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2 CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID
3 CONSUMER RIGHTS AND CLIENT NEEDS
TECHNICAL ADVISORY COMMITTEE MEETING
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13 Via Videoconference
February 20, 2024
14 Commencing at 1:34 p.m.

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Shana W. Spencer, RPR, CRR
23 Court Reporter

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APPEARANCES

BOARD MEMBERS:

Emily Beauregard, TAC Chair

Miranda Brown

Arthur Campbell, Jr.

Brenda Mannino (not present)

Melanie Tyner-Wilson

Christy Hardin

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1 **P R O C E E D I N G S**

2 MS. BICKERS: Okay. The waiting

3 room is cleared, and I just currently see

4 yourself and Miranda logged in. I can keep

5 you posted for other members if they join.

6 CHAIR BEAUREGARD: Okay. Yeah.

7 Please do. We won't have a quorum unless we

8 have two other members join. So we may have

9 only a discussion today, but that'll work,

10 too.

11 Well, thank you all for joining us

12 today. Welcome, everyone, and hope you're

13 enjoying this nice, sunny day. Hopefully

14 it's sunny where you're at in Kentucky.

15 I'm Emily Beauregard. I'm the director

16 of Kentucky Voices for Health, and I'm the

17 chair of the Consumer TAC.

18 Miranda, why don't you go ahead and

19 introduce yourself.

20 MS. BROWN: Hi, everyone. I'm

21 Miranda Brown. I'm the outreach coordinator

22 for Kentucky Equal Justice Center, and I am a

23 connector, or a certified application

24 counselor, and a member of the TAC.

25 CHAIR BEAUREGARD: And we don't

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1 have a quorum but may come back to that if
2 other members join. We also won't be able to
3 approve the minutes but -- or the -- you
4 know, the meeting transcript.
5 MS. BICKERS: There she is. She
6 beat me to it. We have one more member.
7 CHAIR BEAUREGARD: Well, good. Hi,
8 Christy. Good to see you. Christy, we were
9 just doing introductions, if you don't mind,
10 just quickly introducing yourself and who you
11 represent.
12 MS. HARDIN: Hi. I'm Christy
13 Hardin. I'm the youth service center
14 coordinator at Bullitt Central High School.
15 I'm also on the FRYSC coalition.
16 CHAIR BEAUREGARD: Great. I'm glad
17 you could be here with us today. We are
18 close to having a quorum now. So when we get
19 one other member, we should be able to do
20 some voting. And we'll just come back to the
21 minutes in the event that we do have somebody
22 else join us.
23 We can start with old business and some
24 of these standing data requests. Who from
25 Medicaid is going to share that data with us?

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1 MS. GRIFFIN: This is Jiordan from
2 eligibility and enrollment. I can speak to
3 some of the numbers really quickly.
4 So we currently have -- under
5 traditional Medicaid, we have 145,548
6 individuals. In our MCO population, we have
7 1,414, 817 (sic) individuals. For
8 presumptive eligibility, we have 1,361
9 individuals. And for emergency time-limited
10 Medicaid, we have 234 individuals.
11 I think Veronica wasn't able to attend
12 today, so I'm going to go through some of the
13 renewal information. So for February
14 renewals, we have a total count of 93,462
15 individuals with a renewal due in February.
16 Of those individuals, 87,268 were processed
17 through passive renewal. 23,368 had an RFI
18 along with that passive renewal. And then
19 the number of individuals who were sent
20 renewal packets are 6,194.
21 For March, we're expecting 97,907
22 individuals to go through renewal. These
23 aren't finalized numbers yet, but the
24 projected information is that 95,000 of those
25 will be processed through passive and around

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1 2,100 sent a renewal packet.
2 CHAIR BEAUREGARD: Jiordan, that
3 seems like a higher passive renewal rate than
4 we had for many months in 2023. Is that
5 accurate?
6 MS. GRIFFIN: So it is a higher
7 passive renewal rate. We made a lot of -- we
8 made some redistributions of cases from
9 December into later months. So that's
10 causing kind of these later months to have a
11 higher passive renewal rate. And we also
12 made some system adjustments just to ensure
13 that all the individuals who are eligible for
14 passive renewal are getting put through
15 passive renewal.
16 CHAIR BEAUREGARD: Great.
17 MS. GRIFFIN: Yeah. So we're
18 pretty happy with that passive renewal rate.
19 That's great.
20 CHAIR BEAUREGARD: Yeah.
21 Definitely an improvement because we know
22 that means more folks are going to be able to
23 keep their coverage.
24 MS. GRIFFIN: Absolutely.
25 CHAIR BEAUREGARD: Any questions

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1 about the numbers that Jiordan just shared
2 with us?
3 (No response.)
4 CHAIR BEAUREGARD: Okay. Well, we
5 appreciate that update. Did you have any
6 other updates related to renewals? I know we
7 have some items that may be under new
8 business that we're going to touch on later
9 but...
10 MS. GRIFFIN: I don't have any
11 other updates. I mean, other -- we are
12 working on our SSI population and the
13 individuals who are transitioning to APTC.
14 We're taking a look at systematically how
15 that works and what we can do to kind of make
16 sure that we give them an opportunity to
17 report changes prior to their terminations.
18 So we are making changes related to
19 that. But other than that, I don't have
20 anything else to report.
21 CHAIR BEAUREGARD: Okay. Yeah.
22 That's helpful. Would reporting those
23 changes, would that be still through Kynect,
24 through the self-service portal, or would
25 there be another way in which you'd be

1 encouraging people to report those changes?
2 MS. GRIFFIN: So the plan is to
3 send them a prepopulated renewal form, but
4 they could also report changes at any time on
5 the self-service portal. And we're making
6 changes to ensure that specifically the SSI
7 members are able to access their cases on the
8 self-service portal as soon as possible.
9 Because normally -- the SSI individuals,
10 their cases are locked because they're
11 normally handled by Social Security. You
12 know, if they're eligible for SSI, then they
13 just get the Medicaid along with it.
14 CHAIR BEAUREGARD: It's automatic.
15 MS. GRIFFIN: So we're making --
16 yeah. We're making changes to allow them to
17 hopefully immediately after we receive that
18 termination from SSI, that they're able to go
19 in through self-service portal.
20 CHAIR BEAUREGARD: Okay. That's
21 good to know. And, Arthur, welcome. I'm
22 glad you could join us. Did you hear that
23 SSI update from Jiordan?
24 MR. CAMPBELL: No.
25 CHAIR BEAUREGARD: No? Jiordan,

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1 would you mind repeating that? I think
2 that's information that Arthur would want to
3 hear.
4 MS. GRIFFIN: Yeah. Absolutely.
5 So we are working on changes to our SSI
6 termination timeline. We're going to be
7 sending -- individuals who we receive an SSI
8 denial, we're going to send them a
9 prepopulated renewal packet to give them a
10 chance to report changes prior to their
11 termination.
12 They're also going to be able to access
13 the self-service portal after we receive that
14 termination, so they can use that pathway to
15 make changes and reapply or renew if needed.
16 And then we're also doing that same
17 thing for our individuals who, through
18 passive renewal, would transition to the
19 advanced premium tax credit off of Medicaid.
20 We're going to do that same process. They're
21 going to get a prepopulated renewal form.
22 These changes aren't necessarily in
23 place right this second. We're making system
24 changes. And then we're doing kind of like
25 additional outreach and sending kind of a

1 generic renewal packet in the meantime until
2 we can get that updated systematically.
3 MR. CAMPBELL/INTERPRETER: He said
4 thank you. Right now, he can't -- you
5 ain't -- oh. He said right now, he ain't
6 feeling good. That's why he was late. Oh.
7 That's why he was late getting on.
8 Thank you.
9 CHAIR BEAUREGARD: Well, I'm glad
10 you could join us, Arthur. And we had just
11 gotten started really, so you haven't missed
12 much. We actually can go back now and
13 establish that we have a quorum.
14 MS. BICKERS: And Melanie is trying
15 to log in.
16 CHAIR BEAUREGARD: Oh, perfect.
17 Okay. Then we'll wait on Melanie.
18 MS. BICKERS: She has issues, so
19 I've got Kelli -- I have Kelli trying to copy
20 the Zoom link in an email to send to her to
21 see if that helps get her on.
22 CHAIR BEAUREGARD: Well, if she's
23 going to be a little bit later, maybe we
24 should go ahead and just make a motion for
25 the minutes -- I guess I should ask first if

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1 people have reviewed the transcript, if you
2 have any questions or any -- if there's
3 anything that you think needs to be corrected
4 before we go ahead and motion to adopt them.
5 (No response.)
6 CHAIR BEAUREGARD: Okay. It is a
7 pretty accurate recounting since it is a
8 transcript, so I'm going to ask for a motion
9 to approve the transcript from our December
10 meeting.
11 MS. BROWN: I make a motion to
12 approve the transcript from the December
13 meeting.
14 CHAIR BEAUREGARD: Thank you,
15 Miranda. A second?
16 MS. HARDIN: I will second it.
17 CHAIR BEAUREGARD: All right.
18 Thanks, Christy.
19 All in favor, say aye.
20 (Aye.)
21 CHAIR BEAUREGARD: Any opposed?
22 (No response.)
23 CHAIR BEAUREGARD: All right.
24 Motion carries.
25 So it looks like we've covered the

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1 standing data requests. We talked a little
2 bit about Medicaid renewals. And next on the
3 agenda is the HCBS rate study and the PDS
4 rate increase. Any updates there?
5 MS. SMITH: Emily, do you want to
6 go back -- before we do that, do you want to
7 do the wait list? I think right above
8 that --
9 CHAIR BEAUREGARD: Oh, did I move
10 that?
11 MS. SMITH: Yeah. I think it might
12 have been right above that so...
13 CHAIR BEAUREGARD: Yes. Pam, you
14 can -- feel free to cover any of the
15 topics --
16 MS. SMITH: Okay.
17 CHAIR BEAUREGARD: -- that we need
18 to cover here. Thanks.
19 MS. SMITH: And I am going to share
20 with you a document. I was working on it to
21 try to make it pretty to be able to send
22 before the meeting, but I got pulled into
23 something else. But -- so I'm going to share
24 these numbers. I'll give them to you
25 verbally but then I'm going to -- I will give

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1 you all -- I'll send a copy of the wait list.
2 This is numbers as of February the 7th
3 because that was the last time I pulled all
4 of the numbers. We have three waivers now
5 that have a wait list. ABI LTC has one
6 individual on the wait list.
7 CHAIR BEAUREGARD: Pam, we're not
8 seeing your screen.
9 MS. SMITH: Oh. I don't have it to
10 share.
11 CHAIR BEAUREGARD: It looked like
12 you were starting to share and then the
13 agenda popped back up so...
14 MS. SMITH: Actually, I don't have
15 it to share right now. It is --
16 CHAIR BEAUREGARD: Oh, okay.
17 MS. SMITH: It is a jumbled -- I
18 can show -- let's see here. I'll show you my
19 jumbled --
20 CHAIR BEAUREGARD: I thought you
21 said that you were going to show us
22 something.
23 MS. SMITH: I have one I'm working
24 on that is a -- and I can't even get my
25 camera to work. I was going to show you what

1 I was -- oh, yeah. So, look, this is awful.
2 I'm in my office, so my setup is completely
3 different.
4 So I have, like, this lovely piece of
5 paper that's not very -- it's not very
6 pleasing to the eye. So I'm working on
7 getting something put together, and I'll send
8 out to you all. But we'll have it on --
9 CHAIR BEAUREGARD: That's
10 absolutely fine. We're good with a verbal
11 report.
12 MS. SMITH: Okay. So right now,
13 ABI LTC has one person on the waiting list.
14 HCB, there were -- there are -- as of 2/7,
15 there were 833 on the waiting list.
16 Michelle P, there were 8,872 on the waiting
17 list. And SCL, there was 3,414. None of
18 those individuals for SCL are on the
19 emergency waiting list.
20 But we did a deeper dive into the
21 waiting list stats, and this is some
22 information that I wanted to share with you
23 all and that I'll -- that will be on what I
24 send out to you. Because we looked at, of
25 the individuals that are on the wait list,

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1 who is receiving services in another waiver
2 and who is Medicaid eligible; meaning, so
3 they may not be getting waiver services, but
4 they're eligible for other state plan
5 services.
6 So for ABI LTC, the one individual that
7 is on the wait list is Medicaid eligible and
8 they are receiving services in another waiver
9 currently. For HCB, 79 percent of the
10 individuals on the wait list are Medicaid
11 eligible, but less than one percent are
12 receiving services in another waiver; which,
13 if you think about it, makes sense because
14 that target population, really, HCB is the
15 only waiver that is serving that specific
16 target population.
17 For Michelle P, 84 percent on the wait
18 list are Medicaid eligible. 26 are receiving
19 services in another waiver. Something else
20 to think about with Michelle P is that over
21 70 percent are children and have access to
22 third-party medical coverage through their
23 parents where they may be getting some
24 services.
25 For our individuals on SCL, 93 percent

1 of the individuals on the wait list are
2 Medicaid eligible, and 59 percent of them are
3 receiving services in another waiver.
4 So we've been working with our partners
5 in BHDID and developing kind of a standard
6 way to report this so that we're giving this
7 additional information to go along with the
8 wait list statistics. So I will get that out
9 to you all.
10 And it's something that we're going to
11 start publishing, too, so that it's available
12 so that, you know, once -- we'll do it once a
13 month just because the numbers change daily.
14 So we'll pick a day. Either we'll do it, you
15 know, as of the end of the month or the first
16 day of the month. But we'll make sure we say
17 what that is so that people have access to
18 that information.
19 But I thought it was helpful to also
20 know how many people were getting services in
21 a different -- in another waiver, so they're
22 not going without services completely as well
23 as how many individuals were also Medicaid
24 eligible. So hopefully you all found that
25 helpful.

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1 CHAIR BEAUREGARD: I was muted.
2 That is -- that's good to know. Thank you.
3 Are there any updates on the --
4 MS. SMITH: Arthur, do you have any
5 questions? I was going to ask -- I was just
6 going to make sure Arthur doesn't have any
7 questions on wait list. And I apologize,
8 Arthur, that you're not feeling good. I hate
9 that.
10 MR. CAMPBELL/INTERPRETER: Will
11 be fine -- f-i-n-n-a -- f-i-n-n-a --
12 finalized? Oh, finalized. He was asking:
13 When is HCBS rate and study and PDS rate
14 increase will be finalized?
15 MS. SMITH: Okay. So the rate
16 study is with executive staff so way above
17 any of us. And I do believe, although we do
18 not have the final -- you know, we do not
19 have the final budget. But once we receive
20 the final budget, then I believe that that
21 rate study will be finalized.
22 In the interim, we just -- we renewed --
23 if you all remember, on November 9th, we
24 submitted all of our waivers to CMS to make
25 permanent the Appendix K rate. So that was

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1 that 20 percent increase and the 50 percent
2 for residential. And then also for some of
3 the services, if the provider signed an
4 attestation, it was also a 50 percent.
5 And that attestation guaranteed that
6 they would pass on at least 85 percent of
7 that -- of the rate increase onto the direct
8 service provider. So those rates will remain
9 permanent until there is a new change.
10 As far as the PDS rates, Arthur, if you
11 know of anybody that's having trouble -- or,
12 anybody, if you hear that they're having
13 trouble getting -- that as the participant
14 and employer, they want to give their
15 employees a raise and they are having trouble
16 getting that done, if you all will contact
17 us, and we will help work through that.
18 But those -- that should be in place
19 right now, that if you as the employer, as
20 the waiver participant or with your rep in
21 the cases of individuals that are children or
22 that have a representative that works with
23 them to help do that, if they reach out to
24 their case manager, support broker, service
25 advisor -- you know, we call them about five

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1 different things.
2 If you all reach out to them and you're
3 having trouble getting that done, let us
4 know, and we will help with that. But you
5 should be able to raise it to the current max
6 rate if that's what you choose to do.
7 MR. CAMPBELL/INTERPRETER: What if
8 someone want to have -- oh, what if someone
9 wants to have input? Is this it -- sorry.
10 Is it too -- is it too late to have an input
11 on that?
12 MS. SMITH: It is never too late,
13 Arthur.
14 MR. CAMPBELL/INTERPRETER: He said
15 he has about four people who want to have
16 input in that, and he will tell them that it
17 ain't too late.
18 MS. SMITH: So there's going to
19 be -- so at any point in time, Arthur, you
20 know you can email me, or anybody can email
21 us. I put the Medicaid public comment email
22 address -- except I spelled it horribly.
23 It's ky.gov, not kyg.ov, so let me fix that
24 really quick.
25 But there will be also another -- when

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1 we update the rates again after the -- after
2 the rate study is made final, there will be
3 an official public comment. But, Arthur,
4 I'll tell you what I tell everybody, is that
5 any time you have a comment or something that
6 you want to share, please reach out to us and
7 tell us.
8 We compile all of that, and we use that
9 information all the time to think about
10 changes that we need to make, quality
11 improvements that we need to make. And so
12 we -- we use that information, and we review
13 every single thing that comes into that box.
14 So you can give them that information,
15 or you have my -- you also, Arthur, have my
16 email address, so you can email me as well.
17 MR. CAMPBELL/INTERPRETER: He says
18 okay. This is -- this is off of -- oh, this
19 is off the record, but he -- but he wants to
20 thank you for wishing him Happy Birthday --
21 for wishing him --
22 MS. SMITH: You're welcome, Arthur.
23 I'm sorry I didn't get to come and see you in
24 person that day.
25 MR. CAMPBELL/INTERPRETER: He

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1 didn't -- he didn't say that -- he didn't say
2 that on people time, meeting time. That was
3 just off the record. Thank you.
4 MS. SMITH: Thank you, Arthur.
5 CHAIR BEAUREGARD: Arthur, keep in
6 mind, too, that if you ever want to provide
7 input on the record, we can make a
8 recommendation through the TAC. So just keep
9 that in mind if there is something specific
10 that you want to recommend to improve the PDS
11 rates for that process.
12 MR. CAMPBELL: Thank you.
13 CHAIR BEAUREGARD: Anything else
14 about the rate study or the PDS rates before
15 we move on?
16 MS. SMITH: No. I don't know if
17 you want to go on and just -- to keep the
18 waiver stuff together, if you want me to go
19 on and --
20 CHAIR BEAUREGARD: Let's do that.
21 MS. SMITH: -- speak about 1915(i).
22 So I'll talk about 1915(i) and then I think
23 Leslie is on, or someone, to speak about the
24 1115.
25 But the 1915(i) State Plan Amendment is

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1 out for public comment right now so plug for
2 that. We -- it is out for about another nine
3 days. There will be another reminder going
4 out within the next couple of days about
5 public comment.
6 There is on the website, in addition to
7 the SPA -- because we realize those things
8 can be incredibly difficult to read. But,
9 you know, it's the format that we have to
10 use. There is a guide that talks about what
11 is in the SPA as well as there -- the
12 recordings are out there for the town hall
13 that we -- or those stakeholder sessions,
14 there's a recording that's out there as well
15 as the deck that is out there.
16 But our goal is still to have public
17 comment responses in -- or out, back out and
18 to have the SPA in to CMS for their review by
19 mid-March. And we -- I believe -- I've
20 talked to CMS. I don't believe they've
21 scheduled it yet, but we are meeting with
22 them in the next couple of weeks to talk
23 about the SPA as well, to hopefully
24 facilitate the review of that and what we're
25 wanting -- what we're wanting to do.

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1 We're very excited. It's been a long
2 time coming for these services for
3 individuals with serious mental illness, and
4 there's a limited subset of the services that
5 are also available for individuals with
6 substance use disorder.
7 And, of course, it's in companion with
8 the 1115 waiver that Leslie is going to speak
9 with, so individuals can receive both of
10 those services. You will not be able to get
11 1915(i) and one of our 1915C waivers at the
12 same time, though.
13 CHAIR BEAUREGARD: Okay. But the
14 combination of the 1915(i) and the 1115C
15 can't --
16 MS. SMITH: And I think it's
17 just -- I don't think there's a C.
18 MS. HOFFMANN: It's an 1115.
19 MS. SMITH: It's just an 1115.
20 CHAIR BEAUREGARD: Oh, sorry.
21 MS. SMITH: No. That's okay.
22 CHAIR BEAUREGARD: Yeah. We always
23 say 1915C. I think I probably just had C --
24 MS. SMITH: Well, you know,
25 Medicaid is very good about acronyms and, you

1 know, we like to --
2 CHAIR BEAUREGARD: I was just
3 reading the agenda. Now that I look at it,
4 I'm like --
5 MS. SMITH: So I'll let Leslie --
6 I'll let Leslie speak to the 1115.
7 CHAIR BEAUREGARD: Thank you.
8 MS. HOFFMANN: So as far as the
9 1115, as Pam said, it's a companion with her
10 1915(i). And it was the only authority we
11 could get things like recuperative care, and
12 that was -- the example was -- sometimes in
13 the federal world, they call that, like, a
14 medical respite.
15 And that's where a person, say who is
16 homeless, needs a safe, clean place to go
17 before or after maybe a hospital procedure,
18 needs time to recuperate, or needs time to
19 prepare. You know, those days there, too,
20 that we all have to go through preparations
21 for maybe a surgery or wound care and things
22 like that for a day or two. So that's kind
23 of where -- we call it recuperative care, and
24 that's the one that's in the 1115.
25 We do have parity for IMD to allow for

1 up to an average stay of 30 days in Kentucky,
2 and that's kind of parity on what we did on
3 the SUD side already.
4 I always mention, too, that there's a
5 possibility that Pam and I can work in
6 conjunction with the SMI, once we get it
7 approved, to assist in the Money Follows the
8 Person or Kentucky Transition, to be able to
9 assist with some of those SMI transitions for
10 the first time. But we have to get the 1115
11 waiver approved before we're allowed to do
12 that here in Kentucky. So those are
13 exciting.
14 That one has been turned into CMS for
15 quite some time, May maybe, the end of May.
16 And then the reentry, if anybody is wondering
17 about that, it came out from under federal
18 public comment February the 11th. So we're
19 waiting to hear back from them on that one as
20 well.
21 They may be now looking at a few things
22 because we've had just a little bit of
23 conversation with CMS that leads me to
24 believe that they're probably taking a look
25 at the things that are sitting and waiting

1 now. So that's always hopeful, to get to the
2 point where you really start the negotiation
3 and the work with CMS. So excited about that
4 as well.
5 CHAIR BEAUREGARD: That's great
6 news.
7 MS. HOFFMANN: So that's a -- yeah.
8 Just real quick, it's 1915(i) and 1115 waiver
9 and then the (i) is a State Plan Amendment.
10 I know it's all confusing, and this is all
11 new; right? Because this will be the first
12 (i) we've had in Kentucky if I'm -- as far as
13 I know.
14 CHAIR BEAUREGARD: Yeah. It's one
15 that I wasn't familiar with before you
16 started working --
17 MS. HOFFMANN: Yeah, exciting
18 times.
19 CHAIR BEAUREGARD: Yeah. Thanks
20 for those updates. Any questions?
21 MS. BROWN: I'm sorry. Did you say
22 parity for IMD? I'm not sure what IMD is.
23 MS. HOFFMANN: Institute for Mental
24 Disease. And so we have a parity in the SUD
25 that we extend the bed stays past 15 days and

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1 up to an average stay of 30, and we had not
2 done that on the SMI side. So not only did
3 we want to do it, but it was really parity,
4 which was to give those folks the same
5 opportunity as we have in the SUD waiver, or
6 SUD 1115 waiver.
7 Parity just -- you know, saying that
8 we're trying to meet the same quality across
9 the board, equity.
10 MS. BROWN: Thank you. That --
11 MS. HOFFMANN: Yes, ma'am.
12 CHAIR BEAUREGARD: Thanks, Leslie.
13 And, Melanie, it looks -- thank you for
14 joining us. I think we've got five of our
15 TAC members on now, so that's fantastic.
16 MS. TYNER-WILSON: I apologize for
17 being late. I couldn't get on. And
18 thank you to Ms. Vickers. She helped me to
19 get on. Thank you so much.
20 CHAIR BEAUREGARD: I think that
21 we've just finished, unless you have any
22 questions, related to the 1915(i) or the 1115
23 waivers to provide supported housing and
24 employment to people with SMI with severe
25 mental illness or serious mental illness.

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1 Do you have any questions related to
2 that before we move on? Okay.
3 I think if we jump back up, the next
4 item was the 2022 preprint for the Hospital
5 Rate Improvement Program. I think it was at
6 our last meeting, we had talked about HRIP,
7 the Hospital Rate Improvement Program.
8 And the preprint came up quite a few
9 times, and so we wanted to, you know, see if
10 we could better understand what's included
11 there and just be informed about how that
12 process works moving forward.
13 MS. PARKER: Sure. This is Angie
14 Parker. I am the Director of Quality and
15 Population Health. I'm going to keep my
16 camera off while I do the presentation
17 because I might get too close to the camera,
18 and I don't think that would be a good look.
19 Anyway, let me show you. Hopefully we
20 are seeing the same thing.
21 CHAIR BEAUREGARD: Yes. We can see
22 it.
23 MS. PARKER: All right. So we're
24 going to talk about the Hospital Rate
25 Improvement Program results for 2022. But to

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1 start, what exactly is the Hospital Rate
2 Improvement Program? It's actually a
3 directed payment program that allows Medicaid
4 to provide additional payments through
5 managed care to advance the goals of the
6 Medicaid program.
7 It's based on utilization and delivery
8 of service. It's to advance at least one
9 goal of our quality strategy, DMS quality
10 strategy, with appropriate oversight to
11 evaluate progress on the goals. It's
12 evaluated at the end of each program year to
13 measure progress on achieving outlined goals.
14 We have to submit the preprint to CMS
15 annually. So any changes or what our results
16 were from a previous year need to be
17 submitted to CMS annually, and they have to
18 give us the approval moving forward. And
19 sometimes they'll come back with questions on
20 certain things, and we will have to answer
21 those.
22 But so far, we've done very well. We're
23 working on 2025 actually preprint now with --
24 regarding the Hospital Rate Improvement
25 Program.

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1 And the Hospital Rate Improvement
2 Program is funded through a hospital
3 assessment, and there's the KRS that
4 addresses it further. But, basically, this
5 is paid via federal funds, for the most part.
6 And why it's called directed payment is
7 because we tell the -- that we basically
8 direct the MCOs to make this payment.
9 And our two main objectives to directed
10 payments, and that is to improve quality
11 outcomes and to maintain access to services.
12 So when you're thinking about the Hospital
13 Rate Improvement Program, as I said, we
14 have to -- you know, it has to be associated
15 with our quality strategy that we did a
16 couple years ago. And it also helps the
17 hospitals to stay and working for us in
18 their -- where they are located.
19 But the 2022 HRIP program -- and,
20 actually, you know, DMS, we worked with
21 Kentucky Hospital Association on developing
22 the preprint. They are the -- I guess you
23 would say the overseers or the leaders of all
24 the hospitals that are associated with this
25 program and helping bring in all the

1 information and assist each hospital with
2 their quality metrics. And they're kind of
3 the go-between on any questions that the
4 hospitals may have.
5 So in 2022, 84 percent of the hospitals
6 achieved at least 4 of the 5
7 hospital-specific goals, and 50 percent
8 achieved all 5 hospital-specific goals.
9 So what were those goals? These are the
10 data metrics that -- for 2022.
11 Catheter-assisted urinary tract infection --
12 urinary tract infection Standard Infection
13 Ratio, also known as CAUTI, and then low
14 volume.
15 C. difficile Standard Infection Ratio,
16 C. difficile, low volume.
17 Hospital readmissions (30-day all
18 cause), and sepsis (screening at triage and
19 bundle compliance).
20 You see I have a little -- a few
21 asterisks up there, and it basically explains
22 who's included in those data metrics. So for
23 the -- the CAUTI Standard Infection Ratio, it
24 excludes psych, rehab, long-term care
25 hospitals also known as LTACs, critical

1 access hospitals, low volume, and low volume
2 birthing hospitals.
3 So on the next two slides, you will --
4 or one of the next two slides where we were
5 talking about CAUTI, you may see that the
6 math may not jive, and it's because some of
7 the exclusions in those certain periods.
8 Also, there are psychiatric specific
9 measures with the hours of physical
10 restraint, hours of seclusion, the admission
11 screening, safe use of opioids which involves
12 provider education. Rehab specific measures,
13 which is discharge to community, and then the
14 social determinants of health screening.
15 So this is a whole list -- I know it's
16 not as easy to see, but it provides all the
17 quality measures that I just went over, what
18 the benchmark is, and what the hospital goals
19 are for these particular measures. And this
20 is, again, 2022. I'll let you look at that
21 for a second there.
22 But some of -- for example, a benchmark
23 was to be established in 2022 for concurrent
24 e-Prescribing, SDoH screening, hours of
25 seclusion, hours of restraint, admission

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1 screening for violence, and discharge to
2 community. So in 2022, it was basically
3 these in order to determine a benchmark for
4 which they would be measured.
5 And here are the results. We're hoping
6 you see these okay. The 30-day readmissions,
7 there's goal A and goal B. And, basically,
8 for the most part, it's saying readmissions,
9 the percentage of providers who met the goal.
10 Sepsis screening, did very well there.
11 Safe use of opioids, A and B, 93 percent
12 and 86 percent. For catheter-assisted UTI,
13 70 percent. And for low volume non-rehab, 98
14 percent. And low volume rehab, or LTAC, 61
15 percent. And with CAUTI low volume, 91
16 percent.
17 The rest of the goals, the results,
18 C. difficile, 73 percent. C. difficile low
19 volume non-rehab, 100 percent. C. difficile
20 volume rehab, or an LTAC, 69. C. diff low
21 volume, 92. Social determinants of health,
22 91. Hospital hours of physical restraint
23 use, hours of seclusion, screening for
24 violence, and discharge to home/community,
25 100 percent. You can see the numbers here

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1 for those that were eligible.
2 CHAIR BEAUREGARD: Angie, could you
3 tell us a little bit more about what happens
4 with the hospitals that aren't meeting the
5 goal or if you identify one of these measures
6 where there's just kind of low performance
7 generally, like the one that was 60 percent?
8 Is there work done to -- you know, together,
9 in a coordinated effort, to try to get those
10 rates up?
11 MS. PARKER: KHA does -- works with
12 the hospitals. They hold quarterly meetings
13 at a minimum with the hospitals on where
14 they're tracking and how to help and to
15 improve those statistics.
16 CHAIR BEAUREGARD: And is that
17 social determinants of health measure, is
18 that a screening? I think that's what I
19 remember.
20 MS. PARKER: Yes. It is a
21 screening.
22 CHAIR BEAUREGARD: Is there going
23 to be any, like, sort of next step in terms
24 of referrals that will be required or
25 encouraged?

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1 MS. PARKER: You know, that's part
2 of the screening, to see, okay, this person
3 does need, you know, housing assistance. So
4 they're supposed to take it that next step
5 and do some referrals. And, you know, they
6 are -- can use the Kynect tool, or they can
7 use the CMS tool in doing that SDoH
8 screening.
9 But for the first year, like I said, it
10 was basically establishing a benchmark,
11 getting the hospitals educated, and how --
12 what tools to use and how to best move that
13 forward. But for 2024, it'll be looked at a
14 whole lot more intently and how that is being
15 managed.
16 CHAIR BEAUREGARD: Okay. Thanks.
17 MS. TYNER-WILSON: This is --
18 MS. BICKERS: Angie, in the chat,
19 Melanie asked if the information is for all
20 hospitals. Oh. Sorry, Melanie. I didn't
21 mean to cut you off.
22 MS. TYNER-WILSON: And I apologize,
23 and thank you so much for helping me to get
24 on.
25 I just had a question. You know how

1 there's Level 1 -- trauma Level 1 down
2 to Level -- like, what is it, 4? Are all of
3 those hospitals included in this data
4 collection, or is there specific ones?
5 Like --
6 MS. PARKER: Hospitals except for
7 the University of Kentucky and the University
8 of Louisville. They are not included in
9 this. They have their own separate directed
10 payment program. And it's those hospitals
11 that are associated with the Kentucky
12 Hospital Association.
13 MS. TYNER-WILSON: Thank you.
14 MS. PARKER: You're welcome. Are
15 there any other questions before I get to the
16 last slide?
17 (No response.)
18 MS. PARKER: And this is basically
19 where you can find the quality strategy. It
20 says here it's a draft, but it's no longer a
21 draft. But this was -- Emily contributed to
22 this, the quality strategy of Kentucky, and
23 it's renewed at least annually. And as I
24 said earlier, the directed payment program
25 does have to be associated with some aspect

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1 of the Medicaid quality strategy.
2 This page also shows you other quality
3 reports that we do either via IPRO --
4 primarily our external quality review
5 organization, so you can always go in there
6 and see the reports that have been completed
7 and what -- the status of those.
8 And you can also see -- you know, the
9 MCOs are to be accredited via NCQA, and we
10 have to keep track of their accreditation
11 departments. But that is --
12 CHAIR BEAUREGARD: Thanks, Angie.
13 I know that the Medicaid website has changed
14 quite a bit, maybe the entire Cabinet
15 website. Would you mind just putting a link
16 to that quality strategy page into the chat
17 for us?
18 MS. PARKER: Absolutely.
19 CHAIR BEAUREGARD: That would be
20 great. Thank you.
21 MS. PARKER: If I can figure out
22 how to stop sharing, and I will do that.
23 CHAIR BEAUREGARD: Yeah. And I'm
24 very curious, just from our Consumer TAC
25 lens, to learn more about what hospitals are

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1 doing with the social determinants of health
2 measure and the referrals and then, you know,
3 any sort of future measures that will be
4 going in that direction.
5 MS. PARKER: I'll get the -- of
6 course, you know our value-based purchasing
7 program with the MCOs is associated with the
8 quality strategy. So there's a lot of
9 associations with that quality strategy.
10 CHAIR BEAUREGARD: Right. And I
11 know that when Deputy Commissioner Judy
12 Veronica Cecil (sic) was on -- I think it was
13 our last meeting, maybe the meeting before --
14 there was some discussion about trying to
15 really kind of align all of the quality work
16 being done and look for opportunities to have
17 more stakeholder input there.
18 So I don't know if that's a conversation
19 that we can have today or not. Did I hear
20 that she's not going to be able to join our
21 call?
22 MS. PARKER: I thought I saw her on
23 here.
24 MS. BICKERS: I think she had to
25 drop at 2:00. I'm sorry.

1 CHAIR BEAUREGARD: Yeah. So maybe
2 that can be on a future --
3 MS. PARKER: Well, I mean, I can
4 tell you in general. Yes to that. We are
5 looking at aligning quality metrics across
6 the Cabinet as well as within the department
7 and as well as what we're doing with the MCOs
8 and what the directed payment programs are
9 looking like so that we have one -- I mean,
10 we would love to boil the ocean when it comes
11 to quality, and we'll continue to do those.
12 But there will be more of a focus,
13 probably more so on children, maternal
14 health, and, you know, children getting their
15 immunizations and their well child visits.
16 Babies being, you know, born healthy. And
17 the main chronic condition would be diabetes
18 that we'd be targeting.
19 CHAIR BEAUREGARD: Okay.
20 MS. PARKER: But that's still, you
21 know, to be determined and discussed
22 throughout the Cabinet and what -- looking at
23 the work that we are doing as a department as
24 well.
25 CHAIR BEAUREGARD: Well, as far as

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1 engaging stakeholders in that work, is there
2 an idea of how that would happen? Would that
3 be regular meetings? Would it -- like some
4 sort of advisory council? Would it be just
5 through various, like, interviews or surveys
6 or --
7 MS. PARKER: That's really to be
8 determined. You know, obviously, we do
9 welcome your input on how these things are
10 determined as far as quality and health care.
11 Obviously, you all are out there and hearing
12 from people.
13 And at any time, you know, you can
14 always reach out to me if there's concerns
15 regarding -- or you think there's something
16 we need to be focusing on, by all means, you
17 can contact me.
18 CHAIR BEAUREGARD: Yeah.
19 Thank you.
20 MS. PARKER: But to your exact
21 question, there's not -- that hasn't been
22 determined yet.
23 CHAIR BEAUREGARD: It was something
24 that, I think, Veronica brought up as a, we'd
25 like to do this in the future. And I wasn't

1 sure if there was, like, kind of a specific
2 idea around how that was going to function,
3 but we can --
4 MS. PARKER: It's in the thinking
5 process right now.
6 CHAIR BEAUREGARD: Got it. No.
7 That's good. Thank you for that update.
8 Any questions related to that before we
9 move on?
10 (No response.)
11 CHAIR BEAUREGARD: The next item
12 here is probably also one that y'all cover,
13 Angie, the network adequacy issue. The
14 reporting process for Medicaid members. I
15 think you all are calling it an Access to
16 Care Reporting Form or -- I can't remember
17 the exact term.
18 MS. PARKER: Did you all get a copy
19 of what that looks like?
20 CHAIR BEAUREGARD: Yes. Thank you.
21 MS. PARKER: And so have you had an
22 opportunity to review it and have any
23 feedback on that?
24 CHAIR BEAUREGARD: I know Miranda
25 had a number of suggestions and some

1 questions, and I had a couple as well. But,
2 Miranda, do you want to cover yours? I mean,
3 I think it's a great idea and a great start.
4 I just want to say thank you for working on
5 it.
6 MS. PARKER: And I'll say, our
7 health plan oversight team put the -- put it
8 all together, and I just made some edits. So
9 I have to give credit where credit is due.
10 So what have you got, Miranda?
11 MS. BROWN: Yeah. Thank you so
12 much. I was just finding my notes. So the
13 top of the form explains that it's for people
14 to report issues. But does it serve as a
15 request for Medicaid to cover the provider or
16 the appointment that the member lists on the
17 form, or is it just to report -- it was kind
18 of unclear. There weren't really
19 instructions on the form for how to use it.
20 MS. PARKER: It is basically to
21 know what type of a provider they were
22 needing to see but weren't able to get an
23 appointment.
24 CHAIR BEAUREGARD: Yeah. Related
25 to that, Miranda -- I know you have a few

1 other things. But my thought was that it may
2 be a really good opportunity to educate
3 people about network adequacy rules and, you
4 know, what those time and distance standards
5 are.
6 Because, otherwise, you know, if you
7 don't set that as the expectation, people may
8 think that waiting a week for an appointment
9 is too long or -- you know, you just don't
10 have any parameters. So I think if we can be
11 a little more specific so that people can
12 determine, you know, does this apply to me or
13 not.
14 MS. PARKER: Well, it's -- the
15 reason I laughed is, like, I don't -- I had
16 them take that out because I was thinking,
17 because they don't know what they are. I
18 mean, we're trying to keep it to one page.
19 And I think --
20 CHAIR BEAUREGARD: Right, right.
21 MS. PARKER: -- using 30 days for,
22 you know, urgent and emergent. Then you're
23 going to have to explain what urgent is and
24 then emergent, which is not necessarily a bad
25 thing. I mean, anybody --

1 CHAIR BEAUREGARD: I would even
2 maybe just link to --
3 MS. PARKER: -- the education for
4 that. But, I mean, we can certainly add
5 that. I don't think it's a bad idea. I
6 think it was just a matter of -- well,
7 they --
8 CHAIR BEAUREGARD: Trying to keep
9 it simple.
10 MS. PARKER: That way, they can --
11 you know, even if it is just a week, you
12 know, and they need -- depending on what
13 their condition is, they may -- it may need
14 to be addressed sooner than 30 days or
15 whatever but --
16 CHAIR BEAUREGARD: Well, and that's
17 a good point. As long -- you know, and you
18 all could then kind of categorize them into
19 different buckets as far as what the issues
20 are.
21 But, I guess, back to Miranda on some of
22 your other feedback. I just -- I kind of had
23 a similar idea of like, maybe there's a
24 little more education that we can do at the
25 beginning.

1 MS. BROWN: Yeah. No. Thank you
2 for adding that because I agree. And yeah,
3 just for people to understand exactly what
4 they're using the form for and how long they
5 should -- like, are they -- are people
6 supposed to expect a response from DMS when
7 they submit the form? Just to help clear up
8 expectations about: What am I using this
9 for, and what's going to happen after I
10 submit it?
11 And then my other comments were related
12 to -- I could see people needing a little bit
13 more instruction on how to complete the
14 provider section just because it wasn't super
15 clear to me.
16 I was trying to imagine if I was a
17 patient filling it out, that it would be
18 helpful to clarify -- you know, put the
19 information for the provider that you're
20 trying to see, not one that you -- yeah. It
21 just wasn't super clear in itself.
22 And then it would be helpful to include
23 information about the process either on this
24 form or on an accompanying document.
25 And then it says, "Complete all fields

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1 for both sections." But if a provider has
2 offered a member multiple dates and the
3 member is waiting to confirm if they'll be
4 covered or not, like, it was kind of
5 confusing to me. I was like, well, what if
6 there's multiple date options? Do I put them
7 all, or should they -- yeah. That part
8 wasn't clear, but it kind of goes with the
9 whole section.
10 And then I just had questions about:
11 How will members be made aware of the form?
12 And how will members access the form in
13 versions of it in other languages?
14 MS. PARKER: It will be in Spanish.
15 I can -- that's an easy answer. It will be
16 on our website. You can email it, and that
17 email address will be coming to someone in my
18 quality -- in a quality branch, into the
19 Quality and Population Health division.
20 But, you know, if we have -- putting it
21 on the form, we will probably have to have
22 a -- you know, to your point, some education,
23 what that is. And, obviously, we would, you
24 know, give this information to the TAC
25 members and providers to make sure -- or not

1 members -- I mean, not providers, per se, but
2 advocacy groups to let them know that,
3 you know, if they contact you, here's how you
4 can help -- potentially get help.
5 But I appreciate your feedback on this,
6 and if you have it in an email and want to
7 send it back to me or Erin, well, then --
8 CHAIR BEAUREGARD: You know, one
9 other thought that I had about how it could
10 be accessed and completed is making it a
11 fillable form rather than a form that you
12 print off and email. I mean, it could be
13 a --
14 MS. PARKER: We are going to do --
15 that is part of it.
16 CHAIR BEAUREGARD: Okay. Good.
17 Because I think, one, you can build logic
18 into a fillable form. It can essentially be,
19 like, a Google form or a SurveyMonkey, you
20 know, any -- Qualtrics. But you can build
21 in -- you know, if they answer yes, then you
22 ask another question; versus, if they answer
23 no, you know, you move on.
24 So it could make the form shorter for
25 some people, get the detail that you need on

1 others. But it's also just a nicer way of --
2 I don't like to download and fill something
3 out and email it in. So I know other people
4 probably feel the same way, especially if you
5 don't have, like, Adobe or, you know, those
6 kinds of PDF readers with editing
7 capabilities and all of that.
8 So I think this is -- this is a really
9 good start. I'm glad to hear that it'll be a
10 fillable form, and we can collect all of our
11 feedback together. I know Miranda has
12 written hers down. I've got a few ideas, and
13 we can put that in an email to you, Angie.
14 Do other folks have questions or
15 suggestions?
16 MS. TYNER-WILSON: Emily, this is
17 Melanie. I put in the chat possibly to
18 have -- put some of the language in what they
19 call plain language so that there's ability
20 to -- for all levels of cognitive ability to
21 be able to access it.
22 CHAIR BEAUREGARD: Yeah. That's a
23 very good suggestion. We should always be
24 thinking and working in plain language.
25 MS. PARKER: Yeah. It should be at

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1 a minimum sixth-grade reading level.
2 Sometimes it is challenging depending on
3 what, you know, you're trying to --
4 CHAIR BEAUREGARD: Yes. Lots of
5 terms are --
6 MS. PARKER: Yes.
7 CHAIR BEAUREGARD: -- not that easy
8 to distill. But we often just, you know,
9 describe something and -- use the term and
10 then describe it in plain language. So --
11 and I know the Cabinet has done a lot of work
12 on notices in plain language recently, so I
13 think that's something that we're getting a
14 lot better at.
15 Happy to also, you know, review another
16 draft. I think that would be great.
17 MS. PARKER: Sure.
18 CHAIR BEAUREGARD: But we'll get
19 you that feedback.
20 The next item --
21 MS. ROEHRIG: Hey, Emily.
22 CHAIR BEAUREGARD: Uh-huh.
23 MS. ROEHRIG: Sorry. Emily and
24 Angie, this is Rachel Roehrig with DMS. I
25 put in the chat -- I just want to make sure

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1 that that was looked at as well, that one
2 potential suggestion would be to have the
3 form very simplistic and fillable but also
4 have an accompanying document with the
5 instructions where we can go into more
6 detail. So that way, when they're posted
7 online next to each other, if they have those
8 questions, they'll have that as a reference.
9 That might be helpful.
10 CHAIR BEAUREGARD: I think that is
11 helpful, and something else that DMS has done
12 in other situations is videos, just as
13 another way of making it accessible for
14 someone who maybe is illiterate or just needs
15 a more visual version of an explainer, you
16 know, kind of walking you through the
17 process. So if that's something that could
18 be done relatively easily, I think that would
19 be helpful, too.
20 MS. PARKER: We'll look into that.
21 Thank you.
22 CHAIR BEAUREGARD: Maybe that's
23 more of a KHB thing, but I know that I've
24 seen some videos that are helpful in walking
25 people through that process.

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1 All right. I think our next item here
2 is language access. We talked about a
3 decision tree that I think DMS is working on.
4 And then last meeting, we specifically talked
5 about making some recommendations for how to
6 support the following populations but not
7 doing just one broad recommendation, really
8 looking at four different groups: People who
9 speak different languages, people who are
10 deaf or hard of hearing, people with speech
11 impairment, and people who are nonverbal.
12 And I know that Miranda and Melanie in
13 particular, and I think Arthur as well, were
14 working on some recommendations here. I
15 guess, from DMS, is there any update on the
16 decision tree? And then we can have a
17 conversation about the recommendations.
18 MS. PARKER: It's still in
19 progress, the latest that I know, in looking
20 at and developing one. Now, as far as No. 2
21 of A, I haven't been involved in anything of
22 that part.
23 CHAIR BEAUREGARD: Okay. Miranda,
24 Melanie, Arthur, do you have any questions or
25 any suggestions here that a decision tree --

1 MS. TYNER-WILSON: This is Melanie.
2 Going back to your idea of a video with --
3 especially with the individuals are
4 hearing -- deaf and hard of hearing, maybe
5 having information on a video with closed
6 captioning. So somebody could access it, you
7 know, being able to just read what was -- is
8 going on.
9 CHAIR BEAUREGARD: Yeah. That's a
10 great idea.
11 MS. TYNER-WILSON: And the same
12 would be for a whole range of people that are
13 nonverbal, you know, in terms of, you know,
14 kind of with the frame of plain language.
15 But maybe a video with that same kind of
16 closed captioning information on it would
17 help somebody to be able to access it.
18 CHAIR BEAUREGARD: Right. And the
19 closed captioning could be in English and
20 Spanish.
21 MS. TYNER-WILSON: Yes. Or
22 there -- isn't -- I'm a techno peasant. But
23 isn't there a capacity now to have something
24 read to you while you're -- you know, like an
25 email or a video or, you know, some kind of

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1 announcement? They -- you can push a button,
2 and it -- literally, the information is read
3 aloud to you.
4 CHAIR BEAUREGARD: I think I've
5 seen those programs. I don't know if that's
6 a program that the individual has and, you
7 know, applies to different web pages or if
8 the web page can embed something like that.
9 That would be something to --
10 MS. SMITH: Yeah. I think some Web
11 pages can do that and then I think some
12 documents -- depending on if it's a
13 document -- because I actually stumbled
14 across that the other day accidentally. But
15 then I thought, hey, this is kind of -- this
16 was kind of helpful, to able to listen to it.
17 So I think depending on the document,
18 too, what it's in, if it's in Adobe or if
19 it's in Word, that there's some capabilities
20 of the program to do it, too. I'm sure it
21 may just be some education. Because, like I
22 said, I just kind of accidentally stumbled on
23 it, I think, by hitting another button.
24 CHAIR BEAUREGARD: So maybe -- oh,
25 I'm sorry. Was that David? Were you saying

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1 something?
2 MR. VERRY: Yeah. Hi. Yeah. When
3 we're preparing, you know, trainings and
4 other kinds of documents, we run it through a
5 scrubber to make sure that screen readers can
6 understand what's on the page. So sometimes
7 screen readers will say, oh, it's an image of
8 a person at a desk talking to a man or
9 something like that. So there's various
10 things. It still is a lot to keep up with,
11 but we're moving now.
12 MS. TYNER-WILSON: That's so
13 exciting.
14 CHAIR BEAUREGARD: Okay. Well, one
15 recommendation could be something related to
16 standardizing the use of screen readers,
17 closed captioning, subtitles, that sort of
18 thing. It sounds like it's happening
19 already, but maybe there are some documents
20 or some forms that could use a little more
21 attention.
22 Any other thoughts here on language
23 access? Should we discuss our
24 recommendations now, or do you want to wait
25 until the end? Miranda, you were about to

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1 say something.
2 MS. BROWN: The recommendation that
3 I was working on, I would -- was really
4 related to what to do with the decision tree
5 once it's ready. So I was thinking along the
6 lines of how it would be shared out, sent to
7 Medicaid members, made accessible on Web
8 pages. But also sent to connectors and the
9 connectors be trained on the decision tree
10 and the training to include sample situations
11 and connector -- and an opportunity to answer
12 connector questions related to language
13 access and the decision tree.
14 CHAIR BEAUREGARD: Okay. That's
15 good to know.
16 Rachel, you have your hand up. Did you
17 have something else to add?
18 MS. ROEHRIG: Yes. Just that when
19 we were talking about -- with the website.
20 Our DMS website is ADA compliant. So we have
21 the screen reader already where, if there are
22 visuals, then part of any update when we post
23 anything is -- we also put on there screen
24 readers to explain exactly what the visuals
25 are, things of that nature. So just to throw

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1 that out there, so that way, everyone is
2 aware.
3 CHAIR BEAUREGARD: That's good.
4 Thank you.
5 MS. ROEHRIG: You're welcome.
6 MR. VERRY: Thanks, Rachel. That's
7 a better way of explaining whatever I said.
8 I was trying to get there. Thank you, Emily.
9 CHAIR BEAUREGARD: All right.
10 Arthur or Melanie, any thoughts on other
11 types of language access?
12 (No response.)
13 CHAIR BEAUREGARD: Okay. Well,
14 then, Miranda, I'll ask you to repeat your
15 recommendation, or maybe we can wait until we
16 see the decision tree if you'd be more
17 comfortable doing that.
18 Oh, Arthur, can you hear us now? I'm
19 sorry that you've been having trouble with
20 your audio.
21 MS. BICKERS: He says he's been
22 unable to hear anything for the past ten
23 minutes.
24 CHAIR BEAUREGARD: I saw that, and
25 maybe he still can't because we can't hear

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1 him right now. I'll just send him a message
2 real quickly.
3 MS. BICKERS: If he can't hear but
4 needs to vote --
5 CHAIR BEAUREGARD: Oh, he left.
6 MS. BICKERS: Okay.
7 CHAIR BEAUREGARD: So he might try
8 to join again. And this -- it sounds like we
9 may want to just add this to the agenda for
10 our next meeting. Hopefully, there will be a
11 draft of the decision tree at that point that
12 we can review, and people can give a little
13 more feedback on it.
14 MS. BROWN: I -- I'm okay with,
15 yeah, postponing the --
16 CHAIR BEAUREGARD: The
17 recommendation.
18 MS. BROWN: -- recommendation that
19 I drafted, though I do have a question. If
20 the decision tree is still in the works, are
21 the folks working on it interested in input
22 on the decision tree itself? I'd be happy to
23 think in that -- I wasn't thinking along
24 those terms when I was thinking about
25 recommendations, but I'd be happy to send

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1 some thoughts if we know who's working on it.
2 CHAIR BEAUREGARD: Angie, do you
3 have -- do you know who is taking the lead on
4 this?
5 MS. PARKER: Which one? I'm sorry.
6 CHAIR BEAUREGARD: The language
7 access decision tree if we wanted to --
8 MS. PARKER: Oh. One, from an
9 equity standpoint, we're looking at it. And
10 I believe where this is coming in through as
11 far as connector, David Verry may be able to
12 elaborate a little bit more on that side of
13 things.
14 CHAIR BEAUREGARD: Oh, yeah.
15 MR. VERRY: No. We'll -- we will,
16 you know, train the connectors in the
17 community once we get it, but we have done
18 nothing on the decision tree itself.
19 CHAIR BEAUREGARD: To develop it.
20 MR. VERRY: Yeah.
21 CHAIR BEAUREGARD: Yeah. I was
22 just wondering: Who is taking the lead on
23 developing it and if we could provide them
24 with any suggestions kind of on the front
25 end?

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1 MR. VERRY: If you're asking me, it
2 will be something I will have to get back to
3 you.
4 CHAIR BEAUREGARD: I was originally
5 asking Angie but --
6 MS. BICKERS: Emily, I'll take that
7 back and find out.
8 CHAIR BEAUREGARD: I'll take an
9 answer from anybody. Okay.
10 MS. BICKERS: I'll find out for
11 you, ma'am.
12 CHAIR BEAUREGARD: That sounds
13 good.
14 MR. VERRY: Thanks, everybody.
15 CHAIR BEAUREGARD: Okay. So our
16 next item is the MAC and TAC orientation
17 packet. Thank you, Kelli and Erin. I think
18 the two of you worked on that together. I
19 was able to review it. Hopefully, other
20 members of the TAC looked over that.
21 I have a little bit of feedback, but I
22 wanted to open it up to see if anybody else
23 had thoughts or questions.
24 MS. TYNER-WILSON: I had an
25 opportunity to review it, and it was -- I

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1 learned a lot, being able to read through it.
2 So thank you very much for how thorough it
3 is, to see all the different leadership and
4 different administrative staff within it. It
5 was really helpful.
6 CHAIR BEAUREGARD: I'm glad to hear
7 that. That was the point of it, and I do
8 really feel like the work that you all put
9 into it is going to be something that every
10 TAC and MAC member will benefit from and
11 appreciate having as a resource.
12 Some of the suggestions that I have are
13 pretty simple, really. There were a number
14 of places where I thought, oh, we could just
15 put a link there, you know, a hyperlink to a
16 particular Web page or to some email
17 addresses for some of the individuals that
18 you identified.
19 There was also, you know, MAC and TAC
20 statute and regs and the Web pages there
21 where I thought it would just be really easy
22 to link to those. So I can send you this in
23 writing. But that was really mainly the sort
24 of opportunity that I saw, was to just link
25 to more information for anybody who wanted

1 additional details.

2 Two specific things -- well, actually,
3 three. And these are also relatively minor
4 ones. But a couple of years ago, Lee Guice
5 put together a table for us that showed the
6 different types of Medicaid eligibility
7 because we, you know, recognize that
8 depending on your eligibility, you know, that
9 can determine how the program works, what
10 services people get, or what that enrollment
11 and eligibility determination process looks
12 like. And it would come up -- eligibility
13 would come up a lot in our conversations, and
14 so this table was just something that was
15 really informative. I thought that would be
16 an easy thing to add in.

17 And then linking to medically necessary
18 services in the SPA. I guess that's just
19 another opportunity to link to more
20 information.

21 And then my final suggestion would be to
22 include how people can request -- how TAC or
23 MAC members can request accommodations.
24 Again, this is probably maybe three years ago
25 now. We had a recommendation for quite a

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1 long time about making more accommodations,
2 not just physical accommodations to the
3 building itself, you know, when we were
4 having in-person meetings, but really making
5 accommodations for interpreters, for personal
6 assistants, that kind of thing.
7 And that was something that Sharley had
8 worked on. And I know there's a policy now,
9 but I thought putting that into the
10 PowerPoint would be good.
11 MS. SHEETS: Hey, Emily. This is
12 Kelli. If you and the other TAC members --
13 whatever suggestions you have, if you could
14 just send those to me in an email, I will get
15 them to leadership, and we'll see what we can
16 do.
17 CHAIR BEAUREGARD: Okay. Yeah.
18 That sounds great.
19 MR. CAMPBELL: Thank you.
20 CHAIR BEAUREGARD: Yeah. Arthur,
21 we can hear you now, so I think your audio
22 has gotten fixed.
23 MR. CAMPBELL: Thank you.
24 Thank you.
25 CHAIR BEAUREGARD: Thank you?

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1 Okay.

2 MR. CAMPBELL: Yeah.

3 CHAIR BEAUREGARD: Yep. Good.

4 All right. Yes. Anybody who wants to

5 add some suggestions to, you know, the list

6 that I have, let me know, and I'll send those

7 on to Kelli.

8 I think we can move on to new business

9 now. So we talked about language access in

10 terms of the decision tree. Miranda brought

11 an issue to us more specifically related to

12 the workforce and just wanting to know what,

13 you know, DMS or what the Cabinet -- I

14 suppose this could include KHBE as well and

15 DMS -- are doing to recruit connectors who

16 speak more than one language, recruit for,

17 you know, these different positions within

18 the Cabinet and then anything related to

19 frontline workers specifically.

20 MR. VERRY: Yeah. Including

21 connectors who are multilingual is a very

22 difficult nut to crack. It's difficult to

23 recruit state workers or even our contact

24 center who speak languages other than English

25 and surely other than English and Spanish.

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1 We're working it from every side that we can
2 think of in the short term, medium term, and
3 even into the future.
4 Before the pandemic, we had a
5 partnership with UK to send interpreters out
6 to connectors who were having events. It was
7 not necessarily a one-on-one basis but if
8 someone was doing an event and they knew that
9 a bunch of Ukranian-speaking persons or
10 Spanish-speaking persons were going to be at
11 that event.
12 And we still do have that contract with
13 UK to utilize that service. We didn't use it
14 a lot during the pandemic, for obvious
15 reasons. But we're going to kind of refresh
16 that and send that out to connectors and
17 stakeholders and whatnot, so they're aware
18 and can maybe plan accordingly.
19 We're also -- at the outreach and
20 education subcommittee on Monday actually,
21 they're looking at an immigration chart which
22 has a more -- less wordy explanation of if
23 you're this type of immigrant type, what
24 types of health coverage might you be
25 eligible for? Everything from PE to

1 emergency time limited to QHP APTC. We even
2 have a small blurb at the bottom about Social
3 Security and that not -- and whatnot.
4 And then once that's kind of made its
5 rounds and it's kind of approved, we actually
6 get that translated into, in addition to
7 English and Spanish, seven other languages.
8 The ones that are most appropriate for
9 persons who are coming from refugee-type
10 situations, Ukranian, Bosnian, Swahili,
11 Somali, and then, you know, French, German,
12 Arabic, and Chinese, possibly Pennsylvania
13 Dutch. There's actually a lot of people who
14 speak that and do not speak English well in
15 the commonwealth.
16 And we will also translate -- finally
17 translate the Kynect paper application into
18 all eight of those languages as well. The
19 SNAP application actually is already in
20 those, paper copy. But we've confirmed with
21 our DCBS brothers and sisters that they can
22 handle -- when an application comes in in
23 Swahili, they know what to do with it. And,
24 of course, the language line is always
25 available (inaudible).

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1 So making more baby steps. But, yeah,
2 to be honest, we're open for any suggestions
3 on how to recruit and then, more importantly,
4 retain persons who speak other languages.
5 I'll pause and answer any questions.
6 CHAIR BEAUREGARD: I was on mute.
7 Thank you, David.
8 Miranda, do you have any questions or
9 any suggestions here?
10 MS. BROWN: Thank you, David. It's
11 really great that you all are intentionally
12 making sure things are translated into more
13 languages. One of the things on my mind is
14 definitely recruitment of connectors and also
15 state workers, and I'm kind of curious what
16 kind of work you all have done to connect
17 with communities of people who speak more
18 than one -- more than English, like, who
19 speak other languages who can work in a job
20 where they're required to speak English but
21 also speak in the target language, what
22 efforts KHBE has made to connect with
23 different immigrant communities or
24 organizations who work with immigrants, who
25 work with people who speak other languages to

1 recruit more state workers or connectors into
2 these roles.
3 MR. VERRY: I'm going to be honest.
4 That's a fantastic question about intentional
5 steps, and I can report back. Or someone --
6 we will report back on what those intention
7 steps either have been or what will be.
8 We always -- when we're looking to
9 recruit, we don't just go to UK. We go to
10 K State. We go to other community colleges.
11 We try to cast the net across the board, but
12 finding those intentional people within the
13 foreign language-speaking communities is
14 tough. And just because it's difficult
15 doesn't mean we won't do it.
16 So love that as a suggestion in
17 continuing to keep us sharp, sharper. So
18 appreciate that, Miranda, and I will follow
19 up with them. I do not have an answer right
20 now for you.
21 The interpreters who can go out from UK
22 do include American Sign Language as well.
23 We never actually sent someone as a sign
24 language interpreter. We almost did before
25 the pandemic and then the event got

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1 cancelled, or the person didn't need
2 assistance, whatever it was. But we're
3 trying to accommodate people from across
4 the -- the wide spread, especially those
5 people of -- who are hard to reach.
6 You know, we found Somali is actually
7 probably No. 3 -- 2 in Kentucky after Spanish
8 as far as people who speak that language but
9 do not speak English, quote, very well.
10 There are other languages that are higher on
11 number of people speaking the language
12 primarily at home, I think, French and
13 German, but they speak English at home as
14 well. So we're trying to focus on those
15 languages where the higher numbers of people
16 are that are in the most need.
17 MS. BROWN: That's great. Another
18 one of my -- I don't know if they're
19 concerns, but something that I think would
20 help is that even when we do have connectors
21 who speak another language, indicating that
22 in KOG or the self-service portal, wherever
23 that is, where a new connector responds to
24 the questions and indicates their language.
25 There's really -- you can only enter one

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1 language. You can only enter English or
2 Spanish. And so that when you're listed as a
3 connector, you're associated with being able
4 to speak English or Spanish. You can't put
5 both. So I think I'm listed as English even
6 though I speak Spanish, and so people looking
7 for me who need --
8 MR. VERRY: I --
9 MS. BROWN: Yeah.
10 MR. VERRY: We sent that out last
11 week. From your dashboard, if you go to my
12 info, you can pick up to, I think, 13
13 different languages and mix and match. You
14 can say you speak eight languages now. So
15 that went out last Wednesday or Thursday with
16 little arrows on how to get there. It's
17 through SSP now. It's not through KOG, so
18 it's a lot easier.
19 MS. BROWN: Okay.
20 MR. VERRY: If that's not working,
21 please let me know. We'll pick up the phone
22 and get on a Zoom call and see what's going
23 on. But it's better. It's not just English
24 and Spanish, but you can do multiple
25 languages. So if that's not working, please,

1 please let me know.
2 MS. BROWN: Okay. I just haven't
3 seen that yet, but I'll play around with it
4 and see if I have any feedback.
5 MR. VERRY: Yeah. We need to know.
6 The best kind of feedback is -- when we were
7 doing our debrief ses, someone said, we want
8 good feedback. That doesn't necessarily mean
9 good news. Good feedback could be, I don't
10 know what you're talking about, David. It's
11 not working. So let me know Miranda because
12 you should be able to do that now.
13 And that's exciting, too, because if we
14 get more people online that speak three
15 languages or four languages, then they can
16 indicate that as well and help point the way
17 and steer people to the people they need to
18 talk to.
19 MS. BROWN: Absolutely. Yes. I'll
20 explore and let you know. Thank you.
21 CHAIR BEAUREGARD: That sounds
22 good. Thanks, David.
23 Anything else related to that before I
24 move on?
25 MR. CAMPBELL/INTERPRETER: Hello.

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1 CHAIR BEAUREGARD: Did you have a
2 question about language access, Arthur, or
3 were you going to talk about Michelle P?
4 MR. CAMPBELL/INTERPRETER: He was
5 asking -- because he's not feeling good. He
6 wanted to lie down. So he wanted to know if
7 he leaves now, are you guys going to have
8 enough people to vote?
9 CHAIR BEAUREGARD: I believe we
10 still have four other TAC members on. I'm
11 sorry you're feeling so bad, Arthur. I think
12 we should be okay. Yeah.
13 MR. CAMPBELL/INTERPRETER: He said
14 he's sorry. He's --
15 CHAIR BEAUREGARD: No need to
16 apologize but take care of yourself.
17 MR. CAMPBELL/INTERPRETER: Okay.
18 He said thank you.
19 CHAIR BEAUREGARD: I'll add the
20 Michelle P and other waiver conversation to
21 the next agenda, Arthur.
22 MR. CAMPBELL: All right. Bye.
23 CHAIR BEAUREGARD: All right.
24 Thanks, Arthur. Feel better.
25 MR. CAMPBELL: Thank you.

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1 CHAIR BEAUREGARD: All right. So
2 we'll skip Michelle P. And then the next
3 item here, I think, Melanie, you had brought
4 up the renewal process for children with SSI
5 who turned 19.
6 MS. TYNER-WILSON: Oh, yes. And
7 thank you so much. I've just been -- in my
8 world, I've come in contact with several
9 caregivers or individuals themselves that had
10 not gotten kind of a notification from either
11 their school staff or, you know, SSI that
12 when they turn 18, they need to reapply under
13 the adult SSI.
14 And the only way that they found out
15 about it is when they went to access some
16 service or something that they were receiving
17 as a result of -- like, I'm thinking of the
18 waivers, where you are required to have SSI
19 to be able to apply for one of the waivers,
20 that they were not able to.
21 And so they had to -- what happened with
22 a couple of families is they went -- they
23 actually lost their status on the waiver, and
24 it was -- it was just a hard kind of journey
25 for the folks to go through. And I was

1 hoping that there could be some ability to
2 alert someone that's currently on the SSI
3 that's -- for under age 18, when there is
4 that time that they need to reapply for the
5 adult. Does that make sense?
6 CHAIR BEAUREGARD: I think -- yes.
7 I think it does, without knowing sort of that
8 back-end process. But, Jiordan Griffin, if
9 you're still on, is that something that
10 you're looking into in terms of this, you
11 know, work that you're doing with SSI?
12 MS. GRIFFIN: Part of the changes
13 along with sending the prepopulated renewal
14 packet for SSI terminations is we're looking
15 at creating a specific notice for our waiver
16 individuals, to kind of give them a heads-up
17 of the process because that's something we're
18 hearing a lot lately. Our members and their
19 parents are confused. They don't know what
20 to do. They don't know where to turn.
21 So part of that change that we're going
22 to implement for the SSI terminations, we're
23 looking at also creating a specific notice
24 that will go out to individuals who are
25 losing SSI. They may be 18 or 19. And it'll

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1 be specific to individuals with, you know,
2 waiver services who rely on that disability
3 determination to keep Medicaid eligibility
4 for the waiver.
5 So that is something we've heard a lot
6 of. We do understand that it's an issue, and
7 we're looking for, you know, other
8 suggestions above and beyond the notice. But
9 that was just kind of the immediate go-to,
10 was, you know, advanced notification, you
11 know, that this is upcoming and what the
12 process is from there.
13 MS. TYNER-WILSON: Thank you.
14 Thank you for that because I talked to
15 several people that have actually had to --
16 had to go through that but got a lot of help
17 and support from you folks in helping them.
18 But it's kind of like if you could do it
19 proactively, you know, that maybe that
20 wouldn't be an issue. So notifying people
21 will be -- will be a great help.
22 MS. GRIFFIN: Absolutely. I think
23 so, too. Because it is just a lot of, you
24 know, receiving inquiries. They just say we
25 just don't know. We don't know what's going

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1 on. We don't know what to do. So the least
2 we could do is kind of give them some
3 instruction and help them through the
4 process.
5 MS. TYNER-WILSON: That's
6 wonderful. Thank you so much.
7 MS. GRIFFIN: Absolutely. Sure.
8 CHAIR BEAUREGARD: Yeah. I'm
9 really happy to hear that you're working on
10 that, Jiordan.
11 Let's see. The next item we have here
12 is micro transit. That's another one, I
13 think, that you recommended, Melanie. No.
14 This is great. Great ideas. Micro transit
15 for Medicaid members who are elderly or have
16 disabilities. And I hadn't heard of this, so
17 I'd love to learn more.
18 MS. TYNER-WILSON: Well, I'm
19 learning myself, so I'm not an expert. But
20 there's -- in Lexington, there is an
21 initiative. They're working with
22 communities, and it's not just for
23 individuals with disabilities. It's for --
24 it's set up almost like an immediate
25 response, like a taxicab kind of service.

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1 Because we have different paratransit
2 opportunities that someone has to, you know,
3 put their request in several days before.
4 And it doesn't always work the way that you
5 would hope it would.
6 The micro transit concept is that it
7 would be some kind of transportation support,
8 and an individual could call and be able to
9 schedule the appointment, you know, on the
10 same day and be able to have someone to come
11 and pick them up and take them to a specific
12 location like an appointment or something
13 like that.
14 And I listened to a presentation a while
15 ago, and there seemed to be some possibility
16 of Medicaid being able to cover the cost of
17 that service, which I thought was really
18 exciting. And I don't know what the status
19 of that is.
20 But individuals in my world that have
21 physical disabilities or other kinds of needs
22 and elderly and mothers with -- parents with
23 children, I think that would be -- they're
24 very interested in it. So the proposal is
25 going through the steps through our city

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1 council right now, and I think there's a lot
2 of support for that to move forward.
3 But I didn't know if you guys had any
4 updates in terms of, you know, whether or not
5 Medicaid might be a -- if the person who has
6 Medicaid would be able to use that funding
7 stream, if you will, to be able to pay for
8 the service. Because it's -- it's very
9 similar to what the bus fare would be, you
10 know, especially what I've heard is going on
11 in Lexington. Does that make sense?
12 CHAIR BEAUREGARD: Yeah. What I'm
13 familiar with is non-emergency medical
14 transportation, which is a Medicaid benefit,
15 of course. And there are eight regional
16 brokers -- I think, eight but regional
17 brokers who provide that service or
18 subcontract.
19 MS. TYNER-WILSON: Right.
20 CHAIR BEAUREGARD: I'm
21 wondering about -- you know, if anybody from
22 DMS can, you know, tell us a little bit more
23 about whether or not this would be part of
24 NEMT or if you're familiar at all with how
25 this micro transit could work with Medicaid

1 reimbursement.
2 MS. BICKERS: Emily, I don't see --
3 Justin was with us from policy for a few
4 minutes, but he may have had to drop. So I
5 can take that back and get you guys answers
6 on that. I don't -- I don't want to misspeak
7 on anything.
8 CHAIR BEAUREGARD: I think that
9 sounds like a good plan. Thanks. We can
10 just add, again, to our next agenda. Any
11 information in the meantime would be great.
12 The next item we have here is
13 health-related social needs versus in lieu of
14 services. I just -- I know I've been
15 learning a little bit about this. I don't
16 think it's something that our -- most
17 Consumer TAC members or even other MAC and
18 TAC members are probably very familiar with
19 yet.
20 It seems like there's a lot of
21 opportunity here to start to provide
22 reimbursement for, you know, other types of
23 needs that impact health such as housing,
24 food, maybe some types of transportation.
25 And I think what's -- what would be

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1 helpful to understand more is where, you
2 know, the similarities are between, you know,
3 health-related social needs versus using in
4 lieu of services. I know these are really
5 technical terms.
6 And I don't know if today is the day to
7 do a presentation on it or if maybe we should
8 do that at our next meeting. But that's
9 something that I'd really like us to kind of
10 dive more into and really look at how we can
11 make the most of this in meeting some of
12 those social determinants of health that we
13 talk about so much, or addressing.
14 MS. PARKER: You want a
15 presentation from us?
16 CHAIR BEAUREGARD: If that's
17 something that you'd be interested in or
18 if -- I mean, Angie, if you can describe to
19 us the differences between, you know,
20 health-related social needs versus in lieu of
21 services.
22 I've read a bit about both, and my
23 understanding is that, you know, CMS is
24 really pushing states to do more to cover
25 some of these -- some of these needs that

1 patients have that are directly impacting
2 their health such as an air-conditioner, you
3 know, or something to improve their housing
4 or even make sure that they have housing, you
5 know.
6 And then in terms of food, nutritious
7 food. You know, maybe it's Meals on Wheels.
8 Maybe it's a different kind of program. But
9 looking at how Medicaid can cover some of
10 those services for people who would be, you
11 know, determined eligible.
12 But I've read about, you know, both of
13 these kinds of avenues, I guess, is the best
14 way to describe it. And I don't really
15 understand why you would necessarily go one
16 route versus the other, you know, and whether
17 it needs to be an 1115 waiver or whether it
18 can happen with a State Plan Amendment and
19 that sort of thing.
20 MS. PARKER: It can be either.
21 That's the thing.
22 CHAIR BEAUREGARD: For both?
23 MS. PARKER: In lieu of services
24 can be a State Plan Amendment, or we can do
25 the 1115 waiver depending on what we would

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1 want for that to look like. It has been
2 discussed at DMS. We are basically in the
3 investigating stage of that on how or if,
4 when to do that.
5 You know, you've heard of Food is
6 Medicine. And we have done some -- a study
7 or two. You know, California is, you know,
8 ahead, doing a lot of things. As far as in
9 lieu of services, we've looked at them. You
10 know, there's a few other states that are
11 doing that as well.
12 So we're -- what I would say at this
13 point, we're looking to see what other states
14 are doing and how we could potentially add
15 that either through a SPA or through 1115,
16 but we're in the infancy stages of that at
17 this point.
18 You know, health-related social needs is
19 an individual -- is, you know, based on the
20 individual; whereas, social determinants of
21 health is more of a group.
22 So we are doing a couple of pilots
23 with -- well, we aren't. Some of the MCOs
24 are doing pilots with food and housing and, I
25 think, maybe transportation. I could be

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1 wrong on that one but -- and to see whether
2 or not that is something we could look at
3 that would be futuristically, we would pay
4 for and, like, for transportation instead
5 of -- I don't know.
6 See, that's the part. How would that
7 exactly look? And if we were to pay for food
8 instead of a doctor's appointment. That's
9 kind of where that all -- it's kind of gray.
10 So at this point, it's very new to us, but it
11 has been -- it is being explored.
12 CHAIR BEAUREGARD: Okay. Well, we
13 might leave this on the agenda just to get
14 updates as you are learning more and if
15 there's anything that you're working on.
16 MS. HOFFMANN: Emily, this is
17 Leslie. I think Angie is totally correct.
18 We're doing a -- we're just now starting a
19 deep dive. As you know, we had some pieces
20 for social determinants of health in the
21 1915(i). We've got pieces here and there.
22 Angie has also been working on some
23 things, but we're trying to -- we're just
24 now, like, trying to take a deep dive. Your
25 next meeting might be still a little

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1 premature so give us a little bit of time to
2 try to figure out what it is we want to do.
3 We're not opposed to trying to assist. Angie
4 and I talked about the food allocations
5 several times. That is something that even
6 behavioral health, when we were doing the
7 (i), we talked about that as well.
8 So just give us a little bit of time to
9 really dig into it and to let you know kind
10 of where we're going to go with that, if
11 that's okay. It will be a joint effort
12 between our group and Angie's group.
13 CHAIR BEAUREGARD: Okay. That's
14 good to know. And I think it occurred to me
15 that this might all sort of tie into what
16 Veronica was talking about on our last call,
17 you know, with aligning all the quality
18 initiatives and the work being done around
19 social determinants of health. And this
20 would probably fit right in there. So that
21 may be a conversation that we can have kind
22 of with those two items in mind.
23 It looks like we've covered all of our
24 new business. Is there anything else that
25 our members want to discuss or any other

1 updates that DMS wants to provide?
2 (No response.)
3 CHAIR BEAUREGARD: I did want to
4 just ask members if you're getting all of the
5 emails that Erin -- it's generally Erin.
6 Maybe they come from Kelli or others, DMS
7 from time to time.
8 But there have been some emails
9 recently -- two come to mind. One was
10 related to Medicaid in schools and getting
11 feedback from schools. And so I want to make
12 sure that, you know, that survey is getting
13 sent out far and wide to school officials.
14 And, Christy, that may be something of
15 interest to you in particular with Bullitt
16 County schools. That would be to really look
17 at how we can expand access to Medicaid
18 services in schools. And so that's an
19 exciting --
20 MS. HARDIN: Yeah. I got another
21 email on that from somebody else today as
22 well.
23 CHAIR BEAUREGARD: Oh, good. Good,
24 good. Well, and there's a grant that's
25 available right now from CMS, and my

1 understanding is that Kentucky is applying.
2 But all of this is going to happen really
3 quickly because the grant didn't have a very
4 long application --
5 MS. HOFFMANN: Emily, this is
6 Leslie. We are partnering with DBH to take a
7 look at that grant right now. So I just
8 wanted to let you know that we'll have more
9 to come on that very soon.
10 CHAIR BEAUREGARD: Okay. Great.
11 MS. HOFFMANN: There are lots of
12 moving parts right now and lots of
13 opportunities out there. So yes, we're
14 taking a look.
15 And I think the -- like you said, the
16 survey is very important. So that will help
17 us build upon a needs assessment later, so
18 make sure that you can advocate for us to get
19 those surveys in.
20 CHAIR BEAUREGARD: I'm glad to hear
21 that. So if any TAC members aren't getting
22 those emails from Erin, let us know so that
23 we can make sure that you're on that
24 distribution list.
25 The other email that I got just today,

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1 maybe yesterday, was from Elizabeth Fisher
2 about Medicaid stories and collecting stories
3 specifically related to KCHIP and postpartum
4 expansion, so having postpartum care for up
5 to 12 months or a minimum of 12 months. And
6 if anybody has any individuals in mind for
7 that, that would be something else to share
8 out to your networks.
9 If there's nothing else to discuss, we
10 can move on to recommendations.
11 MS. BROWN: Did we discuss --
12 CHAIR BEAUREGARD: It sounds --
13 MS. BROWN: -- process to overhaul
14 Michelle P and other waivers?
15 CHAIR BEAUREGARD: We were skipping
16 that because Arthur wasn't feeling well.
17 MS. BROWN: Okay. Just making
18 sure.
19 CHAIR BEAUREGARD: Yeah. So we'll
20 put that on the next agenda, but thank you
21 for catching that.
22 I had two thoughts for recommendations.
23 Does anyone else have any recommendations in
24 mind?
25 (No response.)

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1 CHAIR BEAUREGARD: Oh. And, in
2 fact, one of them is something -- I made a
3 note to myself, and I forgot to bring it up.
4 I had heard that DMS may be doing a survey of
5 Medicaid members, and I think that's
6 fantastic, No. 1. I don't recall Medicaid
7 members ever being surveyed by DMS directly
8 before.
9 I think the Consumer TAC could have some
10 good input into the development of that
11 survey, certainly disseminating it and
12 evaluating it, too. But if there's an
13 opportunity for us to have any input into
14 what questions are being asked, that would be
15 great.
16 Is anybody on from DMS who's working on
17 that survey, by any chance?
18 MS. FISHER: Yeah. Emily, this is
19 Beth Fisher. I am familiar with the survey
20 and will certainly assist in distributing it.
21 And I think that we could definitely share --
22 it hasn't gone out yet. It's still in the
23 approval stages. So I do think there could
24 be some opportunity to share with the TAC and
25 to gather more input, but I'll check on that

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1 for you.

2 CHAIR BEAUREGARD: Thank you for

3 checking. And if it needs to be a quick, you

4 know, 48-hour turnaround, we can do that.

5 MS. FISHER: Okay.

6 CHAIR BEAUREGARD: But just having

7 a quick look at it. One thing I'll share --

8 and this is a little bit outside of the TAC.

9 But KVH is going to be doing some listening

10 sessions. I had shared this information with

11 Commissioner Lee a few weeks ago, and she was

12 really interested in, you know, maybe

13 collaborating in some way. And so when I

14 heard about a survey, I thought, well,

15 perhaps these two could kind of work in

16 tandem in a way.

17 But also just interested in seeing, you

18 know, what kinds of questions that you're

19 asking and thinking about it in terms of

20 plain language and all of that. So yeah, if

21 we can have any input, I'd be happy to look

22 at it quickly and get feedback to you

23 quickly.

24 So I won't -- that was a note that I

25 made to myself, but I won't make that as a

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1 recommendation.
2 The one recommendation that I wrote down
3 from our conversation today was about
4 creating more video explainers and
5 standardizing the use of screen readers,
6 closed captioning, and subtitles.
7 Is that something that the group would
8 like to put forward as a recommendation?
9 Okay. I saw Christy shaking her head,
10 so I'm going to take that as a yes. And I
11 will just repeat that again and then I'll ask
12 for a motion and a second.
13 And I think I'll preface it by saying:
14 To improve language access, the Consumer TAC
15 recommends that DMS create more video
16 explainers and standardize the use of screen
17 readers, closed captioning, and subtitles on
18 DMS Web pages, materials, and forms.
19 Now, I didn't write that all down. I
20 just had a much shorter version that I had
21 made a note to myself. So I'm not going to
22 be able to repeat it, but it's a good thing
23 we have a recording. Hopefully that captures
24 what we were discussing earlier.
25 Can I get a motion for that?

1 MS. TYNER-WILSON: I move that --
2 what you have said.
3 CHAIR BEAUREGARD: Make that
4 recommendation. Thank you, Melanie.
5 Perfect.
6 A second?
7 MS. HARDIN: I second that
8 recommendation.
9 CHAIR BEAUREGARD: Thanks, Christy.
10 All in favor, say aye.
11 (Aye.)
12 CHAIR BEAUREGARD: Any opposed?
13 (No response.)
14 CHAIR BEAUREGARD: All right. The
15 motion carries.
16 Any other recommendations that you want
17 to put forward?
18 (No response.)
19 CHAIR BEAUREGARD: All right.
20 Well, hearing none, the next item we have on
21 the agenda is for a MAC meeting
22 representation. I'll plan to be at the next
23 MAC meeting to provide a report for the
24 Consumer TAC.
25 And then our meeting schedule I always

1 include here just so that people are aware
2 and have it on their calendars. Our next
3 meeting will be April 16th.
4 And we can adjourn. Can I get a motion
5 to adjourn?
6 MS. HARDIN: I make a motion to
7 adjourn.
8 CHAIR BEAUREGARD: Thank you,
9 Christy.
10 A second?
11 MS. TYNER-WILSON: Second.
12 CHAIR BEAUREGARD: All in favor,
13 say aye.
14 (Aye.)
15 CHAIR BEAUREGARD: Any opposed?
16 (No response.)
17 CHAIR BEAUREGARD: All right. We
18 are adjourned. Thank you all. Have a good
19 afternoon, and I'll see you in April, if not
20 sooner.
21 (Meeting concluded at 3:19 p.m.)
22
23
24
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2 C E R T I F I C A T E

3

4 I, SHANA SPENCER, Certified

5 Realtime Reporter and Registered Professional

6 Reporter, do hereby certify that the foregoing

7 typewritten pages are a true and accurate transcript

8 of the proceedings to the best of my ability.

9

10 I further certify that I am not employed

11 by, related to, nor of counsel for any of the parties

12 herein, nor otherwise interested in the outcome of

13 this action.

14

15 Dated this 4th day of March, 2024.

16

17

18 *\/s/ Shana W. Spencer*

19 Shana Spencer, RPR, CRR

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