

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

**IN RE: CONSUMER RIGHTS AND CLIENT NEEDS
TECHNICAL ADVISORY COUNCIL**

April 16, 2019
1:30 P.M.
James Thompson Conference Room
Cabinet for Health and Family Services
275 East Main Street
Frankfort, Kentucky 40601

APPEARANCES

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CHAIR

Miranda Brown
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KAPP

Sheila Schuster
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AGENDA

1. Welcome and Introductions
2. Approval of Minutes
3. Update on Kentucky HEALTH
 - * What, if any, components of Kentucky HEALTH will be implemented on a voluntary basis, without penalties enforced?
 - * How have Medicaid recipients been notified that Kentucky HEALTH is not in effect?
 - * What is the status of the medically frail designation? Will people considered MF before the court ruling still be considered MF if an Alternative Benefit Plan is implemented?
4. Update on mandatory copays
 - *
 - *
 - *
5. Update on 1915(c) waivers: re: Stakeholder engagement and rate study
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 - *
6. Discuss ADA guidelines related to making accommodations for disabled individuals to participate in TAC and/or MAC meetings
7. Discuss responses to TAC recommendations from 12/18/18 meeting
8. Recommendations for the May 23rd meeting
9. Next meeting: June 11, 2019, 1:30 to 3:30 p.m.
10. Adjournment

1 MS. BEAUREGARD: Welcome,
2 everyone. Thank you for making time to be here
3 today. I'm Emily Beauregard. I'm the Director of
4 Kentucky Voices for Health and Chair of this TAC.
5 We have one other TAC member with us today.
6 Introduce yourself and then we'll go around the
7 room.

8 (INTRODUCTIONS)

9 MS. BEAUREGARD: Thanks,
10 everyone. We can't do approval of minutes again
11 because we don't have a quorum today. So, we will
12 hold those for our next meeting.

13 Just one update that Camille
14 shared before the meeting began which is that Arthur
15 was unable to be here today but she is working on
16 finding him a ride so that he can be here at future
17 meetings. So, I appreciate that. Thank you for
18 your help.

19 And I didn't hear from Donna,
20 so, I'm going to be checking in with her to see if
21 this will still work for her for the future dates.

22 So, for now, we don't have a
23 quorum and we'll just proceed with doing this for
24 informational purposes. So, you want to get
25 started, Tracy?

1 MS. WILLIAMS: Sure,
2 absolutely. So, in kind of taking a look at the
3 agenda and providing an update on the Kentucky
4 HEALTH program, one of the questions is what, if
5 any, components of Kentucky HEALTH are going to be
6 implemented on a voluntary basis without penalties
7 being enforced. So, this could be work supports or
8 the My Rewards' incentives.

9 One of the things, as I'm sure
10 everyone in this room is aware, is that Kentucky
11 HEALTH approval was vacated, so, we did not have our
12 go live.

13 So, we are evaluating the
14 platforms that we have created to help this go live,
15 how they can best be used to benefit Medicaid
16 beneficiaries, and I think that that would certainly
17 include some of the My Rewards' activity, I think
18 continue the promotion of preventive services, if we
19 are able to look at other ways to provide those work
20 supports obviously on a voluntary basis, if there
21 would be any thought to be able to build around
22 those.

23 MS. BEAUREGARD: And I think
24 another question of ours was related to
25 notification. Can you tell us a little bit more

1 about how people are finding out?

2 MS. WILLIAMS: So, one of the
3 things that we did is we put together a program
4 guide that was delivered along with our Notice of
5 Eligibility, and the program guide had some language
6 included indicating that if Kentucky HEALTH did not
7 go live, that these changes would not take place. I
8 don't remember.

9 I didn't bring the exact
10 language with me, but there was some language that
11 was included in that notice that indicated that
12 these are changes specific to Kentucky HEALTH and
13 that if they did not go live, they would not apply.

14 Probably one of the other most
15 important things we've done is really with our
16 network of stakeholders being able to provide that
17 information.

18 We believe that our managed
19 care organizations as well as our provider
20 communities have more face-to-face interaction
21 opportunities with our beneficiaries, so, preparing
22 them with that messaging as well as with our MCOs,
23 the language even in how to move forward, also other
24 stakeholder groups.

25 So, we have community-based

1 organizations that we work with, our application
2 assister groups, just a variety of networks
3 throughout the state that we were able to distribute
4 the messaging and the fact that we were not going
5 live.

6 So, outside of that, we also
7 have a comms plan, a communications plan that
8 includes social media, website updates, etcetera and
9 certainly put that there.

10 One of the ways we have
11 monitored that is being able to look at what our
12 call volume has been. We have actually not seen any
13 type of increase in call volume based on the no-go
14 live, if you will, even monitoring our provider
15 support lives and not seeing a tremendous increase
16 there either.

17 MS. BEAUREGARD: Great.
18 Thanks. One question that I had specifically was
19 about medically frail. We're still hearing some
20 Medicaid recipients who reach out to KVH or are
21 posting things online refer to themselves as
22 medically frail now and I know that technically it's
23 not a designation because Kentucky HEALTH didn't go
24 live, but to a lot of people, it's something that
25 they identify with now and also still associate with

1 copays or the lack of not having copays.

2 So, is there anything else
3 that the Cabinet is doing around helping people
4 understand where we're at with medically frail?
5 Also a question to the MCOs, have you been hearing
6 much from members with questions about that?

7 MS. WILLIAMS: I would
8 definitely be interested to know from our MCOs if
9 you're hearing that information because that is not
10 something that I heard.

11 So, of course, without
12 Kentucky HEALTH, there is not a medically frail
13 designation, but we know that we did make some
14 effort to bring some understanding around that
15 medically frail process certainly within the last
16 weeks before we had our go-live scheduled.

17 So, with any absence of a time
18 line at this point as we navigate through appeals
19 processes, etcetera, I don't know that the medically
20 frail designation is--well, I know that the
21 medically frail designation won't apply because it
22 won't have anything that it would exempt someone
23 from.

24 And, so, looking at what
25 you're hearing, I think, or if there is confusion, I

1 would certainly be happy to take that back and add
2 that to our continued communications efforts.

3 MS. BEAUREGARD: Have the MCOs
4 heard from members who are confused about the
5 medically frail designation?

6 MS. JARVIS: We've had some.
7 We've had some members call and ask about the copays
8 even though they thought they were medically frail.
9 Do I have to pay or am I being asked to pay? And,
10 so, we have referred members back to the appropriate
11 guidance and whatnot. I don't know if that's kind
12 of a long list phenomenon or folks are starting to
13 get used to it, the concept, but we did see some
14 shortly after the announcement.

15 MS. WILLIAMS: So, I think
16 that I would certainly take that information. Like
17 I say, we still have the communications plan where
18 we have social media capabilities, some other
19 capabilities to help with that messaging even to our
20 networks.

21 MS. HUGHES: When they're
22 contacting you all, Emily, are you all referring
23 them to the MCOs or back to DMS to get assistance?

24 MS. BEAUREGARD: We clarify.
25 We essentially tell them the same thing that they

1 would be told otherwise. Rather than just referring
2 them, we answer their question or sort of clarify
3 for them.

4 MS. HUGHES: If there were
5 some issues they were having that the MCOs needed to
6 know----

7 MS. BEAUREGARD: Well, the
8 issue is not being able to afford the copays.

9 And one thing that I think we
10 have recommended in this TAC before which I don't
11 necessarily know that--well, we don't have the
12 quorum to recommend it today but it's still
13 something that I think would be worth taking back,
14 Tracy, to your team which is that while Kentucky as
15 a state is not required to have a medically frail
16 designation because we don't have an Alternative
17 Benefit Plan, it's still an option that we could
18 voluntarily adopt a medically frail designation.

19 We now have the algorithm, the
20 system, the medically frail tool and the process set
21 up with all MCOs. People have already been screened
22 and that could be used to exempt people from the
23 mandatory copays.

24 So, it would be another way of
25 using what was built originally for the waiver to

1 still help to identify this frail population and
2 make sure that they're able to access services
3 without copays which can be a barrier for many of
4 them, especially those that need multiple
5 prescriptions or a lot of chronic disease
6 management, behavioral health services.

7 DR. SCHUSTER: From a
8 provider's standpoint, we had providers that were
9 sending in the attestations and they went into a
10 black hole, as we say, and nobody quite knew.

11 And I had been getting calls
12 from providers saying apparently our person's
13 attestation was not approved. Can we appeal?
14 What's that process?

15 Those clients know that that
16 process was in process, if you will, and I think
17 there still is some what happens to those
18 attestations or that application process that was in
19 process, if you will?

20 And I don't know if there is
21 an answer to that, Tracy, but I will tell you that
22 that's coming from both providers and the consumers
23 that they're working with closely.

24 MS. WILLIAMS: So, what we
25 did, I believe we had over three hundred participate

1 live in a medically frail webinar that we had done a
2 couple of weeks before our proposed go-live. We
3 also posted that and I think that part of that was
4 how the people would know and how providers would
5 know.

6 So, we did include a screen in
7 Health.Net that would be an indicator and we're
8 working on a screen in SSP. At this point, that
9 wouldn't be necessary.

10 So, if someone were in the
11 process, there was a gap for the provider in not
12 knowing that. They had to call their MCO, they
13 being the beneficiary, to call the MCO to find out
14 what their status was if it were approved or denied
15 or they could look in a self-service portal or
16 Benefind to find that answer.

17 I think that right now, we're
18 not going to continue that attestation process.
19 Again, in the absence of a time line, if we do that
20 now and then we don't have a go live for quite some
21 time, then, that person would need to be reassessed.
22 So, it would be an additional administrative burden
23 I think on both the beneficiary and the provider.
24 So, we're going to cease that for now.

25 DR. SCHUSTER: So, the message

1 now is - and that was pretty clear - but the
2 clinician should not be sending in attestations and
3 so forth.

4 MS. WILLIAMS: Right.

5 DR. SCHUSTER: What about
6 those who were given the designation which was for a
7 twelve-month period and let's say the go-live is
8 delayed for six months or whatever, what happens to
9 that time frame? Does it start when the waiver
10 actually goes live?

11 MS. WILLIAMS: I think that we
12 would make that decision based on when that time
13 line would be. So, say, if something happened in
14 our world and we were to have a go-live that would
15 be within that twelve months.

16 We were in the same situation
17 previously where we had some attestations that had
18 been submitted and scored. It hadn't been published
19 or we didn't have our screens available and we
20 needed to decide what had been that time line and we
21 decided to allow those members to maintain that
22 medically frail designation, even if it had been
23 even over twelve months for some or what ended up
24 being like an eighteen-month designation for some
25 rather than have them go back through an

1 attestation, and I think that's going to depend on
2 our time line.

3 DR. SCHUSTER: So, that
4 decision would be made once you have a go-live date.

5 MS. WILLIAMS: Yes, and I
6 think it would depend on what that date is. And I
7 think I have spoken to this before, for the program,
8 it's to our benefit to make sure that we properly
9 identify people who are medically frail rather than
10 keep them out of that designation if that's where
11 they need to be. So, we would certainly make the
12 best informative decision we could with that.

13 DR. SCHUSTER: And I think
14 that's where the anxiety on the part of the consumer
15 is coming from because that's for them a
16 designation. That means they don't have the
17 community involvement. They don't have the copays
18 and so forth. So, that's obviously high intensity
19 for them.

20 MS. WILLIAMS: Sure.

21 DR. SCHUSTER: Thank you.

22 MS. BEAUREGARD: I don't think
23 I had any other questions. Did you, Miranda?

24 MS. BROWN: No.

25 MS. BEAUREGARD: Thanks,

1 Tracy.

2 MS. WILLIAMS: Thank you all
3 so much. I'm sorry. I have to rush out to another
4 meeting. I appreciate your all's time.

5 MS. BEAUREGARD: So, we will
6 move on to the update on the 1915(c) waivers.

7 MS. SMITH: So, the public
8 comment period ended yesterday at 11:59. We're
9 still finalizing the total numbers as they were
10 rolling in quite quickly yesterday.

11 I do know at our twenty-day
12 summary, we were at the twenty-four, fifty and five
13 hundred comments. So, I do know that we got a lot
14 over the weekend and yesterday.

15 So, what we will do as soon as
16 those are compiled, we're going to spend the next
17 couple of weeks looking through all of those,
18 organizing them to respond to them, looking at the
19 waivers, making any necessary revisions with our
20 target to submit them to CMS with any updates by the
21 third week of June.

22 So, there will be more
23 information shared about the comments and we'll
24 respond to those comments. Over the next couple of
25 months, we will be looking at those and responding

1 to those.

2 So, our other question was
3 related to the advisory councils and whether or not
4 those were required to be open meetings. And we did
5 receive an opinion from legal that because they are
6 solely an advisory panel, that they are not subject
7 to the open meetings' requirements.

8 So, we will continue to share
9 the meeting minutes. Those will be posted, as well
10 as there may be times where we have a call-in or
11 where that group does a webinar that would be open
12 to larger attendance; but for right now, those will
13 remain closed meetings.

14 MS. COLLINS: Pam, could we
15 get that in writing?

16 MS. SMITH: Yes. I'll see if
17 I can get them to send that.

18 MS. BEAUREGARD: The legal
19 opinion?

20 MS. COLLINS: Yes.

21 MS. BEAUREGARD: So, whenever
22 you say that you may do some webinars that would be
23 open to a larger audience?

24 MS. SMITH: So, an example of
25 that would be participant-directed services. The

1 majority of the comments were around participant-
2 directed services. There appears to be a lot of
3 confusion still around some of that language. A lot
4 of it is just because, unfortunately, incorrect
5 information has been shared.

6 So, we are going to look at
7 what are the best ways to communicate that message
8 more effectively and to really deal with the fact
9 that we have some people that are still sharing
10 incorrect information about participant-directed
11 services.

12 So, that's just one example of
13 one where we might hold or we could do it when we do
14 the town halls. Those are coming up in June as well
15 where we're going to be traveling and talking about
16 the comments, the updates.

17 And in addition to the regular
18 kind of meeting form of the town hall, we're going
19 to host a meet and greet for the hour prior to the
20 town halls beginning where individuals will be
21 allowed to, if they have specific situations that
22 are just about them or their loved one or they don't
23 want to ask a question in a larger forum, there will
24 be several representatives there that are able to
25 answer specific questions.

1 MS. BEAUREGARD: Okay. Thank
2 you. Any other questions for Pam?

3 MS. BROWN: No.

4 MS. BEAUREGARD: Thanks. Now
5 we will go back up to Item 4 on the agenda which is
6 the mandatory copays.

7 MS. BATES: So, I read the
8 comments here. As far as the policy being clarified
9 with providers, we have been updating the copay
10 guidance that we've sent out to providers upon
11 request and to the TACs and the MAC.

12 I think the most recent update
13 was 4/5 and I think that was like a grammatical
14 error or something like that but it was just a
15 grammatical error, but I will send that out to you
16 all.

17 MS. BEAUREGARD: Okay. Great.

18 MS. BATES: We don't
19 necessarily have it posted because it's logic. So,
20 we haven't mandated the MCOs to send it because it
21 can be confusing.

22 MS. BEAUREGARD: Are you
23 talking about the one that had all the codes?

24 MS. BATES: The codes, yes.

25 MS. BEAUREGARD: Would it be

1 okay for us to share, though?

2 MS. BATES: If you all are
3 okay with it. The problem is, as you can tell by
4 looking at it, it can get confusing. And, so, just
5 as a courtesy so you could see it down to a code
6 level, that's why we went ahead and made that, but I
7 will send you the updated 4/5. I don't think it
8 changed much but just so you have the most updated
9 one.

10 MS. BEAUREGARD: We had shared
11 the one with codes.

12 MS. BATES: It raises a lot
13 more questions.

14 MS. BEAUREGARD: Oh, really?

15 MS. BATES: It just does
16 because people have questions about it, the codes
17 and all of that.

18 MS. HUGHES: It's more
19 designed for the coder-level people than it is for
20 you or me.

21 MS. BEAUREGARD: I think it's
22 just a matter of some providers get things directly
23 from DMS, seem to receive that information, and,
24 then, there are times when it seems like they are
25 more likely to get it when it comes from the

1 Behavioral Health TAC or from Kentucky Voices for
2 Health or just some other organization that they are
3 connected with. So, it's less about we won't be
4 sending it to consumers as much as we will to
5 providers.

6 MS. BATES: Sure, and it
7 specifically says for providers at the top, but
8 anything that we share with you all as a TAC or the
9 MAC you're welcome to send however you wish. That's
10 fine.

11 MS. BEAUREGARD: We just want
12 to make sure people have updated information.

13 MS. BATES: And, so, what we
14 are doing internally with that document and that
15 logic is we're meeting to kind of go over the codes
16 because there are a few actual codes on there that
17 aren't even payable anymore, if that tells you
18 anything. So, we're going to meet.

19 So, it really doesn't matter
20 because the person is not going to get the service.
21 So, we're going to update that. and just so you'll
22 know, there will be another update soon. I think we
23 meet next week or this week. So, there's that.

24 And, then, the pharmacy issue,
25 there is a letter that was just sent from our

1 Pharmacy Director to the MCO pharmacy leads that is
2 going to go out from the MCO to pharmacies just so
3 you know. So, it's further guidance on their
4 system.

5 So, basically, they don't and
6 have never used KYHEALTH.Net to check eligibility.
7 They use another system. And, so, that point-of-
8 sale system, it wasn't real clear, I don't think,
9 from a pharmacy perspective how to read that. So,
10 anyway, that guidance is with the MCOs now to send
11 out to pharmacies.

12 And, then, the update on the
13 status of the--I guess I don't know what you're
14 asking on that because it should be if any changes
15 were made to the KYHEALTH.Net screens, were they
16 already----

17 MR. GRAY: There are some
18 revisions that are underway.

19 MS. BATES: They're still
20 underway?

21 MR. GRAY: Yes.

22 MS. BEAUREGARD: We have seen
23 one change, and I think you might have been in
24 communication with Jason Dunn about it, and so far
25 it's a fairly minor change, but the poverty

1 indicator has moved and it's only being used or only
2 displaying, I guess, if someone does owe a copay.

3 And, so, I think for the
4 providers who were looking for the indicator, I
5 actually got a screen shot from a provider who said
6 it's gone. It's no longer there.

7 And, then, I asked another
8 provider to take a look at their screen to see,
9 like, what has happened - this was before the
10 communication - this was last week - and they gave
11 me a different screen shot that was bigger and it
12 was up in the header. It's not a column anymore.
13 It's in the header.

14 And, so, I actually think it's
15 in a better place but not if providers don't know
16 that it has moved.

17 So, one thing that I thought
18 was really helpful back when this policy first
19 started was that I believe it was Katherine Easley
20 and her team had put together a PowerPoint and had
21 circled things and described it, and if that could
22 just be updated at some point with the screen
23 revisions, we'll get that out so that providers know
24 what to look for and, then, what it means because it
25 also changed in terms of now it says below FPL or

1 above FPL. I don't know.

2 MR. GRAY: I plan to get with
3 Rick and Jennifer Harp to go over the next steps.
4 Really, part of this has been kind of gathering
5 input and making adjustments and there is dialogue
6 going on, and I have shared back with comments from
7 DXC back to Jason and he's kind of reviewing it,
8 digesting it.

9 And, so, once I get his input
10 back, then, I'll sit back down with Rick and
11 Jennifer.

12 MS. BEAUREGARD: We appreciate
13 it. It's been helpful to be able to go back and
14 forth and figure out ways to make it a little bit
15 easier for providers to read.

16 We have been still receiving
17 some complaints from Medicaid members and also
18 providers in terms of what information is accurate
19 or patients being turned away when they're below
20 100% of the Federal Poverty Level because the policy
21 is just not necessarily being adhered to.

22 So, that's something that
23 we're still tracking and I will send some data to
24 you that we've collected, Sharley.

25 MS. HUGHES: That way, we can

1 ask the MCOs to reach out to that provider and
2 educate that provider. If there's just a couple of
3 providers doing it, they just need some additional
4 education.

5 MS. BEAUREGARD: Right. We've
6 been taking the fact sheets or they're sort of one
7 pagers--well, they're not one-pagers either. I
8 don't know what I would call them - the guidance.
9 There's one for consumers and one for providers and
10 we have been sharing those and even circling the
11 part that says anyone at or below 100% can't be
12 turned away and that's been helpful.

13 Did you have anything you
14 wanted to add, Miranda?

15 MS. BROWN: I know a specific
16 pharmacy. That would be great if they could hear
17 from somebody.

18 MS. BATES: Is it a big one?

19 MS. BROWN: It was a CVS and
20 it was in Taylor County.

21 MS. BATES: We have been
22 hearing the biggest problem has been the big ones.

23 MS. BEAUREGARD: And you're
24 hoping that that letter will provide the guidance,
25 right?

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MS. BATES: Yes.

MS. BEAUREGARD: That's what I thought. So, if we don't see that changing, then, will you be the best person to contact, Stephanie?

MS. BATES: Yes.

MS. BEAUREGARD: And I did send out that letter even though it hasn't necessarily come from the MCOs yet. Is that what you were saying? The MCOs are going to be sending it to the pharmacies?

MS. BATES: Yes.

MS. BEAUREGARD: We have a copy.

MS. BROWN: I shared it with the consumer.

MS. BATES: Because I think we even posted a version on our website. I meant to say that. I'm sorry.

MS. BEAUREGARD: I sent that out to everyone yesterday morning, I think.

MS. BATES: But it is that. The only difference is the MCO has specific information down at the bottom. It's not the bin but each one has a different code. It's beyond my knowledge but, anyway, that's the only difference.

1 MS. BEAUREGARD: That's good
2 to know. Thank you.

3 MS. BATES: Anything else on
4 copays?

5 MS. BEAUREGARD: I will just
6 ask you the same question I asked Tracy. Would it
7 be possible - I mean, I think it's possible. Would
8 the Cabinet be receptive to the idea of having the
9 medically frail status in order to exempt people
10 from the mandatory copays regardless of whether we
11 have the waiver?

12 MS. BATES: That's not on the
13 table right now. We've asked the MCOs to stop all
14 the medically frail activity behind the scenes
15 because we foresee - and maybe we're wrong - but we
16 foresee this kind of being on hold for a while. So,
17 we've kind of just stopped all of that medically
18 frail activity behind the scenes.

19 When you all are able to make
20 an official recommendation, you can take it back. I
21 know Tracy will because she's still actively working
22 on the Kentucky HEALTH side, but medically frail
23 isn't technically a designation right now because of
24 it but I hear what you're saying.

25 So, I'm sure we'll talk about

1 it. We actually have a meeting at three o'clock
2 today.

3 MS. BEAUREGARD: Thank you.
4 We think it's a good opportunity if the structure
5 has been built now. There's a process and I know
6 that it would be voluntary but it seems like a way
7 that we could help relieve this burden for people
8 who are really in a vulnerable position.

9 So, if you could take that to
10 your meeting, we would appreciate it.

11 MS. HUGHES: Would not the
12 medically frail be under the 100% of the poverty
13 level and wouldn't have copays anyway?

14 MS. BEAUREGARD: They still
15 have copays is the thing and that's what a lot of
16 people actually----

17 MS. HUGHES: They're not
18 required and can't be turned away.

19 MS. BEAUREGARD: Well, they
20 shouldn't be turned away but many are being turned
21 away. There are a lot of people who don't know that
22 is the rule. They don't know that because of their
23 income, that the provider is not allowed to turn
24 them away. If they're turned away, they're turned
25 away. If they're lucky enough to be connected with

1 somebody like Miranda, with an application assister
2 or if they're going to a clinic that is just more up
3 to speed on these policies, then, they might know
4 that, but a lot of people are being turned away and
5 they don't know that they have a right, and probably
6 the receptionist who is turning them away doesn't
7 know the policy, would be my guess.

8 And, so, they are still being
9 asked, and sometimes it even just discourages
10 people from seeking care altogether.

11 I've heard Sheila mention that
12 a lot of behavioral health clients don't want to be
13 embarrassed by having to say I can't pay the copay
14 or don't know that they have a right to be seen
15 anyway, and, so, they just end up not going to the
16 doctor to begin with.

17 MS. BATES: So, we will take
18 it back and I'm sure we will bring it up in the
19 meeting this afternoon because Tracy will be in that
20 same meeting.

21 MS. BEAUREGARD: That would be
22 great. Thank you. I don't think I have other
23 questions about copays.

24 MS. BROWN: I don't either.

25 MS. BATES: What about Number

1 6?

2 MS. HUGHES: Arthur was going
3 to get us information about what kind of
4 accommodations he thought we should be providing.
5 And we talked a little in that meeting the other day
6 that, for instance, if parking is not available
7 here, we can make arrangements to meet someone down
8 at the employee entrance to get him in there so they
9 don't have to go up the steps because obviously
10 Arthur wouldn't be able to get up the steps in a
11 wheelchair or anybody else that's in a wheelchair.

12 And we've got onsite
13 translators for some.

14 MS. BATES: So, I guess my
15 bigger question, I'm sorry, to Sharley was that were
16 we going to give them an official response?

17 MS. HUGHES: The official
18 response or recommendation was that I think we were
19 to----

20 MS. BATES: To the MAC
21 meeting, information about the response to the
22 Commissioner's----

23 MS. HUGHES: We haven't got
24 all of that developed at this point.

25 MS. BATES: So, that's the

1 answer is that we're going to provide a response to,
2 if you remember, which I don't think you were there,
3 but in the MAC, there was a meeting on the side
4 basically to respond to Commissioner Steckel's
5 guidance or whatever. I don't remember what we
6 called it.

7 But we met internally with the
8 Secretary's Office and Medicaid and I think we're
9 going to develop a response back to it, so, that way
10 you have everything officially there. Is that
11 right?

12 MS. HUGHES: Yes.

13 MS. BATES: We just haven't
14 done that yet.

15 MS. BEAUREGARD: And that will
16 include accommodations for people with disabilities?

17 MS. BATES: It will address
18 everything that was in those recommendations that
19 were passed out at the MAC.

20 DR. SCHUSTER: I don't think
21 it was in there.

22 MS. BEAUREGARD: I do remember
23 the teleconferencing or just the remote meeting.

24 MS. BATES: I know we talked
25 about it.

1 DR. SCHUSTER: Yes, but I
2 don't think that the workgroup that Dr. Partin
3 chaired and made the recommendations to the MAC, I
4 don't think that the ADA accommodations were a part
5 of that, Stephanie.

6 MS. BATES: Okay. Well, I
7 guess I thought they were. So, we did talk about it
8 in our internal meeting and that was what I think
9 Sharley was trying to articulate was that if the
10 meeting is here, if the meeting is decided to be
11 held here, that we would make accommodations for
12 someone to meet people down at the - because you
13 can't come up the steps and the parking over here
14 where the visitor parking is is always full and that
15 we would help; if the determination was made by the
16 TAC that the meeting is here, that we would have
17 someone help them come through the tunnel there
18 because you can't come up the steps.

19 MS. BEAUREGARD: I think there
20 is the physical access accommodation, but my
21 understanding or my memory from when Arthur brought
22 this to the TAC was that----

23 MS. BATES: This is my very
24 first Consumer TAC.

25 MS. BEAUREGARD: I know you

1 weren't here for the meeting that he brought this up
2 in, but he was talking more in terms of the cost and
3 having an interpreter, personal care.

4 MS. COLLINS: An interpreter
5 that is appropriate for that person because I think
6 one of the members from Medicaid's response was we
7 might provide an interpreter but it may not be her.
8 Well----

9 MS. BATES: And I'm familiar
10 with Arthur, so, I know what you're talking about.

11 MS. COLLINS: Okay. And, so,
12 just because this person may interpret for other
13 people does not mean that it would be appropriate
14 for Arthur.

15 So, having an appropriate
16 interpreter and, then, also that personal care
17 assistance as well for the meeting, during the
18 meeting and to get to the meeting was also what he
19 was asking for in terms of accommodations.

20 MS. BATES: And I think that
21 we'll include a response because we discussed all of
22 that. So, we will make sure to include it. That
23 way it's included.

24 DR. SCHUSTER: That would be
25 helpful because we brought that up at the very first

1 meeting of the Consumer TAC in terms of if you're
2 going to have consumers on here and they're
3 consumers with a disabling condition, then, we need
4 to be able to accommodate that. So, he needs a
5 personal attendant, he needs transportation and all
6 of that is expensive for him.

7 MS. BEAUREGARD: And he hasn't
8 been able to participate much.

9 MS. COLLINS: And it isn't
10 just for Arthur. Arthur was advocating for other
11 people with disabilities because we really want more
12 than just Arthur here, a person with a disability
13 involved with these TACs. It's a very important
14 role in terms of advocacy for people with
15 disabilities to be participating.

16 And, so, it's not just for
17 Arthur. He was advocating not for himself and his
18 specific situation but for all persons who might be
19 interested in filling a position on the TAC and/or
20 MAC or other positions on other stakeholder group
21 meetings outside of that within Medicaid.

22 MS. BATES: Okay.

23 MS. BEAUREGARD Thank you for
24 bringing that back to your internal team to discuss
25 and see if you can include that in the response to

1 the larger MAC recommendations.

2 Now, the next item on the
3 agenda is just to discuss responses to the
4 recommendations from December 18, and these were
5 made to the MAC on January 24th. Did we get those
6 responses?

7 MS. HUGHES: Yes. I sent them
8 to you on March 7th.

9 MS. BEAUREGARD: That's right,
10 and I looked at them. I think it's just been a
11 while.

12 MS. HUGHES: You sent it in
13 your email when you sent the agenda.

14 MS. BEAUREGARD: Yes. I just
15 wanted to make sure. When we make the
16 recommendations to when they're reported to the MAC
17 and then when we get the responses, I sometimes get
18 a little mixed up.

19 Did you have some questions on
20 any of these?

21 MS. BROWN: The first one we
22 just talked about. I wasn't sure about Number VI.

23 MS. BEAUREGARD: What was
24 your question there?

25 MS. BROWN: I just didn't

1 understand the response.

2 MS. BEAUREGARD: So, we're
3 talking about the recommendation which is VI. A
4 motion was made that the terms "entity" and "place"
5 be defined in the new copay regulation and policies
6 to ensure that copays are accurately charged for
7 same-day services.

8 There are two pieces of
9 guidance, provider guidance and consumer guidance
10 that came out when the mandatory copay policy went
11 into effect and they use these terms differently,
12 maybe interchangeably but it's hard to quite
13 understand.

14 One of the examples I think
15 that we gave was you can go to essentially the same
16 physical location but there could be different
17 providers billing under different provider numbers
18 truly independent that you're going to under the
19 same roof, especially if you're going to like a
20 hospital or some sort of outpatient center; but,
21 then, if you go to a community health center, you
22 might pay one copay truly for getting dental,
23 physical health, some other behavioral health
24 service all under the same roof.

25 So, we just feel like there

1 needs to be a little bit of clarification around
2 these terms and how someone can know ahead of time
3 if they're going to be paying one copay or multiple
4 copays.

5 MS. BATES: Okay. And I think
6 the response was, and it may not have captured all
7 of that, the regulation part of it, but the response
8 was referencing that document that it is down to the
9 code level and it does tell you that information but
10 it's not consumer-specific.

11 MS. BEAUREGARD: And that's
12 what we're really looking for.

13 MS. BATES: Okay.

14 MS. BEAUREGARD: It's helpful
15 for providers to know that but the consumer is still
16 not able to make decisions about where they're
17 getting care and how much they need to budget for
18 that care without knowing. So, that would be sort
19 of our clarification of that issue.

20 MS. BROWN: And, then, it
21 looks like there was a recommendation missing, that
22 we had made a recommendation that 1915(c) waiver
23 recipients receive notice that the copays should not
24 apply to them and I didn't see a response to that
25 recommendation here.

1 MS. HUGHES: I must have
2 mistakenly--usually what I do is I copy from what I
3 get from you guys. So, somehow, it could have been
4 at the bottom or at the top of the next page and I
5 omitted it somehow. I certainly didn't aim to.
6 I'll go back and look, though.

7 MS. BEAUREGARD: That would be
8 great. Thank you. And as far as you know, have
9 1915(c) waiver recipients received anything specific
10 to the copays, to the mandatory copays? I can't
11 think of the regulation number right now but I think
12 you know what I'm talking about.

13 MS. BATES: Right, and I
14 should know it but I don't.

15 MS. BEAUREGARD: That it
16 doesn't apply to them.

17 MS. HUGHES: Six forty is
18 where it used to be.

19 MS. BEAUREGARD: Six forty
20 sounds right.

21 MS. BATES: To my knowledge,
22 there has been no communication specific to 1915(c)
23 waiver recipients.

24 MS. BEAUREGARD: Because we
25 had heard that there was some confusion.

1 MS. COLLINS: Yes. There
2 continues to be confusion but I don't think there's
3 been any notification.

4 MS. BEAUREGARD: So, if we
5 could get a response to that, and if there is a way
6 that there can be some specific communications to
7 the 1915(c) folks, that, I think, would be very
8 helpful and we'd be happy to work with you on
9 figuring out the best way to communicate that
10 information and what questions. If there are
11 specific questions that you can even share, Camille.

12 MS. COLLINS: It's just that.
13 We have people panicking that does this apply to me.
14 Again, it's very confusing with 1915(c) and what
15 that encompasses, so, just a clarification that if
16 they're on any of the six HCBS waivers. I mean, I
17 don't even know how simple it needs to be but,
18 again, people continue to think that they're going
19 to be responsible for copays and they're on SCR or
20 Michelle P. or TBI waiver.

21 MS. BEAUREGARD: This also
22 reminds me that that regulation is open again
23 because it was withdrawn and re-filed. And, so,
24 there may be opportunity to clarify even in the
25 regulation that it doesn't apply to 1915(c).

1 will meet there. If not, then, I will change the
2 notification.

3 MS. BEAUREGARD: I think that
4 this room works well enough, and if we can get that
5 equipment working, that would be even better. You
6 said that someone from Workforce is in charge of
7 this room.

8 MS. HUGHES: Workforce
9 Development.

10 MS. BEAUREGARD: So, if we can
11 get a contact for whoever would be the point person
12 for the technology in this room, that would be
13 great.

14 MS. COLLINS: Especially in
15 terms of, depending on the AG's Opinion and using
16 videoconferencing, if that can be used as an
17 accommodation, I can certainly on our end make sure
18 that Arthur is equipped for that in Louisville.
19 Again, I know right now he can presently Skype, but
20 if it needed to be some other software that we
21 needed to load on his computer, I can find somebody
22 to do that.

23 MS. BATES: Is there any word
24 on the AG's Opinion?

25 DR. SCHUSTER: No. Again, I

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think that was announced at the MAC meeting that they had not heard back yet.

MS. BEAUREGARD: Unless there are any other questions, I think we can adjourn. Thank you, everyone.

MEETING ADJOURNED