

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

IN RE: CHILDREN'S HEALTH TECHNICAL ADVISORY COMMITTEE

July 10, 2019
2:00 P.M.
Health Services Building
Conference Room C
275 East Main Street
Frankfort, Kentucky 40601

APPEARANCES

Lisa Powell
CHAIR

Mahak Kalra
Pat Glass
Beth Savchick
Cherie Dimar
TAC MEMBERS PRESENT

Judy Theriot
Sharley Hughes
David Gray
MEDICAID SERVICES

CAPITAL CITY COURT REPORTING

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

APPEARANCES
(Continued)

LeAnn Magre
WELLCARE

Cathy Stephens
Martha Campbell
HUMANA-CARESOURCE

Mendy Pridemore
AETNA BETTER HEALTH

Rae Bennett
ANTHEM

Jessica Beal
Cheri Schanie
PASSPORT

Kathy Adams
CHILDREN'S ALLIANCE

Emilie McCubbins
KENTUCKY YOUTH ADVOCATES

Appearing Telephonically:

Eva Stone
JEFFERSON COUNTY SCHOOLS

Emily Beauregard
KENTUCKY VOICES FOR HEALTH

AGENDA

1. Welcome and Introductions
2. Establish Quorum
3. Approval of May Minutes
4. NEW BUSINESS
 - * DMS update on Integrated Health Insurance Premium Payment Program (KI-HIPP)
 - * Review of DMS response to recommendations regarding use of psychopharmacological prescribing for KY children
 - * Updates from the MAC
 - * Roundtable Updates/concerns from each member/professional organization
 - * Discuss topics for future/possible speakers - September - November meetings
 - Possible topics
 - * Evaluation/intervention services for children with autism
 - * Evaluation/intervention services for children in foster care; impact of decoupling
5. OLD BUSINESS:
 - * School-based services and Free-Care Rule and Collaborative
6. MCO Updates/Questions or Data Request Reporting
7. General governance issues
8. Other Business
9. Action Items
10. Adjourn

1 DR. POWELL: We will just start
2 and do introductions first and then we'll move on.
3 (INTRODUCTIONS)
4 DR. POWELL: So, Sharley,
5 you're going to have to remind on the quorum. Five
6 or is it five plus one?
7 MS. HUGHES: You have nine on
8 your TAC. So, it would be five plus one. So, you
9 have to have six. And I think this is the first time
10 Judy has been here. Is that right?
11 DR. THERIOT: I was here last
12 time.
13 MS. HUGHES: Oh, you were here?
14 Okay. I'm sorry. I was just going to introduce her.
15 MS. KALRA: But I think it
16 would be great to do it again.
17 DR. POWELL: We actually have a
18 lot of members who weren't here.
19 MS. HUGHES: The reason I
20 wanted to introduce her is because she also comes to
21 us from the Kentucky's Commission for Children with
22 Special Health Care Needs. I think that may have
23 changed.
24 DR. THERIOT: It just changed
25 from the Commission to the Office for Children with

1 Special Health Care Needs.

2 MS. HUGHES: Okay. So, she has
3 got some background in children and she is now our
4 Medical Director.

5 DR. THERIOT: And I am a
6 pediatrician and I am actually at U of L in the
7 Department of Pediatrics at the what used to C&Y
8 Clinic, now just the Downtown Clinic and where I
9 still see patients there on Fridays and, then, the
10 other four days a week I'm here.

11 DR. POWELL: Welcome. So, the
12 first thing, hopefully everybody got agendas and all
13 of the attachments that Sharley had sent out a few
14 weeks ago, a month ago or so.

15 So, the first thing on the
16 agenda is that we were going to get an update about
17 the Kentucky Integrated Health Insurance Premium
18 Payment Program.

19 MS. HUGHES: Okay. And I've
20 given you all this handout that was presented to the
21 Consumer Rights and Client Needs TAC. I was not at
22 that meeting, so, I'm just handing you all this for
23 you to review; and if you have questions on it, you
24 can get back with me.

25 I can give you a little bit of

1 a high level. If you ask me really technical
2 questions, I'll probably take the questions and get
3 the right answers to you, but basically what the KI-
4 HIPP Program is is that if we have Medicaid
5 beneficiaries that are working and have access to
6 group health insurance, they can submit to us the
7 information on the group health insurance plan they
8 have, what their benefits are and this type of thing
9 and what the premiums would cost them.

10 And we have developed an
11 algorithm computer program that we enter all that
12 stuff in and it comes back. And if it would be
13 beneficial for us to pay that premium for the
14 Medicaid beneficiary, we will then pay that premium,
15 ask them to sign up for their group health insurance.
16 Medicaid will pay them directly for anything that
17 comes out of their check.

18 I think for right now, it's via
19 check but I think that's going to go to automatic
20 deposits in the very near future. So, they're not
21 going to really be out of pocket.

22 At that point, their employer
23 insurance becomes primary and they would pay. And,
24 then, once they pay, Medicaid will wrap around. So,
25 they're still going to have every benefit that they

1 would have if they had Medicaid. It's just that
2 Medicaid is not going to have to pay out as much
3 because the employer's insurance is going to pay
4 first.

5 So, it's something that CMS--
6 we've actually had it for some time. We've just not
7 had a large participation in it. So, we're kind of
8 revamping it and reintroducing it and trying to get
9 more into it because it is a way for us to be able to
10 save some money.

11 Those individuals would not be
12 in an MCO. They would come out and be fee-for-
13 service. They would still have access to the
14 provider network. So, none of their Medicaid
15 benefits change at all. It's just their employer
16 insurance pays first and, then, we would pick up and
17 basically wrap around and make them whole back up to
18 what Medicaid would have normally paid.

19 I think it's a really good
20 program. It expands, I think, coverage for the
21 member because the employer insurance may provide
22 services for something that we don't provide. So, it
23 gives them access to that. It gives them access to
24 that provider network of that employer also. And,
25 so, they're still not going to be out any more money

1 at all than what they would if they were under
2 Medicaid.

3 MS. KALRA: I do have a couple
4 of questions. How many people fit in this category?

5 MS. HUGHES: I want to say that
6 at some point on here, it told--we've sent one
7 mailing and it was not a large mailing. David, do
8 you by chance know? Like eighteen thousand maybe?

9 MR. GRAY: It's less than
10 twenty.

11 MS. HUGHES: Yes. And, then,
12 August 2nd, we're going to do another target--no,
13 that's the direct deposit. No, there is going to be
14 targeted outreach to more members who could possibly
15 be having employer insurance.

16 MS. KALRA: Are they working
17 full time or is this----

18 MS. HUGHES: It doesn't matter
19 if they qualify for the employer's insurance. Now,
20 the employer may require that they work full time to
21 have access to it. If that's the case, then, of
22 course, it would have to be full time; but if they
23 give it to them as a part-time benefit, as long as
24 they're eligible for that employer insurance.

25 MR. GRAY: A lot of times,

1 employers that may be retail in nature - the Targets,
2 the Walmarts of the world, frankly, the State of
3 Kentucky, nursing home facilities overall, you may
4 even have some hospitals that have employees that
5 they kind of fall in their earning relative to the
6 Federal Poverty Level.

7 Again, it's not a magic bullet
8 but it's another avenue that we need to pursue as a
9 state.

10 MS. HUGHES: Because if we can
11 save money on those Medicaid recipients by letting
12 their employer insurance--of course, Medicaid is
13 always supposed to be the payor of last resort. So,
14 if we can save money by that employer paying it,
15 then, we can use those dollars for other programs.

16 MS. BEAUREGARD: Sharley, this
17 is Emily. Can I ask a question?

18 MS. HUGHES: Yes.

19 MS. BEAUREGARD: Is there a
20 State Plan Amendment that is available for this new
21 program or any components that are different about
22 KI-HIPP compared to the original HIPP Program?

23 MS. HUGHES: There was a State
24 Plan Amendment that was approved. I think I've sent
25 it to be posted on our website. The State Plan

1 Amendment is certainly not going to give you very
2 much detail of the plan. It really and truly was
3 just very minimal changes from what was already in
4 the State Plan-approved employer-sponsored insurance
5 plan.

6 MS. BEAUREGARD: Okay. And,
7 then, one other thing that has been a concern of ours
8 and I don't know where this stands but when I first
9 looked at the KI-HIPP handbook and took a look at the
10 regulation, there was a little bit of a discrepancy
11 of some of the language around the out-of-pocket cost
12 sharing and premium payment.

13 So, the way that I read the
14 handbook, it sounds like the beneficiary who is
15 enrolling in KI-HIPP would pay the premium up front
16 and then have to be reimbursed.

17 And, then, if they go to an ESI
18 provider that doesn't take Medicaid but they're in
19 the group plan network, then, they would be subject
20 to all out-of-pocket costs. Does that sound right
21 because those are two areas where I feel like
22 typically with Medicaid recipients, there's that 5%
23 cap of out-of-pocket costs.

24 MS. HUGHES: Emily, you will
25 need to send me that question in writing and I can

1 get the response back to you.

2 MS. BEAUREGARD: Okay. So, I
3 would just say that that was our top concern and we
4 have asked actually I think through Tracy and through
5 Stephanie Bates and we've been told that they're
6 working on some FAQ's but that's been a few weeks.
7 So, do you have any update on when you think that
8 will be available?

9 MS. HUGHES: No, I don't. I
10 did not know that you had sent questions. At the end
11 of the TAC meeting, I thought you all were sending me
12 questions and I hadn't received them. So, I assumed
13 maybe you had gotten your answers. So, I don't know
14 what would be----

15 MS. BEAUREGARD: Well, I will
16 send them to you. We sent them directly--Stephanie
17 Bates had said that they were questions that she
18 would take care of but we can send them to you.

19 MS. HUGHES: Okay. That will
20 be fine. I'll try and get an answer.

21 MS. BEAUREGARD: Thank you.

22 MS. KALRA: And if there are
23 any materials developed, I think it would be great
24 for our TAC members to have them.

25 MS. HUGHES: There's a lot of

1 materials that have been developed. It's out on the
2 website listed here. On the very last page is the
3 website and there's a KI-HIPP handbook. There's a
4 KI-HIPP 101 document. I think there's like four or
5 five documents.

6 I think one of them is the
7 application and maybe one is instructions for
8 completing the application. I know there's the
9 employee handbook and, then, the KI-HIPP 101 is out
10 there. So, there is some information out there on
11 the website.

12 MS. KALRA: Okay. I know I
13 have seen some stuff floating around but I just
14 wanted to make sure Lisa and I get it to members.

15 DR. POWELL: Any other
16 questions?

17 MS. HUGHES: And, again, that's
18 very high level. We can have the program folks come.

19 We didn't have the agenda
20 enough to get Tracy and her team to come today, but
21 if you all want the program folks that actually are
22 administering the program to come to the next
23 meeting, we'll be glad to have them come and probably
24 present this and be able to answer more detailed
25 questions; but if this and the information that's on

1 the website answers your questions or if you have
2 more questions, you can send them to me and I can get
3 Teresa Shields who is the Branch Manager over the
4 area and, then, Tracy Williams is helping on it, too,
5 I can get you answers back from them but just let me
6 know if you want to have them come and make an actual
7 presentation to the TAC.

8 MR. GRAY: I think that would
9 be helpful, frankly, to have Teresa and Tracy here at
10 the next meeting to do that. I think that would be
11 beneficial.

12 DR. POWELL: Okay. So, the
13 next thing that we have on the agenda was to review
14 the response that we got. Two meetings ago, we had
15 Dr. Lohr come. We talked about the use of
16 psychotropic meds with kids and we made the decision
17 to develop some recommendations which we did and you
18 all hopefully saw those and you submitted those.

19 And, then, we're waiting for
20 the response which Sharley sent out a few weeks ago.
21 So, hopefully, everybody got a chance to review the
22 response which was pretty lengthy.

23 MS. HUGHES: It was a lot of
24 information.

25 DR. POWELL: It was. It was a

1 lot of information which I appreciated. So, we
2 wanted to kind of go through a little bit some of the
3 responses and have some discussion and, then, figure
4 out what as a group maybe are some follow-ups and
5 some action steps because there was a lot in here and
6 I think we sort of made the decision to stick with
7 this topic for a bit and see what kind of movement we
8 could get with it.

9 So, did everybody get a chance
10 to review? Did everybody get the attachments that
11 were sent out?

12 MS. HUGHES: Did I send it to
13 everybody?

14 DR. POWELL: You did. After
15 the last meeting once you had a chance to compile
16 everything, you sent the response and also the
17 information that the MCOs had sent to you as well in
18 terms of their protocol for managing.

19 So, any initial thoughts or
20 discussion or questions or things that we want to
21 think through based on what our recommendations were
22 and, then, the feedback that we got, the responses in
23 terms of DMS?

24 MS. HUGHES: And I think, if
25 I'm not mistaken, in there because our pharmacy

1 person actually is the one that wrote our response
2 for us and I think he said in there that they were
3 still working with Dr. Lohr and also now Judy on
4 developing some stuff and that they would be getting
5 back to you all to work with you all.

6 MS. KALRA: Yes. I mean, if
7 there's any updates on that, we're happy to hear some
8 more.

9 DR. THERIOT: Everyone actually
10 was getting together - Dr. Lohr in particular has
11 been working on this for a while - but working with
12 our Office for Health Data Analytics and getting
13 data, looking at it from different angles.

14 So, we should have a lot to
15 tell you soon but it is something that we're working
16 on.

17 DR. POWELL: I don't know if
18 you all have gotten this far yet, but I wonder, too,
19 because they did reference that you all would be all
20 working together including the TAC. Do you know what
21 that might look like, how the TAC might be involved
22 in terms of either collaborating, making further
23 recommendations or really trying to sort of
24 operationalize some of the recommendations?

25 DR. THERIOT: I think mainly

1 bringing the information to you guys to get your
2 opinions and see what you think because you are the
3 ones in the trenches doing everything.

4 DR. POWELL: Okay. I
5 appreciated how thorough they were in terms of the
6 responses, particularly around there was a lot of
7 information in terms of best practice and the
8 algorithms and things for the prescribing.

9 I guess the other piece that I
10 want to make sure we focus equally on was what are
11 the alternatives? What can we provide and offer in
12 terms of other treatments as the major solution for
13 being able to get done, because obviously everybody
14 is really focused on the data on here and all the
15 MCOs have good guidelines that they're following in
16 terms of the medication, but really we have to make
17 sure we have other treatment options.

18 DR. THERIOT: Right and that's
19 the problem. Especially when you get outside of the
20 metropolitan areas, that's a big problem.

21 DR. POWELL: So, maybe that's
22 really where the next focus needs to be. I don't
23 know what thoughts other people have but in terms of
24 being more specific about if the data is out there
25 and best practice is out there in terms of

1 psychotropic meds, maybe the gap is really how to
2 fill the other intervention pieces, how to make sure
3 that kids have access and families have access to the
4 other treatments that we know have good evidence
5 behind them. Would that be more helpful?

6 DR. THERIOT: It would be.

7 MS. KALRA: Would you like us
8 to have a conversation about that as a TAC or is that
9 a conversation that your internal team at the Cabinet
10 is working on already or thinking through? I mean,
11 obviously, we don't want to duplicate efforts here.
12 So, if there's any way that we can----

13 DR. THERIOT: I think it's
14 something that everyone that is working on this topic
15 is doing. I mean, everyone is thinking about it,
16 trying to figure out how to increase services,
17 increase access to care, and if the care exists, how
18 to get to the care.

19 MS. HUGHES: Do you all have
20 suggestions? I know you mentioned some alternative
21 treatment forms. Probably it would be a good idea
22 for you all to possibly send some of your suggestions
23 to Judy and, then, she can talk with pharmacy folks,
24 too, as you all are doing it and, then, they can try
25 to incorporate that maybe in with what you're doing

1 or what they're doing and, then, have it kind of
2 already built in when they bring it to the TAC
3 meeting.

4 And I can ask Jessin and you
5 all if the next time they could come and bring what
6 they're looking at.

7 DR. THERIOT: That sounds like
8 a good idea.

9 MS. HUGHES: So, if you all
10 wanted to send Judy an email on what your ideas might
11 be for some alternative treatments.

12 MS. KALRA: I think that was
13 a part of our recommendations.

14 DR. POWELL: Judy, you weren't
15 here actually at the previous meeting. Did you get
16 those, though, the actual recommendations that we had
17 made? I know that was before you got on the scene.

18 MS. HUGHES: Yes, because I
19 actually put your recommendation in the response back
20 and she has that.

21 MS. KALRA: It's pretty lengthy
22 for you to see the different modes of recommendations
23 that we had and opportunities there that the Cabinet
24 could explore.

25 MS. HUGHES: I think at the

1 last meeting, didn't you bring up something, Lisa,
2 about was it occupational therapy and so forth with
3 them?

4 DR. POWELL: Yes.

5 MS. KALRA: That was one
6 solution.

7 MS. HUGHES: ABA, yes, I think
8 that was it.

9 DR. POWELL: ABA, right,
10 testing. So, we did make some specific
11 recommendations in terms of clinical recommendations
12 and alternatives and those are the pieces that it
13 sounds like everybody can kind of agree on are really
14 where we should focus the efforts because there does
15 seem to be a lot already in terms of what are the
16 guidelines for prescribing but we have to look at
17 that other piece I think, if we're going to make a
18 dent in this issue.

19 Okay. So, we will send
20 questions or follow-up kind of discussion and, then,
21 maybe we can arrange for them to come at the next one
22 and be able to have some more collaboration in terms
23 of how would we operationalize that and what could we
24 put into effect.

25 DR. THERIOT: Sounds good.

1 Anything else?

2 MS. KALRA: I did have a
3 question, and I don't know if this is even a question
4 worth asking or how to phrase this, but given that
5 the new Medicaid RFP came out and a lot of the focus
6 was on foster care in a part of that, that's a
7 population that's heavily prescribed.

8 And these medications, we
9 really want to be diligent about what they're being
10 prescribed since they are a vulnerable population.

11 I don't know if that has
12 changed any of the MCOs' mind of how they prescribe
13 or best practices, and I don't even know if I could
14 ask that question or if there's like a blackout
15 period.

16 MS. HUGHES: Probably not.

17 MS. KALRA: Okay. Sounds good.
18 That's why at first I was, like, I don't know if I
19 should ask this or not but that's just something that
20 I'm thinking about.

21 MS. HUGHES: And I'm not asking
22 them to respond to this. I don't know the timeline.
23 So, it could be that they're currently trying to
24 respond, and, so, I don't want them to respond
25 and----

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

MS. KALRA: Okay. Totally fine.

MR. GRAY: But I will say this. Through this process, as you know, I think most everybody knows, that there will be one MCO starting on July 1 of 2020 that will have the foster children in them. Now, you have to successful in the other process and, then, the foster children become an add-on to that but there will be just one MCO which will allow us to be more focused.

And it doesn't really allow, in fairness to the MCOs, they're not able to develop much expertise either because if you take the current number divided by five, you don't really have much critical mass.

MS. KALRA: That makes sense. I just wanted to ask.

DR. POWELL: Well, and, hopefully, we'll be able to use--I mean, that's such a targeted population and obviously we know the numbers for kids in care, but we certainly have lots of kids who are not in care with the same issue that we need to focus on. So, that hopefully that will give us a start.

Anybody else have anything in

1 terms of psychotropic meds before we move on? Any
2 concerns?

3 I think we want to focus on
4 specific populations, too, which we can talk about -
5 obviously kids in care. There are some
6 subpopulations in there that have some unique needs I
7 think that will warrant a little bit more focus on.

8 Okay. So, the next piece is
9 updates from the MAC.

10 MS. KALRA: So, the MAC met on
11 May 23rd. So, it's been a while and I'm sure, maybe,
12 hopefully, some things have been shared.

13 I know when we last met, one
14 update was about the Attorney General regarding video
15 conferencing. And since we don't have a quorum and
16 that's something that is a huge issue for us time to
17 time, what was said was there wasn't a response at
18 that time. I don't know, Sharley, if you have an
19 update from that.

20 MS. HUGHES: I've not heard
21 that there was. I did earlier this week go out
22 online at the Attorney General's Office to see if I
23 could find an Opinion. I did not see anything. That
24 doesn't mean there hasn't been one. And Beth does
25 have that on the agenda for the MAC to update us on.

1 So, she will let us know two weeks from tomorrow.

2 MS. KALRA: Sounds good. All
3 right. Thank you. I know that was obviously, given
4 our depleted amount of members, something we keep
5 thinking about and talking about and is a huge need,
6 especially when we have folks coming in from the east
7 and west and travel time and taking that into
8 consideration.

9 We did also hear about the
10 waiver. The waiver is held up in court, so, we'll
11 hopefully hear at some point in the fall or sometime
12 soon.

13 Other than that, each of the
14 TACs gave an update of their recommendations. We did
15 hear from WellCare and Passport as well, from two
16 MCOs that presented. And I think all that
17 information, is that online?

18 MS. HUGHES: I think so, yes.

19 MS. KALRA: Okay. So, we could
20 share that if any of the members are interested.

21 MS. HUGHES: And the other
22 three will be presenting at this MAC meeting.

23 MS. KALRA: This upcoming one.
24 I don't think there's anything else in my notes that
25 are truly sticking out.

1 DR. POWELL: So, the next MAC
2 meeting is when?

3 MS. HUGHES: Two weeks from
4 tomorrow, the 25th.

5 DR. POWELL: So, the next thing
6 on the agenda is just for member updates or concerns.
7 I know, Beth, you wanted us to start with you since I
8 know you already have one.

9 MS. SAVCHICK: So, someone had
10 asked me to ask this question. She typed a word and
11 I looked it up and I don't think that's the word
12 she's talking about.

13 Apparently, there's been a
14 number of children under the age of five that have
15 been given meth and is it Narcan is what you use for
16 adults? So, she thought there was a different
17 medicine that you would use with children.

18 And if that's the case, if it's
19 becoming something that would be more often seen by
20 teachers, that maybe we could have, because we're
21 going to be having Super Saturdays' training across
22 the State of Kentucky, six of them in the next year,
23 that maybe we could have someone trained, the
24 teachers on how to use it and how much to give
25 because I'm sure it's a lower dosage to a child

1 versus an adult and how would a teacher go about
2 that.

3 DR. THERIOT: That's for
4 opioids?

5 MS. SAVCHICK: Well, we've had
6 direct connection with children being given meth.

7 DR. THERIOT: So, there's not a
8 drug to give for that, to reverse that.

9 MS. SAVCHICK: That's what we
10 were wondering. You can't give a child anything.

11 DR. THERIOT: Well, anybody.
12 Anybody.

13 MS. SAVCHICK: Well, no. Okay.
14 So, the opioids would be for Narcan. Okay.

15 DR. POWELL: But your goal
16 still maybe is the same in terms of having somebody
17 to be able to talk to teachers.

18 MS. SAVCHICK: Right, have
19 someone to train the teachers about the different
20 overdoses and maybe even the signs of what does a
21 child look like if they're on meth and what are the
22 responses we can give.

23 DR. THERIOT: That's a great
24 idea.

25 MS. SAVCHICK: Because our

1 trainings that we're doing are not just public
2 preschool teachers but it would be child-care
3 programs.

4 MS. KALRA: And I don't think
5 it's a parent actually giving the child meth. It
6 could be on the table. I've heard stories like that.

7 MS. SAVCHICK: Right, or the
8 child has done it to themselves.

9 MS. KALRA: Yes, just not
10 knowing what it was.

11 MS. SAVCHICK: But the fact is
12 is that the drug is in them and what can we do to
13 help. So, then, they put it in them thinking they're
14 cool and they're like big, and, then, they go to
15 school and they're high. We want the teachers to be
16 trained enough to be aware of what that looks like
17 and any appropriate means to help them.

18 MR. GRAY: Narcan is not
19 approved for use in someone that's five years old.

20 DR. THERIOT: For a school
21 district, it comes down to a lot of things. It comes
22 down to calls. It comes down to what physicians are
23 willing to sign off on to be given in a school
24 setting. Even the Narcan, there's a lot of school
25 districts that do not because of various reasons, and

1 especially for preschoolers and doing the trainings,
2 and you've already got some training set up. So, who
3 are you all training?

4 MS. SAVCHICK: The Super
5 Saturdays are geared towards preschool teachers which
6 would be child-care programs. It could be family
7 child-care owners. They are also including public
8 school preschool teachers which the school districts
9 will have their own policies, I would presume, but
10 the local child-care centers may or may not.

11 MS. GLASS: And school
12 districts will have policies and procedures.

13 MS. SAVCHICK: Right, but the
14 majority of those we're training are not in the
15 school system.

16 MS. GLASS: And, so, that's a
17 good point.

18 MS. HUGHES: You may try
19 contacting--do you know anybody, David, in Public
20 Health? Connie White possibly and they may have
21 somebody in Public Health that would be able to come.

22 MR. GRAY: I would think Dr.
23 White would be the best resource.

24 MS. HUGHES: It's Dr. Connie
25 White. She's Deputy Commissioner of Public Health.

1 DR. THERIOT: Or the Children's
2 Hospitals because they both have Advocacy Departments
3 that have trainers that hopefully they teach people
4 about that.

5 DR. POWELL: Other members with
6 concerns? Association members, anything that you can
7 think of?

8 MS. DIMAR: Things as far as
9 health issues that we deal with, school safety,
10 that's one of our top ones. E-cigarettes, we've been
11 really working on that. We've made progress on that,
12 I think. And autism always is a concern for our
13 parents. Any support we can provide for them is
14 always welcomed.

15 DR. POWELL: I will go next
16 since you brought that up. That was the thing that
17 I've been hearing most is services for autism, both
18 diagnostic and ongoing intervention and just lack of
19 access to services and providers is a major concern.

20 Anything from your end, Pat?

21 MS. GLASS: I'm wondering if
22 you all have heard any discussion on the CBD oils?
23 We're having more and more parents request the use
24 during the school hours and the things it's being
25 used to treat.

1 DR. POWELL: So, they're asking
2 for the nurse to be able to administer oils?

3 MS. GLASS: All sorts of
4 things, almost from A to Z, yes, for seizures, for a
5 lot of things, yes.

6 DR. POWELL: How are you
7 handling that? If they have a medical note, that's
8 what you're----

9 MS. GLASS: Again, your school
10 district is going to have to develop their policies
11 and procedures on some things as to what's legal,
12 what's not legal, what's FDA-approved for treatment
13 for that particular condition and things like that.
14 So, it's a challenge. So, that may be something we
15 need to discuss.

16 DR. POWELL: Definitely.

17 MS. STONE: And that might be
18 local area to area. We've not seen that yet here in
19 Jefferson County.

20 MS. KALRA: And I think along
21 those lines, I think a discussion point should be
22 vaccines - a hot topic - and I think we should really
23 talk about it, have a healthy discussion and see what
24 we could really do there. And, then, E-cigarettes,
25 school safety, I think these are all great

1 conversations to have, what resources for those that
2 are autistic. KDA isn't here today but that's a
3 group that has spoke about in the dental field
4 tackling. How do you actually provide services. I
5 don't feel that the dentists felt like they were
6 equipped to tackle those patients and we need to make
7 sure that they are, so, I think having a healthy
8 discussion about that as well.

9 And, then, thinking about
10 discussion topics and potential speakers for later, I
11 was also thinking about how Kentucky Youth Advocates,
12 we put out a Kids' County Data Book every year.

13 And, so, if we're looking for
14 topics or are in need of topics, November is the
15 latest data book, and we could do a presentation here
16 to kind of share how each county fairs and just
17 really the true issues that impact child well being
18 in the state.

19 So, I just want to throw that
20 out there. Obviously, that doesn't have to be in
21 November.

22 DR. POWELL: But that's when
23 it's released?

24 MS. KALRA: That's when it's
25 released.

1 DR. POWELL: Anybody have any
2 suggestions of speakers or people for any of those
3 other topics that we talked about?

4 Autism, vaccines, and, then,
5 probably CBD and E-cigarettes and those pieces are
6 kind of together. Okay. We'll have to do some
7 investigation and see if we can have somebody come at
8 the next meeting which will be September also.

9 Before we move on, any other
10 member concerns, updates?

11 So, we jumped for a minute and
12 talked about some possible topics and actually those
13 were all in there that we just brought up, children
14 with autism. We've already touched on foster care
15 obviously as an ongoing need.

16 The only thing in there that we
17 didn't talk about, I don't know how much interest
18 there is in the impact of the decoupling, which I'm
19 not sure if we're far enough along to get an update
20 on that or if we should hold on that. Maybe you call
21 can speak to that.

22 MS. HUGHES: Honestly, I'm not
23 sure what that even is. Is that part of the RFP?

24 DR. POWELL: The decoupling of
25 behavioral health services from residential, from

1 room and board and much more oversight and separating
2 out behavioral health services for kids in care.

3 MS. HUGHES: That's not part of
4 the SUD expansion thing?

5 DR. POWELL: No.

6 MS. HUGHES: Okay. I can ask
7 Stephanie about that and I'll get back with you.

8 DR. POWELL: That would be
9 great. It's my understanding that will be next July
10 but maybe we can get an update from her on that.

11 MS. HUGHES: She didn't put
12 anything on here because she had given us a couple of
13 notes on updates to give you and she didn't have
14 anything on that but I will ask her.

15 DR. POWELL: Okay. Maybe she
16 can give us an update next time.

17 Next piece is to get an update
18 on the school-based services and the Free Care Rule.
19 Eva, are you there? Can you give us an update on
20 that?

21 MS. STONE: Well, I can. I
22 guess it was last Tuesday, Lee Guice held a meeting
23 and several of you who are there attended talking
24 about nursing services in particular because
25 originally there was some question about what would

1 be billed in schools for nurses.

2 Lee shared the scope of
3 practice for school nursing for Kentucky and, then,
4 talked about how basically anything that's medically
5 necessary that's within a nurse's scope of practice
6 can be billed through the reversal of Free Care.

7 So, I think now it's just the
8 waiting for the final approval of the State Plan
9 Amendment. I think July 29th is the day where it's
10 supposed to come back yes or no, but everything is
11 moving forward, and CMS kind of gave direction on the
12 best way to write the State Plan Amendment and
13 they're just prepping superintendents for them to
14 know what this can look like.

15 DR. POWELL: So, that will be
16 implemented starting this fall, this school year?

17 MS. KALRA: Schools will have
18 the option, yes.

19 MS. STONE: That's the plan,
20 yes.

21 MS. BEAUREGARD: I was
22 wondering if the FAQ's have come out for that yet? I
23 wasn't sure if I had missed the email or if they just
24 haven't come out.

25 MS. STONE: I haven't looked.

1 I haven't seen anything and I haven't gotten any
2 feedback that they're posted.

3 MS. KALRA: Emily, this is
4 Mahak. There hasn't been anything that has been sent
5 out since that meeting.

6 MS. BEAUREGARD: Okay. I'll
7 just follow up with Lee Guice and ask. Thanks.

8 DR. POWELL: Do you have
9 anything else to add? I know you were there, too.

10 MS. KALRA: I wasn't at this
11 meeting but I was kept in the loop of what had
12 happened.

13 MS. STONE: Can I add to what I
14 said?

15 DR. POWELL: Yes.

16 MS. STONE: I'm sorry. I just
17 realized there's a bunch of you with MCOs sitting in
18 the room probably also wondering.

19 One part of the meeting, we did
20 have some very good discussion about coordination of
21 continuity of care I think across providers.

22 And, so, one of the things that
23 Medicaid is going to look into is the Health
24 Information Exchange and what can be done to make
25 sure that this isn't a process where we're

1 duplicating services and we're not providing good
2 wraparound care for kids.

3 So, there is discussion and
4 work on how to address the data sharing, how to
5 address being able to talk back and forth and how
6 could the Health Information Exchange fit into all of
7 this.

8 MS. KALRA: I didn't know if
9 you guys have anything to share.

10 MS. HUGHES: No, I don't.

11 DR. POWELL: Eva, can you just
12 say something else about that? I guess I'm still not
13 clear on being able to understand how it will be
14 ensured that kids aren't duplicating service.

15 If they receive some service in
16 a school versus through their primary care or even
17 another provider, a behavioral health provider, how
18 will that be prevented?

19 MS. STONE: So, to start with,
20 at the very beginning, it's not going to be. It's
21 something that Medicaid is going to be working on and
22 that's why the discussion about the Health
23 Information Exchange and how to begin to coordinate
24 services so that this doesn't become a duplication in
25 services.

1 interested in this opportunity to take advantage of
2 this opportunity because it's at the table.

3 MS. STONE: Right. It's going
4 to be available.

5 MS. BEAUREGARD: That has been
6 a concern of ours. Of course, we would want to make
7 sure that there is good information-sharing and care
8 coordination.

9 One thought that I had was that
10 DMS could share - they'll be getting this information
11 through claims data and reimbursing fee-for-service
12 or based on some rate that they establish with the
13 schools - but I would hope that they could share that
14 claims data with the MCOs.

15 And I think the MCOs that are
16 in the room, if those are conversations that you
17 could start having with DMS, I think that would be
18 helpful to see how that data can be shared so you can
19 have a whole picture of the kids covered in your plan
20 and, then, the provider would be able to access that
21 information through the MCOs, too.

22 MS. STONE: And I think at the
23 end of the day, we all need to have HEDIS measures
24 and outcomes in mind. This is being discussed with
25 superintendents as something that can help with

1 implementation of Senate Bill 1 and that's surely
2 true, but it also needs to be used as a venue to make
3 kids in Kentucky healthier. And, so, if we do that,
4 we have to be thinking how do we do that with
5 specific objectives.

6 And, so, I agree with you,
7 Emily. I think there needs to be ongoing
8 conversation about how to ensure that services are
9 coordinated, kids are receiving wraparound care,
10 medical homes know what's going on with kids when
11 services are being provided in schools and those
12 sorts of things.

13 DR. POWELL: So, is there any
14 part of that that's part of the protocol that the
15 family signs a release and that records are
16 automatically sent back to the PCP when a child has
17 received services?

18 I'm just thinking of it from a
19 provider perspective when we are sitting in an
20 office. One piece of it is that Medicaid knows and
21 the MCOs know, but the most important part from a
22 provider perspective is that we know clinically what
23 has happened or not happened.

24 MS. STONE: Exactly. And, so,
25 that's part of the discussion. The hard part on the

1 part of schools is going to be who is responsible for
2 that. To me, even if I have a nurse in every
3 building, can somebody physically send all that
4 information?

5 That's why the discussion of
6 the Health Information Exchange came up as a way to
7 possibly ensure that there's communication available
8 back to the primary care providers and the medical
9 home.

10 MS. KALRA: And, then, also,
11 one of the original partners of those that have been
12 interested in this idea is the FRYSC's. They have
13 been a part of the conversations from the get-go and
14 have been attending the meetings as well which I
15 think could play a critical role in kind of providing
16 that liaison to families, providers, whoever might
17 need this information as well.

18 DR. POWELL: Any other
19 questions or thoughts about Free Care and school-
20 based services? Have you had much from your end?

21 MS. GLASS: Actually, Eva has
22 been following this much more closely over the past
23 months and months, and I went and sat in on the last
24 meeting sitting in for Angie McDonald who is with the
25 Department of Education. She was out of town at a

1 national conference. So, that was my first meeting
2 that I had attended. So, there is a lot to it.

3 DR. POWELL: Okay. Any MCO
4 updates from anybody? No? Okay.

5 Do we have any data requests?

6 MS. KALRA: No. We haven't
7 sent anything.

8 DR. POWELL: Any other
9 governance issues that we have? No?

10 That's it, unless anybody as
11 Other Business?

12 MS. HUGHES: A couple of things
13 on what you all have got at the bottom of the agenda.

14 A referral by a physician to an
15 audiologist shall be required. We're in the process
16 of submitting regulations and a State Plan Amendment
17 for that to be done. So, just to update you on that.

18 CPT codes requested for
19 payment. Stephanie said any medically necessary
20 service can be covered under EPSDT with a prior
21 authorization.

22 MS. KALRA: I thought this was
23 an old one and it has been approved since then.

24 MS. HUGHES: Okay.

25 MS. KALRA: So, I think this

1 was like a year ago it was finally approved because
2 it's been a while.

3 MS. HUGHES: So, maybe we can
4 take that off.

5 MS. KALRA: We can take this
6 one off. It's been a while and we've gotten an
7 update because Dr. Liu gave an update a while ago,
8 like a year ago.

9 MS. HUGHES: Okay. I may have
10 left that on the bottom. Sorry.

11 MS. KALRA: I do want to circle
12 back. Do we want to finalize a topic for next time
13 so in case we do want a speaker?

14 DR. POWELL: So, partly, we're
15 going to continue one more update for psychopharm
16 again. Yes, I think we need to try to find somebody
17 who would want to talk? We can sort of prioritize
18 whether we think it would be more important to have
19 someone first, do we want to start with autism or do
20 we want to start with vaccines or with CBD and E-
21 cigarettes?

22 MR. GRAY: Just don't do
23 vaccines and autism at the same one.

24 DR. POWELL: Any suggestions
25 for autism?

1 DR. THERIOT: Greg Barnes and
2 he is currently doing some clinical trials with CBD
3 oil and stuff in autism.

4 DR. POWELL: I will reach out
5 to him and see if he's available.

6 MS. GLASS: We have parents
7 wanting us to use CBD oil for anxiety, autism,
8 seizures, migraines. There's another one but it
9 escapes me now but it's continually increased. So,
10 there will be more and more.

11 MS. HUGHES: Are the doctors
12 prescribing it? I guess I was thinking for them to
13 have it administered at school, the schools require
14 it to be doctor-prescribed. That was my thinking.

15 MS. GLASS: Well, schools are
16 also driven by what is FDA-approved for treatment for
17 those particular conditions. So, that plays into it
18 as well.

19 DR. POWELL: That's it. I
20 think we are done and we'll see you in September.

21 MS. HUGHES: And I will ask
22 Jessin to come just to wrap up, to come with Judy
23 next time to talk about the psychotropic drugs. If
24 you all have suggestions, just send them to her. And
25 then we will have Tracy and Teresa do do a KI-HIPP,

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

yes.

DR. POWELL: That will be
great. Thank you, everyone.

MEETING ADJOURNED