



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

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TO: Medicaid Advisory Council (MAC)
Sheila Schuster, Chair, Behavioral Health TAC

FROM: Carol Steckel, Commissioner 

DATE: December 15, 2018

RE: Responses to the Behavioral Health TAC Recommendations Presented during the November 15, 2018 MAC meeting

In response to recommendations provided by the Behavioral Health TAC, as presented and approved at the November 15, 2018 MAC meeting, the Department for Medicaid Services (DMS) respectfully submits the following:

RECOMMENDATION 2018(89): We acknowledge the necessity of assuring that Medicaid recipients receive the “right service at the right level at the right time” and want to work with DMS to assure that benefits are being used appropriately. More often, the issue with individuals who have behavioral health diagnoses is to encourage them to use appropriate services on a consistent basis. A system of giving a positive reinforcement (such as a financial credit) for appropriate use of services – particularly in an outpatient setting – may be much more effective in treating the individual than the negative impact of imposing copayments when appropriate services are accessed.

We are particularly sensitive to the negative impact that copayments charged to Medicaid recipients with behavioral health issues will have on their appropriate continued accessing of services. We would like to further discuss the issue of required copayments for Medicaid recipients with behavioral health diagnosis to see if there is a way to accomplish the goal of appropriate benefit use without imposing copays which are punitive and will result in fewer services being accessed. We recommend that there be no copayments charged to Medicaid recipients for services received. We believe that there should be as few impediments as possible to recipients receiving needed health and behavioral health care services.

DMS Response – DMS acknowledges this recommendation; however, copayments will be applied to cost share eligible recipients effective 1-1-19.

RECOMMENDATION 2018(90): We recommend that when the “Medically Frail” clinician attestation form is considered for revision, that the Activities of Daily Living (ADL) portion be revised to include ratings of the individual’s ability to perform necessary cognitive functions such as logical decision-making, interpersonal communications, and organizing, planning, and executing activities. Those recipients with serious mental illness, substance use disorders and acquired brain injuries are typically impaired in these cognitive areas necessary for daily functioning, rather than in areas of mobility, dressing, eating and self-care.

DMS Response – The Department will take this under advisement when the Medically Frail form is revised.

RECOMMENDATION 2018(91): We recommend that DMS create a “medically frail” exemption from a requirement to pay copays, regardless of whether DMS creates an alternative benefit plan or not.

DMS Response – Please see response to Recommendation 2018(89) above.

RECOMMENDATION 2018(92): We recommend that any electronic information or reporting through Benefind and Citizen Connect also be made available in paper format or through other alternative methods.

DMS Response – The Department will follow federal guidance. Please note that there is a local Department for Community Based Services office in every county. The local office is available to assist our beneficiaries. In addition, the Cabinet has worked with the local workforce development offices and they are available to assist our Medicaid beneficiaries, as well. Kentucky public libraries, located in most counties with access to both computers and internet.