CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES
NURSING SERVICES
TECHNICAL ADVISORY COMMITTEE MEETING

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Via Videoconference
April 13, 2023
Commencing at 3:02 p.m.

Shana W. Spencer, RPR, CRR
Court Reporter

APPEARANCES

BOARD MEMBERS:

Lisa Lockhart, Chair

Dolores (Dee) Polito (not present)

April Hester (not present)

Jennifer Wiseman

Dr. Eva Stone

CHAIR LOCKHART: I will get us started. And then because I'm a little handicapped here, I will let Eva run the agenda itself.

So welcome, everybody. We're so glad you're here. I hope everybody had a nice spring holiday at Easter time.

And I know I have three voting members present. So has everyone had a chance to review the minutes from our last meeting?

DR. STONE: Yes.

MS. WISEMAN: Yes.

CHAIR LOCKHART: We will just -- perfect. We will just need motions to approve.

DR. STONE: So move.

MS. WISEMAN: Second.

CHAIR LOCKHART: Perfect. Perfect. Perfect. Perfect. With that, I can tell you we have kind of a shortish agenda with some leftovers that we want to review from our last time. And with that, I'm going to turn it over to Dr. Stone.

MS. BICKERS: May I butt in really quick? I do apologize. Jenn, your camera

was not on when you voted. So if we don't mind to do that again, I do apologize, but I've got to make sure we're in compliance.

MS. WISEMAN: Can you see me?

MS. BICKERS: I can, yes, ma'am.

MS. WISEMAN: No. You're fine. It looked like it's on. Okay. I second. I'm just keeping it off in case there's a patient that walks by.

MS. BICKERS: Oh, I completely understand. I just want to make sure we stay within the law. I appreciate you.

MS. WISEMAN: Okay.

MS. BICKERS: All right. Go ahead. Sorry about that.

CHAIR LOCKHART: That's okay. Are we good now, Erin?

MS. BICKERS: Yes, ma'am.

CHAIR LOCKHART: Okay. Perfect. And welcome back, by the way.

DR. STONE: Yes. That's what I was going to say. I hope everything is okay.

CHAIR LOCKHART: I forgot that part, yeah.

MS. BICKERS: Thank you.

CHAIR LOCKHART: We're glad to have you back. I hope everybody is happy and healthy at home so...

MS. BICKERS: We are. Thank you.

CHAIR LOCKHART: Wonderful. Wonderful.

Okay. Dr. Stone, you can take it from here, ma'am.

DR. STONE: All righty. So it looks like the first item was -- is a request for the Managed Care Organizations to provide updates for the Nursing TAC on how ending the National State of Emergency will impact families related to Medicaid enrollment.

So we would just like to hear what that's going to look like, the unwinding, and what work is happening to reach out to families to update that information, so they can renew and not lose coverage.

MR. OWEN: This is Stuart Owen with WellCare. I can start. I don't know. And it's probably going to be the same for most of us.

And, first, I want to say, Lisa, chairing a meeting while driving a vehicle is

very impressive, by the way. I'm incredibly impressed with that.

DR. STONE: She's a better woman than me, for sure.

MR. OWEN: So just kind of an overview of the consequences of this. Of course, the key thing is some members are going to have to act. They're going to have to do something to recertify that they're eligible such as submit proof of residency, proof of income. And just simply by having to do something, some who do qualify, who should qualify will lose Medicaid coverage because they didn't do that.

So obviously it's critical, member outreach. And DMS and all the MCOs have some very aggressive outreach campaigns. You know, a lot of mailings, text message, you know, phones, working through community agencies. A lot of -- you know, anybody that we can -- providers as well, educating, doing provider meetings. Anybody we can get the word out to that touches a Medicaid member, you know, all of us are absolutely -- it's a point of emphasis -- to do the outreach, get

the message out.

The good -- you know, good news is some who no longer qualify for Medicaid could qualify for a qualified health plan which is, you know, also known as the exchange or marketplace. It's the, quote, Obama Care option where you make too much for Medicaid, but you make enough -- but you're under the limit that you can get health insurance on the exchange where part of your premium is subsidized. So there will be individuals obviously who will qualify for that.

There are some who will age -- who will have aged out of Medicaid. They've hit the age limit, but they'll qualify for Medicare. So, you know, some -- and that's a key group, I know, that I believe DMS is focusing on early.

And then some individuals, you know, during the pandemic -- because, you know, you haven't had to recertify. This began in March 2020. There are some individuals who have gained a job, you know, where they've got health insurance through the job, so they've got that option now. It's staggered

over 12 months, so it's not all at once. So as everybody's renewal, annual renewal date comes up, that's when they're going to have to take action.

And, of course, I want to emphasize -- I know DMS is very aggressively scrubbing and looking at all the federal databases and other databases to find those who do not have to take any action, you know, to minimize those.

So -- but like I said, we're doing a whole lot of outreach, working with different, you know, provider groups, community-based organizations, family resources, youth centers, connectors. We're all doing multimedia, multichannel outreach campaigns. And we're -- you know, we're just all really trying to minimize those who lose coverage for an admin reason meaning they're eligible, but they just didn't do what they needed to do.

And, you know, I think a critical thing typically is this could adversely affect particularly minorities, non-English-speaking people where English is a second language,

you know, because of the communication or other barriers, social barriers.

And, you know, another, I guess, couple more impacts it touches on is there are some individuals who during the pandemic have gained health coverage for the first time, and so they're not at all aware of this annual renewal requirement. They haven't had to do it. So there are going to be individuals who, for the first time in their lives, have had health insurance, health care coverage, and then are going to lose it.

And so while they've had health care, you know, then they've taken advantage of it, gone to the doc's office, had some preventative visits, stuff like that. And so, you know, for those individuals that lose, there's a very good chance that some of them could regress as far as their health status.

And one other point, and then I'll shut up so that other MCOs can talk, is a key thing from the federal emergency was expanding telehealth and, you know, the services that can be delivered through

telehealth, covered via telehealth. And then also relaxing -- a key thing is the requirement that telehealth had to be a HIPAA -- be a HIPAA-secure connection.

Well, Kentucky DMS Medicaid already had pre-COVID pandemic a very progressive telehealth coverage, you know, benefits basically, I mean, very progressive, about as progressive as any state in the country, I think, except for Hawaii, is the only one that I know of because it's just so remote.

So that should not be as bad, as adverse, because Kentucky already had that in regs. And I know they've even expanded it further, telehealth. And all the MCOs fully support telehealth. So there are some states where that's probably going to be a dramatic change, but I don't think it'll be as much for Kentucky.

So that's it. That's all I have unless anybody has any questions.

DR. STONE: I have just a couple.

MR. OWEN: Sure.

DR. STONE: So one is what -- you said they had to provide some documents

for --

MR. OWEN: Yes.

DR. STONE: -- to determine eligibility. So what kind of documentation do families have to have?

MR. OWEN: The key things -- and I'm not an eligibility expert. But the key things is you have to prove your residency, you know, U.S. -- that you're a citizen, also a Kentucky residency. So you've got to have that proof and your income.

DR. STONE: Okay.

MR. OWEN: You know, it's one thing to say it, but you actually have to prove it. You have to have something, you know, a tax form or something to show what your income is. Those are the critical things.

DR. STONE: Okay. This is -- and this can be a question for everybody, not just for you, Stuart, but just to educate me a little bit.

So like, for example, I went to a school today where we had 33 kids who had failed admission screening, and we were doing some follow-up. And 21 percent of those kids were

no longer at the school a month later. We haven't -- with the poverty comes this incredible transiency. So will there be any monitoring of, like, okay, this is -- this is how many folks were not reenrolled for Medicaid, and this is how many we think -- I mean, will that be transparent data, I guess, for people to be able to access? How many were lost? How many were lost?

MR. OWEN: And why, why they lost, like, the -- yeah. And, you know, that'll be a DMS -- but I know DMS has been very -- because what you said, it's critical. You've got to have the contact information. You've got to get the word out, but what if you don't have accurate contact information?

And that's on the Kynect site. I don't know if you've been on that. They created a Web page -- a website devoted to this which, you know, absolutely stresses please, please, please make sure your contact information is current.

But, you know, I don't know as far as tracking on the individual reasons. I'm guessing -- I mean, that would be a DMS

thing. But DMS has been all over it, so I'm guessing there's a good chance they are going to track those things.

DR. STONE: Thank you.

MS. JUDE: And I put the link in the chat to the unwinding where they're going to be posting resources and updates.

We are seeing -- this is Victoria with Anthem Medicaid. We are seeing that the first rollout in -- with the renewals, they're going -- they'll lose coverage June 1st. And these will be rolling out in facets, so not all members are going through this renewal process at the same time.

But they are already receiving letters regarding what steps to take and whether they -- you know, whether they are needing to submit additional documents. Those will be identified in that communication they receive from the State, whether it's a renewal packet or a renewal notice.

Those -- they are getting multiple lines of communication throughout this process. So they can be guided through, and hopefully losing coverage is not the case. We'll be

able to transition them to another line of coverage, or they'll be able to renew through Medicaid.

They -- DMS is estimating around -- over 230 (sic) individuals may lose eligibility. But of those 230,000, 75,000 are estimated to be eligible for an advanced premium tax credit or through qualified health plans, and 60,000 of those are under the age of 18.

One great thing that DMS has done as well as what he has said is keeping families together. So they should be going through the renewal process at once, which is really nice, you know, when it comes to submitting those documents and make sure they retain the coverage.

But I did put the resources in there from the khbe.ky.gov. And then we also -- with Anthem, we have a stay covered website where we're also providing resources and tools to help assist our members throughout this process.

And as he said with WellCare, we do have multichannel awareness campaigns going on through IVR, SMS, direct mail, text, email,

just to assist our members along the way with this process. So they know that if they have questions, we can direct them in the right place and get them connected to our Kynect website, to a local -- a sister or to the department for those next steps.

CHAIR LOCKHART: Great.

DR. STONE: Gotcha. Lisa, were you saying something?

CHAIR LOCKHART: No. I just said that's great. That makes me feel better. This has been a subject that's been on my mind a lot lately, especially as we look at healthcare inequities. And the very people this is aimed to help are the ones that don't always have the resources they need to get the communication.

DR. STONE: Right.

CHAIR LOCKHART: So they're being very creative in looking at multiple avenues, so that's great news. Thank you for sharing that, guys.

MS. JUDE: Absolutely.

DR. STONE: I have a question, too. Just -- if someone loses coverage because

they don't reenroll, so do they -- if they have to start over the process to determine eligibility and just apply again, what kind of time frame -- how long does that process usually take?

MS. BICKERS: Is anybody from eligibility on from DMS? I'm trying to scroll through. I might have to come back to you with an answer for that one. I don't see anybody from our eligibility division. Sorry. The word was escaping me.

DR. STONE: Okay. Thanks.

MS. BICKERS: You're welcome.

DR. STONE: I'm with you.

MS. NACHREINER: This is Jennifer from Aetna. I don't know about the process timeline if coverage is completely terminated. However, there is -- and other MCOs, keep me honest here if I'm misspeaking because we are all under the same rules. There is a 120-day grace period after that termination date from which they can be reinstated and retroed --

CHAIR LOCKHART: Oh, I didn't know that.

MS. NACHREINER: -- back; correct? So I don't -- what I'm unsure of is what happens after that 120 days. And we should be receiving from DMS as a Managed Care Organization the termination reason for each of those members so that we know did somebody terminate because they didn't provide paperwork, or is it that they are no longer eligible?

DR. STONE: Gotcha.

MS. NACHREINER: So we should be receiving that information which will help us further drill down that outreach. As an MCO, I think we have 90 days to continue outreaching them post-termination, which is new and different. Typically, if a member terminates from an MCO, you can imagine we're not, you know -- it's not really ethical for us to be outreaching them to come back to us.

DR. STONE: Right.

MS. NACHREINER: But in this instance, you know, everybody wants to make sure that we're maintaining coverage, and we would be the only one who would know if our member termed. So we're allowed that extra

three months of outreach. I hope that helps.

DR. STONE: Yeah, it does. Thank you.

MS. WILSON: And this is Carrie from Humana Healthy Horizons. I do have a PowerPoint, if I can share a screen, of what we're working on here at Humana to make sure that we're outreaching and make sure that the members' needs are met with this transition. It won't --

MS. BICKERS: Give me just a second, Carrie, and I'll make you a cohost if that's okay with the TAC.

CHAIR LOCKHART: Absolutely.

DR. STONE: Yes.

MR. OWEN: And, Lisa, please don't look at the PowerPoint while you drive.

CHAIR LOCKHART: I'll be looking for the --

DR. STONE: You can even probably be showing a PowerPoint.

MS. WILSON: I can go ahead and speak on it while I'm waiting for access.

So we have the ending of the Public Health Emergency on May 11th, and so we've

been discussing on different ways that we can help support this transition, make sure that people do not fall through the cracks.

One thing that utilization management is doing is asking the providers to review K-Y-M-M-I-S, KYMMIS, for all the patients with every contact and visit to access their eligibility. So one thing would be talking to the providers when we're on those phone calls and asking them to go ahead and check with that eligibility. Another is --

MS. BICKERS: You should be able to screen share now, Carrie.

MS. WILSON: Okay. Can you see my screen now?

DR. STONE: Yes.

MS. WILSON: And then also providing enrollees with the resources that we do have to make sure that they have every avenue that they can, either by Web, by phone call, by going to their local office, just trying to reinstate and let them know. And our associates have access as well, so they can look up that end date as well in KYMMIS.

And then, Zelda, did you want to speak

with case management, or did you want me to speak about that?

MS. MACKLIN: If you don't mind to go ahead, and I'll chime in if I need to.

MS. WILSON: Sure. So with case management, they -- all these care managers actually do have access to KYMMIS as well. So they can check on the status of that renewal date while they're speaking with the member and let them know that that's coming up, make them aware of what -- you know, this is about to transfer and what you need to do to make sure that you don't lose coverage.

They're also given the resources that UM has given them with Kynect, to go ahead and go on the website. I know that's our first avenue that we're trying to get people to go through or calling or reaching out to your local office. So we're just giving them all the different resources that we have at this time.

And did you have anything to add to that, Zelda?

MS. MACKLIN: No. You covered it well. Thank you. I appreciate it.

MS. WILSON: Okay.

MS. PAGE: Good afternoon. This is Anna Page. I'm with the Passport Utilization Management Program, and we are doing similar to what all of the other MCOs are doing during this process including texting, emailing. We've also engaged our providers via E-News for their members who have Passport to assist them with their redetermination process as well.

MS. BICKERS: Do we have anybody on from United that has anything to share?

(No response.)

MS. BICKERS: Okay. If there's nobody from United, that would have been all of the MCOs. Thank you, guys.

DR. STONE: Yes. Thanks so much.

MS. BICKERS: And, Carrie, I dropped my email in the chat. If you could please send me the presentation so I could share it with the TAC, I'd appreciate it.

MS. WILSON: Yep. I just gave you a thumbs up. Thank you.

DR. STONE: Okay. So thank you all again, everybody.

The next item on the agenda is a request for DMS to present to the TAC an explanation -- to help us understand presumptive eligibility, Medicaid eligibility for children ages 1 to 17, and describe eligibility requirements as well as options for health care for immigrant and refugee children coming into Kentucky.

I think last meeting, we got a little bit about presumptive eligibility, but I think this was just a little more detail. And we were particularly interested in immigrant and refugee children.

I know there are -- there's been a lot of discussion about this nationally. I think Justin told us last month that Kentucky has its -- any changes to the way Kentucky does things would require an amendment to the state plan, if I understood correctly.

But I do know there are eight states that do include immigrant and refugee children in Medicaid coverage and two additional states that are working on or have plans, one to start in '23 and another to start in 2025.

And so I think our interest is just in knowing what is currently in place in Kentucky in this regard outside of the -- I think last meeting, we knew that there was emergency services available but not just general coverage.

MS. BICKERS: Erica, would you be able to speak on that? I don't see Justin on today.

MS. DAVIS: No. I'm not able to. I was trying to get Jiordan to join. Let me see if I can still get her. She would be able to answer those more appropriately.

DR. STONE: Is it okay if we go to the next item and just come back to that to give some time, Erica? I don't want to put you on the spot.

MS. DAVIS: Oh, no. That's fine. I'm up next anyway.

DR. STONE: Oh, well, then that's not giving you any time.

MS. DAVIS: But that's okay. I've already --

DR. STONE: I see that now.

MS. DAVIS: I've already emailed

Jiordan, so it should be okay.

MS. BICKERS: And, Erica, you're a cohost, so you should be able to share your screen.

MS. DAVIS: Okay. The item on the agenda was to share updates from our Technical Assistance Guide meetings for February and March, and I will also drop these documents in the chat as well.

We didn't have any recommendations for the February meeting. But during our open discussion, we did have several comments made. One was -- asked when we would have our decisions on all those proposals for the Technical Assistance Guide.

We don't have an exact deadline for when those would be decided on by leadership, but we will have responses for everything by July 1st when we make the TAG effective. So we will have responses for everything by July 1st, prior to the beginning of the next school year.

There was also a concern about speech language pathologists, that they are not graduating with a teacher certification. And

pursuant to Kentucky's Statute 334A, in order for the speech language pathologist to bill the way we have it in our Technical Assistance Guide, they are needing that certification. That's not anything that DMS is able to change or adjust. That would require changing the legislation.

So our school-based services coordinator, Joe Scrandrani, has reached out to the speech language pathology board and let them know that there is a request to review that statute.

Let's see what else we have. There was a request to align the behavioral health services and the nursing services together in the Technical Assistance Guide, so we are making some adjustments to the format to make those easily findable. So if you're a nurse performing some of those behavioral health services, you would be able to find the appropriate codes more quickly.

And then there is a question about how different services are being reimbursed. Because it's a cost settlement -- the way that the school-based services are paid, it's

a cost settlement at the end of the year. And throughout the year, there are interim rates that are paid, and so that can be kind of not as transparent as far as which services are being paid which rates. So we are providing different reports so that each school district will know what the actual rate of reimbursement is for each service. And --

DR. STONE: That's huge, Erica. I know that's a lot of work, and so thank you all for your work on all of this.

MS. DAVIS: Oh, absolutely.

Another question was about providing services outside of school hours. And so that is something that we have taken back to leadership as well. Because there are a lot of children that are doing remote learning now, and so we want to make sure that they're also able to access any school-based services as well. So we will have a response from leadership on that as well.

And for our March meeting, we had a request to add the parent consent letter to the Technical Assistance Guide and also for

the peer review form to be added, which we will do.

We were asked to add clarification on the code treatment of services. So if there are two services being provided concurrently, we will add some language in there to provide guidance on how to bill for those.

And let's see. Okay. And then there was a suggestion for the OT and PT re-evaluations, and I believe that those were missing in our Technical Assistance Guide. But those are something that are done very routinely, so we are going to make sure that those are added.

And then we had some -- again, we had some questions during our open discussion about unwinding. So we provided that unwinding flyer to our Technical Assistance Guide workgroup members.

And then there was a request to have connectors available for some of those events. And so we provided a list of who to contact in which region of the state if you're needing a connector, and I will also drop that in the chat as well.

And so those are all the updates for February and March for the Technical Assistance Guide. Again, I'm going to put all of this in the chat if you're needing to see these documents. But are there any questions regarding those?

(No response.)

MS. DAVIS: Thank you. And, Erin, it looks like Jiordan joined as well, so if you wanted to go back to any of those questions.

MS. BICKERS: Thank you, Erica. Do you mind to email those documents to me as well?

MS. DAVIS: Oh, certainly. Yes.

MS. BICKERS: Thank you.

DR. STONE: Thanks again, Erica.

MS. DAVIS: Thank you.

MS. BICKERS: Eva, do you want to ask Jiordan the item number again or the item -- agenda item?

DR. STONE: Yeah.

MS. BICKERS: I'm sorry. My brain is not functioning this afternoon. You know what I'm trying to say.

DR. STONE: I knew exactly what you meant, so we're all doing good.

MS. BICKERS: Thank you.

DR. STONE: Jiordan, what we were specifically wanting just to understand a little better is just presumptive Medicaid eligibility for children age 1 to 17. I think that is -- that ended maybe in the fall, this past fall.

And if that is no longer available for immigrant/refugee children as it had been, to describe the eligibility requirements and what options are available for health care for immigrant/refugee children in the state as we are increasing exponentially across the whole state. I know in Jefferson County --

MS. GRIFFIN: I am so sorry. I think my Internet cut out a little bit while you were talking. I apologize, but I didn't catch most of that.

DR. STONE: Oh, I'm so sorry. My apologies to anybody who has to listen to me say this again but --

MS. GRIFFIN: I'm sorry.

DR. STONE: It's not your fault,

Jiordan.

The item -- agenda item states: Request for DMS to present to the TAC an explanation of presumptive Medicaid eligibility for children ages 1 to 17 and then to describe -- and describe eligibility requirements for Medicaid for children and then what options for health care are available for immigrant and refugee children coming into Kentucky.

MS. GRIFFIN: Okay.

DR. STONE: And if we're able to pull the agenda back up, you might be able to see it. It's like a three-part agenda item.

MS. GRIFFIN: So I did not come prepared to answer that. Let me pull up what I have here. Sorry. Give me just a second.

DR. STONE: You're okay.

MS. GRIFFIN: Okay. So the first question -- let's see.

DR. STONE: Is about --

MS. GRIFFIN: Present to the TAC and explain presumptive Medicaid eligibility requirements.

Okay. So presumptive eligibility Medicaid requirements are the same as normal

Medicaid requirements. Presumptive eligibility is basically a shortened Medicaid application which is a way to -- for hospitals and qualified entities to determine Medicaid eligibility on the spot. And so children have to meet normal Medicaid technical and financial eligibility.

DR. STONE: So is presumptive eligibility now just for -- who is eligible for presumptive eligibility? Pregnancy?

MS. GRIFFIN: Yes. So it's -- there's presumptive eligibility for pregnant women that covers pregnancy-related services and then there's just the normal presumptive eligibility, which is a two-month period of eligibility, and it's -- it's in the name. Like, it's presumptively providing Medicaid eligibility on the basis that we believe they would be eligible for regular, ongoing Medicaid.

DR. STONE: Okay. Gotcha.

MS. GRIFFIN: Yes. It's temporary coverage for two months. And I believe after the PHE ends on May 11th, we're going to go back to the one period per year for PE

eligibility. It was two during PHE.

And the expected results of a PE application is that the patient receives their temporary coverage. The provider is payment assured. It avoids health risks to the patient and then it's under the expectation that the patient is going to apply for full Medicaid benefits within the 60-day period.

DR. STONE: Okay.

MS. GRIFFIN: Let's see. So services that are covered under PE include hospital, pharmacy, emergency room services, physician services, dental, lab, and X-ray services. This is included for all individuals except pregnant women because they only get the pregnancy-related services.

DR. STONE: So if a pregnant woman had a dental need, until they went through the full application process for Medicaid, they wouldn't be eligible for dental care. Is that what you're saying?

MS. GRIFFIN: Correct. I don't believe -- I'm double-checking, but I'm pretty sure that dental services are not

covered for pregnant women. So services for -- well, okay. It says dental services but excludes orthodontics. So I would say that would be your cleanings and normal kind of routine dental services.

DR. STONE: Okay.

MS. GRIFFIN: So for pregnancy, only ambulatory prenatal care services delivered in an outpatient setting are covered. So this is laboratory services, X-ray (that includes ultrasound), some dental services, emergency room services, an emergency, nonemergency transportation, pharmacy, and then office visits to primary care providers and/or the health department. This does not cover birthing expenses. This is strictly prenatal services.

DR. STONE: Okay.

MS. GRIFFIN: So services that are not covered for pregnant women are inpatient hospitalizations including the delivery, outpatient surgery or treatments, specialist visits, mental health and substance abuse services, and other services not mentioned in -- previously.

DR. STONE: Okay.

MS. GRIFFIN: Do we have any other PE-related questions before I move on?

DR. STONE: I do not. Jenn or Lisa?

MS. WISEMAN: I don't have any questions.

CHAIR LOCKHART: I do not.

DR. STONE: Okay. Thanks.

MS. GRIFFIN: Okay. And eligibility for immigrant and refugee children coming into Kentucky. So we do have time-limited Medicaid for all ages that doesn't have an enumeration or citizenship requirement. It's very similar to PE in that it's time-limited, so it's an initial two-month approval.

But you can have extensions requested if that emergency situation that approved them for the emergency Medicaid still exists. It just has to be verified by a medical professional.

DR. STONE: So is that time-limited only for emergencies?

MS. GRIFFIN: Yes. So there has to

be an emergency situation verified by a medical professional in order for them to qualify. So this could include the birth of a child. So this is where that time-limited coverage would come in for pregnant individuals, is it covers the birth and then the month after for them.

For other individuals, they just have to have some kind of emergency situation that presents a danger to life or limb. And that has to be verified by a medical professional.

DR. STONE: Gotcha. Okay. So nothing that covers preventive health services?

MS. GRIFFIN: So it depends on the status of the immigrant or refugee. If they're non-documented, that's kind of the only option that's available for them. However, there are certain refugee categories that allow for them to be Medicaid-eligible. And those are available on -- within our DCBS Medicaid manual online. There's a whole list of the different categories that would, you know, present an opportunity for them to be eligible.

Then also the Kynect has a different definition of their citizenship requirement. So just because they're not not eligible for Medicaid or MAGI Medicaid doesn't mean that they wouldn't possibly be eligible for a qualified health plan through the exchange.

So they use the word "lawfully present." That just means that they're here. It doesn't mean they have permanent residency or any kind of permanent U.S. citizenship status. It just means that they are here lawfully for some other reason. They could be potentially eligible through a qualified health plan that way.

And then we also have the addition of the CHIP pregnancy category, which has eliminated the five-year ban for that same definition, lawfully present immigrants. So if you do have an individual who is lawfully present, they could potentially be eligible for pregnancy Medicaid through the CHIP pregnancy group as long as they meet those criteria.

DR. STONE: Okay. Okay. I guess, Lisa, Jenn, anything on that?

CHAIR LOCKHART: Not from me. I thought she explained that well.

DR. STONE: I just -- you know, I do want to say, just to make sure that we have it said and on record, that, you know, in our -- in our school district in Louisville alone, we've had -- we have 16,000 children who are immigrant and refugee. And the majority of those children don't have any coverage, and so it's really come to light.

We had -- were at risk for measles outbreak -- I suppose we still are -- but received notification from the CDC, and there was really no mechanism for kids. Kids are coming into the country and not even having a physical exam before they're coming to school, and so there's all sorts of concerning issues. And I know there's other parts of the state where this is an issue as well.

And so at least my -- from my perspective -- and, Lisa and Jenn, if you disagree, that's fine. But, you know, this is something I would like to look into and look at the other states that have made

provisions for children who are immigrants and refugee and consider making a recommendation at some point to the MAC or at least bringing this issue to their attention with numbers of children that are basically not being counted anywhere in our systems except for school systems.

MS. WISEMAN: This is Jennifer. I just had a question, and it's because I am not, you know, familiar -- my nursing history background is not familiar with school nursing. But when you talk about the 16,000 children and then she's sitting here explaining eligibility and that there are pathways, where is the disconnect that those children are not taking advantage of the pathways that are offered?

Are they in a non-documented status and, therefore, are not eligible for things that she's mentioning, or are they -- is there just a disconnect with getting these kids, like they've mentioned earlier, from not being able to communicate with them because they might not have phone numbers, you know, whatever? What's the issue as to why those

16,000 kids are not being able to be hooked up with a pathway?

DR. STONE: So what we see here is it's all of the above. So many, many, many of the children -- in our school district alone, we have over 120 languages spoken. So there are children coming into Louisville from everywhere in the world, and many of the kids coming in are kids who have never even had any formal education.

So they're seeking asylum. They're seeking refuge. They're not -- families aren't routed through -- there are structures in Louisville that they can come through. Catholic charities do some work.

But families don't all go to those systems. There's a lot of mistrust, and families are afraid -- at least they have been historically -- to sign their kids up. And then a lot of it is the language barrier, that families just don't know what to do.

But what families do is bring their kids to school. So what we've learned here is that we, over and over again, are seeing one in five children in our school district is

not current on their immunizations because they have nowhere to go to get immunized. And so it becomes a very real problem for everyone when some basic care isn't available for kids.

And some of these pathways are just for emergency illness. And so, like, a two-month -- if we had a child that was eligible for two months of Medicaid but they were diagnosed with Type 1 diabetes, they don't have a mechanism unless they're making enough money to pay for insurance through the exchange.

Which we do have some families -- we've done over -- we've seen over 1,000 kids this year just to give immunizations. We've had to become VFC providers. And of those, 60 -- just over 60 percent of them -- about 64 percent of them have Medicaid.

So that just has highlighted some of the access issues for our families with Medicaid in the city. And then about 30 percent of them -- 33 percent of them have no health insurance at all. And then the others had private insurance, or it was unreported.

So -- and I know Bowling Green is experiencing similar things. Northern Kentucky is as well. I just don't know how pervasive it is across the whole state.

MS. GRIFFIN: And I just kind of want to add onto that, also. There's a lot of fear surrounding government programs for individuals who are non-documented, but we can -- you know, there was a rule from the White House in September 8th of 2022 stating that, you know, any noncitizens who receive health or other benefits will not suffer any kind of harmful immigration consequences.

So that would be a good thing to point out maybe to parents, is that if they have any fears over, you know, being reported to ICE or any kind of immigration, you know, like challenges that they may face because of signing their children up for assistance, that's not going to happen.

MS. WISEMAN: And so that -- I think that's kind of where I'm going. Not to say that we shouldn't be suggesting changes that -- suggesting things to the MAC that could potentially benefit these kids, but I

guess I'm -- I think more so than -- I think there's also a process issue at some point where there's a break, and it's not a matter of it not being available. It's just there's a hole in the process.

So, you know, in any county, when a kid comes on to sign up for school and they have never had a physical here, they are not immuni- -- like, they don't have any immunizations to document, how at that point -- like, is there some sort of collaboration, whether it's going to be a pilot, you know, project within one specific school district just to get kinks worked out?

How can, at that day when that parent shows up to sign a kid up for school can we introduce these pathways and these -- you know, we've discussed here before all the language options that pretty much all the MCOs have come forward to say that they offer. It's just a matter of they're not being utilized, or people don't realize they're available.

How do we bridge that gap on that day when they're registering right then and

there? How does that get fixed?

DR. STONE: Well, I mean, that's a good question.

CHAIR LOCKHART: That's a great question.

DR. STONE: Honestly, I mean, in full honesty, it's the healthcare -- here, the healthcare system hasn't wanted them because they're uninsured. We have community health centers which are supposed to pick up that gap, but they have to get there. There's transportation issues.

There is the fact that people are working one and two jobs. In fact, the report the Kaiser Family Foundation has done says that immigrants are as likely to be working as U.S. citizens. They're just not nearly as eligible for benefits as others.

And so it's not that they're not working. They're working jobs where they can't take off work to go from 8:00 to 4:30 when these services are typically open. And, you know, if you have to go five places to get your child signed up for something, then that presents another challenge.

So I think we're saying the same thing. I would just question whether -- you know, is that a school system problem, or is it collectively a problem that we can help address by making sure that children are eligible for Medicaid?

MS. WISEMAN: Well, I think -- and this is totally my perception. Like I said, I'm learning about this just as much here as anything else, you know, that we're discussing. But I guess what I'm saying, like, is this something that if we somehow had things approved, you know, from an APRN reimbursement standpoint, that we could try to form legislation, which is outside of the realm of this TAC and DMS, but go the legislation route as nursing organizations to have that person function to assist only these children within a district or within an area?

Because I'm hearing that these kids are not getting the care that they need. I totally understand that. But I'm also hearing that there are options available currently, not even without fixing, you know,

any current thing that these MCO providers are discussing. There's options for them, but they're not being paired up, whether it is a transportation issue or a language barrier.

So I think that without changing a single thing, there's a process issue that we could attempt to all work together and address to get these services to those kids. I just don't know the right time to introduce it.

I mean, if we're saying that these kids are showing up and getting registered for school -- you know, they're showing up to get registered for their school but then they're not able to follow up with a physical or immunizations, how do we get them the physical and the immunizations at the one place these people can show up?

DR. STONE: Exactly. But it's --

MS. WISEMAN: Because it's not a matter of a plan because the plan -- if they're hitting the refugee status that they're here for, if they're meeting that, I'm hearing that there's an option for them

to get that.

DR. STONE: There's an option for them to get two months of emergency Medicaid. If they're here through legal channels and that means they go through Catholic charities and they're eligible for some of the specific -- but that's -- those specific programs are very limited.

I'll give an example. We have a school that has almost 1,000 children in it -- they're all middle and high school students -- who are new to the country. At that school, there's -- 10 percent of kids at that school even have an immunization certificate at all because they've come into the country from other places. And so they -- the volume of work that is needed to get these kids services is huge, but nobody is willing to provide the services when children aren't eligible for Medicaid.

So, like, we've been trying -- I've been here five years. We've been trying to get a school-based health center open in that school to address this problem, but nobody is willing to come in and do it because nobody

is eligible for Medicaid, or only 10 percent of kids might be eligible for Medicaid. And no business entity can take that on.

So -- and I know that we're -- I can only speak to what we're dealing with here, but there's other places across the whole state that are dealing with the same thing with the issue at the end of the day being, you know, this is the Nursing TAC. And what we're here to do is to look at nursing issues but also to look at issues that are relative to the health of people in the commonwealth. And so that's why I just think this is a significant issue for us, too.

MS. WISEMAN: But these kids -- the kids who are not eligible for any of these programs, like, what is the reason why they're not eligible? Is it the status of them, like, legally here or --

DR. STONE: Yeah. Most kids that are coming into the country now -- well, Cuba is the biggest place that they're coming, and Cuba -- folks from Cuba aren't eligible for citizenship until they've been here for a year. So they're here legally, but they're

not eligible for services for a time.

CHAIR LOCKHART: I have a quick question on this topic because it's a great topic, and it's a multi-dimensional problem. We're all aware of it. We're all aware that the volume -- the increase in volume is overwhelming for many states.

Is there a state or group of states that are managing this well that we can look to as an example?

DR. STONE: There are states -- yes. Yeah.

CHAIR LOCKHART: I want to know what they're doing, so we can emulate what they're doing.

MS. GRIFFIN: I will just mention -- you had mentioned the Cuban population, and I was looking through our Medicaid manual. And it does say that Cuban and Haitian entrants defined in the Refugee Assistance Act of 1980, they are eligible if they're granted parole status as a Cuban or Haitian entrant.

DR. STONE: So what does that mean, if they're granted parole status?

MS. GRIFFIN: See, that's what I don't know. That's kind of a --

DR. STONE: I don't either. I just know that I've worked with Cuban families who haven't been able to access care.

MS. GRIFFIN: Okay.

MS. BICKERS: There is a question in the chat from Rachel with DMS asking: Could the schools start putting the Medicaid application -- the paper Medicaid application in the school's welcome package for new students?

DR. STONE: We -- I can only speak to us. I can't speak to what the other areas around the state are doing, and I'm sure there's more than schools. I'm just -- but schools are a place where -- you know, everybody wants their children in school. So I know that schools are a place where a lot of families are coming.

I guess my question about that -- that might be a great idea. Is that something -- I mean, is that how it works, DMS? Does somebody fill out a paper application and then somebody assists the family to submit

it?

MS. ROEHRIG: Absolutely. There's many different ways to apply for Medicaid, and it's whatever is going to be convenient for that individual and their situation. So in this case, having the paper application, which we can get in different languages -- having that as part of that welcome package makes it where you wouldn't have to have anyone there to direct them.

It's the first step that they'll be able to see, hey, there is something here. There is something I can get. And in this package, I have to have immunizations. Well, here's a possible way to make sure that I can do this for them.

DR. STONE: Right.

MS. ROEHRIG: So it's just that idea of kind of connecting the two. It may not fix everything, but it might be a step in the right direction just to get them started. Because once they're in our hands and -- or at DCBS and they're linked up with a worker, then they're going to get that assistance they need. They just need to get there.

MS. WISEMAN: And just so we know, as an example --

MR. OWEN: You can add the --

MS. WISEMAN: I'm sorry. This is Jennifer. Just so we know, as an example of -- like, for the next meeting, like that simple thing with the Cuban parole status, is there a way to find out what DMS -- like, to find out more about that parole status, or could you direct us as healthcare people, you know, to who we would need to be asking what exactly does this mean?

Because if there's a significant population of Cuban kids here and they're in that parole status of waiting the year before they're eligible for services, then there is something that we can do just to connect them to a service that's already available to them.

DR. STONE: Absolutely. That's a great idea, Jenn.

MS. WISEMAN: So can someone tell us what that means, or what qualifies them as parole status so that we can send them through the proper chain to get them their

immunizations and a physical for school?

CHAIR LOCKHART: Just the bare minimums at least to get them started and in the system; right?

MS. WISEMAN: I mean, I just feel like there's truly probably pathways for a lot of this. It's just there's so many different facets that the dots just aren't connected.

CHAIR LOCKHART: Yes.

MS. WISEMAN: And everyone is trying their best but, like, there's no -- there's no one out there to help these people connect it. The school system can't take on being the connectors of these dots. DMS can't really take on being the connectors of these dots. Everyone is busy in their own rights.

So if there's just some discoveries of possible connections, I think just making that known will help kind of align these people with where they need to be.

CHAIR LOCKHART: Kind of a captain or a case manager that oversees walking them through the system somehow.

MS. WISEMAN: Yes.

CHAIR LOCKHART: Yeah.

DR. STONE: And I can say -- because this is not a -- this isn't a school-specific issue.

MS. WISEMAN: Right.

DR. STONE: This has been -- the community health centers here in Louisville have navigators --

MS. WISEMAN: Right.

DR. STONE: -- who -- but are still facing the same challenges, getting families --

MS. WISEMAN: But think of if we would figure out the difference, you know.

DR. STONE: What I would ask is that if -- and we can certainly encourage other places across the state to be doing this. But from a TAC perspective, that we keep data on applications that are denied so that we know where the gaps are.

MS. WISEMAN: I think that's fair.

MS. GRIFFIN: Yeah. So as far as the paroled status, it's just a temporary kind of conditional entry that's given by the

U.S. Citizenship and Immigration Services. So if a family is paroled here to the U.S., they would have documentation of that, and that's what we take as verification of their, you know, immigrant status for Medicaid purposes.

So if they are a Cuban or Haitian immigrant that's paroled, they should have documentation saying that they are. And if they need some kind of assistance with their immigration status, they would need to contact the USCIS.

MS. WISEMAN: Okay.

MS. GRIFFIN: Yeah.

MR. OWEN: This is Stuart with WellCare again. I was going to say, with the welcome packet, even if you just had a sentence or two with the Kynect website, like to explore applying for Medicare (sic). You know, maybe you're eligible for health care. Please see -- and, you know, English, Spanish, the Kynect website, you know. That would just be, like, a sentence or two to also help.

MS. ROEHRIG: That's a great idea,

Stuart. And that way, the options are endless, the different types of language options for the application. It wouldn't have to be -- put all the different ones in there.

DR. STONE: Right.

CHAIR LOCKHART: I think that's a great idea.

MS. ROEHRIG: Yeah.

CHAIR LOCKHART: Everything we do helps.

MR. OWEN: Yeah.

CHAIR LOCKHART: Every communication that gets people in the right direction somehow. And by doing that and doing it successfully, hopefully slowly, you make an impact on the fear piece that keeps some of them from engaging.

MS. WISEMAN: Yeah. And I think, like you all were saying, just, you know, acknowledging maybe in several languages -- I don't know who would be the translator of that statement, saying you cannot be, like, penalized from an immigration standpoint for seeking health care as, you know, like a

non-docu- -- I don't even know all the correct terms that you can have for your documentation status, but, basically, you're not going to be punished for seeking health care for your child.

If it's possible for that to be stated per Medicaid and put on documents who we're trying to get people to get care via -- via that route, I think that's a very nonthreatening way to say, you know, that there are options for you. You definitely can't twist anyone's arm and make them follow that plan or seek care or fill out the paperwork, but just putting it out there as an option, I think, is a good measure.

DR. STONE: Yeah. I agree. So we've got all that; right?

MR. OWEN: It's recorded. The meetings are recorded.

CHAIR LOCKHART: What great conversation we've had, though. Great dialogue, I think.

MS. BICKERS: And if the TAC sees fit, we can always keep this on the agenda as old business for updates for further

discussion.

DR. STONE: Yeah. That would be great.

CHAIR LOCKHART: Absolutely. We can do that.

DR. STONE: Yes. Thank you.

We have one -- well, two more items. Well, one more old business, and that's to receive an update from DMS on maternal/child health and disparities for women of color. And it just so happens that this week is black maternal health week.

CHAIR LOCKHART: Oh, I didn't know that.

DR. STONE: Yes. Our question is timely.

I know that there was a presentation somehow DMS had given about maternal -- black maternal/child health. And if I recall from the last meeting, that was what we had asked to see and have more information on.

MS. BICKERS: I don't see Dr. Theriot on today. Eva, have you guys already received that presentation? If not, I can request it from her.

CHAIR LOCKHART: I don't remember getting it.

MS. BICKERS: Okay.

DR. STONE: Yeah. That would be great if we could --

CHAIR LOCKHART: Carry that over.

DR. STONE: Yeah.

CHAIR LOCKHART: Or maybe get something sent out to the group or both.

MS. BICKERS: I can follow up with Dr. Theriot to get you guys the presentation. And if you want to leave it on the agenda for an update, maybe I can send that out to you guys to review prior to the next meeting.

DR. STONE: That would be great.

CHAIR LOCKHART: Sounds good.

DR. STONE: The only other thing we have is under new business. And, Lisa, that was discuss Medicaid Consumer Alert.

CHAIR LOCKHART: Oh, they had just sent out recently the consumer alert. I shared it with KNA and everybody I could find to -- but we've talked about it. It was the consumer alert, all these people becoming unenrolled and --

DR. STONE: Oh, okay. Okay.

CHAIR LOCKHART: Yeah. We covered it. We covered it well, and we have more to do on that, lots more conversation to have on that but...

DR. STONE: Okay. So that was the last item on the agenda.

CHAIR LOCKHART: Yeah.

DR. STONE: Are you still driving, Lisa?

CHAIR LOCKHART: No.

DR. STONE: So are you able to wrap us up?

CHAIR LOCKHART: How's that for good timing; right?

DR. STONE: Yeah.

CHAIR LOCKHART: I was able to actually engage and talk.

DR. STONE: Yeah.

CHAIR LOCKHART: So yeah. That's -- again, I think we've had a really good, robust conversation today. And thank you, Eva. I really appreciate you assisting me greatly.

Anything else for the group that we want

to bring up or you are interested in getting on the next agenda, any burning items that we need to discuss?

(No response.)

CHAIR LOCKHART: All quiet. Quiet is good. Okay. All right.

DR. STONE: Just to say thank you, everybody.

CHAIR LOCKHART: Yeah. Thank you, everybody. We'll go ahead and move to adjourn.

DR. STONE: So move.

CHAIR LOCKHART: Approve. Yeah. All right. All right. We'll talk -- we'll see you soon.

MS. BICKERS: Have a great afternoon, everybody.

DR. STONE: Do we have to have cameras on to adjourn?

MS. BICKERS: No. I don't think you actually have to vote for that.

DR. STONE: Okay. Sounds good.

CHAIR LOCKHART: We're just making sure.

(Meeting concluded at 4:08 p.m.)

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C E R T I F I C A T E

I, SHANA SPENCER, Certified Realtime Reporter and Registered Professional Reporter, do hereby certify that the foregoing typewritten pages are a true and accurate transcript of the proceedings to the best of my ability.

I further certify that I am not employed by, related to, nor of counsel for any of the parties herein, nor otherwise interested in the outcome of this action.

Dated this 25th day of April, 2023.

/s/ Shana W. Spencer

Shana Spencer, RPR, CRR