

TAC ON CONSUMER RIGHTS & CLIENT NEEDS MEETING AGENDA

April 16, 2019

1. Welcome & Introductions - TAC Chair
2. Approval of Minutes – TAC Members
3. Update on Kentucky HEALTH – DMS Staff
 - What, if any, components of Kentucky HEALTH will be implemented on a voluntary basis, without penalties enforced? (ie work supports, MyRewards incentives, etc.)
 - 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 – TAC Members and DMS Staff
 - We have heard from individuals at/below 100% FPL who have gotten conflicting information about copays and have been inappropriately turned away for inability to pay. Is anything being done to clarify the policy with providers?
 - We have heard that some pharmacies aren't using KyHealthNet/MMIS and therefore don't see the copay or poverty indicators. Is anything being done to address this?
 - What is the status of changes to the KyHealthNet/MMIS screen?
5. Update on 1915(c) Waivers re: Stakeholder Engagement & Rate Study – DMS Staff
 - What comes next after the public comment period?
 - What is the update on transparency related to the advisory councils?
6. Discuss ADA guidelines related to making accommodations for disabled individuals to participate in TAC and/or MAC meetings – TAC Members and DMS Staff.
7. Discuss responses to TAC Recommendations from 12/18/18 meeting – TAC Members and DMS Staff.

Recommendations made to the MAC on January 24th:

I. A motion was made, seconded and approved that DMS make accommodations for all TAC and MAC members to be able to fully participate in TAC and MAC meetings including the cost of assistance and interpretation. Mr. Campbell abstained from voting.

II. To clarify Recommendation 2018(86) and DMS' response, a motion was made, seconded and approved that all written communication that a person receives in their requested language also be provided in English for the purpose of consumer assistance.

III. To clarify Recommendation 2018(96) and DMS' response, a motion was made, seconded and approved that all of the medically frail screening questions be asked of the Medicaid applicants and enrollees on the Benefind system or paper application.

IV. A motion was made, seconded and approved that the medically frail attestation form specifically include cognitive processes.

V. A motion was made, seconded and approved that the medically frail status display in the Benefind SSP.

VI. A motion was made, seconded and approved that the terms "entity" and "place" be defined in the new copay regulation and policies to ensure that copays are accurately charged for same-day services.

VII. A motion was made, seconded and approved that there be communication specifically to Medicaid recipients covered by a 1915c waiver that the new mandatory copay rule does not apply to them.

VIII. A motion was made, seconded and approved that there be clear communication to any Medicaid

recipient who has self-attested as medically frail and/or has had a provider attestation completed, as to whether that attestation has been received, processed and what the final determination is.

IX. A motion was made, seconded and approved that DMS work with consumers to streamline the grievance and appeals process in the 1915c waivers and 1115 waiver.

X. A motion was made, seconded and approved that all Medicaid applicants and enrollees complete the full medically frail screening, including the initial question "Are you in good health?" as well as all follow-up questions.

9. Recommendations for the May 23rd Meeting – TAC Members

Next meeting of the Consumer TAC: June 11th, CHFS

Next meeting of the MAC: The next MAC meeting will be May 23, 2019 at 10:00 a.m., Room 125, Capitol Annex.

10. Adjournment – TAC Chair