

COMMONWEALTH OF KENTUCKY  
CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID SERVICES

IN RE: BEHAVIORAL HEALTH TECHNICAL ADVISORY COMMITTEE

---

May 11, 2021  
1:00 P.M.

(All Participants Appear Via Zoom or Telephonically)

---

**APPEARANCES**

Sheila Schuster  
CHAIR

Michael Barry  
Gayle DiCesare  
Sarah Kidder  
Valerie Mudd  
Steve Shannon  
TAC MEMBERS

---

CAPITAL CITY COURT REPORTING  
TERRI H. PELOSI, COURT REPORTER  
900 CHESTNUT DRIVE  
FRANKFORT, KENTUCKY 40601  
(502) 223-1118

---

APPEARANCES  
(Continued)

Veronica Cecil  
Angela Parker  
Lee Guice  
Sharley Hughes  
Leslie Hoffman  
Alisha Clark  
MEDICAID SERVICES

Court Reporter's Note: At the request of DMS, all other participants appearing via Zoom or telephonically will not be listed under Appearances.)

AGENDA

1. Welcome & Introductions .....	4
2. Approval of Minutes of January 6, 2021 of Behavioral Health TAC meeting .....	4 - 5
3. Continued Discussion with DMS on Targeted Case Management Issues after State of Emergency Ends, particularly with regard to TCM being denied or limited and MCOs having additional requirements (i.e. the client having a therapist) in order for TCM services to be authorized.....	5 - 9
4. Update on Implementation of Medicaid's Single Medicaid Formulary and Resolution of Prior Authorization Issues .....	10 - 12
5. Problems with Claims Payments on Dual Eligibles .....	12 - 13
6. Limitations on the Use of 99214 and 99215 Billing Codes .....	13 and 41 - 43
7. Status Update from DMS on Waiver for SUD Services to Incarcerated Persons .....	13 - 16
8. Update on 2021 KY General Assembly Medicaid/Behavioral Health Issues.....	16 - 34
9. Work Group Recommendations on ABI Waiver Regulations .....	34 - 40
10. Updated Prior Authorization Guidance .....	43 - 44
11. New Recommendations to the MAC for 5/27/21 Meeting .....	44 - 45
12. Recommended Agenda Items for July BH TAC Meeting .....	
13. Next MAC Meeting: 5/27/21 - 10 a.m.- 12:30 pm. (EST) via Zoom .....	
14. Discussion .....	45 - 52
15. Adjournment .....	52

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

DR. SCHUSTER: We have our quorum of voting TAC members. We're just a few minutes late but we'll go on and get started. Thank you all for hanging in there with us for these little glitches.

Let's have the voting members of the TAC introduce themselves for anybody who is new.

(INTRODUCTIONS)

DR. SCHUSTER: Let's congratulate Valerie on a big award that she got last week. She got the Molly Clouse Lifetime Achievement Award as a mental health consumer. Bravo. Well-deserved, well-earned, Val. Thank you.

If you did not get an email from me directly with information about this meeting, please put your email address and your name and organization in the Chat so that I can add you to my growing list. I do keep pretty good lists. So, we got the message out pretty quickly.

We distributed the draft minutes of our March 3<sup>rd</sup> BH TAC meeting. I would entertain a motion from one of our voting members.

MR. SHANNON: So move to adopt the minutes.

1 DR. SCHUSTER: All right. Is  
2 there a second, please?

3 MS. MUDD: Second.

4 DR. SCHUSTER: That's Steve and  
5 Valerie. Any additions, corrections, omissions?  
6 Those voting members in favor of approving the  
7 minutes, please say aye. Opposed and abstentions.  
8 Thank you.

9 Is Commissioner Lee on?

10 MS. CECIL: Hi, Sheila. This is  
11 Veronica Cecil with Medicaid. Commissioner Lee had a  
12 conflict. We have about four different meetings  
13 occurring right now, including Administrative  
14 Regulation Review, an MCO operations meeting, a CMS  
15 meeting.

16 So, we are really trying to  
17 cover as many meetings. We've all gone different  
18 directions to try to help.

19 DR. SCHUSTER: All right. Thank  
20 you very much. I appreciate that, Veronica, and  
21 we're glad to have you on.

22 Let me just give a very brief  
23 update. This issue on targeted case management has  
24 been ongoing for many months now.

25 And, so, the Commissioner was

1 kind enough to put a couple of us in touch with her  
2 data specialist, Barbara Epperson, and her team, and  
3 we had a very fruitful discussion last week about  
4 some of the parameters that we would like to have the  
5 data pulled.

6 For those of you who are new to  
7 this issue, the issue of targeted case management,  
8 particularly for adults with serious mental illness  
9 or SMI, has come up and been a topic of concern, I  
10 think, on the community side, on the provider side,  
11 on the advocate and consumer side about what targeted  
12 case management should consist of and who it should  
13 be given to and how do we know whether it's being  
14 effective or not.

15 And, so, during this period  
16 when prior auths have been suspended for behavioral  
17 health, the Commissioner asked us to give her some  
18 input.

19 We gave her a couple of studies  
20 that had been done by the folks at Wellspring and the  
21 folks at the Coalition for the Homeless in Louisville  
22 and, then, we put our heads together and came up with  
23 some requests for data to be pulled.

24 So, that's where we are. We're  
25 very appreciative. Veronica, if you would please let

1 the Commissioner know that we are very appreciative  
2 of her approach to this and really wanting to get the  
3 data that can really tell us what's effective about  
4 TCM, how it's being used well and how it's maybe not  
5 being used well so that we can really fine tune and  
6 really utilize this tool which many of us think is  
7 very successful in keeping people out of unnecessary  
8 hospitalizations, keep them out of jail - that's a  
9 desired goal for sure - keep them out of homelessness  
10 and so forth.

11 While I'm talking to you,  
12 Veronica, I wonder if you could give any kind of an  
13 update on what the situation is with the MCO  
14 contracts, given the Judge's ruling last week that he  
15 saw the awarding of contracts as not acceptable, I  
16 guess is the basic way to say it?

17 MS. CECIL: Sure. I'm happy to.  
18 So, really the only thing I can say is that the  
19 Judge's Order wasn't final and appealable.

20 There's another hearing in  
21 June. So, unfortunately, there's still more to come  
22 and we can't really say anything other than we're  
23 continuing to monitor the case. And as soon as that  
24 becomes final, then, obviously parties can appeal  
25 that.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

So, there's still a lot to the case that's ongoing.

DR. SCHUSTER: Okay. Do you know what the content or what the questions to be presented in June are? I didn't realize that the Judge's Order was not final. So, thank you for clarifying that.

MS. CECIL: The hearing in June I think is kind of a touch base with the parties to come back together. Again, I think the Judge was looking for some feedback from the parties on that Order.

So, it's to bring the parties back together and, again, the Judge has to finalize that Order so that the next steps can occur.

DR. SCHUSTER: Okay. So, you're anticipating as best you know that there would be this hearing in June and that the Order would be finalized sometime after that and then we go on.

MS. CECIL: Yes. We'll know more after that June hearing.

DR. SCHUSTER: Okay, but in the meantime, I guess what's important for us is that nothing has changed. Is that correct?

MS. CECIL: That's correct.



1 That is correct.

2 DR. SCHUSTER: I saw that in the  
3 writeup about the Judge's Order was that there was no  
4 stay or anything like that.

5 Let me just ask if there's  
6 anybody else that has any questions. I know you're  
7 limited in what you can say about it, Veronica, but  
8 any other questions?

9 MR. BALDWIN: Do you know when  
10 in June, Veronica?

11 MS. CECIL: I knew somebody was  
12 going to ask me that question and I don't have the  
13 date fresh in my memories. It's I believe early June  
14 but I don't have the exact date.

15 DR. SCHUSTER: All right. Could  
16 you send me an email - oh, somebody said it's June  
17 3<sup>rd</sup>.

18 MS. CECIL: Thank you.

19 DR. SCHUSTER: That's early in  
20 June, I'd say. Okay. Thank you very much. That's  
21 Cat Jones, but as of now, all six are operating in  
22 the state. Everything is go forward as we know.

23 MS. CECIL: That's correct.

24 DR. SCHUSTER: Okay. Thank you  
25 so much.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

The next item is our kind of ongoing touch base about the Single Medicaid Formulary, and I understand that Dr. Jessin Joseph is no longer with Medicaid and the new Pharmacy Director, I believe, is Fatima but I don't know a last name.

MS. CECIL: Well, so, Dr. Fatima Ali is our Associate Pharmacy Director, but we are in the process of looking for a Pharmacy Director, but thankfully Dr. Ali is here and very knowledgeable and continuing to help both the fee-for-service, MCO, and, then, with our - sorry - PBM and, then, with our MCO PBM implementation.

DR. SCHUSTER: Okay. I had been in some email conversations with Dr. Joseph. Would it be appropriate, then, for any issues that I'm hearing about from the ground for me to forward those to Dr. Ali?

MS. CECIL: Or Darlene, sure, and I'll be happy to - Sheila, I'll send you her contact information. Since Dr. Joseph has left and, of course, Stephanie Bates, I've also gotten very involved in the pharmacy benefits. So, you certainly are welcome to reach out to me, too, or copy me on this.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

DR. SCHUSTER: Yes, absolutely,  
we'll do that.

And I just want to recommend to  
folks that are on the call - we've got nearly seventy  
people in the meeting - that if you are continuing to  
have some pharmacy issues, that you let me know. My  
email is [kyadvocacy@gmail.com](mailto:kyadvocacy@gmail.com).

I was on a Zoom call with  
Passport by Molina who was meeting with some of the  
Medical Directors of the various CMHC's and they  
continue to raise some issues.

I think, Veronica, the issues  
around some of the children's medications continue to  
be a problem. That was the case in March. We had  
several child psychiatrists on the meeting.

So, let me circle back with  
folks and see what the status is and I will be back  
in touch with you and Dr. Ali.

MS. CECIL: Yes. Please do. We  
are very concerned about that and want to address  
them immediately. So, escalate those up to us so we  
can check them out.

DR. SCHUSTER: Okay, I will.  
And I know that Commissioner Lee is particularly  
sensitive to any problems with children in the

1 system.

2 MS. CECIL: Absolutely.

3 DR. SCHUSTER: So, we'll get  
4 that to you.

5 Steve and Kathy Adams, any  
6 movement on the claims' issues around dual eligibles?

7 MR. SHANNON: We continue to  
8 have discussions with MCOs on a regular basis about  
9 this. MCOs are waiting to hear and get a list from  
10 Medicaid about those services. I think that's  
11 in process. Hopefully we get some resolution soon.

12 There's still some questions  
13 about what codes and such and there's a list that  
14 Medicaid has developed. I think our next step will  
15 be a similar list on the commercial side as well.

16 DR. SCHUSTER: Okay. Kathy  
17 Adams, if you're on, I know you were going to be in  
18 touch with I think it was Ann Hollen, maybe Angela  
19 around these issues. I don't know if you're on or  
20 not.

21 MS. ADAMS: Hi, Sheila. Yes,  
22 I'm on. We haven't heard anything new since the last  
23 meeting. I'm multitasking. I'm listening to the  
24 Behavioral Health TAC and I'm also trying to monitor  
25 ARRS. So, I apologize. I'm multitasking here.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

DR. SCHUSTER: That sounds like what everybody is doing today. Thank you.

MS. ADAMS: We did send some examples as requested to Lee Guice and have not heard back on any of the information we sent.

DR. SCHUSTER: Okay.

MR. SHANNON: We sent some as well.

DR. SCHUSTER: Let me keep this on the agenda, then, for the July meeting, and maybe in between, we can get some feedback from Lee and others about movement on this. Does that make sense?

MS. ADAMS: Sounds great. Thank you.

DR. SCHUSTER: Okay. All right. Limitations on the use of these billing codes. Again, Lee will be on the call after 2:00. So, we might come back around to that.

Limitations on the use of the billing codes came from a child psychiatrist in Louisville, Dr. John Sullivan, and he emailed me this morning and said again he had a conflict come up with his clinical caseload and can't be on. So, we will again roll that over to our July meeting.

And, Leslie, let's grab you

1 while you're still on - I appreciate that - for your  
2 status update on the SUD waiver.

3 MS. HOFFMANN: Sorry that things  
4 have been a little crazy this morning.

5 Unfortunately, I don't have a  
6 lot to give you any information on the incarceration  
7 amendment. As you're aware, just real quick,  
8 February and March, CMS cancelled the call with us.

9 In April, we specifically had  
10 that on our agenda to meet with them. They were not  
11 ready. So, I asked them if they would be ready by  
12 our May call. They said they were very hopeful.

13 So, I've been trying to confirm  
14 our date. It's usually the last week of the month.  
15 So, I've been trying to confirm a date and we're  
16 working on an agenda with them now. We only have one  
17 or two items to meet with them about again.

18 Our next steps will be to  
19 actually discuss the federal public comment I told  
20 you about before. There was approximately sixty  
21 comments. They said most were positive.

22 They went over a few of the  
23 anonymous ones that were duplicates to the one that  
24 we had in Kentucky's public comment and we've already  
25 pretty much addressed those and are working closely

1 with AOC and DOC to develop trainings and guidance  
2 and demographic information related to community  
3 partners.

4 And we've also figured out a  
5 way through K-O-M-S, KOMS to track the members and  
6 their length of stay during our demonstration. So,  
7 those are the things that we have done to offset some  
8 of the comments that we've received here in Kentucky  
9 which were duplicates in the federal world.

10 I'm really hopeful, again, that  
11 they will talk to us at the end of May. I don't  
12 think anything negative just yet. I think this is  
13 just because it's so new. We've also had an  
14 Administration change during that time. I think  
15 they're really struggling to know what questions to  
16 ask Kentucky.

17 So, that's kind of where I  
18 think they are. I don't feel anything negative yet.  
19 I still feel very hopeful for this.

20 So, if I hear anything, though,  
21 Sheila, between now and May's meeting, I will go  
22 ahead and get that information out to you, though,  
23 okay?

24 DR. SCHUSTER: Okay. That would  
25 be great, Leslie, because there's such interest in

1 this, and I think people are anxious to get it  
2 started.

3 MS. HOFFMANN: And we're very  
4 excited. We're very excited about this, too. And  
5 Lee wanted me to let you know she will try to be on  
6 after 2:00. We're all trying to multitask. And,  
7 then, I think Alisha Clark is on for Pam today.

8 So, thank you and you have a  
9 wonderful day, Sheila.

10 DR. SCHUSTER: All right. Thank  
11 you very much, Leslie. We appreciate that. All  
12 right. We're just zipping right along here.

13 I sent out to you all a bill  
14 grid that I had put together about some of the bills  
15 that we were following or advocating on during the  
16 2021 Kentucky General Assembly and had some comments  
17 about some of them, for instance, in the budget and  
18 so forth.

19 In many ways, this was a good  
20 Session for mental health and substance use  
21 disorders. As we look at the biennial budget, there  
22 were no cuts to Medicaid, Education and so forth.  
23 The CMHC's got the funding that they needed for their  
24 retirement costs

25 We were disappointed, although



1 it technically was not a cut, but you may remember  
2 that the Governor had allocated some increased slots  
3 for both Michelle P. and the SCL waivers, and,  
4 unfortunately, the House and Senate took those out  
5 and did not address any of the waiting list issues  
6 that are there for those waivers.

7 There was quite an interesting  
8 discussion between the Governor and the Legislative  
9 Branch about who had the authority to expend what  
10 we're calling the ARPA money, the American Recovery  
11 Plan Act, those federal funds that were signed by  
12 President Biden.

13 And I think most of us were  
14 relieved to see that an agreement was reached and  
15 some of that is in House Bill 382 that gives the  
16 Governor the ability to appropriate about a billion  
17 of that \$2.4 or \$2.6 billion that the state is  
18 getting. So, that was certainly progress on that.

19 We had a very important bill on  
20 mental health and substance use disorder insurance  
21 parity. You all who have been around as long as I  
22 have know that we passed the first parity bill in  
23 2000.

24 So, here we are twenty-one  
25 years later and this bill creates what Steve Shannon

1 has always said that we were missing and that is the  
2 parity police.

3 So, this was done at the  
4 request and with the assistance of the Kentucky  
5 Psychiatric Medical Association. Their APA  
6 nationally has made this a priority and has hired a  
7 very knowledgeable consultant, someone who had worked  
8 with the National Association of Insurance  
9 Commissioners and was available during the Session to  
10 give testimony and really helped us move this along.

11 So, what this bill does is to  
12 say that every insurer, MCO, insurance plan on both  
13 the Medicaid and the commercial side will have to  
14 file with the Department of Insurance, the Kentucky  
15 Department of Insurance a written document that  
16 outlines how they are complying with the 2008 federal  
17 parity law.

18 So, this is huge. This gives  
19 DOI some teeth, some regulatory ability to really ask  
20 those questions. Some of you may remember we asked  
21 these questions when we had the regional Kynect, the  
22 Health Benefit Exchange. And I see Julie Paxton is  
23 on. She chaired the Mental Health Subcommittee of  
24 that group and we had a big issue around parity.

25 So, I think this is just a huge

1 piece forward. So, we're very excited about that.

2 House Bill 53 created a new MAC  
3 member, someone who is a re-entry person, someone who  
4 is a Medicaid recipient and who has been  
5 incarcerated. There's a big emphasis and there were  
6 several pieces of legislation that passed around that  
7 population.

8 So, they created a TAC as well  
9 as creating a new member of the MAC and, then, there  
10 were some changes in the Consumer and Behavioral  
11 Health TAC in terms of membership, and those bills go  
12 into effect actually on June 29<sup>th</sup>. So, at our July  
13 meeting, those changes will be in place.

14 The telehealth bill was another  
15 bill that was so important to mental health and  
16 substance use providers and consumers.

17 You all may remember that in  
18 2020, CMS loosened in many ways the HIPAA  
19 requirements around platforms and so forth, and this  
20 bill that was sponsored by Representative Frazier and  
21 co-sponsored by Representative Moser incorporated  
22 those changes into Kentucky statute and really makes  
23 it clear that the various licensure boards can also  
24 play a role in authorizing providers to participate  
25 in telehealth.

1                                   Prior authorization on M-A-T or  
2 medication-assisted treatment medications. This bill  
3 passed very late in the Session and was signed by the  
4 Governor. This is Senator Alvarado's bill. He and  
5 Representative Moser have had this legislation for at  
6 least the past two Sessions, if not three Sessions.

7                                   And, so, this really  
8 streamlines the access to Suboxone and to the other  
9 medications that are used for medication-assisted  
10 treatment.

11                                  Another bill that we were very  
12 interested in, the Mental Health Coalition and other  
13 consumer groups, was what they call the Pharmacy  
14 Copay Accumulator. This is a bill that requires the  
15 insurers to give credit to the consumer as part of  
16 their deductible, the maximum out-of-pocket amounts,  
17 any help that they get in funding through foundations  
18 or coupons and those kinds of things. And for those  
19 clients who have extremely expensive medications,  
20 this is really a huge help to them.

21                                  Another bill that we've been  
22 advocating from the BH TAC for a long, long time was  
23 to eliminate copays in the Medicaid system. And you  
24 all may remember, we've had this discussion that  
25 there was a statute on the books that required

1 Medicaid to have at least a nominal copay.

2 So, this is Senator Meredith's  
3 bill along with Senator Alvarado and, again, it's  
4 been around for the past three Sessions for sure and  
5 passed this time. So, we were very excited to see  
6 that.

7 There were companion bills  
8 around banning conversion therapy for Kentucky youth,  
9 House Bill 19 and Senate Bill 30, and, unfortunately,  
10 they were not assigned even to a committee for  
11 discussion.

12 Now, the good news is that  
13 there's a growing number of bipartisan co-sponsors.  
14 The bill is sponsored in the House by Representative  
15 Lisa Willner who is a psychologist and co-sponsored  
16 by Representative Kim Banta who is a retired high  
17 school principal from Northern Kentucky.

18 And over on the Senate side, it  
19 is sponsored by Senator Alice Forgy Kerr and co-  
20 sponsored by Senator Morgan McGarvey.

21 So, we're hopeful that those  
22 bills will get some movement in the next Session.

23 There was an interesting bill  
24 that Representative Banta had. It had forty-one co-  
25 sponsors and it will train firefighters in crisis

1 intervention teams like all the police are trained  
2 and, then, it also funds treatment of firefighters  
3 for PTSD.

4 There was an interesting  
5 program on the news in Kentucky just yesterday where  
6 the widow of a firefighter who committed suicide  
7 because of PTSD is going around the country literally  
8 and meeting with groups of firefighters and talking  
9 about the importance of talking about these things  
10 that they experience and trying to do some very  
11 active suicide prevention.

12 Our House Bill 148 to protect  
13 individuals with severe mental illness from the death  
14 penalty got further than it has ever gotten before.  
15 It actually passed the House 75 to 16 and passed the  
16 Senate Judiciary Committee, but, unfortunately, was  
17 never given a vote by the full Senate but that's the  
18 furthest that we've ever gotten.

19 I provided testimony in both  
20 the House and the Senate and I pointed out that  
21 Kentucky has taken the steps necessary to protect  
22 others who may not have the mental capacity at the  
23 time they commit a crime to understand fully the  
24 consequences.

25 We did that with youth under

1 the age of eighteen and the Supreme Court verified  
2 that. We did it with people with intellectual and  
3 developmental disabilities by Kentucky statute and,  
4 then, the Supreme Court also verified that.

5 So, this is really the last  
6 frontier in a sense of people who at the time that  
7 they commit a crime because of their serious mental  
8 illness - we're talking here about psychotic  
9 disorders - may not understand fully the implications  
10 and be able to take responsibility for their  
11 crime.

12 House Bill 448 was brought by  
13 the Children's Alliance and makes a small but  
14 important change in the definition of QMHP's,  
15 Qualified Mental Health Professionals, in the  
16 Juvenile Code by allowing Licensed Clinical Social  
17 Workers, Licensed Marriage and Family Therapists,  
18 Licensed Professional Counselors who don't work for  
19 the CMHC's but work for other agencies to be able to  
20 participate so that they can give expert testimony in  
21 cases where they need to be able to do that.

22 House Bill 497 was again one of  
23 those bills to facilitate re-entry of individuals  
24 from incarceration back into the community and it  
25 calls for a warm handoff with Medicaid coverage prior

1 to release if possible. It very much likely is going  
2 to be done with the SUD waiver and also streamlines a  
3 way for people to get a picture ID and to get a  
4 Certificate of Employability. So, all of those  
5 should help people re-entering society after  
6 incarceration.

7 Our Task Force on Individuals  
8 with Severe Mental Illness again passed the House but  
9 was not taken up for action in the Senate, but I am  
10 hopeful that we may still be able to have that task  
11 force work during this interim.

12 We'll know shortly when the  
13 Legislative Research Commission, the legislative  
14 people announce what task forces are going to be on  
15 the calendar for the interim Session.

16 Another bill that we've worked  
17 on for a number of years, Senate Bill 21, gives  
18 unaccompanied minors ages sixteen and seventeen the  
19 ability to consent to mental health treatment.

20 These are kids that have either  
21 left home or have been put out of home. I think the  
22 latest statistic is that 60% of them are probably  
23 dealing with gender identity issues and have fallen  
24 into conflict with their parents.

25 Many of them do what we call



1 couch surfing where they just don't have an address.  
2 They just move from bed to bed which may be in a  
3 shelter, may be in somebody's home, may be at a  
4 campsite and so forth but we know that they are in  
5 need of behavioral health services.

6 So, this makes it easier for  
7 providers to know that they have the ability legally  
8 to see these kids without parental consent.

9 Crisis aversion/risk retention  
10 is a bill that Whitney Austin has put out there and  
11 Senator Hornback and Senator McGarvey. It's not  
12 exactly a red-flag law but it's along those lines and  
13 would give somebody the ability to call law  
14 enforcement and say so-and-so has a gun and I'm  
15 afraid that they're going to hurt themselves or hurt  
16 somebody else, and the police can go to court very  
17 quickly and get an order to be able to take the gun  
18 from the person and offer some resources for the  
19 person who is in crisis. I'm sure it will be back  
20 again next Session.

21 The next one is fairly  
22 controversial. Senate Bill 239 was actually passed  
23 as House Bill 310. This is a case that we talked  
24 about before. I call it the WDRB case because that's  
25 the TV station in Louisville that has covered it for

1 the past couple of years.

2 This is a situation where  
3 someone has committed a felony and is found  
4 incompetent to stand trial, but when taken to a state  
5 hospital under 202A, involuntary commitment, is found  
6 not to meet the qualifications and, therefore, is  
7 essentially put out on the street.

8 And when this happened to a guy  
9 who had raped a woman and physically injured her, he  
10 was put back out on the street and he did the same  
11 thing to an eight-year-old girl and hit her over the  
12 head with a shovel leaving her with a traumatic brain  
13 injury.

14 So, it has really scared the  
15 people in that neighborhood and that community and  
16 made this a kind of what do we do with these folks.

17 So, under this, they would be  
18 remanded to essentially probably at KCPF, the  
19 Kentucky Correctional Psychiatric Facility, a secure  
20 environment for treatment around incompetency and so  
21 forth.

22 Bills around health equity,  
23 there were several of them during this Session I  
24 think spurred on, in part, by what we know to be the  
25 disproportionate impact of COVID and the lack of

1 access to treatment and so forth.

2 So, one of those bills, House  
3 Bill 212, did pass, Representative Samara Heavrin,  
4 and it will require the Cabinet to gather demographic  
5 data on maternal and child fatalities. So, that's a  
6 place to start.

7 We do know that the numbers  
8 would indicate that particularly black women are more  
9 likely to die in child birth than white or brown  
10 women, and, so, we really need to get at that.

11 There was a task force to look  
12 at the Home- and Community-Based Waivers and it  
13 passed the House but did not have action in the  
14 Senate. And, again, that may be a task force that  
15 will operate during the Session.

16 Several of us provided  
17 testimony on Senate Bill 83 which was called the  
18 medical ethics' bill but actually would allow all,  
19 and I mean all, employees of a health care facility,  
20 including clerical and janitorial staff, to refuse to  
21 provide health care services based on their  
22 conscience.

23 It would also allow payors,  
24 MCOs and insurers to refuse to pay for certain health  
25 care services based on their conscientious

1 objections.

2 So, it, again, passed the  
3 Senate Judiciary Committee but got no further in the  
4 Senate. Senator Westerfield tried to kind of clarify  
5 what the bill would really do with a floor amendment  
6 but no action was taken on it.

7 And, then, there were several  
8 bills I think attacking transgender youth. And if  
9 you all have been following the national news, you  
10 know that several of these bills have passed in  
11 southern states, some over the objections and vetoes  
12 of their Governor. That was the case in Arkansas and  
13 others with the agreement and consent of their  
14 Governors.

15 So, I think this is a national  
16 trend and something that we'll have to keep an eye  
17 on.

18 So, I hope that's useful to  
19 you. I'm sure there are bills that some of you were  
20 following that were not on that. I tried to look at  
21 the bills that had been on the Mental Health  
22 Coalition's initial priority list and so forth.

23 So, let me take a pause here  
24 and see if anybody has any questions or wants to  
25 comment on the Legislative Session.

1 DR. MULDER: Dr. Schuster, I had  
2 a question about the under sixteen. How does one  
3 bill without the parent consent or knowledge?

4 DR. SCHUSTER: It's under  
5 eighteen and sixteen- and seventeen-year-olds. And  
6 the truth is that probably there will be no billing  
7 because I don't think that parents can be held  
8 responsible for the costs incurred by their kids if  
9 they don't give consent but I don't know the answer  
10 to that actually. That's a really good question. I  
11 don't know who asked that question.

12 DR. MULDER: It was Shambra.

13 DR. SCHUSTER: Shambra. Okay.  
14 Yeah. Thank you, Shambra.

15 DR. MULDER: I was suspecting  
16 that if the child was to present the insurance card,  
17 you could possibly bill but I don't know if that's  
18 legal.

19 DR. SCHUSTER: Do any of the  
20 MCOs on here want to hazard a guess on this? That's  
21 a great question, Shambra. That's the first time  
22 that I think we've heard it posed. Anybody want to  
23 take a hazard to guess?

24 MS. MUDD: Do very many kids - I  
25 don't know - I don't have children - but do very many

1 kids have insurance cards they carry with them?

2 DR. SCHUSTER: That's another  
3 good question, Val. I don't know that either. Marcie  
4 says can we make this a formal question? You mean  
5 make it for the next TAC meeting, Marcie?

6 MS. TIMMERMAN: Yes. I think  
7 there's a lot of question about it. I haven't gotten  
8 an answer either, not just from MCOs but from anyone,  
9 and I think that some of the shelters were asking  
10 similar questions.

11 DR. SCHUSTER: Okay.

12 MS. TIMMERMAN: I know foster  
13 agencies were as well.

14 DR. SCHUSTER: Let's put it on  
15 and see what Medicaid would say. And I'll tell you  
16 what. I'll reach out to D.J. Wasson over at DOI,  
17 Department of Insurance, and ask her to give us some  
18 guidance as well.

19 I'm sorry, Marcie. Were you  
20 going to say something else?

21 DR. KANGA: Sheila, I was going  
22 to add. This is Fareesh Kanga. You also get into  
23 with the billing with confidentiality. So, if you  
24 have children who are trying to be seen and their  
25 parents don't approve and, then, all that, like, if

1 they get a bill that you have, like, now the parents  
2 know. And, so, that's something you might consider,  
3 too, as you figure out the billing for this.

4 DR. SCHUSTER: Absolutely. I  
5 guess my assumption was that a provider who was  
6 seeing a homeless kid who signed permission to be  
7 seen was probably going to do this as donated  
8 services, quite frankly.

9 DR. KANGA: Right. I mean, I  
10 think FQHC's, places like that that can absorb some  
11 of that would probably do it under those kinds of  
12 circumstances because I don't think we're seeing  
13 children who don't get the consent of their parents  
14 under great circumstances to begin with and these are  
15 kids that would need some help.

16 DR. SCHUSTER: Well, I think  
17 it's particularly of concern, Fareesh, and you  
18 probably have seen this, that sexual orientation,  
19 sexual identity is so often a piece of this  
20 alienation from the family.

21 DR. KANGA: Right, and you've  
22 got to put some sort of diagnosis on there. I mean,  
23 the list goes on and on. So, obviously, this is a  
24 question that needs to be answered, but there's not a  
25 great answer even if you've got the billing figured

1 out.

2 DR. SCHUSTER: Because of the  
3 confidentiality issues.

4 DR. KANGA: Right, those issues.  
5 And, then, also, when you read other statutes,  
6 there's a lot of limits on what people can and can't  
7 do and who can and can't do.

8 If a fifteen-year-old showed up  
9 in my clinic, not everybody is able to just sort of  
10 help out.

11 DR. SCHUSTER: That current  
12 statute actually allows physicians great leeway but  
13 nobody else.

14 DR. KANGA: Right, and you could  
15 go to your orthopedic surgeon and ask for help  
16 but----

17 DR. SCHUSTER: Right.

18 DR. KANGA: ----you can't--  
19 (inaudible) will still be used. Right.

20 DR. SCHUSTER: Yeah. I should  
21 say also that - and Marcie and Sarah Kidder and I had  
22 some email conversation about this. The bill very  
23 clearly says that it has to be a QMHP.

24 So, it has to be someone who is  
25 on that list in 202A or now in the Juvenile Code that



1 would qualify as a QMHP. So, it's pretty much your  
2 licensed, independently functioning in almost every  
3 category that includes physician assistants, nurse  
4 practitioners and others.

5 And Shambra says, yes, there's  
6 also implications for mental health counselors in  
7 schools. So, that would be another place for us to  
8 look. This is a good topic, I think, for us to delve  
9 into.

10 Now that we've been advocating  
11 for it for so many years, we need to figure out what  
12 the limitations are and how best to make use of it or  
13 even to let kids know that it's possible now which is  
14 a whole other issue.

15 So, a great discussion. We'll  
16 put that on the agenda for the July meeting and I  
17 will reach out in the meantime - I may reach out to  
18 Senator Alvarado as well since he's a physician - I  
19 think his board is a pediatrician as well as an  
20 internist - since he has carried this legislation for  
21 the last couple of years. Great discussion.

22 Any other questions or thoughts  
23 about this? Marcie is reminding us that it applies  
24 to unaccompanied youth, not every youth. And I did  
25 get from Adrienne Bush, who some of you know is at

1 the Homeless and Housing Coalition of Kentucky, an  
2 excellent definition from the federal rules about  
3 what constitutes a homeless youth.

4 All right. Let me go on and  
5 see if Diane Schirmer is on.

6 MS. SCHIRMER: I'm on.

7 DR. SCHUSTER: Okay. Do you  
8 want to summarize, Diane, your proposed changes to  
9 the ABI waivers? I sent that out to everyone.

10 MS. SCHIRMER: Summarize them  
11 again?

12 DR. SCHUSTER: Well, yes.

13 MS. SCHIRMER: Sure. Let me  
14 pull them up. We made several recommendations for  
15 changes to the waivers that were clinical in nature.  
16 And basically if I were to give a theme, they were  
17 really to move the waivers toward a rehab model, a  
18 medical model.

19 Most of them surrounded a plan  
20 of care which, despite what people think actually in  
21 rehabilitation goes from an acute setting to a post-  
22 acute setting, it doesn't matter that they're not in  
23 a hospital and that plan of care is tended to by all  
24 parties that are serving the individual.

25 We also advocated basically for

1 a lot of community-based services that could be  
2 attended to for the individual, that they actually  
3 had the ability to be provided to in the community.

4 We recommended that there be  
5 outcome-driven data that be utilized to manage  
6 individuals in programs so that we could actually  
7 look at people getting better in the waiver services  
8 so that they didn't tend to stay in a waiver for "x"  
9 number of years, that we did have some accountability  
10 on them transitioning from acute to long-term and,  
11 then, hopefully out of those services and get better.

12 We also had a theme going on to  
13 advocate for greater clinical expertise in the  
14 Department and also training that would be consistent  
15 among providers.

16 And we recommended as an  
17 example the training that's offered through the Brain  
18 Injury Association of America at two levels which is  
19 the certification for brain injury specialists and  
20 also the fundamentals training for direct care staff  
21 which gives a very concrete foundation of training  
22 for individuals to know how to interact with an  
23 individual with brain injury and how to relate to  
24 them in various settings, whether it be in the home  
25 setting, in the community, what to do if you're in a

1 community and they steal something, how to handle  
2 behavioral outbursts. So, we made several of those  
3 recommendations in the waiver, in our recommendations  
4 for changes to the waiver.

5 DR. SCHUSTER: Okay. Thank you.  
6 You had sent those originally to DMS. Is that right,  
7 Diane?

8 MS. SCHIRMER: We did. We did.  
9 We sent them first to Health and Human Services or  
10 actually we met with Senator Alvarado and  
11 Representative Moser who were very supportive of  
12 those recommendations and they recommended that we  
13 meet with Medicaid.

14 And initially those  
15 conversations were positive and, then, they became -  
16 there were a lot of questions about implementing  
17 them. And, so, we were told to bring them to the  
18 Behavioral Health TAC and, then, they went to the  
19 MAC. And, so, they're in limbo at this point in  
20 time.

21 At this point, we did send a  
22 letter regarding that Home- and Community-Based  
23 Waiver Redesign Task Force.

24 Libby Milligan was instrumental  
25 in helping us put together a letter so that the brain

1 injury community would be represented if that task  
2 force goes forward and, then, we've just been having  
3 some additional conversations about how we continue  
4 to get these recommendations reviewed.

5 DR. SCHUSTER: Okay. So, I  
6 think what happened, and, Sharley, correct me if I'm  
7 wrong, but anything that's brought to the MAC and is  
8 approved by them by way of recommendations, then, the  
9 MAC sends on to DMS, right?

10 MS. CECIL: That is correct.  
11 I'm not sure. Sharley might be having trouble  
12 getting on. So, once the MAC approves the  
13 recommendation, it comes to us and we provide a  
14 response.

15 MS. HUGHES: I'm sorry. Sorry,  
16 Veronica.

17 MS. CECIL: That's okay.

18 DR. SCHUSTER: So, that meeting  
19 was in late March. So, there's another MAC meeting  
20 on May 27<sup>th</sup>, and I will ask Beth Partin, the Chair,  
21 to put that on the agenda, Diane,----

22 MS. SCHIRMER: Okay. Thank you.

23 DR. SCHUSTER: ----just so they  
24 can ask where it is in the process.

25 MS. HUGHES: Sheila, I did get

1 some of the answers or most of the answers back to  
2 your all's recommendations last week. Unfortunately,  
3 I was very unexpectedly out of the office last week  
4 and I'm trying to play catchup now.

5 So, I should be able to get the  
6 responses to Veronica and the Commissioner hopefully  
7 this afternoon or tomorrow.

8 DR. SCHUSTER: Okay. And, then,  
9 they would be sent to the BH TAC voting members.

10 MS. HUGHES: Yes, well, to the  
11 MAC and to you, yes.

12 DR. SCHUSTER: Okay. All right.  
13 So, one way or the other, it sounds like, Diane, that  
14 you should get some feedback coming up.

15 MS. SCHIRMER: Thank you very  
16 much.

17 DR. SCHUSTER: Any questions  
18 from anyone who is hearing these recommendations?  
19 And you all also got them in writing on the ABI  
20 Waiver.

21 And I believe - am I right,  
22 Veronica - that the redesign on the 1915(c) waivers  
23 are kind of in abeyance?

24 MS. CECIL: That's correct.

25 MS. SCHIRMER: That's kind of

1 what I thought I heard.

2 And may I mention one other  
3 thing, Sheila?

4 DR. SCHUSTER: Sure.

5 MS. SCHIRMER: We're working  
6 with the Division of Aging and Independent Living  
7 with their ACL grant on a project for resource  
8 facilitation that's now required in all ACL grants  
9 across the country which is a wraparound service for  
10 individuals.

11 It originally started a long  
12 time ago in IDD but it has been widely used in brain  
13 injury to basically work with individuals in a  
14 community setting to ensure that they have the  
15 services that they need in that community to be  
16 successful, whether it be to get them a job,  
17 vocational services, education, to get them into  
18 housing.

19 And, so, we're working with  
20 them to write that component of the ACL grant and  
21 collaborate with them on that project for the state  
22 and we're very excited.

23 We've talked to several  
24 entities to get them involved in the state because it  
25 would be the first of its kind in Kentucky if we move

1 forward with that, and Voc Rehab is also involved in  
2 this process.

3 DR. SCHUSTER: So, you're  
4 working with Victoria Eldridge and her staff on that?

5 MS. SCHIRMER: Yes.

6 DR. SCHUSTER: Great.  
7 Currently, we have - I'm trying to remember - 152 or  
8 something people on your long-term waiting list?

9 MS. SCHIRMER: I would believe  
10 so. I would have to look at the numbers. I haven't  
11 looked at them in the last week and a half. I've  
12 been buried under two grants. We've gotten the  
13 military grant and we're working on this grant, but,  
14 yes.

15 DR. SCHUSTER: All right. Does  
16 anybody have any other questions or comments on the  
17 ABI?

18 MS. CECIL: Sheila, I apologize.  
19 I have to drop off for a 2:00 but I see that Lee  
20 Guice is on. So, I'm going to leave you in good  
21 hands.

22 DR. SCHUSTER: All right.  
23 Great.

24 MS. CECIL: Nice to see  
25 everyone. Thank you.



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

DR. SCHUSTER: Thank you so much, Veronica. We appreciate it.

MS. CECIL: You're welcome.

MS. GUICE: Thank you, Veronica.

MS. CECIL: You're welcome.

Thank you.

DR. SCHUSTER: Welcome, Lee.

We're glad that you're here.

MS. GUICE: How are you doing,

Dr. Schuster?

DR. SCHUSTER: I'm hanging in.

Actually, I just got back from vacation, so, I'm well-rested at least for right now.

Let me go back up. We had some discussion and, then, Veronica said you would be able to join us later. We had back up at Number 5 on our agenda some of the questions about the claims payments on dual eligibles. Is there any update on that?

MS. GUICE: Someone was able to send me a text while I was in the other meeting, and I assumed when I responded to my text but I also checked in between, I haven't gotten a response back on that yet.

I've sent it forward for

1 research. I'm sorry it is taking so long but we will  
2 get to it. I'm sure that it's close on the list of  
3 things to be done. So, I apologize that it is taking  
4 so long.

5 DR. SCHUSTER: Well, I know that  
6 you all have been just a little bit busy and the  
7 Judge keeps everybody busy.

8 Both Steve Shannon with KARP  
9 and Kathy Adams with the Children's Alliance said  
10 that they had sent you some examples.

11 MS. GUICE: Yes, and I did  
12 confirm that I got those and they have been sent  
13 forward for research.

14 DR. SCHUSTER: Okay.

15 MS. GUICE: Okay?

16 DR. SCHUSTER: Yes, that's good.  
17 So, we will keep this on the agenda for our July  
18 meeting and maybe by then, Lee, the research folks  
19 will have had a chance to delve into that and submit  
20 some feedback. We'd like to get that resolved  
21 because that's an issue - I hate to say how many  
22 years we've been talking about dual eligibles.

23 MS. GUICE: Yes, ma'am.

24 DR. SCHUSTER: This goes back to  
25 the Dan Howard days. Do you remember Dan Howard over

1 at KARP? So, this goes back a lot of years, but we  
2 appreciate your being on and we will keep it on the  
3 agenda. Thank you.

4 MS. GUICE: Okay. Great.

5 DR. SCHUSTER: Sharley sent out  
6 and I sent out to you all prior authorization  
7 guidance that was updated on April 26<sup>th</sup>. And the  
8 good news for all of us on the BH TAC is that the  
9 moratorium, I guess we could call it, on PA's for  
10 substance use disorder and behavioral health services  
11 remains in place.

12 So, we are very grateful for  
13 that and we will continue to keep you updated with  
14 any changes. I think, Lee, that these prior auth  
15 guidance things, they're reviewed by you all once a  
16 month, do I remember that, and then you issue any  
17 changes at the end of the month?

18 MS. GUICE: Right. That's  
19 correct.

20 DR. SCHUSTER: Okay.

21 MS. PARKER: This is Angie with  
22 Medicaid. Any changes we will give you at least  
23 thirty days' notice.

24 DR. SCHUSTER: Okay. Great. We  
25 appreciate that. We appreciate Sharley getting that

1 out to us in a timely manner.

2 I have the wrong date on this  
3 agenda for the MAC. The MAC is meeting on May 27<sup>th</sup>.  
4 They already met on March 25<sup>th</sup>.

5 So, I'm wondering among, let's  
6 start with the voting members of the MAC, if you have  
7 any recommendations that you think we need to make.  
8 Voting members of the TAC, are there any  
9 recommendations that you would like to see us make  
10 for this next MAC meeting?

11 MR. SHANNON: Sheila, this is  
12 Steve Shannon. I don't have one but it appears the  
13 MAC will have some feedback, whether it be some  
14 question about the ABI recommendations.

15 DR. SCHUSTER: Yes.

16 MR. SHANNON: Okay. So, we  
17 don't need a formal recommendation for that, right?

18 DR. SCHUSTER: No. We did that  
19 the last time.

20 MR. SHANNON: That's what I  
21 thought.

22 DR. SCHUSTER: And I'll double  
23 check. We'll see what we get. When Sharley has an  
24 opportunity to send us the feedback from DMS whether  
25 that covers it, but, then, I can ask Chairman Dr.

1 Beth Partin to put it on their agenda to ask about it  
2 as well. Anything else?

3 And I have on the agenda  
4 meeting - I obviously didn't do a very good job of  
5 changing my March agenda into my May agenda.

6 So, recommended agenda items  
7 for the July BH TAC meeting, we definitely want to  
8 delve into the Senate Bill 21 questions and we'll see  
9 if we can get some background round together for you  
10 all.

11 I would be real interested if  
12 the MCOs might check with whoever you check with on  
13 billing or your Legal Department maybe to get some  
14 feel for the billing question on that, about  
15 unaccompanied youth.

16 So, if you might do that, then,  
17 we'll have a discussion at our July meeting, and I  
18 think, Fareesh, your issues around confidentiality  
19 also are very relevant and Shambra's questions about  
20 school-based services because that certainly is going  
21 to come up there as well.

22 That's all we have. Our next  
23 MAC meeting is May 27<sup>th</sup>.

24 MR. SHANNON: Sheila, Dr. Cook  
25 with United would like clarification on the last bit

1 of information, I think. Can you provide  
2 clarification?

3 DR. COOK: Thank you, Steve.  
4 I wanted to make sure I understand what the request  
5 was, Sheila.

6 DR. SCHUSTER: Well, it wasn't  
7 very well-formulated in my mind. So, let me try  
8 again.

9 You heard the discussion back  
10 with folks that we had about how would services  
11 rendered to an unaccompanied minor who, under Senate  
12 Bill 21, is given permission or requested behavioral  
13 health services, if any billing would be done.

14 I guess the first question is  
15 do MCOs require a parent's permission for services to  
16 be billed that were rendered to their children?

17 DR. COOK: Okay. I got the  
18 first question. So, parent permission for any  
19 unaccompanied minor or for children seeking services,  
20 correct?

21 DR. SCHUSTER: Right, and maybe  
22 that's the only question we've got. Let me think  
23 about that because there's no other way----

24 MR. SHANNON: Won't that  
25 question answer the school question and the

1 confidentiality question?

2 DR. MULDER: This is Shambra  
3 again. I think the billing issue for the MCOs is one  
4 thing, but the other implications have to do with  
5 probably licensing and complaints of a parent finding  
6 out because they may receive a bill in the mail or  
7 some documentation from the insurance company.

8 So, I think those other  
9 implications are probably outside of the MCOs' realm.

10 MS. GUICE: Can I ask a  
11 question? May I ask for clarification what the  
12 school-based question was because I think you talked  
13 about that before I got on the call?

14 DR. SCHUSTER: Shambra, you had  
15 put that in the Chat.

16 DR. MULDER: Well, schools have  
17 services for homeless youth and they also have mental  
18 health services that they're providing and they have,  
19 at least in Fayette County, have made a point to hire  
20 licensed people so that they can bill Medicaid for  
21 those services.

22 And, so, the idea is that,  
23 first of all, they would know who is homeless and  
24 they want to provide those services and they probably  
25 would like to get paid for those services. They can

1 probably do it without getting paid as well, but they  
2 would probably be the first line of being aware of  
3 the issues.

4 MS. GUICE: And likely they  
5 would be but I will tell you this as far as parental  
6 consent.

7 In order for the schools to  
8 provide and bill for Medicaid services inside the  
9 school, they have to get a parent to sign a consent  
10 form.

11 So, they will have that on  
12 file. So, inside the school, I don't think there's  
13 any issue about parental consent.

14 DR. MULDER: So, the issue would  
15 be if these children are getting services and don't  
16 want to or can't get a parent consent, then, we're  
17 not doing what the bill intended which was to provide  
18 services to a vulnerable population.

19 MS. GUICE: Well, at that point,  
20 then, the question would have to be is whether or not  
21 the schools will provide the services without wanting  
22 or needing to bill Medicaid.

23 DR. MULDER: I think outside of  
24 the school, I mean, myself as a provider, I probably  
25 wouldn't want to touch this, but there are CMHC's



1 also.

2 MS. GUICE: Sure.

3 DR. SCHUSTER: I'm sorry. Who  
4 was responding to Shambra? I don't know who was  
5 speaking.

6 MS. GUICE: I'm sorry, Dr.  
7 Schuster. It's Lee Guice.

8 DR. SCHUSTER: Oh, okay. Thank  
9 you, Lee. The parent permission form is a blanket  
10 one, as I understand it, that the school has on file.  
11 So, it's not a parent permission for every service as  
12 it occurs in the school. I wish we had some of our  
13 school people on.

14 DR. MULDER: If the school is  
15 billing for particular services like occupational  
16 therapy, physical therapy and when they have licensed  
17 mental health providers, just like anyone else would  
18 who is licensed.

19 So, they can only bill for  
20 certain things, but I'm a school psychologist. So,  
21 working in the schools, personally as a school  
22 psychologist, I could not talk to an individual  
23 student without the parent permission in terms of the  
24 special education law. So, I can't imagine that I  
25 could do counseling without a parent consent in the

1 school.

2 DR. SCHUSTER: I guess my  
3 question, Shambra, because I'm working with some  
4 school nurses about reversal of the Medicaid Free  
5 Care Rule and so forth, and the hangup has been that  
6 schools need to get - and it's really a very general  
7 permission signed by the parents.

8 What I don't know is whether  
9 parents are actually being asked permission for, for  
10 instance, any kind of service that's provided, to get  
11 permission for that service.

12 DR. MULDER: In general, it's  
13 like if you're providing services to the entire group  
14 and, like, for, say, a guidance counselor or someone,  
15 then, it's not about permission; but when you  
16 individualize and take a student out, that's when - I  
17 mean, it's all kind of iffy what the school is doing  
18 in terms of permission; but I have worked in the  
19 schools and my understanding is that you have to have  
20 parental consent but I haven't worked with a homeless  
21 student.

22 DR. SCHUSTER: Because I think  
23 the other piece of this is that kind of more ethical  
24 dilemma that Fareesh Kanga raised about the  
25 confidentiality and kind of betraying the trust of

1 the homeless youth if parents are going to be  
2 notified through a billing mechanism that they've  
3 been seen.

4 MR. SHANNON: And some homeless  
5 youth - I mean, you know, are they going to track  
6 their parents down? I don't know.

7 DR. MULDER: I have. I have and  
8 we have. It's sort of the implication that when  
9 you're in foster care but the parents still have  
10 parental rights.

11 In special education, we have  
12 to get the parent's permission even though the foster  
13 care parent might have some rights to do some things  
14 in the education but not special education.

15 So, we have tracked down the  
16 parent for their signature or we wouldn't be able to  
17 do it.

18 MS. SANBORN: So, I think the  
19 intent of the bill was that we would reasonably try  
20 to track down and get parental consent when we can  
21 and when they do have parental rights.

22 It's those unaccompanied youth  
23 that are not living with their parents, don't have  
24 connections and most of the youth that we're talking  
25 about have actually been kicked out of their homes

1 but they're living in a safe place where DCBS isn't  
2 going to intervene. So, they may be with friends,  
3 maybe extended relatives, etcetera. So, that was the  
4 intent of the bill.

5 So, however doctors provide  
6 what I would call medical care to older youth and/or  
7 mental health treatment today without consent of a  
8 parent because they're "of age of consent" like for  
9 pregnancy purposes, etcetera, whatever that process  
10 is, that's what we would probably need to implement  
11 on the behavioral health side would be my thought.  
12 Does that make sense?

13 DR. SCHUSTER: Yeah. I'm not so  
14 sure that that's in the bill, Michelle.

15 DR. MULDER: I think providing  
16 the services and providing the services and being  
17 able to bill is the question.

18 DR. SCHUSTER: Well, yeah, but  
19 also there's still the issue around protecting the  
20 youth if the conflict is so great that they've been  
21 kicked out, expelled, needed to leave.

22 A thorny issue but one that is  
23 worth our continued discussion and so forth. I thank  
24 you all for your input. Let's spend some time on  
25 this again in July. Maybe we can ask some people

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23

that would have some expertise in this area to join us for that discussion. So, I thank you very much.

If there is not any other business to come before the TAC, I'm going to give you all back forty-five minutes of your day today.

MS. MUDD: Is the next TAC meeting the 13<sup>th</sup> of July? Is that correct, Sheila?

DR. SCHUSTER: No. July 7<sup>th</sup>. We're back on Wednesday and it's 1:00 to 3:00 on July 7<sup>th</sup>.

And, again, if you've not been getting the notices from me, send me an email to [kyadvocacy@gmail.com](mailto:kyadvocacy@gmail.com) and I will add you to my growing list.

I appreciate you all being on and for your participation in our discussion. Sharley, thanks again.

MEETING ADJOURNED