gets developed
21 further, maybe we could always have an
22 ability to do a conference call-in, not just
23 to appear in-person.

24 MR. GRAY: Yeah. And I would add,
25 too, the KHA also has very good structure.

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MS. EISNER: Yeah. It is very structured.

MR. GRAY: And they are very good guardrails with regard to saying, "No. That is a contract issue between you, provider, and the MCO. This is not the forum for you to negotiate your issue that you had with it." So...

And there is a work list.

MR. SHANNON: Yeah. Very much so. We had a huge sheet ongoing.

PARTICIPANT: I don't want to lose the value of the diversity in the room.

MR. SHANNON: Yeah.

PARTICIPANT: So they may meet with you guys on those things.

PARTICIPANT: Well, it is not meeting with us.

PARTICIPANT: Right. I mean, and the MCOs. But that is specific for those industries. We're here to talk about behavioral health as a whole. And adults and children are talked about. And, so, a lot of times we learn things that are happening. We know that may have happened with maybe one or

1 two or maybe a handful of our members, but we
2 don't know if it is happening with all of
3 these folks until we come here and we say,
4 "Hey, this is something we've heard. Is that
5 going on?" And that is when we can kind of
6 start, you know, I think to your point, the
7 data gathering and heads nod and say, "Yes.
8 That is a global issue." And I think, again,
9 a lot of that is around operational. So I
10 think we do have to have the proactive
11 policy, because we would love to be part of
12 that. But we also have to have that
13 operational because our members and the
14 people that we represent in this room are
15 just so broad.

16 MR. SHANNON: In the Children's
17 Alliance, how many members are there?

18 PARTICIPANT: What?

19 MR. SHANNON: How many members are
20 in the Children's Alliance?

21 PARTICIPANT: Thirty-seven I think
22 or 39, somewhere high 30s.

23 COMMISSIONER STECKEL: Yeah. And I
24 think -- so I think, Sheila, if you could get
25 together with Ann and kind of think through

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how do we make this happen with both the policy being more robust and the operational --

DR. SCHUSTER: And be on the proactive side, is the other piece of that.

COMMISSIONER STECKEL: Yeah.

DR. SCHUSTER: And not lose the collective input, I think, and the data gathering.

PARTICIPANT: And your staff has heard from this -- just by being here, they hear some of this stuff. And then they can go back and work to try to solve the global issues.

COMMISSIONER STECKEL: Sure.

PARTICIPANT: But if I start talking about, oh, you know, my member Jim Bob had this problem, I'm wasting everybody's time that is in here. And I don't -- I've never felt that from this group. And to be honest, it has been very good stuff to help our members continue to provide the services that they need to provide. Whether the policy -- they agree with the policy or not, it is the policy. But now they have to

1 implement it. And that is a lot of times the
2 harder piece.

3 COMMISSIONER STECKEL: Sure.

4 PARTICIPANT: So I think your folks
5 have been really good about hearing the stuff
6 here and then going back and fixing -- what I
7 would say, fixing it for us. They have been
8 very responsive --

9 COMMISSIONER STECKEL: Right.

10 PARTICIPANT: -- to some of the
11 things that we've needed.

12 COMMISSIONER STECKEL: And we don't
13 want to lose that. But we want to also be
14 more proactive by being more timely.

15 PARTICIPANT: Right.

16 COMMISSIONER STECKEL: So let's
17 think through -- you all think through it.
18 Sheila and you and Ann get together. I hear
19 what you are saying, and we don't want to
20 lose the power of this coalition. But how do
21 we do it in such a way that it is more
22 useful.

23 Yes, ma'am.

24 MS. HOLLEN: I was just thinking on
25 a bigger scale, not so individualized.

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COMMISSIONER STECKEL: Yeah, yeah.

PARTICIPANT: Right, right, right.

COMMISSIONER STECKEL: So...

DR. SCHUSTER: Well, we're glad you took a few minutes for your introduction to the TAC.

COMMISSIONER STECKEL: Did I say I'm thrilled to be here?

DR. SCHUSTER: Thank you, Commissioner.

PARTICIPANT: Can I add something?

DR. SCHUSTER: Yeah.

PARTICIPANT: So I'm like the Child Welfare Association director here in Kentucky. And my counterpart in North Carolina, Sara McCloud, she got to work with the Commissioner when she was in North Carolina. And when I heard that she was coming aboard, I contacted her and said, "Give me the scoop." I mean, that's what we do, right? And she just went on and on on how great you were, how much you worked in partnership with them and really heard what was going on. So we appreciate you trying to do that with us --

1 COMMISSIONER STECKEL: Thank you.

2 Yes.

3 PARTICIPANT: -- and hope that we
4 have that same relationship. So thanks for
5 being here.

6 COMMISSIONER STECKEL: Oh. Thank
7 you. Gosh. Now my ego will not get through
8 the door.

9 MS. HUGHES: We have to go back to
10 work with her. Gosh.

11 COMMISSIONER STECKEL: And I will
12 take one more minute and then I promise I
13 will stop for now.

14 But as you all can tell, I am not
15 real shy in retiring about responding. But I
16 respect so much what you do. And I hope you
17 feel the same passion on my part. I know you
18 know Stephanie and Ann. And in spite of
19 them, sometimes we get ahead of ourselves.
20 But with Sharley, we're here to help make the
21 program better. So I remain committed to
22 that. We'll bump heads. We'll disagree,
23 agree to disagree. And, but, I bet you we go
24 six months from now or a year from now and
25 you all will be saying, "We've had better

1 input, better programs, and this is a good
2 thing." So...

3 Thank you all.

4 DR. SCHUSTER: All right. Thank
5 you for coming, Commissioner.

6 I have on here the update.
7 I distributed to you all by e-mail our
8 recommendations and the response from DMS.
9 And several of them were about co-pays. And
10 so we were told...

11 Is there an update on the revised
12 waiver? Stephanie, anything that you want to
13 report?

14 MS. BATES: No, there is not
15 really. Are you talking about the 1115?

16 DR. SCHUSTER: Yeah, the 1115.

17 MS. BATES: So, no, there is not
18 really an update, other than we're still
19 shooting for 4/1 for our go-live and we're
20 still working behind the scenes to get ready
21 again. And, of course, if there is any
22 questions from you all, you are welcome to
23 ask about it.

24 COMMISSIONER STECKEL: Stephanie,
25 one thing I did commit you to is giving

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Sheila an update on the medically frail issue. But you may be able to do that. You know, what -- are the MCOs -- let's see. Should they -- should the providers send in or not? Are they going to hear from the MCOs? Where are we with that?

MS. BATES: So for medically frail, I don't have any numbers because I didn't have that, I didn't know that. But I will get you some numbers.

But as far as the latest, I guess, the attestations are still coming in from providers. Since there is no right currently, no medically frail status because the waiver is not active, there are no notifications going out regarding the medically frail yes or no. So we are taking those in.

One of the things that is newer is that we have talked with CMS about the attestations. And I don't know if you told them this, so I'm sorry if I'm repeating.

COMMISSIONER STECKEL: It bears repeating.

MS. BATES: It is repeating?

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COMMISSIONER STECKEL: Go ahead and repeat it, though.

MS. BATES: Gosh. I hope we say the same thing.

Is that those that were already in an approved, once 4/1 starts with the waiver, that those will be approved for a year. So is that the same thing?

MS. SCHIRMER: It is.

MS. BATES: But, yeah. So as far as that goes, do you all have any specific questions?

PARTICIPANT: Stephanie, you mentioned that communications weren't going out because the waiver is not active. Are you anticipating that no one will know until 4/1 or that there will be, as part of the notice of eligibility, that there will be some indication of whether someone has (inaudible).

MS. BATES: There will be on the notice of eligibility.

PARTICIPANT: Okay. And that will happen after March 1st?

MS. BATES: Yeah. It will happen

1 within that month. They have actually pulled
2 it back a little bit. And by saying that,
3 just recently we've gotten approval to allow
4 a little bit more time to let people have
5 that notice of eligibility in their hand.

6 DR. SCHUSTER: Hold it back
7 earlier?

8 MS. BATES: Yeah.

9 DR. SCHUSTER: Oh. Great. Okay.

10 MS. BATES: Because of the way the
11 system limitations were and the way the files
12 were pulled and all that kind of stuff, they
13 have moved it a little bit, so that way they
14 should have that in their hand a little bit
15 sooner.

16 DR. SCHUSTER: So let's say that it
17 is pulled back to, I don't know,
18 February 15th or something like that,
19 whatever.

20 MS. BATES: It is not. It is not.

21 DR. SCHUSTER: Okay. So the notice
22 of eligibility would go out to Sheila
23 Schuster, who is a Medicaid recipient, and if
24 my attestation has gone in and gone through
25 the labyrinth and been approved, then I will

1 be notified in that notice of eligibility --

2 MS. BATES: Yeah.

3 DR. SCHUSTER: -- that I'm in the
4 medically frail category?

5 MS. BATES: Uh-huh. Yeah. It will
6 tell you what your plan is, you know, if you
7 are state plan and all of that.

8 And those notices of eligibility
9 also are going to look different from the
10 original ones that went out back in,
11 whenever, June. Because we recognize that
12 they were cumbersome and hard to, you know,
13 to read and understand, and so they will look
14 different. And CMS has looked at those.
15 And so, hopefully, they will be a little bit
16 easier to read. We did get some feedback
17 about those notices of eligibility and,
18 actually, the invoices that went out in June
19 of last year, and that was that we had a
20 study done, you know, there are all of these
21 different things going on behind the scenes,
22 and that those two pieces of information were
23 the most useful in getting messages out to
24 the beneficiaries and that they actually
25 commented on those two pieces of --

1 DR. SCHUSTER: So it was the
2 invoices. And what was the other piece?

3 MS. BATES: The notice of
4 eligibility.

5 DR. SCHUSTER: Oh. The notice of
6 eligibility.

7 MS. SCHIRMER: Will the clinician
8 who did the attestation also be notified that
9 that individual is?

10 MS. BATES: Not as of right now.
11 We're still talking through that process,
12 just because of -- it doesn't mean that we
13 won't. It just originally when it was set up
14 it was not set up for that to happen.

15 MS. SCHIRMER: Uh-huh.

16 PARTICIPANT: And Sheila had
17 brought up an indicator on the MMIS or the
18 Kentucky Health, you know, screen that shows
19 yes or no medically frail. We know that was
20 taken down. And I understand the reason for
21 that. Are you planning at some point to make
22 that live again --

23 MS. BATES: Uh-huh.

24 PARTICIPANTS: -- so that providers
25 could see that way?

1 MS. BATES: Yeah. And it was taken
2 down because it was just confusing. It made
3 people think that medically frail was, like,
4 an active thing right now. So when I pull it
5 up I can still see it. So it is still there.
6 It is just a matter of making it visible
7 again.

8 PARTICIPANT: Okay, okay.

9 DR. SCHUSTER: And would you
10 anticipate that, Stephanie, when the waiver
11 starts or when the notice of eligibility goes
12 out, maybe?

13 MS. BATES: You know, that's a good
14 question. We will take that back. Because
15 it might be helpful for you to see it before.

16 DR. SCHUSTER: It would be very
17 helpful.

18 MS. BATES: And I can see that from
19 a provider's perspective.

20 DR. SCHUSTER: Because we're still
21 in the not knowing; you know, our providers
22 do them, they send them in, and then it is
23 like, did they get received.

24 MS. BATES: Sure.

25 MR. SHANNON: And it is April 1st.

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MS. BATES: I will take that back.
Because I don't personally have an issue with
that, just so that way you know.

PARTICIPANT: Is there a way we can
see, like, a template of that eligibility
notice before it starts going out, just so
providers and other groups can be prepared
to --

MS. BATES: To interrupt it?

PARTICIPANT: What people are going
to see.

MS. BATES: I don't see why not.

DR. SCHUSTER: If you would send
that to me, I will be glad to get it out.
That would be great. Because I do think,
I mean, as Kelly mentioned and as Val
mentioned, I mean, people go to their trusted
folks. And with our consumers, they go to
Mike and they go to participation station and
that kind of thing.

MS. BATES: Sure.

DR. SCHUSTER: So it is really
helpful if we can get that out so people can
see what they are going to be seeing.

MS. BATES: Okay.

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COMMISSIONER STECKEL: Yeah.

Anytime that we can do things like that, we're on board. So I know that -- or my perception is, I don't know this for a fact, my perception is that DMS tended to be very "This is my information." And where we can legally, we're going to start sharing things.

So the more we can help you help our beneficiaries, it is a no-brainer.

DR. SCHUSTER: Yeah. I think anytime that, you know, the greater community, and I say that not just providers, I wouldn't hold you responsibility for getting it out to those other helpful people, but if you will get it to people like me we can get it out through the NAMI's and the PAR and so forth so that our consumers and families members.

Because, again, people, if they open their mail, that is always an issue with our folks, somebody needs to be there that can understand what's being said and have a number where they can call to get the information. So that would be super helpful.

MS. BATES: And know that those

1 notices of eligibility, there are several
2 different versions depending on like if they
3 are medically frail or if they are, you know,
4 pregnant or whatever. So just know when --
5 if you get those, that you will see those
6 differences.

7 DR. SCHUSTER: So you would send
8 out, ideally, each one of those?

9 MS. BATES: (Moved head up and
10 down).

11 COMMISSIONER STECKEL: Do we have a
12 cover letter that just says, "Here's the
13 different categories"?

14 MS. BATES: Uh-huh, uh-huh.

15 COMMISSIONER STECKEL: We can talk
16 about it.

17 MS. BATES: Uh-huh.

18 COMMISSIONER STECKEL: We can send
19 those out.

20 DR. SCHUSTER: And we would still
21 like to go on record as, you know, at
22 whatever point the attestation is being
23 revised, we have a lot of concerns that we've
24 expressed to the MAC about those activities
25 of daily living really don't capture

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behavioral health issues, they don't capture acquired brain injury or substance abuse disorders or mental illness.

MS. BATES: It is on the list to revisit.

DR. SCHUSTER: Because they really don't cover the cognitive impairments. You know, our people can typically get up and get dressed, but, you know, they don't have good judgment about some of the things that interfere. So we would appreciate that.

MS. HUGHES: And I'm actually keeping a list also of the recommendations, where we have said we will consider these changes at the next time that they are visited.

DR. SCHUSTER: Yeah. And that was the response we got to that one, because we have made that several times.

Sometimes we're like a broken record, Commissioner, you know, just if you keep saying it often enough then people believe it.

COMMISSIONER STECKEL: I have a saying that I repeat a lot, that the

1 Grand Canyon was not created by a meteor or
2 by a huge explosion but by the steady
3 persistent running of the Colorado River.

4 DR. SCHUSTER: Yeah.

5 COMMISSIONER STECKEL: So I hear
6 you.

7 DR. SCHUSTER: That's true.

8 So I have co-pays on here. Not to
9 debate the policy. And we will be getting,
10 you know, a data collector out to you all so
11 that we can -- and what we're really
12 concerned about, of course, is trying to
13 track if people are not coming for their
14 behavioral health appointment or not filling
15 their script, because that's what we really
16 worry about. But I think the kinds of things
17 where Valerie -- now, in Valerie's case, do
18 you know now what you would do with that
19 information?

20 MS. MUDD: Right there
21 (indicating).

22 DR. SCHUSTER: Right there, okay.

23 COMMISSIONER STECKEL: And we will
24 flesh out more a list of hot numbers to call,
25 if this then call, and get that to you guys.

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MS. GUNNING: That would be good.

MS. MUDD: I mean, a lot of people that I work with, they get the letter, you know, that says all of these different co-pays and stuff and they totally freak out and they see all of these different numbers and they are like, "I am going to have to pay for it. How am I going to get it?" It is just a freak out moment, you know.

COMMISSIONER STECKEL: If I got a \$50 co-pay for my drugs, I would freak out too.

MS. MUDD: I am not talking specifically about the \$50. I mean, there is a \$3 here, \$2 here, \$1 here.

MS. GUNNING: The letter itself is a barrier.

DR. SCHUSTER: Yeah, yeah.

COMMISSIONER STECKEL: So the way it works is Sharley is the concierge for the TAC. But we will get some -- a better document about where everybody can facilitate more quickly addressing those types of issues.

DR. SCHUSTER: Okay.

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COMMISSIONER STECKEL: So...

DR. SCHUSTER: That would be helpful.

So we have talked about medically frail. Kathy, do you or Michelle want to bring up, this is your issue, the next one on there, the loss of waiver services when a child enters PRTF, the psychiatric residential treatment facility?

PARTICIPANT: Sure. This issue came up with one of our members. Several of our members operate PRTF's, which are psychiatric residential treatment facilities. It is a step below the psych hospital and a step up from residential services, although residential services are usually a service that usually only foster children have available to them.

But, anyway, so our member had been told by a family member that if they allow their child, who is receiving Michelle P Waiver services, that if admitted to the PRTF that they would lose their waiver slot and then when they discharge they would have to go back on the waiver waiting list all over

1 again. And, of course, that parent didn't
2 want to do that. So that parent choose not
3 to seek medically necessary services that
4 that child needs.

5 Well, that provider knew that
6 earlier in the year they had a similar
7 situation with a child, that that child
8 didn't lose their waiver slot. So the
9 question became: Why is that?

10 So I e-mailed Jill Hunter. And
11 Jill, the Senior Deputy Commissioner,
12 responded and sent us a very nice explanation
13 with examples. And, basically, the waiver
14 year, each new waiver year, begins on
15 September the 1st. So after a child goes in
16 to PRTF services, which is -- are not waiver
17 services, they have to be disenrolled from
18 the waiver. And if I mess this up, you all
19 feel free to correct me. But they have to be
20 disenrolled from the waiver and kind of put
21 on hold. If they are in the PRTF for longer
22 than 60 days, then that's what happens, they
23 are put on hold.

24 So then if the child happens to
25 discharge after they have been put on hold,

1 after September 1st, then they lose their
2 waiver slot. If they discharge anytime
3 within their year, that same year of being on
4 that waiver, then they still get to keep
5 their waiver. But because the new year
6 starts on September 1st, if they happen to be
7 disenrolled during that time so they are in a
8 PRTF receiving services over September 1st,
9 they are going to lose their waiver slot when
10 they are discharged from the PRTF.

11 So we don't really feel that that's
12 fair to children, because children or anybody
13 can't decide when they are going to get sick
14 or how long they are going to get sick,
15 especially when it is a mental illness and
16 they have to be hospitalized.

17 So in talking with Jill Hunter, she
18 had indicated that the 9/1 time frame was a
19 federal issue but that they were, through the
20 1915(c), seeking public comment and that we
21 were welcome to submit comments. So the
22 Children's Alliance did.

23 We thought we wanted to bring this
24 issue to the behavioral health TAC in hoping
25 that this would be something the behavioral

1 health TAC would consider, because this is a
2 policy decision. We don't like how it has
3 been operationalized. We think it is harmful
4 to kids. It is not in their best interests.
5 We would like them to be able to keep their
6 waiver when they discharge from the PRTF no
7 matter what time of the year they get sick.
8 But, again, that is just the best continuity
9 for their services, if they were receiving
10 waiver services before that when they
11 discharge they would again be able to receive
12 those same services.

13 So what we were asking is whether
14 the behavioral health TAC would consider
15 making a recommendation to DMS, as the
16 Children's Alliance did, in support of no
17 longer having this arbitrary 9/1 cut off date
18 for waiver services.

19 MS. BATES: The problem is the
20 assessment that has to be done for you to
21 re-up your waiver, it has to be done outside
22 of the PRTF. And so if it falls in that
23 weird -- so wherever that rule is, and this
24 is where I can't really quote, but wherever
25 the rule is, it says -- am I on the right

1 thing -- wherever the rule is that says when
2 this re-assessment for the waiver happens it
3 must be done in the community, that's the
4 problem. So when you are making your
5 comments, that is the problem; it is where it
6 falls in there sometime in that weird, around
7 the September date. Because we've run into
8 this before with, you know, kiddos. But...

9 COMMISSIONER STECKEL: It would be
10 the same thing if a kid broke their leg and
11 was in the hospital on September 1st. It
12 would be the same thing.

13 PARTICIPANT: So it is the same for
14 physical health?

15 MS. HOLLEN: So if you miss your
16 window to have your reassessment and the new
17 waiver year starts September 1, you haven't
18 had your assessment for your re-up and so you
19 have lost your slot.

20 MS. BATES: And so what you need to
21 ask, but look into it and I will try to find
22 where it says it, what you probably need to
23 ask is to allow the assessments to be done in
24 those situations wherever they are.

25 MS. SCHIRMER: Wherever they are,

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right.

COMMISSIONER STECKEL: Assuming that they are moving into the community.

MS. BATES: Assuming, right. Because if they are going to go somewhere for, you know, another year, whatever. But, yeah. Because you don't want to hold slots that other kids or other people could use. But if you know that they are going to be better. And like in a PRTF situation, they will.

PARTICIPANT: They usually are not in PRTF.

COMMISSIONER STECKEL: Let me give you some bureaucratic buzz words. If there is a reasonable assumption that the child is going to be moving back into the community and -- so, because that's the same thing we do in some of the long-term care language, but the key is there, that there is a reasonable assumption that the child is moving back into the community and then the assessment can be done where they are as if they were receiving the services in the community. So...

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Because you would still need the assessment to address the community services. Does that help?

PARTICIPANT: Absolutely.

MS. BATES: It sounds like it is in statute.

PARTICIPANT: In Kentucky statute?

MS. KIDDER: It looks like it is in 216B.450, the definition of community-based.

MS. BATES: Say it again. B...

MS. KIDDER: "A facility that is located" --

COMMISSIONER STECKEL: Can you speak up just a hair.

MS. KIDDER: I have not read all of the PRTF. I just wanted to pull it up right real quick.

And the definition of community-based means "A facility that is located in an existing residential neighborhood or community." And I would imagine that's referring to assessments. But that's in 216B.450.

COMMISSIONER STECKEL: Well, we will look, too, because Jill is maintaining

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it and she will be able to find it. But that is exactly the root of the whole problem -- of that problem.

PARTICIPANT: Well, that's the policy that we would like changed. It was not explained to us that it was in statute and then for that the assessment piece was the issue, that it was just explained it was the 9/1 cut off date that was the issue.

MS. BATES: So it really is the assessment.

PARTICIPANT: Again, what we're asking is that the behavioral health TAC would make a favorable recommendation to Medicaid that this policy be changed.

DR. SCHUSTER: David. And then Lori has got her hand up, too.

MR. GRAY: I was just going to suggest that when you are doing that, checking on that, you check and see what the impact of residential substance use disorder treatment is as well as psych hospital treatment. Those tend to be treatments that can last several weeks and might have a similar impact not only for children but

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possibly for adults.

MS. SCHIRMER: Right, right. It is probably for everybody. Yeah.

COMMISSIONER STECKEL: And, again, the key would have to be if there is a reasonable expectation that that child is going back into the community. Because you don't want to deny another child that waiver spot if there is not that expectation.

MR. GRAY: Right.

COMMISSIONER STECKEL: Very good point.

DR. SCHUSTER: Lori.

MS. GORDON: My comment was only to inpatient hospital. The same thing that David says, it happens on an inpatient unit as well, if that date hits an inpatient. So...

MS. SCHIRMER: Right. It affects everybody.

MR. SHANNON: And all the 1915(c) waivers are a 9/1 year?

MS. BATES: Oh. No. Now, I don't know that.

MS. HOLLEN: I don't think so.

1 I think they have different waiver years.

2 MR. SHANNON: Because I think SCL
3 may be March 1st.

4 MS. HOLLEN: Yes, they do. Yes,
5 you are correct.

6 COMMISSIONER STECKEL: But then you
7 have that problem on March 1st.

8 MR. SHANNON: It is just not a
9 September 1 problem.

10 MS. HOLLEN: The time on the
11 assessment has to be done prior to.

12 COMMISSIONER STECKEL: The renewal
13 date is the key.

14 MS. HOLLEN: Right. Yeah.

15 MR. SHANNON: Maybe we can get
16 those dates to everybody. That might be
17 helpful, the waiver years essentially.

18 DR. SCHUSTER: So it is not
19 necessarily just kids?

20 PARTICIPANT: No.

21 MR. SHANNON: It is everybody.

22 MS. BATES: It is everybody.

23 DR. SCHUSTER: So it is any
24 individual, right?

25 MS. SCHIRMER: It is everybody,

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yeah.

DR. SCHUSTER: Okay.

PARTICIPANT: See what we learned?

DR. SCHUSTER: That's why we have this great group.

MR. SHANNON: Do we have an ABI group?

DR. SCHUSTER: Yeah. There is an ABI impact, right?

MS. SCHIRMER: That's why people in Eastern State lost their waiver status, because they were inpatient. That is why. It is the same thing.

DR. SCHUSTER: Oh. Okay.

MS. SCHIRMER: Right. It is the assessment.

DR. SCHUSTER: Ann.

MS. HOLLEN: So we have an inbox, too, that you can send questions and stuff to. And it is DMS.issues@ky.gov. I -- yes. Did I get it right?

PARTICIPANT: Yes, I think so.

DR. SCHUSTER: DMS.issues@ky.gov.

MS. HOLLEN: That is related to behavioral health and substance use. It is

1 my inbox. It is my inbox. I added some
2 people. Yeah. But if you send something
3 that's related to another area in DMS, I
4 gladly forward that to the appropriate
5 people.

6 DR. SCHUSTER: Okay.

7 MS. SCHIRMER: It is
8 DMS.issues@ky.gov, right?

9 MS. HOLLEN: Yes.

10 MS. HUGHES: Are you saying CMS or
11 DMS?

12 MS. HOLLEN: DMS. Department of
13 Medicaid.

14 DR. SCHUSTER: Yeah. So it is an
15 e-mail address. Yeah.

16 MS. HOLLEN: I will go straight
17 back, double-check it, and e-mail it to you
18 (indicating to Dr. Schuster).

19 DR. SCHUSTER: Thank you.

20 All right. Wow. That sounds like...

21 So one of the recommendations that
22 we should be -- that the TAC members, then,
23 would look at is making a recommendation
24 through the MAC that we make this change.
25 And I think I have it written down here.

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But let's see what else we have on the agenda.

Stephanie or Ann or Commissioner, update on the redesign of the 1915(c) waivers. Because I don't see our usual C -- C people are here usually.

COMMISSIONER STECKEL: Yeah. It is moving forward. We have put six -- the six waivers out for public comment, the revisions. So we welcome comments and encourage everyone to comment. And so it is moving forward. There are work groups that Jill and Pam are still operating and working on. So there's opportunities to participate at various levels. And that is still moving forward.

DR. SCHUSTER: And I think that the deadline on the comments is February 28th, I think.

COMMISSIONER STECKEL: I don't know the answer. Do you know when the deadline is?

MS. HUGHES: February the 6th.

DR. SCHUSTER: February 6th, okay.

MS. SCHIRMER: Yeah, yeah.

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MS. HUGHES: At 11:59 p.m.

MS. SCHIRMER: p.m., that's right.
That's right.

MS. HUGHES: Jill told them that
this morning in another TAC meeting. Eastern
standard time, yes. I forgot that.

DR. SCHUSTER: Okay.

PARTICIPANT: I was going to say,
they are holding some webinars too.

MS. HUGHES: Yeah. They are
holding some webinars I know this week and
they may continue on into next week. And
they are recording these. And each one is a
different topic. And once they get them --
well, after they get through with them, they
are going to be loading the recordings up on
the 1915 redesign website so that everybody
will be able to go out and watch the
webinars. If you are not participating as
they are happening live, you can go out and
watch them on-line.

COMMISSIONER STECKEL: And is the
agenda of the webinars on the website?

MS. HUGHES: I think so, yes. I
know they had two Monday, one Tuesday.

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MS. SCHIRMER: There is one on the 14th. It continues, yeah.

MS. HUGHES: Okay. So it does continue.

DR. SCHUSTER: So Diane will send them to me and I will send them out.

MR. SHANNON: What I send out, maybe you can get that, all of the comments, all the waivers, it is on that.

MS. SCHIRMER: Yeah.

MR. SHANNON: But I will make sure you have it.

DR. SCHUSTER: Okay.

MS. SCHIRMER: I will send it to her, yes.

DR. SCHUSTER: That reminds me. On the 1115, are they going to do any more stakeholder meetings? Is there one in February?

MS. BATES: Yes. It is in --

MR. GRAY: There is one coming up tomorrow at 1 o'clock in Ashland, one in February at Elizabethtown Community and Technical College. In March, I am not sure where that one is.

1 COMMISSIONER STECKEL: But they are
2 all on our website.

3 MR. GRAY: Right. And there is an
4 attempt to get it out of Frankfort. So we
5 are trying to get out into the state with
6 those in the coming months. So...

7 MS. HUGHES: Is that the 1115
8 stakeholders?

9 DR. SCHUSTER: Yeah. That is the
10 1115 stakeholders.

11 MS. HUGHES: Kentucky Health?

12 MR. GRAY: Kentucky Health.

13 DR. SCHUSTER: And are they on your
14 website?

15 COMMISSIONER STECKEL: Pardon me?

16 DR. SCHUSTER: Are they on your
17 website?

18 COMMISSIONER STECKEL: Yeah.

19 DR. SCHUSTER: Okay.

20 MS. HUGHES: Kentucky health.

21 COMMISSIONER STECKEL: The only one
22 that will be in Frankfort is the
23 November one. So, you know.

24 MR. GRAY: And they do -- you know,
25 it is on Facebook Live. And so if you go to

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the Cabinet for Health and Family Services
Facebook you can watch it after. So it is
there for rebroadcast. So when your schedule
is more conducive, you can do it at another
time. So you can see at least the discussion
and the answers that were asked.

MS. HUGHES: And they also put the
presentation out on the Kentucky Health
website after each of the stakeholder forums
as well.

DR. SCHUSTER: Okay. Thank you.
I forgot to ask about that.

Diane, do you have any update on
ABI services and supports?

MS. SCHIRMER: A few. We as
providers have all gotten together to provide
commentary on therapy services and the waiver
and to make sure that they are in place for
brain injury, number one.

Number two, I just submitted
legislation to Representative Pratt and
another legislative person on mandating
cognitive rehab for individuals with brain
injuries. Because we feel that that needs to
be done. That's an essential part of what

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people with brain injuries need.

And so I sent you a copy of that, I believe. But if not, I will re-send it.

DR. SCHUSTER: Okay. Re-send it. Has it been filed yet or is it still in draft?

MS. SCHIRMER: No. I just handed it to Pratt's office.

DR. SCHUSTER: Okay. So it probably won't be filed until February.

MS. SCHIRMER: I assume, yeah.

DR. SCHUSTER: Okay.

MS. SCHIRMER: Mary asked me. I wrote the clinical piece, okay?

DR. SCHUSTER: Okay.

MS. SCHIRMER: So things are going on.

DR. SCHUSTER: Now, as I read the -- or glanced through, I should say, the rough draft of the waivers that were published for comment, I didn't -- the therapy services are still in there.

MS. SCHIRMER: We're all concerned they are going to be going. So we just want to make sure that we are geared up to say

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that they need to stay for brain injury.

DR. SCHUSTER: Okay. So you are being proactive.

MS. SCHIRMER: We are being proactive with lots of research and data.

COMMISSIONER STECKEL: And if you will share that with us. I will tell you my caution about legislation, that you think it is protecting you. But by putting a mandate that becomes very specific, then the flexibility we may have to do really what you are wanting us to do.

MS. SCHIRMER: I'm happy to share. I told Ann I would send it to her. I send everything to Ann.

COMMISSIONER STECKEL: Okay, okay. Yeah.

MS. SCHIRMER: Yeah.

COMMISSIONER STECKEL: We just want to make sure we're not losing opportunities in the future because we have got this mandate, nor after I'm gone, being the greatest Medicaid Commissioner you all have ever had, and somebody comes in that doesn't think the same way, then they can hold

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everything to that specific language.

MS. SCHIRMER: Sure, sure.

COMMISSIONER STECKEL: So...

MS. SCHIRMER: Sure.

COMMISSIONER STECKEL: Okay. Good.

If you will...

MS. HOLLEN: I will share.

COMMISSIONER STECKEL: Perfect.

DR. SCHUSTER: Okay. Any other issues or updates from anyone in our audience?

MS. TIMMERMAN: Let me just quickly invite everyone to the Kentuckiana Health Collaborative High Value Mental Healthcare Conference in March. It is on their website. Please register. It is going to be a mental health and substance abuse conversation. So just because substance abuse is not in there, they took the Mental Health America of Kentucky version of mental health when they did it. So please try to come if you can. It is going to be a great discussion. So...

MS. SCHIRMER: What is it again, Marcie?

MS. TIMMERMAN: Kentuckiana Health

1 Collaborative is having a High Value Mental
2 Healthcare Conference.

3 MR. SHANNON: Can you e-mail that
4 to Sheila?

5 MS. TIMMERMAN: Yeah. I will get
6 that to Sheila. I will get it to you.

7 DR. SCHUSTER: Is it in February?

8 MS. TIMMERMAN: No. It is in
9 March.

10 DR. SCHUSTER: March, yeah.

11 MS. TIMMERMAN: The first week of
12 March. So...

13 DR. SCHUSTER: Okay. Yeah. I will
14 send that out.

15 MS. TIMMERMAN: Our national CEO is
16 coming, so it looks really good for me if you
17 all come.

18 MS. SCHIRMER: Do you want to tell
19 them about 874 dates?

20 DR. SCHUSTER: Oh. Yeah.
21 March 6th is our 874K disabilities rally.
22 The greatest event in the world, right, Jill?

23 MS. HUNTER: Absolutely.

24 DR. SCHUSTER: So this is across
25 disabilities. We have everybody and their

1 brother and sister is invited. So this is
2 physical disabilities, all of the ranges of
3 behavioral health, mental illness, substance
4 use, acquired brain injury, intellectual and
5 developmental disabilities, sensory
6 disabilities. And we bring up -- I think
7 last year we had 850 people up here,
8 including -- that included some staff. But
9 it is mostly the consumers from all over the
10 state. And they come and meet with their
11 legislators, they go to committee meetings,
12 they clog up the hallways and the cafeteria,
13 which I love because it makes everybody know.
14 They all have the brightest, ugliest
15 yellow-green backpacks on that you could ever
16 imagine, so everybody knows that they are
17 part of 874K. And then we go over to the
18 rotunda for a big rally.

19 And we will again invite the
20 Governor and the Speaker of the House and the
21 Senate President. And then we will have
22 stories from consumers that are really
23 success stories. And we do, again, a range
24 of disabilities.

25 So we invite you all. The lift is

1 never working between the Annex and the
2 Capitol. And so we have three vans hired to
3 literally drive our folks from the back of
4 the loading dock at the cafeteria around to
5 the loading ramp. I am concerned, and I
6 don't know how many of you know this, but
7 there was an emergency reg that was filed on
8 Friday by the Governor about the usage of
9 state land and property. And in this they
10 have put in some very Draconian, I think,
11 rules about people gathering in the Capitol
12 Annex and the Capitol. So yesterday was a
13 big day up here, because we had 32 new
14 members of the House, and you can manage with
15 their families and everybody being sworn in
16 and lots of people just being back for the
17 first day of the session, and people were
18 told that they could not walk through the
19 tunnel unless they had a state ID badge.
20 Now, yesterday happened to be 55 degrees, so
21 it was okay. The lift was not working, so we
22 couldn't -- if somebody had come in a
23 wheelchair, we couldn't have gotten them
24 through there. But we had folks that were
25 over waiting for people to come out of the

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House and so forth, a little group of three or four, and they were told to disband. The reg actually defines a rally as four or more persons. I kid you not. That is the definition in the reg.

MR. SHANNON: So we had 200 rallies last year.

DR. SCHUSTER: Yeah. We had a lot of rallies last year.

MS. EISNER: We're having a rally right now.

DR. SCHUSTER: Yeah, yeah. We're having a rally.

So I'm really concerned about it, just in terms of democracy. Because, you know, on Monday I will do my advocacy training again that I do every year. And our whole idea is to get people to be advocates and to raise their voice and to know how to come up here and meet with their legislators and speak up and, you know, be a part of the democratic process.

So I spoke to our little guard here on the basement floor, who is very nice. And I said, "What are we going to do when we have

1 it?" And he said, "I've already spoken to my
2 commandad, because he doesn't know about the
3 rally." And I said -- he said, "I think that
4 people with wheelchairs will be allowed to go
5 through. But anybody else would have to walk
6 out and walk around." Which is really
7 untenable, I'm just telling you all. So...

8 We will work on that between now
9 and March 6th. But it is going to be a real
10 problem in terms of access. And there are
11 other rallies. I'm thinking of KYA, you
12 know, the children's day at the -- you
13 know...

14 PARTICIPANT: NAMI Kentucky's rally
15 is February 6th, so mark that down.

16 DR. SCHUSTER: Yeah. So just
17 getting people from here, because you come
18 here and go to committee meetings and meet
19 with the legislators and then through the
20 tunnel. And if you are not allowed to go
21 through the tunnel. They have got guards at
22 the Annex end. Apparently once you get over
23 to the Capitol you can come back. But you
24 cannot go from the Annex to the Capitol
25 unless you have a state badge.

1 MR. SHANNON: Is the guard there
2 today?

3 MR. BALDWIN: So you can check out
4 but never leave?

5 DR. SCHUSTER: Yeah. That is like
6 the entrance to New York, you know, where
7 they can charge people to get into New York
8 or to get out, because they are only going to
9 charge one way. So, anyway, just a little
10 FYI. We really need to work on that.

11 MS. SCHIRMER: And some of us were
12 here when one of our colleagues got stuck in
13 the lift the other day. And you couldn't
14 even open the door to get her out. It was
15 not a nice situation.

16 DR. SCHUSTER: She was in a
17 wheelchair?

18 MS. SCHIRMER: She was in a chair.

19 DR. SCHUSTER: And they called --
20 somebody came from security.

21 MS. SCHIRMER: Well, the first guy
22 that came said, "I don't know what to tell
23 you to do" and walked off. And she was --

24 DR. SCHUSTER: And left her there.

25 MS. SCHIRMER: -- on her phone in

1 there talking. And they kept saying, "We
2 don't know what you are saying. Can you
3 speak a little louder?" It was really bad.

4 DR. SCHUSTER: So we are going to
5 have to work on the lift part, too. Because,
6 you know, the amount of walking is just, you
7 know, a problem. Bart.

8 MR. BALDWIN: Can you just explain
9 the 874.

10 DR. SCHUSTER: Yeah. The 874 is
11 for 874,000 Kentuckians on the basis of the
12 2000 census who have a disability that
13 interferes with a task of daily living. So
14 it is any number of disabilities. It does
15 not include anyone under the age of five or
16 anyone who is in an institution. So our
17 numbers are actually probably bigger than
18 that. But we've called ourselves the 874K
19 Coalition since 2001, so we refuse to change
20 our name. I don't know if the number is
21 actually that or not. Probably more. But,
22 anyway.

23 MS. HUGHES: Probably 974 now.

24 DR. SCHUSTER: Yeah, probably 974.
25 But all of our stuff says 874. But, anyway,

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you will get an invitation, Commissioner. We like to have the Cabinet people there and see the people in the rotunda and so forth. It is quite a day.

MS. SCHIRMER: It is a wonderful day.

DR. SCHUSTER: Yeah. We have people that come every year and they look forward to this. This is their day to be in Frankfort. And we have legislators that love it, that are so good about having people come to their office or who come down to the rooms where we are and visit with them. And we have legislators that have known these folks in the community, and so they know them by name and so forth. So...

And we always pray that it doesn't snow. That is our big thing. So...

MR. BERRY: I have got an important announcement.

DR. SCHUSTER: Yes, Mike.

MR. BERRY: There's an event called the Adolescent Recovery Day January 24th. It is coming up. It was going to be at the Administrative Office of the Courts building.

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They forgot to schedule us in and cancelled on us yesterday. So we're in the process of trying to move it.

So the Kentucky Partnership for Family and Children, they are the lead. I'm a co-sponsor. So watch your mail, e-mails, whatever for a new location. Because we have already got vendors, food.

DR. SCHUSTER: And we have youth coming?

MR. BERRY: Youth, yeah, speakers.

DR. SCHUSTER: Well, let me know and we will get the word out.

MS. HUGHES: Have you thought about the Transportation Cabinet auditorium?

MR. BERRY: I am not taking this. The lead is the Kentucky Partnership for Family and Children.

MS. HUGHES: Okay.

MR. BERRY: They are actively working on it.

DR. SCHUSTER: Yeah. That is a good idea.

MR. BERRY: And they are just down the street from there.

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MS. EISNER: Can you e-mail information about that meeting to all of us?

DR. SCHUSTER: Yes. And we will get it. Miranda.

MS. SLOAN: So the Kentucky Psychiatric Medical Association is having an event on March 23rd, it is a Saturday, in Lexington. We have asked the American Psychiatric Association to come down and do an integrative care training. They did this similarly in North Carolina and were able to do some really cool things with partnering psychiatrists, child and adolescent psychiatrists, with pediatricians. And they have got some really neat data where they have been able to help kind of bridge the gap on access to care. So if you all have any providers that would be interested in attending, check out our website.

DR. SCHUSTER: Yeah. Send it along and we will send that out.

MS. MUDD: Sheila, we had a recommendation, I don't know how long ago it was, about giving -- and I don't know if this is the right forum to do it in. I am trying

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to get my head wrapped around exactly what I am allowed to talk about here.

But we had a recommendation about giving incentives to folks if they go to the right services. Is that something we can talk about in this forum or not?

COMMISSIONER STECKEL: I'm sorry. Actually, yes. And here's where I'm coming from. What are we doing with MyRewards? What can we do to enhance that? So, you know, we always want, and at Medicaid particularly, we're always looking for ways to incent folks to get the right service at the right time, you know, the usual story. So, yes, I would say that is a perfect example. Now, where are we going to get the money to do that and --

MS. MUDD: It is. It has been a recommendation in the past. I just...

COMMISSIONER STECKEL: Well, but what I would prefer we do is, let's not make -- I say "let's." I assume I'm a member of the TAC.

It wastes all of our time to make recommendations that we know there is no

1 money for. So the issue is that when we talk
2 about it, what kind of incentives work?
3 What do you think about it? Then Medicaid
4 can look at if we incent people, we may spend
5 \$3 or a pizza or whatever, and I'm being
6 very, very superficial, but by getting them
7 in we'll save x dollars. So we can start
8 doing that kind of math that will help with
9 -- it is not just a matter of the Legislature
10 needs to give us a half of a million dollars
11 to do this. But where this could be a
12 valuable discussion is, what kind of
13 incentives work? Because I don't think --
14 I know that I've tried a variety of things,
15 coupon books for pregnant women, I mean,
16 we've done -- Medicaid nationwide has tried a
17 lot of different things. And nothing seems
18 to be the answer. And "the" being
19 capitalized.

20 So in my opinion, this would be the
21 exact thing to talk about. What does work?
22 What doesn't work? What impact would it have
23 on providing services and the outcomes of
24 that beneficiary? So...

25 MS. MUDD: And I guess, I mean, I'm

1 shooting for the moon I guess, but instead of
2 having co-pays, you know, we incentivize
3 people rather than enforcing a co-pay.
4 That's my thing.

5 MS. TIMMERMAN: We discussed that
6 last week.

7 DR. SCHUSTER: Yeah. I think,
8 actually, we presented that. I mean, I
9 talked about that in my testimony at the MAC.
10 And I guess the question, then, is, you know,
11 is that something that is worth our
12 discussion at the next TAC meeting to really
13 put some thought into that and to do a little
14 bit of research, because I'm sure there is a
15 lot of research out there, and really look at
16 what would make some sense. So why don't we
17 handle it that way. I think that is a good
18 idea.

19 MS. MUDD: (Moved head up and
20 down).

21 DR. SCHUSTER: We do have the
22 recommendation from the Children's Alliance.
23 And I guess the recommendation would be that
24 if there is a reasonable assumption that the
25 individual will be moving back into the

1 community, that the assessment should be able
2 to be done where the individual is in order
3 to retain their waiver before the waiver year
4 expires. Does that capture it?

5 PARTICIPANT: Yes.

6 MS. SCHIRMER: And it is for any
7 age.

8 DR. SCHUSTER: Yes. I called it an
9 individual.

10 MS. SCHIRMER: Right. Exactly.
11 During that transition.

12 DR. SCHUSTER: So I would put that
13 recommendation out. Does somebody want to
14 move that?

15 MR. SHANNON: So moved.

16 DR. SCHUSTER: Steve.

17 MS. SCHIRMER: I will second it.

18 DR. SCHUSTER: And Diane. Any
19 other discussion? All in favor signify by
20 saying "aye."

21 (Aye)

22 DR. SCHUSTER: And opposed, like
23 same.

24 (No response)

25 DR. SCHUSTER: Okay. So we will do

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that one.

You agreed with that, didn't you,
Mike?

MR. BERRY: Sure.

DR. SCHUSTER: We just made the
motion that we had talked about with the
Children's Alliance, to make sure that people
could get their assessment done.

MR. BERRY: Aye.

DR. SCHUSTER: Do we have any other
recommendations that we want to make at this
time to the MAC?

I think that the consumer TAC had,
and I can't remember if we had this, had
talked about trying to make the MAC meetings
more accessible to people. Oh. We had --
somebody did make that recommendation,
I think, that they be televised or that they
be put out on the web or something. I mean,
this is a whole --

COMMISSIONER STECKEL: This is a
perfect example. We've given you our answer.

DR. SCHUSTER: No. I am not sure
that we brought it up.

COMMISSIONER STECKEL: If you want

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to go to the Attorney General.

DR. SCHUSTER: What was the answer to it?

COMMISSIONER STECKEL: The answer is that the statute is very specific about these meetings. And we cannot do anything that we're not already doing. So what the MAC was going to do, if I understood, was go to the Attorney General and ask for an opinion, which is their right; I mean, it's anybody's right.

DR. SCHUSTER: Well, I think we're talking about two different things. Excuse me.

COMMISSIONER STECKEL: I'm so sorry.

DR. SCHUSTER: No, that's alright. I am not talking --

COMMISSIONER STECKEL: Can you tell I'm a little sensitive about that issue?

DR. SCHUSTER: I am not talking about our members being able to be at home in their pajamas and participating that way. I'm talking about, I think the MAC meetings are very important and I think there ought to

1 be someday. They are never televised by KET.
2 We actually asked KET if they would come in
3 and televise them. And they are not
4 legislative committees, so that they don't do
5 that.

6 I'm talking about some way for
7 people to be able to participate, to observe
8 the MAC meetings going on and so forth.
9 Because there is a lot of information that is
10 shared there. And I think also they get a
11 flavor from the TACs about their
12 recommendations. And so that's what I was
13 talking about.

14 COMMISSIONER STECKEL: Okay. I
15 hear what you are saying. Why don't we
16 just --

17 MS. BEAUREGARD: This is Emily
18 Beauregard. And I chair the consumer TAC.

19 And I believe the response to that
20 was related to the funding and that it was
21 not in statute or that funding hadn't been
22 appropriated for, you know, that sort of
23 teleconferencing or to use KET for that
24 purpose.

25 So one thought is, you know,

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because the Cabinet uses Facebook Live for things like the Kentucky Health Forum, you know, it could be something as simple as Facebook Live, where people could tune in and see the MAC meetings and participate that way, or it could be something where you wouldn't have to get legislative approval for additional funding.

But then the issue continues -- or that conversation continued and we were talking about, you know, making sure that people with disabilities that couldn't necessarily attend physically had some way of participating or of having assistance. So the conversation spans both of those topics.

COMMISSIONER STECKEL: So, and, I wasn't at that meeting unfortunately. But, again, what is the purpose of the TAC? The TAC is a membership group that advises the Medicaid agency. It is not -- and in that, we have to comply with the open records requirements. It is not, however, a public meeting for public input. It is not.

PARTICIPANT: And that wasn't our recommendation.

1 DR. SCHUSTER: Yeah. We're not
2 talking about the TAC meetings. We're
3 talking about the MAC meeting.

4 COMMISSIONER STECKEL: But even the
5 MAC meeting, that's not the purpose of the
6 MAC.

7 DR. SCHUSTER: But you don't
8 consider the MAC meeting a public meeting?

9 COMMISSIONER STECKEL: It is.

10 DR. SCHUSTER: Okay.

11 COMMISSIONER STECKEL: And we have
12 to comply with the open meeting requirements.
13 But it is -- and in that capacity, we
14 currently do.

15 DR. SCHUSTER: Yeah. I'm just --
16 I guess I see the MAC, Commissioner, as
17 bringing together all of these. If you think
18 of how many TACs there are, and they are all,
19 you know, as David said, all different pieces
20 of the pie, so to speak, of all the provider
21 groups and all the consumer groups, it is a
22 wealth of information.

23 COMMISSIONER STECKEL: And we
24 utilize that information.

25 DR. SCHUSTER: And I'm talking

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about making that information available to more folks, which is the idea of the Facebook Live, I guess, or something like that.

MR. SHANNON: Yes.

COMMISSIONER STECKEL: Right. And so to -- what I was going to say before I got off on a tangent is that I really am going to be a broken record about, what is the function of the MAC and the TAC? So go back and look at the statute and understand that while you all have opened my eyes on a variety of things, that we really do need to go back to that.

But on the Facebook Live and the issue of can we do something to make the MAC more public as a viewing component, let Sharley and I look at that. And --

DR. SCHUSTER: Yeah. And that's all we're talking about.

COMMISSIONER STECKEL: Yeah.

DR. SCHUSTER: And we're not -- I agree with you. We're not opening it up for people to -- even like they do the webinars. I am not talking about that. I'm just saying, it is a wealth of information

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and there's a lot that is discussed there that actually would get -- would address some of the confusion that's out there, you know, and so forth. And we're just looking for some way to open that up to the public.
Marcie.

MS. TIMMERMAN: Is there any prevention from a person attending to do that? I have Facebook Live'd before from it, poorly. But we could do that if that was -- if when you are looking into that, if you wouldn't mind looking to see if an attendee could do it, some advocacy group could staff that or something and make that happen. It is not ideal, probably. It is easier for you all to use your own equipment and microphones and all of the fun stuff. But it would be an option.

DR. SCHUSTER: Yeah.

MS. KIDDER: This recommendation does fall in line with -- I'm just familiarizing myself with the bylaws and statutes and stuff, because there has been a lot of discussion about that here today. And there are three duties of the MAC in statute.

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And the third one is advising on how to further participation of recipient members in the policy development and program administration of Medicaid. So it does fall in line with that.

MR. SHANNON: Yeah.

DR. SCHUSTER: And I would say, and I think you would agree, that some of us wear different hats. We wear a provider hat or we wear a family member hat or we wear an advocate or we wear a consumer hat. But we're all there on the side of the recipients in terms of, I think, meeting that.

COMMISSIONER STECKEL: And thank you for giving me that language. But here is my concern. We could have an effective and efficient MAC and TAC process that helps Medicaid do what it needs to do or we could have meetings of thousands that become worthless. I mean, I probably shouldn't be that blunt. But we just need to figure out together how do we -- and when I say "we" I mean the Medicaid population at-large, all of us. How do we have the kind of meetings that we need to have that informs Medicaid's

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policies in such a way that we're inclusive but that they don't become inefficient. I mean, if you have got a meeting with probably much more than what's in this room, you basically have an opportunity for everyone to stand up and give a speech but that's it.

DR. SCHUSTER: But the MAC is never run that way. The MAC. And, again, I'm differentiating the TAC process and the MAC. Because we're talking about the MAC here, and my comments are all about the MAC. It is very structured. There's an agenda. The only time that any of us who are in the audience speak is if we are the representative of the TAC to come up and give our report; you know, there certainly is dialogue between the MAC members and different people in the Medicaid department and different MCOs. So it is very structured. I mean, whether five people watch it on Facebook or 1,000 people watch it on Facebook really doesn't make any difference because you are just educating people in the process.

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COMMISSIONER STECKEL: So we will look at that, yeah.

DR. SCHUSTER: Okay.

COMMISSIONER STECKEL: That is a different perspective.

MS. BEAUREGARD: It is viewing, not participating.

DR. SCHUSTER: Yeah. It is not a participation.

MS. TIMMERMAN: You can even turn off comments so that they don't make them.

DR. SCHUSTER: Yeah. And I am not opening this up for everybody to, you know, be shooting up their comments or anything else. I'm just saying, I think there is some valuable information and it is kind of limited to those that happen to be there that day. And I think there is a lot to be gained. And I think it is helpful for people to see the interaction, the questions that come from the MAC members, for that matter.

MS. SCHIRMER: Yeah.

DR. SCHUSTER: Because a lot of them put a lot of thought into, you know, their participation. And they ask good

1 questions. And the TACs I think provide good
2 information. So that is where it is coming
3 from.

4 COMMISSIONER STECKEL: Okay. I
5 understand now. Thank you.

6 DR. SCHUSTER: So do we want to
7 make that recommendation to the MAC?

8 MS. SCHIRMER: Sure. I will.

9 DR. SCHUSTER: Do we need to do
10 that?

11 MS. SCHIRMER: I will do it.

12 COMMISSIONER STECKEL: It is up to
13 you. I have told you, we will look into it.

14 DR. SCHUSTER: All right.

15 COMMISSIONER STECKEL: But whatever
16 you feel you need to do.

17 MS. SCHIRMER: I will recommend it
18 if you need me to, just if needed.

19 MS. MUDD: Move it.

20 DR. SCHUSTER: All right. So all
21 in favor of making that recommendation.

22 (Aye)

23 DR. SCHUSTER: All right. Opposed?

24 (No response)

25 DR. SCHUSTER: Okay. The MAC

1 meeting is January 24th, which is the same
2 day as your event, right, your adolescent
3 event?

4 MR. BERRY: I'm sorry.
5 January 24th?

6 DR. SCHUSTER: Yeah.

7 MR. SHANNON: Yes, yes.

8 MR. BERRY: I gave you the wrong
9 date, then. Thank you.

10 DR. SCHUSTER: Oh. Okay.

11 MR. BERRY: What did you say?
12 Sunday?

13 DR. SCHUSTER: January 24th.

14 MR. BERRY: Yeah, it is.
15 Never mind.

16 DR. SCHUSTER: It is?

17 MR. BERRY: It is the correct date
18 I gave you.

19 DR. SCHUSTER: Okay. All right.

20 MR. BERRY: I have got another date
21 in my mind. So the answer is yes.

22 DR. SCHUSTER: Okay. So the MAC
23 meeting is in 125 at 10 a.m.

24 The consumer TAC meeting, which
25 some of us go to, is? And I had it written

1 down.

2 PARTICIPANT: I'm so sorry. Let me
3 pull it up again. Our next meeting is
4 February 19th from 1:30 to 3:30 p.m., and
5 that's at the Cabinet in the cafeteria
6 conference room.

7 COMMISSIONER STECKEL: And we may
8 change that. We may change that. So...

9 DR. SCHUSTER: Okay. So 1:30 to
10 3:30.

11 COMMISSIONER STECKEL: Somewhere in
12 the Cabinet building.

13 DR. SCHUSTER: Somewhere in the
14 Cabinet.

15 COMMISSIONER STECKEL: We may have
16 a scavenger hunt. I'm just teasing.

17 MS. HUGHES: Do you all normally
18 approve your TAC minutes?

19 PARTICIPANT: Yeah. You have to.

20 MS. HUGHES: Your TAC minutes.

21 MS. HOLLEN: Typically. She just
22 didn't do it today.

23 DR. SCHUSTER: You mean the court
24 reporter minutes that we get?

25 MS. HUGHES: Yes.

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DR. SCHUSTER: Oh. Okay.

Actually, I didn't send them out this time, so I can't. It just slipped my mind. So...

COMMISSIONER STECKEL: We just won't be able to post them until the committee approves them. So...

DR. SCHUSTER: Okay. All right.

PARTICIPANT: Can they be approved electronically?

DR. SCHUSTER: No, no. That is the open records thing.

Now, you know, up to this point the court reporter has always been very accurate and you could approve them sight unseen. But, okay, we will have to -- I am glad you reminded me. So I need to remember to put that on, the minutes need to be approved.

COMMISSIONER STECKEL: And, Sheila, that's --

DR. SCHUSTER: And we've had maybe one time where we have not gotten the minutes before the next TAC meeting. It hasn't happened in a while.

MS. HOLLEN: I was going to say, I don't think it has happened since we've been

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with the court reporter here, because they seem to get things processed.

DR. SCHUSTER: Okay.

COMMISSIONER STECKEL: And that may be where Sharley can help you, if you would like her to send the minutes out to your members. I mean...

DR. SCHUSTER: Yeah. We could get you the e-mails and you could send them to me and send them to all of the...

COMMISSIONER STECKEL: Yeah. Just work with Sharley about what you would like to have her help you with.

DR. SCHUSTER: Yeah. Because I need to add Sarah to the roster and then send it to you fresh anyway. So I will do that, yeah.

MS. HUGHES: And just so you all know, we've been working on our website. And each of the TACs now has its own individual website page.

DR. SCHUSTER: Oh. You should never have told us that.

MS. HUGHES: But if go to our home page, scroll all the way down to the bottom,

1 it will say "Technical Advisory Committees,"
2 click on that, and it will come up and give
3 you the link for behavioral health. And we
4 have all of your names as TAC members. We do
5 not have your contact information. We're
6 going to be putting the minutes on there,
7 once they are approved and then for your
8 recommendations and our responses will put
9 out there as well. So everyone will have
10 access to the information that you have.

11 DR. SCHUSTER: Yeah. Because I've
12 been sending those out. I keep an e-mail
13 list of everybody's time.

14 MS. HUGHES: Yeah. The meeting
15 dates and times are out there, locations.

16 DR. SCHUSTER: Okay, okay. So I
17 need to get you the contact information.
18 And I think you have it for everybody except
19 Sarah.

20 MS. HUGHES: Right.

21 DR. SCHUSTER: But we will get that
22 to you.

23 Okay. Any other business to come
24 before this agust body?

25 MS. EISNER: A clarifying question,

1 please.

2 DR. SCHUSTER: Yes, Nina.

3 MS. EISNER: My Medicaid
4 colleagues, when is the SUD up to 30 day
5 component going into effect?

6 PARTICIPANT: The attestation is
7 going to happen -- 4/1 it will go for the
8 92 days. And then I have to talk to
9 Stephanie first, because the other date is
10 being pushed forward.

11 MS. EISNER: Like September?

12 PARTICIPANT: It is being pushed
13 forward.

14 DR. SCHUSTER: Yeah. I was going
15 to say, because you had told us I think last
16 time, Ann, that it might be September;
17 correct?

18 MS. HOLLEN: Yes, yes.

19 MS. EISNER: Yeah, I was just
20 checking.

21 MS. HOLLEN: So 4/1 is for the
22 self-attestation. And then more to come,
23 yes.

24 MS. SCHIRMER: More to come.

25 DR. SCHUSTER: Okay. Anything

1 else? And please be sure that you have
2 signed in so that we have your contact
3 information.

4 Again, thank you for coming,
5 Commissioner. We're not used to this format.
6 I have to re-think this. I guess it is
7 easier for the court reporter. Well, I think
8 part of the problem is whether people could
9 be heard when they were out in the audience.
10 So...

11 COMMISSIONER STECKEL: Well, and I
12 think you will find, if you get the meeting
13 room set that I'm hoping that we can get,
14 that we can create an environment that is
15 much better about everybody being able to
16 hear everybody. So...

17 MS. HUGHES: I am going to
18 create -- I know you all know -- all of these
19 folks know all of you all. I'm kind of new,
20 so I don't.

21 DR. SCHUSTER: Yeah.

22 MS. HUGHES: But, I mean, I know
23 some of you, obviously. But we're going to
24 do name temps for the TAC members so that
25 everyone -- if somebody new comes in they

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will know who you all are. And it -- so it helps -- kind of helps everybody to know who the TAC members are.

DR. SCHUSTER: Okay.

MS. SCHIRMER: And you can hear us. None of us are wall flowers. So...

DR. SCHUSTER: I would suggest, if you are going to do that, that you have the organization under the name.

MS. HUGHES: They will, who they represent.

DR. SCHUSTER: Okay. Because we have specific organizations that they represent.

And, again, welcome to Sarah. We're delighted to have you as another behavioral health TAC member. And, Jill, so glad to see you in your new role here.

So thank you all very much and Happy New Year. And go try to go through the tunnel. What can I tell you.

(Proceedings concluded at 4:01 p.m.)

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C E R T I F I C A T E

I, LISA COLSTON, Federal Certified Realtime Reporter and Registered Professor Reporter, hereby certify that the foregoing record represents the original record of the proceedings of the Behavioral Health Technical Advisory Committee; the record is an accurate and complete recording of the proceeding; and a transcript of this record has been produced and delivered to the Department of Medicaid Services.

Dated this 29th day of January, 2019.

 /s/ Lisa Colston

Lisa Colston, FCRR, RPR