

CONSUMER RIGHTS AND CLIENT NEEDS TECHNICAL ADVISORY COMMITTEE
Cabinet for Health & Family Services
Cafeteria Conference Room
275 East Main Street
Frankfort, Kentucky
October 23, 2018 – 1:30 p.m. EST

TAC members in attendance: Emily Beauregard, Miranda Brown and Arthur Campbell, Jr.

Managed Care Organization (MCO) representatives in attendance: Dana Moody, Passport; Andrea Jarvis, Anthem; Brian Staples, Humana-CareSource; Rick Schultz and Kentrell Stead, Aetna Better Health; LeAnn Magre, WellCare.

Medicaid staff in attendance: Gil Liu, Lee Guice, Angie Parker, Kimberly Bickers, John Hoffman, Candace Crawford, John Hay, Lori Gresham.

Others in attendance: Camille Collins and Rachel Petitt, Protection & Advocacy Services Division; Steve Shannon, KARP Association; Brad Leedy, Bridgehaven.

Welcome & Introductions: The meeting was called to order by Ms. Beauregard, Chair, and introductions were made. A quorum was present.

Approval of Minutes: The minutes of August 28, 2018 were approved.

Update on status of copays and benefits: Ms. Guice provided the TAC with a handout entitled MCO Copay Grid until 12/31/2018 showing what the MCOs are charging. Ms. Guice stated that as of January 1, 2018, MCOs will no longer be allowed to waive co-pays and Medicaid recipients who are subject to a copay will be responsible for paying them regardless of whether KY HEALTH goes into effect or not. She noted that if an individual has a patient liability, there is no copay, and she noted that the regulation will have to be updated to reflect these changes.

If individuals are incorrectly charged a copay under the 1915(c) waiver, they should contact Lori Gresham at lori.gresham@ky.gov.

Update on KY HEALTH re: Timetable, stakeholder engagement, consumer testing & communications, medically frail process, implementation rollout, policies and regulations: Ms. Guice reported that the waiver is still with CMS under consideration and the stakeholder forums have continued as they were previously scheduled. DMS is planning a January 1, 2018 implementation date.

Ms. Beauregard noted that the regulation process has been ongoing and they would be heard in committee in November of 2018.

Dr. Liu reported on the medically frail process and noted that the MCOs have been reporting on the number of clinician attestations they have received and Ms. Beauregard asked if the TAC could receive that information. He noted that there was an adjustment to the claims analysis to extend the period of time to look for substance use disorder claims. Dr. Liu stated that individuals who have been designated medically frail through either the automated tool or the clinician attestation would remain in that status for the 2019 calendar year, provided that Kentucky HEALTH is implemented on January 1, 2019.

Dr. Liu stated that the substance use disorder portion of Kentucky HEALTH has been approved and is posted to the CMS website. The two policies that will need to be implemented are a waiver of the IMD exclusion so there can be greater access to residential treatment and the approval of methadone to be part of the pharmacy benefit.

Mr. Leedy stated that he was under the impression that if someone had a diagnosis of a severe and persistent mental illness that he or she would be deemed medically frail but his facility has had forms kicked

back stating that the ADL's did not support that. Dr. Liu suggested going back to the MCOs to seek clarification, and several of the MCO reps stated that facilities should reach out to them. It was noted that the MCOs had provided phone numbers and emails, and Ms. Beauregard asked if that information could be made available to the TAC.

Dr. Liu noted that DMS had received feedback concerning expanding ADL's to include cognitive processes and that DMS will be looking at that.

Update on 1915(c) waivers re: Stakeholder engagement and rate study: Ms. Gresham furnished the TAC with handouts concerning the 1915(c) redesign. She stated that on September 20, 2018, DMS released Navigant's final report for their assessment regarding the waivers and this report can be found on the Division of Community Alternatives' webpage. The report looks at the national and state-specific climates for the waivers and Navigant's assessment of the state-specific waivers in particular. There are forty-plus findings and eleven recommendations for how the waivers can be improved.

DMS released its response to Navigant's report on October 15, 2018 and laid out a timeline to address the recommendations and prioritized them. DMS wants to address current compliance issues, improve access to quality and equity of Home- and Community-Based Services across all waivers, and continue enhancing HCBS waivers to reflect national best practices.

Ms. Gresham spoke about DMS' commitment to engage with stakeholders in a number of ways. Informational webinars will be held, as well as in-person stakeholder meetings and the formal thirty-day comment period. She stated that scheduling these events are in the planning stages and notification will go out via email blasts and other forms of communication. Ms. Gresham stated that DMS hopes to submit the waiver redesign towards the end of 2018 or the beginning of 2019. The email address for receiving information on the 1915(c) information can be found at medicaidpubliccomment@ky.gov.

Ms. Gresham discussed documents that DMS sent out entitled "What Does This Mean to Me?" and there is a provider edition and an individual who accesses waiver edition. She asked that TAC members distribute these to anyone who is interested in the waivers.

Mr. Campbell asked if DMS would be looking at increasing direct support staff rates as well as agency rates when doing the rate-setting methodology, and Ms. Gresham stated that DMS will be looking at all rates. Mr. Campbell suggested that a MAC recommendation be made concerning this, and this was done later in the meeting.

Ms. Beauregard asked if there was a separate appeals process for the 1915(c) waivers, and Ms. Gresham stated that the appeals process is just that, an appeals process. She also stated that the grievance process for the waivers is very informal and this will be formalized in the redesign.

Discuss responses to TAC recommendations from 5/24/18, 6/19/18 and 8/28/18 meetings:

There was discussion that MAC responses will be made to the TACs within forty-five days from when recommendations are made to the MAC.

Ms. Beauregard asked Ms. Guice about the DMS response to Recommendation 2018(26) concerning a stakeholder advisory council being formed to provide input on the 1915(c) waiver redesign and she noted that the response stated that Foundation for a Healthy Kentucky would be partnering with DMS to assist in soliciting stakeholder input but that this had not yet begun. Ms. Guice stated she would take that back and provide an update.

There was discussion concerning Recommendation 2018(35) that recommended that the Cabinet remove the initial medically frail screening question asking "Are you in good health" but to still ask the follow-up questions in the screening process. Later in the meeting, the recommendation was reworded and a motion was made concerning this.

Recommendation 2018(25) was discussed relating to alternative forms being made available in paper format to the eligibility application and the Citizen Connect information. Ms. Beauregard stated more clarification

may be needed because the intention was to make sure people could report and do other activities in other formats rather than online reporting, and this recommendation was reworded in a motion later in the meeting.

There was discussion concerning Recommendation 2018(37) recommending that the MAC meetings be live-streamed but no further action was taken. Mr. Campbell suggested that before another recommendation is made that DMS review the ADA guidelines concerning providing interpreters and transportation when a disabled individual attends TAC and/or MAC meetings. An email had been sent to Sharley Hughes concerning this and Ms. Beauregard will forward that on to Ms. Guice. Ms. Collins will assist Mr. Campbell in formulating a request or a recommendation to be made at the next TAC meeting.

Recommendations to the MAC for November 15, 2018 meeting:

- A motion was made, seconded and approved that the TAC recommend that any electronic information or reporting through Benefind and Citizen Connect also be made available in paper format or through other alternative methods.
- A motion was made, seconded and approved that the TAC recommend that the Cabinet ensure that any increase in the rates paid to agencies serving 1915(c) waiver recipients result in an equal increase in the pay rates for direct service providers and support staff.
- A motion was made, seconded and approved that regardless of whether DMS creates an alternative benefit plan, the TAC recommends that Kentucky elect to create a "medically frail" exemption that would apply to copays.
- A motion was made, seconded and approved that the TAC recommend that all Medicaid applicants and enrollees complete the full medically frail screening, including the initial question "Are you in good health?" as well as all follow-up questions.

TAC future meeting dates/times: The next TAC meeting will be December 18, 2018, 1:30 p.m., Cafeteria Conference Room. Future dates will be finalized after the MAC sets its 2019 calendar at its November 15, 2018 meeting.

Next meeting of MAC: The next MAC meeting will be November 15, 2018 at 10:00 a.m., Room 125, Capitol Annex.

The meeting was adjourned.

(Minutes were taken and transcribed by Terri Pelosi, Court Reporter, this 30th day of October, 2018.)