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

IN RE: CONSUMER RIGHTS AND CLIENT NEEDS TECHNICAL ADVISORY COUNCIL

February 19, 2019
1:30 P.M.
James Thompson Conference Room
Cabinet for Health and Family Services
275 East Main Street
Frankfort, Kentucky 40601

APPEARANCES

Emily Beauregard
CHAIR

Miranda Brown
TAC MEMBERS

CAPITAL CITY COURT REPORTING
TERRI H. PELOSI, COURT REPORTER
900 CHESTNUT DRIVE
FRANKFORT, KENTUCKY 40601
(502) 223-1118

APPEARANCES
(Continued)

Sharley Hughes
Pam Smith
David Gray
DEPARTMENT FOR MEDICAID
SERVICES

Camille Collins
PROTECTION & ADVOCACY
SERVICES DIVISION

LeAnn Magre
WELLCARE

Brian Staples
Cathy Stephens
HUMANA-CARESOURCE

Rick Schultz
Kentrell Steed
AETNA BETTER HEALTH

Dana Moody
PASSPORT HEALTH PLAN

Andre Jarvis
ANTHEM

Nicole Maher
CCDD

Jason Dunn
KY VOICES FOR HEALTH

Brad Leedy
BRIDGEHAVEN

Johnny Callebs
KAPP

Miranda Sloan
KPMA/KYSAM

Amy Weinstock
KENTUCKY HEALTH

AGENDA

1. Welcome and Introductions

2. Comments concerning Commissioner Steckel letter to TACs and MAC

3. Update on Kentucky HEALTH
   * What is the new implementation rollout time?
   * When are notices going out?
   * Will there be new training/education for state employees, assisters and providers?
   * Will there be more consumer testing prior to the rollout date?
   * Update on medically frail attestation processing and/or system enhancements

4. Update on mandatory copays begun on 1/1/19

5. Update on 1915(c) waivers: re: Stakeholder engagement and rate study

6. Discuss ADA guidelines related to making accommodations for disabled individuals to participate in TAC and/or MAC meetings

7. Discuss the need for system integration and ensuring that all systems are working properly before policies are to take place

8. Discuss the need to streamline the grievance and appeals processes in the 1115 waiver and in the 1915(c) waivers

9. Discuss responses to TAC recommendations from 10/23/18 meeting

10. Recommendations to the MAC for March 28th meeting

Next meeting: April 16, 2019, 1:30 to 3:30 p.m.

11. Adjournment

MS. BEAUREGARD: Good morning. We will get started with the Consumer Rights and Client Needs Technical Advisory Committee. We typically do introductions just to make sure everyone knows who is in the room.

(INTRODUCTIONS)

MS. BEAUREGARD: Today we don't have two of our TAC members here. So, we may not have a quorum but we will proceed with the meeting anyway.

One thing I wanted to ask ahead of time, we I think had received an email from the Chair of the MAC a few weeks ago and it was a letter from the Commissioner stating that she was going to be attending all of the TAC meetings.

MS. HUGHES: Yes.

MS. BEAUREGARD: Do you have any update on that, Sharley?

MS. HUGHES: Yes.

MS. BEAUREGARD: I didn't put that on the agenda. I didn't think of it at the time.

MS. HUGHES: A couple of the other TACs have said let's address the elephant in the room right off the start. So, we will address

1 it right off the start here, too.
2 The Commissioner did send a
3 letter. I think you may have gotten the original
4 letter before you were out. At the MAC meeting last
5 month, the MAC Chair took some concerns about the
6 letter the Commissioner had sent out about the
7 direction she felt that the TACs should be taking,
8 and that was to kind of basically not bring up
9 individual claim issues or this type of thing at the
10 TAC.
11 The TAC is supposed to be more
12 of an advisory board to the MAC. And what we were
13 hoping to see was recommendations coming from the
14 TACs that would overall help us in improving the
15 lives of Medicaid beneficiaries.
16 So, a good example was just in
17 our meeting with the Home Health TAC earlier today
18 was that they have a telemonitor that home health
19 can put in the home and monitor the patient on a
20 daily basis. It tells them if they've gained
21 weight, lost weight and all these different things,
22 and it basically helps to cut down on readmission to
23 the hospital.
24 And, so, the Kentucky Home
25 Health Association said there's been a study done in

1 Indiana and one done in South Carolina where, by
2 providing this, that it actually does cut down a lot
3 of readmissions to the hospital.
4 So, I said that would make a
5 perfect type of a recommendation on what we could
6 look at to possibly save money but also improve the
7 life of Medicaid beneficiaries.
8 So, that's kind of what the
9 Commissioner is hoping to see from the TACs. I
10 know you all, I mean, I have seen some of the
11 minutes and so forth and typically you all don't,
12 because you all are not made up of providers----
13 MS. BEAUREGARD: We're not
14 dealing with claims' issues, right.
15 MS. HUGHES: ----you all don't
16 bring up the claims' issues here, so, that's really
17 not that much of an issue with you guys. I think
18 what you all doing is kind of what the Commissioner
19 is foreseeing being done on the TACs anyway is that
20 you all are looking at--probably you all and the
21 Children's Health TAC - no, there's providers on
22 that - but it was just really ways that can help us
23 because providers, you all are out on the front
24 lines and can kind of help us.
25 And what the Commissioner said

is that we need to be more proactive in bringing possible policy changes to you all and letting you all say, Dear Medicaid, this is not a good idea or whatever; and understand that in some instances, you all may not believe it's a good idea but it may just be something we have to do regardless because the decision is oftentimes made higher than even at the Commissioner level. So, just understand that.

But at the MAC meeting, the MAC Chair did say she was going to create a subcommittee that will be made up of a couple of members of the MAC and if some TAC Chairs or TAC members wanted to be on it, they could be on it.

And from what I understand from earlier today, they are preparing a response to the Commissioner's letter. I got the original email that Beth sent out, but if she's communicated anything, else, I've not been copied on it.

So, as far as I know, that's as far as what they're doing at this time. I'm sure we will get more information from next month's MAC meeting. And maybe if they get something finalized before then, we can get it before that.

MS. BEAUREGARD: Anything that you could share ahead of time is information I can

send around to TAC members and other people who attend these meetings.

MS. HUGHES: And typically what I do is when I send something out, I try to copy everybody on the TAC. So, if I send it to you, I probably have sent it to your TAC members as well because what I did, I just set up an email address for each TAC. So, if I have something to go out, I just go get it and type in the thirteen email addresses for the TACs and it gets me everybody.

MS. BEAUREGARD: So, that's the TAC members, but other folks here in this room that would attend these meetings, not necessarily, right?

MS. HUGHES: Right. Correct. Gosh, something I was going to say and it just went through me.

MS. BEAUREGARD: And you're not anticipating that the Commissioner is going to attend one of our meetings. Is that right?

MS. HUGHES: That's where I was going, yes. She plans to be attending all of the TAC meetings and had intended to be here today. It's unfortunate that's she's not able to be here, but it is Legislative Session. And, so, when the

1 Secretary says we need you to meet with this
2 legislator and, then, also I think the House Health
3 and Welfare - I don't think it's called that anymore
4 - they call it something else - I think they meet at
5 like noon today. So, unfortunately, she is at LRC
6 today but she sent me to be here.
7 MS. BEAUREGARD: That's where
8 we all came from, so, that's understandable.
9 MS. HUGHES: So, that's why
10 she's not here but, yes, she does intend to be here
11 on a regular basis.
12 MS. BEAUREGARD: In two months
13 from now?
14 MS. HUGHES: Yes. And one
15 other thing because I know you all are one of the
16 TACs that is interested in this, and it may be on
17 here later on the agenda, but since I'm talking,
18 I'll just go ahead and talk.
19 The Secretary of the MAC sent
20 a letter to the Attorney General's Office asking for
21 an Attorney General's Opinion on Facebook Live,
22 Google Hangout - I'm electronically challenged -
23 Skype, all those, if those would meet the definition
24 of video teleconference.
25 She sent that, and,

1 unfortunately, the gentleman that got it returned it
2 to her and told her that they only offer Attorney
3 General's Opinions on behalf of the entire Board,
4 not an individual member.
5 I wrote back to him and said
6 she was not contacting you as an individual member.
7 She was contacting you as the Secretary of the MAC.
8 Now that you know that, can you go ahead? The MAC
9 unanimously voted for her to do this. And he told me
10 Friday that he wanted the MAC Chair to make the
11 request.
12 So, I have let Beth know. So,
13 we're still at a standstill on that. So, as soon as
14 we get the Attorney General's Opinion, we will
15 certainly go by whatever they tell us to do.
16 MS. BEAUREGARD: Thank you for
17 telling us that.
18 One question that I actually
19 got this morning was whether we could have a
20 conference call, not for TAC members to participate,
21 but just for other individuals who can't make it to
22 Frankfort. Is that a possibility to just have a
23 conference line that's open for people to listen?
24 MS. HUGHES: Yes. I do have a
25 conference number that I can post on the website. I

1 don’t know if I told you all at the last meeting but
2 you have your own website now on DMS.
3 MS. BEAUREGARD: You did
4 mention that.
5 MS. HUGHES: Okay. So, we
6 have all the meeting times and locations and
7 everything there and we can certainly do a call-in.
8 MS. BEAUREGARD: I think we’d
9 like to do that for future meetings.
10 MS. HUGHES: We can certainly
11 do that and that way, anybody that can’t make it
12 here personally can call in.
13 MS. BEAUREGARD: That would be
14 great.
15 And I just wanted to mention
16 that one thing that I heard the Commissioner say I
17 think at the Behavioral Health TAC meeting was that
18 she really wanted to get, rather than anecdotal
19 information, having data that brought together I
20 guess multiple examples of a system issue would be
21 helpful to DMS.
22 And that’s something that
23 Kentucky Voices for Health has been collecting and
24 we actually have been doing that recently around the
25 copays. So, I have shared it already with Deputy

1 Secretary Putnam; but if it would be helpful, I
2 could share it with you so that it goes through the
3 TAC process just to inform exactly what you're
4 looking for which is that type of feedback.
5 MS. HUGHES: Because I can
6 also give it to the Commissioner.
7 MS. BEAUREGARD: Okay. I'll
8 plan to do that.
9 So, I think we can move on to
10 approval of the minutes. Well, we actually can't
11 approve the minutes because we don't have a quorum,
12 but did you see anything, Miranda, that we needed to
13 change?
14 MS. BROWN: They look fine to
15 me.
16 MS. BEAUREGARD: They look all
17 right.
18 So, we can move on now to the
19 updates on Kentucky HEALTH. Do you know who is
20 going to be giving those updates?
21 MS. HUGHES: I can give you
22 some updates.
23 As you know, the go-live date
24 is intended to be April 1. The community engagement
25 part will not start until July 1. And in order to

1 help our members, for those that are required to pay
2 a premium, there will not be any premiums charged
3 for the month of April. And if they are to pay
4 copays and they're in Kentucky HEALTH, there will
5 not be copays for the month of April either.
6 MS. BEAUREGARD: That's on
7 this update.
8 MS. HUGHES: Is that on that
9 update, too? Honestly, I haven't read all that.
10 MS. BEAUREGARD: This one says
11 premiums.
12 MS. HUGHES: Yes, the premium
13 one does say there won't be premiums for April.
14 MS. BEAUREGARD: So, I'm
15 guessing that everyone in the room has seen these
16 emailed out.
17 MS. HUGHES: And I had a few
18 to pass out with the agendas.
19 MS. BEAUREGARD: They're good
20 to share with networks.
21 MS. HUGHES: And they're out
22 on the Kentucky HEALTH website if you're looking for
23 them to provide a link to somebody. Under Citizens,
24 it has the premium and medically frail.
25 And regarding medically frail,

1 the notices from the MCOs should start going out
2 around the first week of March if someone has
3 submitted a form or if the MCO through claims
4 analysis has deemed that they're medically frail.
5 MS. BEAUREGARD: Specifically
6 for medically frail.
7 MS. HUGHES: Yes. Those
8 notices will go out the first week of March.
9 MS. BEAUREGARD: Do you know
10 when the eligibility notices will be going out?
11 MS. HUGHES: That's my next
12 one. The Notice of Eligibility will be postmarked
13 at least ten days before the start of Kentucky
14 HEALTH.
15 MS. BEAUREGARD: So, that
16 would be April 1st, right, because some components
17 are going to go into effect on April 1st? So, just
18 ten days before April 1st?
19 MS. HUGHES: Yes. That notice
20 requires a ten-day notification.
21 MS. BEAUREGARD: I thought it
22 was a 30-day notice.
23 MS. HUGHES: The 30-day is on
24 the community engagement part.
25 MS. BEAUREGARD: Which would

be in June.

MS. HUGHES: In July. So, that would go out around the first of June.

MS. MOODY: I was just going to clarify. On the medically frail, you're saying that all the MCOs are mailing those on 3/1 or 4/1?

MS. HUGHES: Around the first week of March. I didn't get a specific date. I think Stephanie have notified the MCOs that they want them to go out the first week of March.

And as I said, there will not be any April premiums. The May billing premium notices should go out about mid-April, so, a couple of weeks before they are due.

The path to community engagement does not begin until July 1 and they will get a notice no less than thirty days before the community engagement starts. And I think David said this morning that it hasn't been determined for sure if we're doing staggered by regions or everybody.

MR. GRAY: By regions, by the whole state. Initially, I think Campbell County would come up first. Now that we got pushed back in terms of the timing of it, whether or not more than just Campbell County will come up on July 1, that

1 has not been resolved yet.
2 MS. BEAUREGARD: Okay. And
3 when do you anticipate knowing that? Is there a
4 date that we could expect to have that information
5 so we could help folks prepare?
6 MR. GRAY: I really don't
7 know.
8 MS. HUGHES: There's still
9 lots of meetings and so forth.
10 MS. BEAUREGARD: I did see
11 some new training dates, too, for application
12 assisters and, then, I saw for the Primary Care
13 Association, they had some training dates. Do you
14 know of any others that will be happening?
15 MS. HUGHES: No. I haven't
16 even seen the ones you're talking about.
17 MS. BEAUREGARD: I'm trying to
18 think of where I saw them. I think probably in the
19 Rural Health Association's email and, then, the
20 Kentucky Health Benefit Exchange.
21 MS. BROWN: The application
22 assisters did get an email asking them to sign up
23 for a day-long training and there are several
24 options. I think the first one is next week.
25 MS. BEAUREGARD: That sounds

1 right. And, then, I saw the Primary Care
2 Association had their own trainings that they were
3 able, I guess, to organize with DMS, but I'm
4 interested to know if other provider groups or other
5 outreach folks are going to have opportunity for
6 training since things have changed.
7 MR. DUNN: May I ask a
8 question about the timeline?
9 MS. BEAUREGARD: Yes.
10 MR. DUNN: So, April 1st is
11 when Kentucky HEALTH will go into place, but the
12 premiums won't be collected until May. Will copays
13 still be in effect during the month of April?
14 MS. HUGHES: No, not for those
15 that are on Kentucky HEALTH.
16 MS. STEPHENS: But for the
17 traditional group, they will.
18 MS. HUGHES: Yes.
19 MS. BEAUREGARD: You mean the
20 1915(c) and anyone who is carved out of the waiver?
21 MR. DUNN: The 1.2 million.
22 MS. BEAUREGARD: The majority
23 of members will be under Kentucky HEALTH. Is that
24 right?
25 MS. HUGHES: According to the

1 stakeholder presentation that Tracy did----
2 MS. BEAUREGARD: With the
3 exception of long-term care, 1915(c), people over
4 65.
5 MS. HUGHES: Well, no. She
6 said Kentucky HEALTH members on the premium plan
7 including low-income adults and transitional will
8 not be charged copays for April.
9 MS. STEPHENS: But that's not
10 the majority.
11 MS. BEAUREGARD: Who would not
12 be on the premium plan? I thought the premium plan
13 was the default plan.
14 MS. HUGHES: Remember,
15 Kentucky HEALTH is the expansion Medicaid, the adult
16 group.
17 MS. BEAUREGARD: Except that
18 it also includes parents with dependents.
19 MS. HUGHES: Right. I'm not
20 real sure how many total now that they're saying is
21 on Kentucky HEALTH but it's----
22 MS. BEAUREGARD: Would you be
23 able to get us clarification because my
24 understanding is even people in the medically frail
25 population and foster care, former foster care youth

1 would be able to pay a premium if they wanted to
2 have the My Rewards' account. So, they wouldn't be
3 on a copay plan, for instance.
4 And, then, there are the
5 parents with dependent children who may technically
6 be in traditional but they're going to be subject to
7 the premiums or copays, one or the other under
8 Kentucky HEALTH.
9 And it wouldn't seem fair for
10 them to be required to pay copays during the month
11 of April if they could have paid a premium instead.
12 MS. HUGHES: Well, and that's
13 what this is saying. If they should have paid a
14 premium for the month of April, they will not be
15 imposed copays for the month of April, and that
16 should go out on the Notice of Eligibility.
17 If they receive a notice that
18 says starting April 1, you will be in Kentucky
19 HEALTH, then, those individuals will not have a
20 copay if they're in Kentucky HEALTH with a premium.
21 MR. GRAY: The premium is
22 being waived for the month. So, they're in the
23 program.
24 MS. BEAUREGARD: Right. I was
25 concerned when I heard the expansion population

because we know that more than the expansion population is participating in Kentucky HEALTH. So, I just wanted to make sure I understood that.

MR. GRAY: So, April 1, if you're in Kentucky HEALTH and you're in the premium program, it's waived for the month of April. So, you would not have a copay.

MS. BEAUREGARD: But nobody is in the premium program yet. I mean, premiums are the default is what I'm saying.

MS. HUGHES: If starting April 1 your Notice of Eligibility says you are a Kentucky HEALTH recipient, then, you should pay a premium but you're not going to pay a premium for the month of April. That individual will not pay copays for the month of April either.

MS. BEAUREGARD: Okay. I mean, everyone should start their premium plan I guess is what I'm saying unless they're exempt altogether from any cost-sharing.

Jason, maybe you and I can just follow up to get that clarification to make sure we're understanding that essentially no one participating in Kentucky HEALTH in April should be paying a copay. I just want to make sure.

1 MR. GRAY: Correct.
2 MS. BEAUREGARD: And we have a
3 concern about the way the mandatory copays that
4 started January 1st are going to sort of coincide
5 with this and how people will understand the
6 difference and know whether they're participating
7 under the mandatory copay regulation or Kentucky
8 HEALTH. Did you have something to add?
9 MS. WEINSTOCK: I just
10 confirmed with our team. The people who are any
11 part of Kentucky HEALTH, so, whether or not you have
12 a cost-sharing requirement as part of the program,
13 will not be paying in April, but for Medicaid
14 recipients who started paying copays on January 1st
15 but are not going to be a part of Kentucky HEALTH at
16 all, they will continue to pay copays into April.
17 MR. GRAY: That's correct.
18 MS. WEINSTOCK: So, if you're
19 like over 65 and on Medicaid, you will continue to
20 pay; but if you're medically frail, for example, and
21 you had the option to have cost-sharing, you will
22 not pay anything in April.
23 MS. BEAUREGARD: That's what I
24 needed to know. Thank you.
25 And, then, I think the next

1 thing that we had on here is consumer testing.
2 Since there have been some changes to - I know the
3 online application in Benefind has been updated with
4 the medically frail component especially. I'm not
5 sure if other changes have been made, but is there
6 any testing that's going to be done beforehand?
7 MS. WEINSTOCK: I'm not aware
8 of that.
9 MS. BEAUREGARD: If you could
10 just ask. That's one of the things that we've been
11 able to participate in before.
12 MS. HUGHES: Can I ask? Who
13 are you with?
14 MS. WEINSTOCK: Catherine
15 Easley. I represent Cathy today.
16 MS. HUGHES: Okay. So, you're
17 here as part of the Cabinet. Okay. I didn't know
18 if you were an MCO and I didn't want you to get
19 stuck answering DMS questions.
20 MS. BEAUREGARD: Sometimes it
21 feels like we're working through the TAC and, then,
22 other times we have all these conversations about
23 the same topics with other DMS staff who are working
24 on Kentucky HEALTH. So, it's good to have someone
25 from the team here, and Catherine Easley has been

1 good about asking for input on some of the notices
2 that are being prepared now. So, we appreciated
3 that.
4 MS. HUGHES: I had not met
5 her.
6 MS. BEAUREGARD: No, I
7 actually haven't met Amy either. So, if we could
8 get any clarification on consumer testing, if
9 there's a plan and if there's any opportunity for us
10 to help find consumers or consumer representatives
11 that can participate in that. We just always like
12 to make sure kinks are worked out ahead of time.
13 And, then, the next question
14 that we had or I guess item is any update on the
15 medically frail attestation processing.
16 I think at the last meeting,
17 if I'm remembering correctly, it was right before
18 Christmas, we had expressed a lot of concerns about
19 people having gone to their provider and started the
20 process and, then, not heard anything back.
21 So, both the patient and the
22 provider seem not to be getting any feedback from
23 the MCO, and a lot of people assumed that they would
24 be told yes or no whether or not they were medically
25 frail.

1 And also for a time, the
2 medically frail determination was actually listed on
3 the screen in KYHEALTH.Net but then it was removed.
4 So, that was also something that confused providers
5 who were trying to update their patients on whether
6 or not they had been approved.
7 So, I wanted to know if there
8 had been anything to sort of address this issue.
9 MS. HUGHES: They should start
10 going out the first of March.
11 MS. BEAUREGARD: The letters?
12 MS. HUGHES: Yes.
13 MS. BEAUREGARD: And the
14 notifications are going to tell people their current
15 status based on whether they did the attestation
16 through a provider or it was automatic?
17 MS. HUGHES: Right. Well,
18 now, it's just going to say medically frail.
19 MR. SCHULTZ: Catherine just
20 gave us an updated letter to incorporate and that's
21 basically for one of these reasons and it goes out
22 to all the members.
23 MS. BEAUREGARD: And to the
24 provider, too?
25 MR. SCHULTZ: No.

1 MS. BEAUREGARD: No, just to
2 the member. Will it be on MMIS again or on the
3 KYHEALTH.Net screen?
4 MS. HUGHES: It's supposed to
5 be is my understanding.
6 MS. BEAUREGARD: Okay. I just
7 want to make sure. Providers need to know that
8 their patients are getting these letters or that
9 they can find the information on the screen again.
10 So, would it be possible to know when that
11 notification on the screen goes live?
12 MS. HUGHES: I can ask.
13 MS. BEAUREGARD: Or, Amy, I
14 don't know if that would be something that----
15 MS. WEINSTOCK: I can take
16 that back.
17 MS. HUGHES: Amy, I can find
18 out and send an email out just to respond to all
19 their questions at one time.
20 MS. BEAUREGARD: All right.
21 Is there anything else about the medically frail
22 population that we had asked about before, Miranda,
23 that we needed clarified? I think it was primarily
24 the notices.
25 MS. BROWN: Mainly the notice

1 that their attestation was received and approved.
2 MS. BEAUREGARD: Right. And,
3 then, will the notice also include anything about
4 appeals?
5 MS. HUGHES: All the letters,
6 I think, are supposed to have how to appeal it.
7 MS. BEAUREGARD: Great,
8 because appeals was another area that we had been
9 talking about and just knowing how we can direct
10 people if they need assistance.
11 MR. SCHULTZ: We've not
12 received a denial letter format. This is only the
13 approval letter----
14 MS. BEAUREGARD: This is only
15 the--thank you. Okay. Well, that's good.
16 MR. SCHULTZ: Because right
17 now, no one can ask to be medically frail. This is
18 just the automatic process done by the algorithm and
19 the attestation process. Starting April 1st,
20 obviously the member can attest and say I'm
21 medically frail and, then, that ownership goes to
22 the plan to go through the process and all.
23 MS. BEAUREGARD: Okay. So, my
24 understanding was that people were asking now to be
25 determined medically frail. They've been going to

1 their providers and filling out the attestation.
2 So, are you saying that
3 they're going to have to do that again? I thought
4 those were going to be still considered, the ones
5 that were already existing?
6 MS. HUGHES: They are.
7 MR. SCHULTZ: And they are,
8 correct.
9 MS. BEAUREGARD: Okay, but
10 people still aren't going to get----
11 MR. SCHULTZ: The ones who
12 didn't receive the status, there really is no appeal
13 mechanism for them.
14 MS. BEAUREGARD: I was only
15 thinking of the people who actually requested the
16 status, who already went to their provider and the
17 provider attested. Are they going to get a letter?
18 MR. SCHULTZ: If they go
19 through the process. We have been doing
20 attestations since June from last year. So, we have
21 hundreds that, then, with the Exchange, we send
22 those to the State and, then, they confirm them back
23 on the 834 that they're still eligible.
24 MS. BEAUREGARD: So, then, the
25 ones----

1 MS. STEPHENS: And we're not
2 allowed to forward it until we get that back on the
3 834 from the State.
4 MS. BEAUREGARD: That makes
5 sense, but, then, if they're denied through the
6 provider attestation, who gets notice?
7 MR. SCHULTZ: There is no
8 formal process yet. There's no appeal process still
9 yet. That has not been defined for us.
10 MS. BEAUREGARD: Okay. So,
11 that would be something that we really need to
12 figure out before April 1st because if individuals
13 need to go back to their provider if additional
14 information is needed to start that on April 1st
15 means that they're going to be subject to cost-
16 sharing, to the community engagement requirement and
17 other penalties until or unless they're able to get
18 determined medically frail.
19 MS. HUGHES: And I will ask
20 Stephanie.
21 MS. BEAUREGARD: I think last
22 year, the reason that we were told people could
23 start that process before the implementation date
24 was exactly to avoid that kind of gap where people
25 want to have the medically frail status. So, you're

1 going to ask Stephanie Bates that?
2 MS. HUGHES: Yes.
3 MS. BEAUREGARD: Thank you.
4 Our next item is an update on the mandatory copays
5 and just a basic update on anything that's changed
6 since our last meeting.
7 MS. HUGHES: Nothing has
8 changed. The copays are there and will be there.
9 We don't have any data.
10 MS. BEAUREGARD: No. We
11 understand that but in terms of how things are
12 working. There are some providers, of course, who
13 have shared that they're confused by the screens and
14 we, I think, mentioned that at the last meeting. I
15 think that's still the case.
16 I just got screen shots this
17 morning actually from a provider who was saying that
18 it can be very easy to misread the screens. And,
19 so, I would just continue to give that as feedback.
20 MR. GRAY: Is that KY.Net?
21 MS. BEAUREGARD: Yes.
22 MR. GRAY: We've got a
23 workgroup that is spending time going through, in
24 concert with DXC, those screens to see how we can
25 make those more easy to use. And I won't promise

1 you it's going to be solved tomorrow but it does
2 have the attention of the Cabinet and the MCOs that
3 there are opportunities to improve the user
4 interface with providers with KY.Net.
5 MS. BEAUREGARD: Who is on
6 that workgroup? Are providers on the workgroup?
7 MR. GRAY: We are getting
8 input from providers.
9 MS. BEAUREGARD: Can there be
10 providers or even advocates on the workgroup because
11 we can help make those screens readable?
12 MR. GRAY: I don't know. It's
13 really focused on providers.
14 MS. HUGHES: Because the
15 providers are the ones that are going to be reading
16 the screens, correct?
17 MR. GRAY: Yes.
18 MS. BEAUREGARD: Well, no,
19 actually it's the front office workers who are going
20 to be reading the screens more often than providers.
21 MS. HUGHES: Providers'
22 offices.
23 MR. GRAY: When I use the term
24 providers, I mean the front office staff.
25 MS. BEAUREGARD: You mean the

1 office staff, sure. I understand. Well, if there
2 is an opportunity for us to help get some people on
3 that workgroup who are actually using the screens, I
4 think that it would benefit everybody. It would
5 make them much more readable.
6 MS. HUGHES: I think they're
7 already meeting because wasn't that the meeting last
8 Tuesday?
9 MR. GRAY: Yes.
10 MR. DUNN: The argument for
11 advocates being there is that if a provider is
12 misreading screens, it impacts the consumer as well.
13 MS. BEAUREGARD: All right.
14 And, then, the other feedback that we've heard is
15 from Medicaid recipients who have been sometimes
16 turned away for services when their income is below
17 100% or at or below 100% of the Federal Poverty
18 Level.
19 And I think that's one of the
20 policies that a lot of provider offices might not
21 understand or because they can't read the screen.
22 They're not reading it correctly and, then, using
23 the policy correctly.
24 MS. HUGHES: Have the members
25 reached out to their MCOs because if they feel that

1 they should not, then, that's the first contact
2 point would be their MCO, but other than that. I
3 mean, I know I've had a couple of providers that
4 have contacted me who have said something like I had
5 a 13-year-old kid that came in and we showed he had
6 a copay and I said, no, no children are supposed to
7 be charged copays.
8 MS. BEAUREGARD: I think it's
9 happening pretty frequently, and we can always
10 encourage people to call their MCOs, but it is just
11 one extra step. And some of the cases that we've
12 gotten are people who are homeless and have zero
13 income, so, it's unlikely.
14 Anytime you ask them to do one
15 more thing, they kind of fall through the cracks and
16 probably just don't go back to the doctor.
17 Yesterday, it was a psychologist for someone who
18 probably needed an antipsychotic.
19 So, these are just issues that
20 if there are ways for us, not to put it back on the
21 consumer to make them do something else, but to find
22 ways to do more education to providers and enforce
23 that----
24 MS. HUGHES: Well, and if you
25 all are hearing of certain providers doing that,

then, certainly let us know and we can reach out to them.

One thing that I know Stephanie has said before is that the income amount that we're basing this on is information that has been provided to us from the members. So, if possibly at some point, if someone had an income of this and then they lost it and then not notified us, then, they may be below the Federal Poverty Level but they haven't told us that.

But if you're hearing of providers that are turning people away, especially they can't turn them away under 100% of the Federal Poverty Level.

MS. BEAUREGARD: Well, they can. They're not supposed to. It happens.

MS. HUGHES: That's what I'm saying. If you're hearing about it, let us know and we will certainly have people reach out.

MS. BEAUREGARD: Right. We have been reporting some of that. Some of it is in the data that I mentioned earlier that I will share with you. Others, it's just reported from an acquaintance of theirs or someone that maybe works at a homeless shelter. We can't always get them to

1 fill out a survey or give us more details, but I can
2 share with you a couple of the providers that we
3 know of.
4 One was very willing once they
5 got the information. It was actually a
6 prescription. So, once they were told, we gave them
7 the fact sheet that came from the Cabinet and they
8 filled the prescription without any further
9 conversation, but the other we'll still trying to
10 figure out how they're going to follow the policy.
11 Do you have any other examples
12 that have been concerning?
13 MS. BROWN: No.
14 MS. BEAUREGARD: Okay. So,
15 those are the things that I wanted to bring up.
16 We're just trying to make sure that people
17 understand the policy and are using it correctly
18 because we've been hearing that Medicaid recipients
19 are sometimes not being charged correctly.
20 I think we can move on to the
21 next item which is the update on the 1915(c) waivers
22 in terms of the stakeholder engagement and rate
23 study.
24 MS. HUGHES: In your all's
25 folders, you have a nice little printed-out update

1 that she is going to give you.
2 MS. SMITH: And I'll just hit
3 some high points of that. So, it has all of the
4 dates included, but originally we posted the waiver
5 applications on January 7th for public comment.
6 We paused that public comment
7 period on the 18th. We had received some comments
8 that when we looked at them didn't make sense.
9 So, we just went back and
10 looked at the applications and we saw there were
11 some places where language maybe wasn't as clear as
12 it should have been or maybe an update did not get
13 made before it got posted.
14 So, we have been working
15 internally to re-review all of them and are
16 anticipating putting them back out for public
17 comment like the middle of the March.
18 There will be another full
19 thirty-day public comment period when we post them,
20 but any comments that came in in that period of time
21 between the 7th and the 18th, those are also still
22 considered and will be part of the formal Record of
23 Public Comments.
24 As far as stakeholder
25 engagement, we have continued to move forward with

1 our subgroup meetings. So, Case Management, that
2 workgroup has met twice. The other two,
3 Participant-Directed Services and Centralized
4 Quality Management, have both had their kickoff
5 meetings.
6 And on March 7th, so, next
7 week or weeks after, we're having the overarching
8 panel which has members of each of the sub panels
9 participate in that, as well as there's other
10 representatives from different agencies and, then,
11 we have members and caregivers on that as well.
12 And, then, the rate study, we
13 just finished the pilot survey in January. We had
14 fifteen providers that took part in that. We've
15 received their feedback.
16 We're going back and fine-
17 tuning the last pieces of that. We're going to hold
18 two training webinars and looking for submitting out
19 the final rate study to all the providers in March
20 to start gathering that data.
21 MS. BEAUREGARD: Thanks.
22 Camille, are these subgroups the ones that we
23 discussed at the last meeting?
24 MS. COLLINS: Yes. I think
25 there was question on if Sheila Schuster could ask

for the names of the persons who were appointed to be on the subcommittees. And, then, DMS at that point, their response was that's closed. That's not public information.

So, Lori and I have discussed also briefly just about the stakeholder meeting in general. We felt that it met the open meeting laws and it should be a public meeting, but I haven't heard back from them on that.

So, I did talk to someone in our office and we are in the process of making a formal request for the information formally.

MS. SMITH: I do know that we requested legal input into that but I honestly cannot remember if I've seen that that's come back or not.

MS. COLLINS: Lori didn't get back with me, so, I'm assuming that maybe they're still waiting on that but we will put something in formally in writing. I think it's better to do that anyway.

MS. BEAUREGARD: We'll keep this on the agenda. If you have an update from your legal team that you can share at the next meeting, that would be great.

1 Are there any other questions
2 about the status of the waiver redesign? Do you
3 anticipate when that next public comment period is
4 going to start?
5 MS. SMITH: Probably mid-
6 March. We're in really the final phases of doing
7 the final checks but I'm anticipating by mid-March.
8 MS. BEAUREGARD: Great. The
9 people who did comment, did anything go out telling
10 them what had happened? I did see one email and
11 someone sent it to me because they were confused and
12 they thought that their comments weren't going to
13 count but we were able to tell them that they would.
14 MS. SMITH: There was a
15 communication. I know that there were a couple of
16 different communications I think that went out to
17 that stakeholder group, emails to the public comment
18 box and we collected email addresses. So, anybody
19 that had submitted public comment would be part of
20 that. They would be added to that.
21 There will be, when we re-
22 post, so, prior to re-posting, there will be a
23 notification probably twenty-four hours, one
24 business day, no more than probably two business
25 days before we re-post them saying they're coming

1 back out.
2 So, I can make sure that we
3 clarify in that document that any comments that were
4 submitted during the first public comment period
5 would still be considered to be part of the public
6 record for public comment.
7 MR. CALLEBS: Are you planning
8 on doing a summary of changes from the initial
9 changes?
10 MS. SMITH: Yes. Right now
11 we're kind of deciding if we're going to do another
12 webinar or if we'll just do maybe one webinar that's
13 a summary of all the changes or if there will be
14 just a document that includes what the changes were
15 but there will be something that is released, and
16 most likely we're going to do a webinar that will
17 release of these are what really changed so that
18 people don't have to sit there and try to figure it
19 out themselves.
20 MR. CALLEBS: Thank you.
21 MS. BEAUREGARD: That's very
22 helpful.
23 And, then, our next item is
24 the ADA guidelines related to making accommodations,
25 and I heard you two talking about it before the

1 meeting. Is there anything that either of you want
2 to share?
3 MS. HUGHES: No, actually,
4 because that is one of the recommendations that you
5 all made to the MAC at the January meeting.
6 So, we will be responding to
7 that with our recommendations. I think that and
8 Number 7 of streamlining the grievances were both
9 recommendations that you all made to the MAC in
10 January. So, you will be getting
11 updates when we respond to the recommendations.
12 MS. BEAUREGARD: Okay. And
13 did you have anything to add? I know that was
14 something that Arthur was concerned about and may
15 have been prepared to share something today if he
16 had been here.
17 MS. HUGHES: He had sent me an
18 email yesterday that said it would probably be
19 Thursday or Friday.
20 MS. COLLINS: And he said it
21 was going to be nine pages.
22 MS. HUGHES: Yes. He said it
23 would probably be nine pages. So, I'm not real sure
24 what all he's asking for.
25 MS. BEAUREGARD: Well,

1 hopefully, I'll also see a copy of that but that's
2 good to know. Thank you.
3 And, then, the next item that
4 we have is the streamlining grievance and appeals
5 processes for both waivers, the 1115 and the
6 1915(c)'s.
7 MS. HUGHES: And that's the
8 one that you all made a recommendation on.
9 MS. BEAUREGARD: And that was
10 the other recommendation, and that is something that
11 I have talked with some DMS staff about and I think
12 there is some interest in streamlining this, and we
13 are more than happy to help.
14 MS. HUGHES: There are some
15 things that we are required by federal laws to do
16 and they're very stringent in what they expect.
17 MS. BEAUREGARD: That is
18 understandable and we're not looking to change those
19 things but to make it easier for someone to navigate
20 where they go and what steps they have to take
21 because we have noticed from different notices that,
22 depending on what the issue is, you start with your
23 MCO or you start with DMS or you start with DCBS and
24 it's just really hard for someone to understand why
25 those things change.

1 MS. HUGHES: Well, that kind
2 of makes sense because if it's eligibility, they
3 would appeal through DCBS.
4 MS. BEAUREGARD: It makes
5 sense from a policy perspective, just not from a
6 consumer perspective. Anyway, we'll look forward to
7 hearing your response and we'll continue to try to
8 work with DMS on making that easier for consumers.
9 And, then, the next item is
10 just discussing the responses that we received. It
11 was the meeting that we had in October and, then,
12 the recommendations that were approved at the
13 November MAC.
14 What we have here are the
15 Benefind application being made available in an
16 alternative format such as paper for people who
17 wouldn't to be able to use the online system.
18 I'm trying to see if I have
19 those responses.
20 MS. BROWN: I haven't seen
21 any.
22 MS. BEAUREGARD: You haven't
23 see those responses?
24 MS. HUGHES: They were sent
25 out.\

1 MS. BEAUREGARD: Not from the
2 last meeting because we always have a delay. Here,
3 I brought one copy.
4 The response is that there is
5 a paper application. I'm not sure that everyone is
6 aware of that or how to access it and will that
7 paper application include the medically frail
8 component that is now being added to Benefind?
9 MS. HUGHES: They should match
10 the paper application because eligibility enrolment
11 goes through DCBS. They would be ones that would
12 have that application.
13 MS. BEAUREGARD: Could we get
14 a copy of it? Do you know where it is, Miranda?
15 MS. BROWN: A copy of the
16 Medicaid application?
17 MS. BEAUREGARD: The paper
18 applications.
19 MS. BROWN: I don't know where
20 it lives now. I have a saved copy from KYNECT days.
21 MS. BEAUREGARD: Well,
22 exactly. So, it has to have changed.
23 MS. BROWN: It has not
24 changed. We've asked for it to be changed.
25 MS. BEAUREGARD: That's what I

mean. It needs to change I guess is my point.

MS. BROWN: It needs to change, yes.

MS. BEAUREGARD: Because it's changed in Benefind. And maybe there is an updated version that we're just not aware of, but if we could get that application, the most recent version. And if it doesn't have all of the updates, that would be something we could recommend at the next meeting.

MS. BROWN: This was about Citizen Connect and being able to report community engagement via paper?

MS. BEAUREGARD: Yes.

MS. HUGHES: And according to this presentation, you can do that paper and phone in or fax.

MS. BROWN: Right. I did see that it had changed.

MS. BEAUREGARD: So, it's in the latest presentation. It hasn't changed in the regulation.

MS. HUGHES: Well, that regulation----

MS. BEAUREGARD: Is it being

1 rewritten?
2 MS. HUGHES: I don't know. I
3 don't do regulations.
4 MS. BEAUREGARD: Is that
5 something you could ask Lee Guice about?
6 MS. HUGHES: Yes.
7 MS. BEAUREGARD: Okay.
8 MS. HUGHES: I would say if
9 any regulation being filed will not be filed until
10 closer to the go-live date.
11 MS. BEAUREGARD: So, last year
12 before implementation was set for July 1st, we had
13 been told that there would also be a paper and an
14 in-person or a phone reporting opportunity and,
15 then, it didn't show up in the regulations. It just
16 said online.
17 And one of the responses that
18 we got, in fact, said that people needed to learn
19 how to use computers. Do you remember that? I
20 don't think I have it.
21 MR. DUNN: I remember it.
22 MS. BEAUREGARD: And it was
23 about this exact thing which is why we I think
24 reworded it. So, I'm glad to hear that it's now in
25 the most recent presentation from Kentucky HEALTH,

1 but because we haven't seen it in the regulation, it
2 makes us a little nervous and we've gotten a little
3 bit of mixed feedback.
4 MS. HUGHES: Well, the
5 regulations, as I said, probably won't go out until
6 sometime probably towards the end of March because
7 they most likely will have to be filed----
8 MS. BEAUREGARD: I understand
9 what you're saying, but the fact that one of DMS'
10 responses to us was that people just need to learn
11 how to use the Internet----
12 MS. HUGHES: I don't think we
13 responded that way.
14 MS. BEAUREGARD: It is in the
15 current regulation. That was the response.
16 MS. BEAUREGARD: I can pull it
17 up, but that's why we reworded it and asked it
18 again, I believe, or recommended it again because we
19 were hearing different things.
20 MS. HUGHES: Just as I was
21 looking for something, in here, it talks about if
22 they're paying copays now what April 1st they will
23 be paying. So, it takes in the income-eligible
24 parents, guardians, medically frail, former foster
25 children, survivors of domestic violence, refugees,

1 pregnant women and children.
2 MS. BEAUREGARD: Can I see
3 that? Does that have a date on here?
4 MS. HUGHES: That was done
5 February 7th and I sent this out to you all last
6 week.
7 MS. BEAUREGARD: February 7th.
8 Okay. Thanks.
9 MS. HUGHES: I think you all
10 actually had this part of your notice that went out
11 last night on Facebook.
12 MS. BEAUREGARD: We probably
13 did. I'm still not fully up-to-date on everything.
14 MS. HUGHES: I just saw that.
15 I knew you had asked about those three.
16 MS. BEAUREGARD: No. That's
17 very helpful.
18 AUDIENCE: Has that been
19 published externally?
20 MS. BEAUREGARD: It's probably
21 on the website.
22 AUDIENCE: It is on the
23 website?
24 MS. HUGHES: Yes, it's on
25 Kentucky HEALTH's website.

1 MS. BEAUREGARD: It's hard to
2 sometimes know when things get posted there. So, we
3 have to check it pretty frequently.
4 MS. HUGHES: I try to check it
5 quite regularly and if there's been something new,
6 send it out to the TACS.
7 MS. BEAUREGARD: It's helpful
8 to get things from you, yes. It is very helpful.
9 And, then, we've made at least
10 two or three recommendations about the medically
11 frail screening process, the question, we kind of
12 call it a gate post question, are you in good
13 health.
14 And the response from DMS was
15 that any Medicaid beneficiary may complete the
16 medically frail screening even if they don't believe
17 they would qualify, however, the Department will not
18 make this mandatory because it would be a burden to
19 Kentucky physicians to ask them to complete the
20 screening on over one million Medicaid
21 beneficiaries, many of who would not meet the
22 medically frail status. This would also create an
23 expense for the Department, etcetera.
24 But we're not asking - and we
25 can--well, we can't reword this actually today

1 because we can't vote - but we're not asking that
2 everyone go through the medically frail process, the
3 entire determination process where they complete the
4 attestation.
5 We're just asking that
6 everyone be asked the screening questions when
7 they're doing an application so that they know
8 whether or not they should proceed with asking a
9 provider or their MCO to help them with that
10 attestation process.
11 So, we just want to clarify
12 that because this seems to be something that we
13 continue to go back and forth on, and all we're
14 really saying is we don't want someone to say are
15 you in good health. Well, yeah, I don't have the
16 flu today, like, I don't have a fever, I don't have
17 an acute illness, and, so, you end up bypassing
18 that, especially for people who may be homeless and
19 that question doesn't really--it doesn't compare to
20 more of a social need versus a health need.
21 In any case, we just want that
22 even if you ask the question, are you in good
23 health, we would want other questions to still be
24 asked.
25 MS. BROWN: At least the five

1 subsequent questions that are currently in the
2 application.
3 MS. BEAUREGARD: And, so, that
4 would be our feedback there. I'd like the feedback
5 to be taken now since timing is kind of crucial at
6 this point but we can also make it a recommendation
7 at our next meeting if we need to.
8 MS. HUGHES: And another thing
9 with me being the liaison for the TACS, we hear the
10 conversation, because the recommendation was that
11 all Medicaid applicants and enrollees complete the
12 full medically frail screening, including the
13 initial question.
14 MS. BEAUREGARD: The
15 screening. Yes, that's the screening. Screening
16 are just some questions about whether you may be
17 medically frail, if you had an acute illness or a
18 chronic illness or HIV/AIDS or if you are
19 experiencing homelessness.
20 And, so, you're just
21 answering, and, then, the screen is essentially
22 going to say you may be medically frail. You can
23 either complete an attestation with your provider or
24 talk to your MCO. I don't know exactly what the
25 screen says, but it's just giving someone more

1 guidance about what they can do if they want to
2 pursue medically frail determination but it's not
3 the entire attestation process which is more like
4 the application to be medically frail.
5 And it may be that this has
6 already sort of been addressed because I have talked
7 with some folks at DMS about it but I don't know
8 where it stands.
9 MS. BROWN: The most recent
10 application I did was Friday and it was still a gate
11 post question where if you said yes, you are in good
12 health, they did not ask you the subsequent five
13 questions.
14 So, to me, assisting a
15 consumer, I can go ahead and ask them so I know how
16 to answer that question, but a consumer doing it on
17 their own wouldn't know that those five questions
18 are going to be asked of them if they answer yes
19 when they may have an addiction and consider
20 themselves in good health.
21 MS. BEAUREGARD: Right, and
22 even people who don't attend meetings like this who
23 are application assisters might not know. Providers
24 might not know.
25 So, that's something that we

1 have been concerned about and we can also, if you
2 want us to put anything in writing, Sharley, we can
3 do that but I think that there's a way to make that
4 work pretty well for people and not put extra burden
5 on providers or DMS.
6 And, then, I don't think we
7 had other issues to raise with the past responses.
8 Miranda is going to give it a second look. I know
9 that the recommendations that we made to the January
10 MAC, we don't have responses to those yet. They're
11 on the agenda but we're going to bypass those for
12 now.
13 MS. BROWN: They did say that
14 copays will be applied to cost-share eligible
15 recipients effective 1/1/19 regardless of medically
16 frail status.
17 MS. BEAUREGARD: Right. Well,
18 as much as we've disagree with that, I think that we
19 understand that that's the decision of DMS. So, we
20 made the recommendation, and if you all want to
21 reconsider it, we would appreciate it.
22 In terms of recommendations
23 today, I think that because we don't have a quorum,
24 we'll just put that on the next agenda. And if
25 there are some things that we could just continue

working on with clarifying the recommendation around medically frail and, then, any of the other things that we talked about today, we won't turn them into recommendations, but if there's a way that we can just possibly get any feedback from DMS, that would be helpful.

Our next meeting is April 16th and we may or may not be in the cafeteria conference room.

MS. HUGHES: Correct.

MS. BEAUREGARD: So, somewhere in this building you think.

MS. HUGHES: Yes, we'll be somewhere in this building.

MS. BEAUREGARD: Thank you. Are there any other questions or anything else people want to share before we leave? Any updates from the MCOs? Thank you, everyone.

MEETING ADJOURNED