

CONSUMER RIGHTS AND CLIENT NEEDS TECHNICAL ADVISORY COMMITTEE
Cabinet for Health & Family Services
Cafeteria Conference Room
275 East Main Street
Frankfort, Kentucky
December 18, 2018 – 1:30 p.m. EST

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

Managed Care Organization (MCO) representatives in attendance: Lori Gordon, WellCare.

Medicaid staff in attendance: Lee Guice, Kimberly Bickers, Sharley Hughes, Lori Gresham, Earl Gresham, John Hoffman, Candace Crawford and David Gray.

Others in attendance: Camille Collins and Rachel Petitt, Protection & Advocacy Services Division; Brad Leedy, Bridgehaven; Jason Dunn, Kentucky Voices for Health; Marcie Timmerman, Mental Health America of KY; Sheila Schuster, Advocacy Action Network; David Allgood, CAL; Nichole Maher, CCDD; Patty Dempsey, The Arc of Kentucky.

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 October 23, 2018 were approved.

Update on plan to implement mandatory copays on 1/1/19: Ms. Guice stated that copays will go into effect on January 1, 2019 and that DMS will be sending providers a clarification concerning what provider types and what codes are subject to copays. Mr. Dunn asked if a recipient accessed two services on the same day even if the service was not at the same physical location, would this be billed as one copay for one visit or two copays for two visits, and Ms. Guice stated that, in her opinion, it would depend on how the services were billed. If it is billed under one provider number and they bill for two services on the same day that this would count as one visit. Ms. Beauregard noted that providers are unclear as to whether it is physical location versus billing and related to their provider ID and she asked Ms. Guice if this would be part of the clarification going out to providers. Ms. Guice said she could not definitively state that as she had not seen the communication but she will confirm this, and Ms. Beauregard will follow up with a written request for the exact language and policy. Dr. Schuster suggested that a communication go out to recipients explaining which services do or do not have a copay.

Ms. Collins noted that there has been confusion about copays among 1915c waiver recipients, and Ms. Guice cited the recipient cost-sharing regulation, 907 KAR 1:604, and stated that if recipients are responsible for a liability amount, they will not be subject to copays.

Update on KY HEALTH:

What has changed under the newly approved STCs? Ms. Guice spoke of three major changes: (1) Survivors of domestic violence will be included and treated like the medically frail population; (2) The refugee population will be treated like medically frail but not considered medically frail; and, (3) There will be a thirty-day notice on community engagement requirements or path requirements instead of a ninety-day notice.

Are regulations and policies being updated to reflect the new STCs? Ms. Guice stated that this is being analyzed.

Will there be training/education for state employees, assisters and providers? Ms. Guice stated that she is not aware of the plans in place for future training and education.

When are notices going out? Ms. Guice stated that the first notice will go out on March 1, 2019. She noted that future path notices notifying recipients that their path requirement will be coming up has to be sent out thirty days ahead of the time of when the requirement starts and then the Notice of Eligibility will go out shortly after that.

There was a lengthy discussion concerning recipients and providers not receiving notifications about whether attestations have been received, processed and/or decisions made as to whether recipients have been deemed medically frail or not. Ms. Guice stated that the MCOs make the determination of who is and who is not medically frail and Ms. Gordon with WellCare explained the determination process and stated that providers fill out the attestation form and send it to the MCO. The MCO keys the information into their system and runs it against a DMS-provided algorithm that scores it medically frail or not medically frail. That indicator is then submitted to MMIS and MMIS puts it on the 834 and sends it back to the MCO.

What is the new implementation roll-out timeline? Ms. Guice had to leave the meeting, so, this was not discussed.

Will there be more consumer testing prior to 4/1? Ms. Guice had to leave the meeting, so, this was not discussed.

Update on 1915(c) waivers re: Stakeholder engagement and rate study: Ms. Gresham gave an update and stated that on January 7, 2019, the draft waivers will be released for public comment and the public comment period will begin on January 7th and end on February 6th. Each of the six waivers will have their own amendment and there will be six amendment documents posted. There will also be summaries available describing the amendments to all six waivers. DMS will conduct webinars early in the public comment period to educate stakeholders on the proposed amendments. DMS will review and summarize the comments and then submit substantive waiver changes to CMS for approval.

Ms. Grisham stated that an advisory panel and sub panels made up of stakeholders have been formed to look at targeted areas and work on implementation of the waivers. Dr. Schuster asked if the names of the stakeholders will be made public and Ms. Gresham stated that that information will not be made public. Ms. Collins noted that P&A is looking at that and Ms. Beauregard asked Ms. Collins to send her any questions concerning this and she will forward them on to Ms. Bickers for clarification.

Ms. Grisham noted that there is a separate work group who is reviewing the rate methodology study. A pilot survey will be done with providers and DMS will take that feedback, analyze the information and then release the full survey in the spring of 2019.

Ms. Littrell and Ms. Dempsey spoke about participants not receiving goods and services and Ms. Grisham stated she would need specific examples in writing in order to address this. Ms. Littrell will provide examples to Ms. Beauregard who will then forward them to Ms. Bickers.

Discuss ADA guidelines related to making accommodations for disabled individuals to participate in TAC and/or MAC meetings: Mr. Campbell asked DMS to review Title II of the Americans with Disabilities Act. He believes that DMS is mandated to provide and pay for interpreter services in order for disabled persons to participate fully in TAC and MAC meetings.

Recommendations to the MAC for January 24, 2019 meeting:

- A motion was made, seconded and approved that DMS make accommodations for all TAC and MAC members to be able to fully participate in TAC and MAC meetings including the cost of assistance and interpretation. Mr. Campbell abstained from voting.
- To clarify Recommendation 2018(86) and DMS' response, a motion was made, seconded and approved that all written communication that a person receives in their requested language also be provided in English for the purpose of consumer assistance.
- To clarify Recommendation 2018(96) and DMS' response, a motion was made, seconded and approved that all of the medically frail screening questions be asked of the Medicaid applicants and enrollees on the Benefind system or paper application.
- A motion was made, seconded and approved that the medically frail attestation form specifically include cognitive processes.
- A motion was made, seconded and approved that the medically frail status display in the Benefind SSP.
- A motion was made, seconded and approved that the terms "entity" and "place" be defined in the

new copay regulation and policies to ensure that copays are accurately charged for same-day services.

- A motion was made, seconded and approved that there be communication specifically to Medicaid recipients covered by a 1915c waiver that the new mandatory copay rule does not apply to them.
- A motion was made, seconded and approved that there be clear communication to any Medicaid recipient who has self-attested as medically frail and/or has had a provider attestation completed, as to whether that attestation has been received, processed and what the final determination is.
- A motion was made, seconded and approved that DMS work with consumers to streamline the grievance and appeals process in the 1915c waivers and 1115 waiver.

There was discussion concerning the need for system integration and ensuring that all systems are working properly before policies are put in place but this topic was tabled for discussion at a later date.

There was discussion concerning the need to streamline the grievance and appeals processes in the 1115 waiver and the 1915c waivers and this topic will be further discussed at the next TAC meeting.

2109 Meeting Dates/Times: The 2019 meeting dates are February 19th, April 16th, June 18th, August 20th, October 22nd and December 17th. The meetings will be held in the Cafeteria Conference Room from 1:30 – 3:30 p.m. ET.

Next meeting of MAC: The next MAC meeting will be January 24, 2019 at 10:00 a.m., Room 125, Capitol Annex.

The meeting was adjourned.

(Minutes were taken and transcribed by Terri Pelosi, Court Reporter, this 2nd day of January, 2019.)