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

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Via Videoconference
January 11, 2024
Commencing at 2:02 p.m.

Shana W. Spencer, RPR, CRR
Court Reporter

APPEARANCES

BOARD MEMBERS:

Dr. Sheila Schuster, Chair

Steve Shannon

Valerie Mudd

Eddie Reynolds

Mary Hass

Michael Barry

T.J. Litafik

P R O C E E D I N G S

CHAIR SCHUSTER: Let's go on and call the meeting to order. I think we're at a minute or two past 1:00 -- or 2:00. So if you're on this flight, you're headed to the BH TAC meeting. So I hope you've all gotten onto the right flight.

And let's see. Let's have some of our voting members identify themselves. Mike, I see you first.

MR. BARRY: Hi, everybody. Mike Barry, People Advocating Recovery.

CHAIR SCHUSTER: Great. Thank you.

And Val?

MS. MUDD: Valerie Mudd, NAMI Lexington, National Alliance on Mental Illness, and Participation Station representing the consumer voice.

CHAIR SCHUSTER: Wonderful. And Eddie?

MR. REYNOLDS: Eddie Reynolds with the Brain Injury Alliance of Kentucky.

CHAIR SCHUSTER: Wonderful. And Steve Shannon?

MR. SHANNON: Steve Shannon with

KARP.

CHAIR SCHUSTER: All right. And Mary?

MS. HASS: Mary Hass. I'm with the Brain Injury Association of America, Kentucky Chapter.

CHAIR SCHUSTER: Great. And let's see. Is T.J. on?

MR. LITAFIK: I am.

CHAIR SCHUSTER: Oh, great. Oh, I'm sorry. There you are. And, T.J., would you introduce yourself, please?

MR. LITAFIK: T.J. Litafik, NAMI Kentucky.

CHAIR SCHUSTER: Wonderful. And I'm Sheila Schuster representing the Kentucky Mental Health Coalition. So we're 7 for 7. That's great.

And let's approve the minutes of our November 15th meeting. I sent those out to everyone, but I need a motion from one of our voting members to approve the minutes.

(Multiple speakers.)

CHAIR SCHUSTER: My gosh. We got everybody. Mary, I heard you. And, Steve,

I --

MS. HASS: I'll let Steve motion, and I'll second. How's that?

CHAIR SCHUSTER: All right. That's great. So Steve motions, and Mary seconds.

Any additions, corrections, omissions, revisions?

(No response.)

CHAIR SCHUSTER: All right. If not, then all those in favor of approving the minutes as distributed, signify by saying aye.

(Aye.)

CHAIR SCHUSTER: Great. And opposed, like sign, and abstentions?

(No response.)

CHAIR SCHUSTER: All right. Since we have Commissioner Lisa Lee from the Kentucky Department for Medicaid Services on, we would love to welcome you, Commissioner Lee, and give you the floor.

COMMISSIONER LEE: Thank you, Dr. Schuster. I'm glad to be here. I just wanted to provide a few updates and pass along something that I think -- a couple

items that I think are really good news for the Department.

First of all, our unwinding numbers are at about 1.5 million. It's actually 1,558,000 and some. That's still over 200,000 more than we had at the beginning of the Public Health Emergency and just, you know, remind everybody that our unwinding will go through May. We're working really hard to make sure that everyone that is eligible for the program remains in the program. That's both Medicaid and CHIP.

A couple of things that I think -- just want to brag about a little bit. We started 2024 with zero state plan amendments pending with CMS. In 2023, Erin Bickers and Kelli Sheets submitted over about 20 -- 20 state plan amendments to CMS.

And the team worked really closely with CMS so that when we submitted all of those state plan amendments, they were pretty much complete, accurate. And we had, in 2023, 20 state plan amendments -- 20 Medicaid state plan amendments approved, two CHIP state plan amendments, four directed payment -- I guess,

preprints that we send to CMS.

And that doesn't include all of the hard work that the behavioral health team has done on the 1915 -- I mean, the 1115 waiver for incarcerated. Also doesn't include, you know, Pam Smith and her team redoing all of our 1115 waivers to submit to CMS so that we can continue to provide those payments that we were paying during the Public Health Emergency under Appendix K. Those providers get to receive -- continue to receive those enhanced payments because of Pam Smith and her team's hard work.

Later last year, in 2023, CMS actually had a site visit on site with Medicaid. They came in person. We had a really good meeting. And a couple of weeks ago, we received an email from CMS asking us -- they were so impressed with some of the work we've been doing around our behavioral health initiatives that they requested that Leslie Hoffmann and her team come and co-present at the -- with them, with CMS, at a quality conference that is coming up in Baltimore, Maryland, in April. So we think that's quite

an honor to be requested to co-present with CMS.

And, also, the Department has been collaborating -- you know, having this big umbrella agency is great. We've been collaborating with the Department for Behavioral Health and Developmental and Intellectual Disabilities, the Department for Community Based Services, and have, through the Department for Behavioral Health, submitted an application to be considered for a children's health -- I think they're calling it a policy lab.

And only six states were selected. So Kentucky is one of the six states that were selected for this policy lab. And so the intent of this lab is just to kind of help create conversations among state agencies and other stakeholders related to improving outcomes for children and youth with complex behavioral health needs.

So we are going to be working with agencies such as the Annie E. Casey Foundation, the Casey Family Programs, the National Association of State Mental Health

Program Directors, and the National Association of Medicaid Directors and the Child Welfare League of America to have those dialogues, see what we can learn from each other, and make sure that we have -- we can implement policies to improve the health status of our youth and children with behavioral health needs.

So we find that is pretty exciting because, as you know, I'm sure many of you all have seen in, you know, some of the legislative meetings and the newspapers about the concern about some of our children who don't have proper placements, those children with high acuity needs, high complex needs.

So that is going to be a focus of the Department and the Cabinet as a whole going forward, is how do we improve our continuum of care for those children with those complex behavioral health needs. So we're very excited about that opportunity and being one of six states selected to participate in that learning lab.

So I just wanted to pass that along and see if you have any questions about

anything that --

CHAIR SCHUSTER: Wow.

COMMISSIONER LEE: Yeah. I think that's some good news.

CHAIR SCHUSTER: Yeah. Will there be -- will this learning lab around the high acuity kids have any working synergy with the work that you all have been doing on possibly new waivers for complex needs kids? I know they're not all behavioral health needs but, certainly, some of them have behavioral health needs.

COMMISSIONER LEE: I'm certain that that'll be in the conversations related to what we're doing and what we would hope to gain and see. But I think this learning collaborative is definitely going to focus on maybe mapping out what we -- what we have right now, like creating a road map related to governance, financing, and our service array so that we can see where those gaps are, and how do we improve it.

And I'm sure that this initial meeting is going to just get us all started on that conversation, and it's going to be a

conversation that we'll bring back to the stakeholders. Particularly, this group, I think, is going to be really important to have input into that learning lab and what we're seeing and what we're learning and what we're thinking about. I think that this forum, particularly the Behavioral Health TAC, is going to play a very important role in that learning lab going forward.

CHAIR SCHUSTER: Yes. I love hearing that because I think you've got lots of expertise not only with your voting members, but we always -- you know, I see we have 94 people on. You know, we always gather them. My theory is you can't pitch a tent that's big enough to get everybody under it that needs to be working on these issues. So we have lots of great participation from different agencies and provider groups and so forth.

I see Laurie Grimes is on who is a pediatric psychologist working with the Kentucky Psychological Association. Steve and the Comp Care Centers have their children's services directors who really have

their finger on the pulse of what's going on in the community and so forth. So I think we have lots to bring to that discussion. I love that.

COMMISSIONER LEE: Yeah. And, you know, we do have that focus on -- and I see Marcie put Children's TAC, too, of course. Yes.

CHAIRMAN SCHUSTER: Yeah.

COMMISSIONER LEE: And, you know, I know that we've talked about -- we did so much in 2023. I was going down -- I had a list. I think Dr. Schuster at one of the Kentucky Voices for Health --

CHAIRMAN SCHUSTER: The health meeting, yeah.

COMMISSIONER LEE: -- at their annual meeting we went through. And I'm not sure if everyone -- and if we've made a big announcement or splash about the combination of our -- our CHIP separate program with our Medicaid expansion program for children. And I think that's important to kind of keep in mind, too, when we talk about children's health particularly, is that prior to us

combining those two programs, we had a totally separate CHIP program that had a different benefit package. Children who were considered separate CHIP did not get non-emergency medical transportation nor did they get the EPSDT expanded benefit.

So when we combined those two programs, all children now in Medicaid and CHIP have access to the exact same services, particularly non-emergency transportation, and that EPSDT benefit is really critical because school-based services fall up under that EPSDT benefit. So now all children have access to all of the same services. And it was absolutely transparent to our members, to our children, and to mostly the providers. So that was -- that was, I think, a really big win for our children, also.

And, again, the -- the continuous eligibility for children. Prior to us implementing continuous --

CHAIRMAN SCHUSTER: Right, right.

COMMISSIONER LEE: -- eligibility for children, children could lose benefits if they had a change in circumstance in their

families. If their family income changed, they could lose benefits. But now those children have 12 months' continuous eligibility regardless of a change in circumstance. So that is another big win for the health of our children so --

And then, of course, the 12 months' postpartum coverage.

So we've done some really great things in 2023, and I'd be happy, Dr. Schuster, to get the whole list of things together and send out to the TACs. I wanted to do that, you know, over the holidays and Christmas break and just thank everybody.

You know, because we accomplished a lot in '23, but it wasn't just the Department for Medicaid. It was our TACs. It was our MAC. It was all of our stakeholders, our advocacy organizations that helped push a lot of these changes through.

So I think -- you know, I want to thank everyone for everything you did in 2023 and look forward to all of the collaboration that we are going to have going forward in 2024 and in the next four years so --

CHAIRMAN SCHUSTER: Yeah.

COMMISSIONER LEE: -- looking forward to everything we can accomplish.

CHAIR SCHUSTER: Well, I think it would be great if you wanted to send the list. In fact, we ought to share it with the MAC meeting two weeks from now, too, I think, Commissioner. But let's -- and Erin is really good about getting those things out to all of the TACs. But I think it would be helpful to look -- it was a great lookback when you presented it at the KBH meeting about all that's happened with Medicaid. So I appreciate that.

Let me open it up to the voting members of the TAC and see if there are any questions for Commissioner Lee since we have her here.

MR. SHANNON: Steve Shannon. I just want to thank you and your team for the work on the reentry waiver, you know, expansion of that piece. I think it's going to make a huge difference for people coming out of facilities, correctional facilities, and moving forward.

I think it's always been a challenge.

From years of experience at the local level, people don't have benefits. They don't have a good transition. They kind of get out of jail without a plan. Now they can have a plan. And that's going to hopefully decrease our recidivism significantly.

COMMISSIONER LEE: Yeah. We're very excited about that 1115, and we were hoping, you know, to hear something real soon to hopefully get that approved. You know, we're also part of, the Department for Medicaid Services, part of the Judicial Commission on Mental Health. And we have routine meetings related to a lot of -- and I think, you know, Steve, you're on that commission, too.

And I don't know if you attended one of the last meetings. We had a reentry simulation over at the Administrative Office of the Courts, which I found to be very eye opening.

MR. SHANNON: Yeah.

COMMISSIONER LEE: Very informative. We actually had some inmates who served as -- I guess, they were set up at

tables, and they served as -- one was -- for example, was a jailer. One was a parole officer.

And we -- the participants, we were given a packet and -- for example, my packet, I was a female who was reentering society. And I had, you know, four weeks, and each week was about 20 minutes in the simulation. And in those 20 minutes, I had to complete certain tasks, and it was really eye opening.

For example, I had to go have a drug screen and then I had to see my parole officer. But everywhere I went, I had to have a coin. And if I didn't have that coin, I couldn't get service because that coin represented transportation.

So it was very eye opening to see. You know, one table where we had all the -- housed all of the social services, for example, food stamps, WIC, or whatever, your medical -- and the lines were really long in that one area. So it was -- to me, it was eye opening that we have everything all in one area, and sometimes it's very difficult for individuals to receive those services.

And then at the end of the simulation, the inmates, you know, kind of told us about their story and how, you know, they -- the issues and the barriers that they experienced after -- upon release. And so hopefully, that'll help inform our reentry waiver and some of the things that we look at as we go through. But I think that was a very eye-opening experience.

MR. SHANNON: Yeah.

CHAIR SCHUSTER: Yeah. It sounds like it. You see all the hoops that we don't think about from 50,000 feet or even 5,000 feet sometimes, so to hear it from people with a lived experience.

I'm sure Kelly is well aware of that with the mental health court in Lexington and so forth. So you know every time they have to get -- somebody has to get someplace or somebody has to access that next thing, whether it's available or not.

Any other questions from any of our voting members?

MS. HASS: Sheila, this is Mary Hass. Commissioner Lee, I was very

interested in the Children's Policy Lab. Just recently, over the last month, I've been getting a lot of issues around children with abuse and some gun violence as related to brain injury. So I think, when you talk about complex needs and everything, kind of keep those children in mind, and I'll be very -- very interested in what comes out of that. So thank you for your participation.

COMMISSIONER LEE: Hopefully we'll have an update at the next Behavioral Health TAC related to that lab because there is an in-person meeting with all six states February, I think, 7th, 8th, and 9th. So we should have an update after that.

CHAIR SCHUSTER: Oh, okay. So when we have our March meeting, we ought to have -- that would be great. Thank you.

COMMISSIONER LEE: And I think just one other thing that I wanted to -- I think, Dr. Schuster, you and I have talked about this. But I want to make, you know, the TAC aware in case there's conversation that needs to be had. You know, we have been approached -- the community mental health

centers have a -- I think a primary care component of it, too.

So currently occupational therapists are allowed to provide services in a CMHC, and we have been approached to allow occupational therapists to provide therapies in a BHSO, for example. So what we are looking at right now and considering is adding a place of service of BHSO into the occupational therapy regulation. That way, I think everything would kind of remain consistent.

So I just wanted to give you all a heads-up, so you could be looking out for that, too, and let you -- that way, you know, maybe if this committee needs to have some more conversations on that or if you have questions, you can reach out maybe or have some conversation at the next TAC meeting but just wanted to let you know that our thought was to just allow that place of service in the occupational therapy regulation.

CHAIR SCHUSTER: So they would be providing their OT services in that newer setting as they have been in the CMHCs?

COMMISSIONER LEE: Yes. And that

way, we're not opening up the behavioral health regulations.

CHAIR SCHUSTER: Right.

COMMISSIONER LEE: We're opening up the occupational therapy. So I just wanted to -- so that when that came out, this body and this committee was aware of where that's coming from.

CHAIR SCHUSTER: Okay. That makes sense. That's something that you and I had talked about, I think, Commissioner, as well.

Any other questions for the commissioner?

MS. GRIMES: Just to clarify -- I think this is exactly what you just said. But just to clarify, that the OTs will still be filing their codes. There won't be any new codes like behavioral health codes that they can now use. It'll just simply be the place of service that changes.

COMMISSIONER LEE: Correct. And then I'm assuming that if a BHSO wanted to hire an occupational therapist and bill for that therapist, they could hire that therapist and bill for those occupational

therapy codes.

MS. GRIMES: Thank you.

CHAIR SCHUSTER: Yeah. I think that keeps everything kind of in its lane. Appreciate that. And there are, I think, OT needs -- we've heard that -- where people with severe mental illness who have been maybe not doing some of their own tasks of daily living, if you will. If they've been hospitalized a lot or if they've been in the care of their parents or whatever and we want to get people into housing and, you know, they need some of those OT services and therapy. So thank you. That makes sense.

Any other questions?

(No response.)

CHAIR SCHUSTER: Well, I hope you can stay on for part of our --

COMMISSIONER LEE: We are.

CHAIRMAN SCHUSTER: -- meeting at least, Commissioner, so that's great news. Thank you very much.

I sent out the approved meeting calendar for our BH TAC. And so this month and in March, we'll meet at 2:00 to accommodate the

legislative schedule and then we'll go back to our regular 1:00 to 3:00 meetings. And just to point out, that the MAC meetings, which are typically on the last Thursday or the 4th Thursday of the month, we added a half an hour to the time.

I'm not sure I can sit 9:30 to 12:30 during that. But anyway, we may have to take a break in the middle for a little bathroom stop or something. But we're starting at 9:30 and going to 12:30 because we keep starting at 10:00 and then running over closer to 1:00. So -- and I'll send out that reminder.

I also want to point out -- and I think we give -- I'm probably biased here because I usually give the reports. But we give a very detailed report of the TAC meeting at the MAC, not just when we have a recommendation.

But I let the MAC members know -- the MAC is the Medicaid Advisory Council. I let them know the topics that we've been talking about, what we've been asking for from Medicaid, what we've heard from providers and family members and consumers and so forth.

Typically, the MAC reports -- or the TAC reports have been very hurried because they've been at the end of our long agenda. And, usually, it's just we met, and we don't have any recommendations. Or we didn't meet or we, you know, met, and here's our recommendation.

And I'm going to reach out to all of the TACs and encourage them to let us know what kinds of topics they're looking at, what kinds of questions they've had. Some of them have requested, for instance, data from the MCOs. We've done that in the past, not recently.

But I think it would be helpful to the MAC members to get a much better idea about what the TACs are doing, so we'll have an opportunity to do that.

And I think it's a good way to look at the enormity of Medicaid, actually. Because if you don't hear from, you know, home health and you don't hear from the therapies and you don't hear from the physician's standpoint and the consumer's standpoint and as Steve -- as the Reentry TAC, you know, you just don't

know about those things. And there are a lot of people that represent various constituencies on the MAC and don't have that information.

So I encourage you all to tune in to the MAC meetings. They're on Zoom, and they also post the recording afterwards. But we get an update from the commissioner and from Medicaid and then we have a series of things.

For instance, at our January meeting, we will be getting an update on maternal and child health, which is something that we ask for twice a year. And also -- and, Mary, you would be interested in this. There's going to be an update on PDS from Pam Smith. That's something that Eric Wright, who's a member of the MAC, has been asking for. So those are the kinds of things.

I think in future meetings, we're going to be looking at language access. We had quite a discussion in November. And, actually, we've not tackled that here in the BH TAC, but there are a lot of providers that are not following the rules in providing language access to people for whom English is

not their first language. And, of course, it's a particular problem in the behavioral health sphere, so we're trying to engage various providers and various MCOs about what they're offering.

Transportation is another issue that we need to be looking at. So some of these things that go across all parts of Medicaid.

Let me ask Pam Smith to give us a status update on the 1915(i) SMI. I still call it a waiver. It's really a SPA, or a state plan amendment. And we had the town hall meetings and -- Pam, are you on?

MS. PAM SMITH: I am.

CHAIR SCHUSTER: Oh, okay. There you are.

MS. PAM SMITH: I am here, and I am honestly -- I will turn on my camera for one second just to say -- if it's even working -- just to say hello. But I've got stuff spread out across all three screens, so you would be looking at the side of my head. So I'm going to turn it off while I do the updates because I've got so much exciting stuff to share about the 1915(i).

So we had our five town halls in December, so we did those from December the 6th through the 14th. Two virtual sessions. The webinar -- or the slide deck and the recording has been posted to the website, so I am going to -- in the chat, I am going to put the link to the page. And if you scroll -- it's the Behavioral Health Initiatives page. So if you scroll midways down, you'll see the specific updates about the 1915(i).

We are in the process of reviewing the FAQs, so all of the additional questions we collected during the town halls. So those will be posted very soon. We -- I just looked at the formatting today. And we changed a couple of things so that we're going to highlight what's new or what's an updated answer or updated information, so it'll be easier to tell what has changed with those.

The most exciting part is I have the draft right now. We are internally reviewing the full draft of the SPA as it is completed that will go out for public comment. So we

are doing our last review prior to public comment, and we are targeting it to go out for public comment. And I see no reason that we will not hit this date for January the 29th.

We will leave it up. We're going to -- because of leap year and just that -- you know, that extra day kind of throws people sometimes. So we're actually going to leave it up an extra day, and then we're going to leave it up through the end of February the 29th.

We are working on a companion document that we will share and probably will also record a webinar that will be a guide. The SPA itself, I believe, is 70-ish pages long.

And if you've looked at any of those before or you've looked at the 1915 waiver applications, you know, it's a CMS format. Sometimes it can be really hard to know if you're looking for something specific. Where do I want to look to get that, or where do I need to see that?

So we're working on supplemental documents that will go out along with -- when

that gets posted for public comment, we're going to send out a reminder about a week before we post it as well as we'll do the announcement when we post it and then we'll do the follow-up with people as we monitor as public comments are coming in. But we'll make sure we follow up and remind people about at the halfway mark and then about when we get down to about a week left.

We are targeting a very quick turnaround time for our review and any modifications and hoping to have everything submitted to CMS in March for their review.

So super, super excited about SMI. I think our -- the town halls, I really -- we got to talk to a lot of family members, advocate groups. I think they were very successful. We got a lot of good questions, a lot of good information.

And just, you know, as a reminder, we've collected all of that information that we had as well as all of the -- you know, any comments we've received to date as well as what we received through formal public comment. We are using all of that to inform

what we do with the state plan amendment and to make sure that, you know, our first -- our first draft of this really, that we're serving as many people as we can with, you know, the best services that we can. So I just -- I think it's so exciting.

And, you know, again, I'll encourage you all to encourage people to watch for it to come out, to make comments on it and, you know, to really give us that information. Because we -- we do use it. We read every single one of them, and we will put out a response to the public comments following -- once that public comment period is over so that you will -- everybody will get a response to their public comment.

CHAIR SCHUSTER: Great. And that's pretty much what you had anticipated, I think, Pam, was that you would have that SPA ready for public comment hopefully by the end of January, and it looks like that's what you're aiming for.

MS. PAM SMITH: It is. I think we -- we're right on track.

CHAIR SCHUSTER: Yeah. Let me open

it up, and I'm going to open it up to anybody who's on because this has been a topic that has been of such interest. Some of us have been working on this for 20 years or so. So let me open it up and see if there are any questions for Pam at this point. Of course, we're all, you know, waiting.

I will say, Pam, that I found the process a little bit difficult because it required, of course, written questions to be submitted at the town hall meetings. And I think there were people that came that assumed that it was going to be verbal and so forth. So I don't know if that affected participation or not.

I do think that your team -- at least the one that I monitored online and then the one that I attended in person, it looked like all of the questions that were submitted were responded to during that meeting. Now, sometimes the response was, you know, we'll take that back to the team and see where we go with it.

So I guess I'm asking: When the FAQ comes out, will those kinds of responses that

you all arrived at be there in response to some of those questions?

MS. PAM SMITH: Yes, they are. The only thing you will not see in the FAQ is if it was very specific to a person, and those we addressed --

CHAIRMAN SCHUSTER: Sure.

MS. PAM SMITH: -- with the actual individuals. So -- but we try to, though, still, even those, tie them to a larger question to make sure that it still -- you know, that that information was addressed. But we also have talked to those individual people that brought out, you know, just those very specific scenarios.

But yes, it is. I think the page -- I'm trying to think. It's about 15 pages, 13 or 15 pages long now. We added -- we added a lot of information with these FAQs.

And we -- you know, submitting the question in writing or using the online, that was the first time we had wrote out using the QR code where you could actually submit -- you know, type the question in. It was -- it was very different, but I think it allowed us

to make sure that those questions -- that we captured specifically what the person was saying and avoided some of, you know, maybe the translation or, you know, misunderstanding of some of them.

So I think it's something that's going to require finessing and that we'll get -- we'll all get better at and get used to, you know, how do we do that and what the best way is to handle those questions to make sure that everybody feels like they do get to participate and that their feedback is heard and that their questions get answered.

But I do know we had a lot of really great conversations even after the meeting. I know there was -- most of them, there was, you know, significant time after the meeting where there was lots of good conversations that happened.

I know, Dr. Schuster, the one that you were in, you know, really enjoyed the family that we --

CHAIRMAN SCHUSTER: Right.

MS. PAM SMITH: That we got to speak with. And I know that we were able to

address a couple other questions and concerns that they were having. So it was good to be able to do that, too, even outside of what we were there for. We were able to help them and get them in contact with some people to address some other issues.

MS. HOFFMANN: Pam, this is Leslie. Dr. Schuster, I was just going to mention what Pam was saying about the Louisville -- especially the Louisville area. But I think we had at least three of the town halls, that we had individual families in some pretty dire situations coming up to us. We talked to them afterwards.

And to me personally, that was what made it worthwhile. Like, we literally helped those families then, like right then; right? And so that personally made it feel like that all this was definitely worth it. Helping, you know, even one family during those sessions, I think, was like a wonderful opportunity.

Thanks, Pam.

CHAIR SCHUSTER: Yeah. The only suggestion I would make is that the family

that came there at my invitation that I've been working with really wasn't a dire situation. And I had said to them, I don't think -- I don't think that you will have an opportunity to speak, but I don't know, because I hadn't been to one yet. And if I had not spoken up on their behalf, they would not have told their story.

So I guess my suggestion to you when the formal part of the presentation is done would be to ask if there's anybody in the audience that would like to speak at that point. That would be my suggestion.

Because if I had not been there, I think, Leslie, to have said, you know, here's somebody that I know and has the situation, and I think you all would benefit from hearing about it -- because I think families and consumers are very reluctant sometimes to know when it's appropriate or it's okay to speak up and so forth. So that would be the only change that I would suggest that would have been helpful.

MS. PAM SMITH: I like that. I think that's a very valuable suggestion

because I think that -- I mean, any of you all that have worked with me very much know my -- I mean, I have a phrase that I talk about all the time, about, you know, the "why" behind why we -- you know, what we do. And so I think it is so important because the -- I mean, it's for the participants, and they're the reason that we're here. And they're the reason -- them and their families are why we do what we do.

So that's a critical -- I mean, they're so -- it's paramount to hear those stories and to understand that and to give that opportunity. So I take that as very valuable feedback and will share that as we go forward.

CHAIR SCHUSTER: Yeah. Thank you.

Any other questions from anybody who's on? I'm looking at Kathy's picture, Kathy Dobbins, because you've asked in the past, Kathy, about respite. And I don't know whether you attended any of these meetings or submitted that question. I think you were curious about how the respite benefit would work. Is that right? Do I remember that?

MS. DOBBINS: No. I don't remember respite being a particular area that I was concerned about. I did attend the Louisville meeting. But, unfortunately, I had to squeeze it in between a couple of other meetings, and I did it virtually.

Yeah. I think, you know, my questions had to do more with the -- you know, the narrowing down of the funnel and eligibility issues and also, you know, the hospital requirement that we talked some about. And I think the homelessness piece was fairly clear.

I wasn't a hundred percent clear about provider eligibility either. I think it was addressed, I think, in the meeting. But in reading the -- you know, reading the bill or the -- whatever you want to call it, it sounded like people who were already receiving supportive housing might not be eligible to receive this benefit.

And that raised a concern for me because, you know, some of those are individuals who met the Olmstead definition who had many, many hospitalizations and

institutionalizations, arrests, et cetera. And I just wanted to be clear about eligibility for those individuals. So those are some of the just, you know, top-of-mind concerns.

CHAIR SCHUSTER: All right. Thank you. And I'm hoping that they will be addressed in the FAQ.

MS. PAM SMITH: They are. There are several questions specifically around actually all of those topics. So hopefully it will -- I believe that we have sufficiently addressed those. But if not, you know, please, Kathy, reach out to us because we want to make sure that we do. We want to make sure that it's clear.

Sometimes it's easy when you speak it all the time to think you're communicating clearly. And so, you know, I always want people to say, wait a minute. That -- you know, step back. Walk me through that.

But we were very intentional about making sure we included several questions about that to try to very clearly articulate that information.

MS. DOBBINS: Thank you, Pam.

CHAIR SCHUSTER: Anybody else have any questions?

(No response.)

CHAIR SCHUSTER: All right. Well, I appreciate that, Pam. And we will certainly be on the lookout, and you'll let us know. I'm assuming that I'll see a cloud of white smoke coming up from Frankfort.

MS. PAM SMITH: You will, yes. We are going -- yeah. We're going to --

CHAIRMAN SCHUSTER: With the election of a Pope; right? That we'll have good news.

MS. PAM SMITH: Yeah. We're looking at renting a plane to do, you know, a banner. No. You'll see the traditional -- you know, Kelly Claes will be, you know, on it like she normally is.

In fact, she's already got the -- we had our regular -- our workgroup meeting today and so, I mean, everybody has got, you know, the calendars. It's like, okay. This is set to go out on this date, and this is -- so, you know, everything is in place, and we have

those dates marked.

And, you know, we're -- I cannot tell you how excited -- and, you know, it's been such a team effort and collaboration, you know, across the Cabinet to get here. So I'm -- it's been a long time coming, and we're very excited, you know, to see where we go from here.

CHAIR SCHUSTER: Yeah. Well, we certainly are excited, too.

And you had asked if you could go on and do -- further down on the agenda, folks, at No. 9 where it asks Pam for her usual --

MS. PAM SMITH: Yes. Thank you.

CHAIRMAN SCHUSTER: -- update on the 1915C waiting list. And she needs to get off earlier, so let's go to that, Pam. We asked about the waiting list, the update on ABI waivers, access to therapy services. And then Mary had raised an issue about intervention plans from the ABA folks and who could actually do that implementation. So take it away, Pam, if you will.

MS. PAM SMITH: Okay.

CHAIRMAN SCHUSTER: Thank you.

MS. PAM SMITH: So our current waiting list numbers as of -- and this is, you know, as of the beginning of the week. We have our two waivers that have waiting lists. We have -- for SCL, the total is now 3,393. Future planning has 3,307 on it, and urgent is actually down a little bit. It's 86.

Our -- the behavioral health team has been doing, I know, a lot of work on looking at the individuals who were in that urgent category. We've been looking at, you know, who is actually getting services. Right now, we've been reaching out to individuals. So that number has actually -- our urgent number has actually decreased, and we do not have anybody waiting for an emergency slot.

Michelle P, we are at 8,810. Currently, our -- the DDID team, I believe they're allocating at least monthly -- we've been talking about the frequency on how -- how often they were sending out slots to balance, you know, having providers onboarding people and the CMHCs so that they didn't have -- because we were doing it in kind of a bulk,

like, 250 every 90 days. But that, then, made all of those -- you know, the CMHCs then, all of a sudden, had all of those assessments to complete in a short amount of time.

So we -- in, you know, talking with them, we've modified how those allocations have been going out. And we've been doing them more frequently, just a smaller number, to allow for the CMHCs to have more time to be able to do the assessments and for providers to be able to onboard individuals without kind of having that delay there.

Our HCB waiver, we are approaching a waiting list for that. We do not have a waiting list at this moment. There will be information coming out about that, but we do not have -- currently, for that waiver or any of the other four waivers, we do not have a waiting list right now. It's just currently still SCL and Michelle P.

The ABI waiver, access to therapy services. So there has not been any change to that. We -- the waivers -- we cannot remove or change those therapy services from

how they currently are today. That cannot be changed until the MOE is up, which that maintenance of effort period will go through when we extend all of the ARPA funds. So that will not be until, you know, into fiscal year -- it'll be -- technically, it's fiscal year '25. So it will be when we -- it's in the first half of 2024 so -- and we will communicate.

I have, you know, talked to the providers to let them know for sure that before we do that, there will be training. There will be, you know, a period of time where we do at least a 90-day transition so that we help people to -- you know, if there's people that need to move to state plan.

I will say, looking at some of the numbers and talking to some of the providers, we've had some individuals already move to accessing the services through state plan. And they've not -- there's not been any problems. So we're just continuing to work with providers as they have questions, but there's not really been any significant

change to that or any -- from where we were. But we will communicate in writing and likely with a webinar with the providers as we get closer to when that actually will change.

And as far as the ABA intervention plan requirements, Mary, I may need help from you a little more on context from that or may ask if you will send me that question. And I can kind of go back and be able to talk to the appropriate staff to get the answers to -- to that. So if you don't mind, if you can give me some more information around that. I want to make sure that I'm giving you the right information that you're seeking.

MS. HASS: Okay. Pam, I'll be happy to do that. Have you finished your report? May I ask you two questions, please, on ABI?

MS. PAM SMITH: Yes, ma'am.

MS. HASS: Okay. On the first thing, I had been getting some questions on the case management. I know there was some conversation. Before, we had to go through the Comp Cares. Has anything -- any movement been where a family who does want a PDS can

use their current ABI case manager?

MS. PAM SMITH: So we are in the process of, you know, expanding that, and we are certifying providers. As of right now, we've had -- it's been mostly HCB, and I'm thinking there's been three large providers that are in the process right now of -- that have went through the training and that are in the process of becoming certified. I've worked with one SCL provider that expanded out to accept some Michelle P individuals.

So I'll talk to Karen to have her to talk to the providers. And then if you want to refer anybody to Karen and we can talk to them and walk them through the process. But yes, we're in -- we're working on that right now, expanding that out so that PDS case management is a service that any of the case management agencies can provide.

MS. HASS: I think that would be very helpful, especially for the population I advocate for. And it's just -- not that the Comp Cares haven't done a good job. You know, Seven Counties I've worked with, but it's just they have such heavy caseloads.

And some of our people are medically fragile, and they have a lot of other issues going on. So I think -- from some of the families I talked to, they would like the PDS, but they just don't feel real comfortable unless they could keep an ABI case manager.

But you and I can talk more about that, but I do think that's something that needs to be developed or worked on or whatever. So I welcome, you know, some input on that.

MS. PAM SMITH: Absolutely. And just, you know, refer those individuals to us, and we -- we're working on providing some additional guides out to both participants and their families and the provider population on: Really, what does it mean when you PDS? What are your responsibilities as the employer, as the participant, or their rep? What does that mean? You know, what are you responsible -- what are you responsible for doing?

Really trying to get more education out there to help people understand, you know, what it means, that it doesn't just mean, you

know, that a family member can be your caregiver and get paid. It doesn't just mean that, you know, somebody -- a check gets cut from this, you know, financial management agency.

Really, there's a lot of -- as the employer, as the participant, you have a lot of responsibilities. And we want to make sure that participants or their representatives understand that and understand the control that they have over their plans and what they can do so that they feel empowered to do that.

MS. HASS: I would like to have a conversation. Because what I'm seeing is more from some of our younger parents. They really -- you know, their kids have been out in the community, and they really don't want to go the group home route. They want to be able to keep, you know, some therapies and some things that will keep them up and going and at the top level of their independence as they can be. So I welcome a conversation on that so -- but we can do that on another day and another dollar.

MS. PAM SMITH: That sounds great, Mary.

Dr. Schuster, thank you for letting me go first. I do need to drop to go to that other meeting, but Alicia is on. I know Leslie is still on. And then, as always, I'll put my email -- I think everybody has it, but I'll put my email in the chat. If there's anything that comes up that you have questions or you need anything from me, please do not hesitate to reach out. But thank you for letting me go first today.

CHAIR SCHUSTER: Yeah. Thank you, Pam, and thanks for all the good news, particularly on the SMI front. We appreciate that.

So status of the waiver revisions for SUD services to incarcerated persons.

MS. HOFFMANN: Dr. Schuster, this is Leslie.

CHAIR SCHUSTER: Yeah.

MS. HOFFMANN: I just, if I can -- as you can tell, Pam has been very busy. But I always try to give credit to folks, too, that I just -- we've talked about this. It's

been 20 some years in the making to get this 1915(i) with the companion of the 1115 and all these authorities, a very complex model to meet the needs that have been requested by the Kentucky members and advocacy groups.

But this is one of the greatest, like, collaborations I've seen in a long time with, you know, the Behavioral Health group, with the Department of Behavioral Health, other sister agencies, Pam's group, and even agencies outside of our Cabinet.

So just really proud of everybody. I'm always proud of my teams that do such good work for the state. So I just wanted to give a shout-out to everybody. Jodi and Angela are on here, too. They've had lots of work related to SMI in general.

And, also, for the SUD services to an incarcerated person. Just to keep everybody from lack of confusion because I get a lot of emails related to this. So it is now based on -- CMS' guidance back in March, it is now the reentry waiver. So it's the same thing as the old incarceration waiver. However, based on their guidance and being able to add

in other populations, now it is -- will be under Team Kentucky. So it's Team Kentucky's 1115 reentry waiver.

And I know that's more than what everybody wants to hear, but people will call me. And they're like: Where's this -- you know, where's this incarceration waiver? And I'm like: It's called the reentry now. So I'm just -- I just want to tell you that, so you can change that.

CHAIR SCHUSTER: Yeah. I think you've told us that before, and I need to change it. It's an 1115.

MS. HOFFMANN: That's okay. It's a lot -- it's a lot to remember.

CHAIR SCHUSTER: Yeah.

MS. HOFFMANN: Angela and I had spoken earlier today on the Persons Returning to Society about this waiver, so I'm going to let Angela just go ahead and give her updates from this morning with you as well. So, Angela, take over.

CHAIR SCHUSTER: Thank you. Thank you. And I guess Steve could give it as well because he's already heard it. Right, Steve?

MS. SPARROW: Right.

CHAIR SCHUSTER: Take it away, Angela.

MS. SPARROW: Right. Steve keeps all of us in check; right?

CHAIR SCHUSTER: Right.

MS. SPARROW: So, again, we want to appreciate and thank everyone who submitted comments, recommendations, and support to the draft that we had posted for the reentry Section 1115 demonstration opportunity.

So I think, again, the last time that we met, we were moving into the public comment period, or maybe we had just started --

CHAIR SCHUSTER: Right.

MS. SPARROW: -- the public comment period so...

CHAIR SCHUSTER: Right.

MS. SPARROW: We did complete the public comment period in early December, mid-December. We received, I think, a total of 13 letters, again, in official public comment periods. Again, those included several supports and suggestions, recommendations within those. But, again,

from various advocacy groups and individuals across the state.

So we -- we did review those following the public comment period and have posted responses to those comments on the website. And, again, we'll drop that into the chat box where that can be viewed. So, again, we did provide a summary of all of those comments that we received and responses back to those.

There were not any significant changes made to the application. Again, we are certainly considering all of the recommendations. And, again, I think we've tried to be very transparent through the process to help everyone be aware that there are many needs, initiatives that we are trying to meet in the demonstration and, based on guidance and research and discussions and considerations, again, feel as though that this is the best approach to move forward hopefully to receive a more timely approval from CMS and so, again, that we can get that started.

So, again, as I had mentioned to Steve earlier, not to sound like a broken record,

we do intend, through our implementation planning process, to also parallel -- think of the opportunities that we can expand settings and populations and services to the waiver as we plan even implementation of hopefully what will be approved.

And so with all of that being said, we did submit to CMS our application on the 30th of December. They do have 14 days to review the application for completeness. So hopefully next week, we will hear from them. And, again, that's not an approval. That's just a checkoff that the application included everything that it needed.

So the next steps from there will be CMS posting that for a federal 30-day public comment period. And then following that 30-day public comment period, they'll begin their official review.

And so typically what happens from there is they'll review that. It could be 30 days, 45 days or so. And then they usually come back to us with a first round of questions. We review those, respond, and then that kind of starts the negotiations.

And so, again, just to remind everyone, even with an approval, the State still does have to then submit the implementation plan, which then has to be approved before we can actually implement and get started.

So we hope to kick off with the advisory workgroup early this year to start and begin the implementation planning process and really get ahead of that so that hopefully, when we get to that approval, the timeline to submit that implementation plan is very short and, then again, a short turnaround with CMS to review that.

So that's the goal and where we are regarding the reentry application.

CHAIR SCHUSTER: The 1115 Team Kentucky reentry waiver; right?

MS. SPARROW: That's correct, and so yes. What we're also -- again, just so everybody is aware, we have the extension for our SUD 1115 demonstration. We have our SMI demonstration and recuperative care components that we submitted last year pending and, then again, the recent submission for the reentry.

So in discussions with CMS into the new year, we will work with them and have some talk about how we can hopefully move all of those initiatives together forward and, again, as timely as possible. But our -- again, feel, in discussions with CMS, is that that is the intent, is to work with us on how to do that so that we kind of really streamline all of those initiatives. Because, again, they all include implementation plans, monitoring protocols, evaluations, and so forth.

And so, again, each of those components and demonstration requests will require those things. And so, again, it will, I think, be in everyone's best interests to really figure out how to get those on the same page and get those moving.

CHAIR SCHUSTER: So -- and you may have said this, Angela. Is the -- you haven't sent it yet to CMS; right?

MS. SPARROW: We have. We did send it to CMS.

CHAIR SCHUSTER: Oh, you have. Okay.

MS. SPARROW: It was December 30th, yes.

CHAIR SCHUSTER: Okay. So -- and is what you sent posted also on the website?

MS. SPARROW: Good question. Sorry. I meant to -- that was one thing I did leave out. It should be posted, Dr. Schuster, by the end of the week. We did have to fix some of the web links in the application, so it should be posted.

And, again, I'll drop in the website the link to where the responses are, and it will be posted in the same area. You can view it in the same place.

CHAIR SCHUSTER: Okay. Great.

MS. SPARROW: Good question. Thank you.

CHAIR SCHUSTER: How did they do, Steve, since you've heard --

MR. SHANNON: Very good. Second time today I've heard it and just about the same message each time. Very thorough job by Angela, as always.

MS. SPARROW: Thank you.

CHAIR SCHUSTER: And does anyone

have any questions for Angela about the reentry? I think Steve has talked about it, and he's been chairing this TAC with very little to talk about until recently so feels good about what this looks like.

So did you say you got 13 comments? Was that right?

MS. SPARROW: There were several comments within, yes. But, again, I think there were 13 different organizations and individuals --

CHAIR SCHUSTER: Organizations that sent in things. Okay. And some of them were probably multiple comments, actually. Okay.

MS. SPARROW: Correct. Yeah.

CHAIR SCHUSTER: Because I was going to say, there ought to be more interested in this than 13, so good.

MS. SPARROW: Yes.

CHAIR SCHUSTER: Any other questions or comments?

I see Dr. Brenzel is on. Do you have any comments about this, Dr. Brenzel? Okay. Thank you. Glad to have you on.

DR. BRENZEL: No. Just excited to

get on with it. And our behavioral health team apologizes. We had a conflict. But I -- the commissioner directed me to break out and make sure we were represented here so glad to be here.

CHAIR SCHUSTER: Great. Thank you very much.

Okay. Well, that's more good news, I think. So we asked last meeting in November about how rates get changed and so forth, and Justin Dearinger gave a really great and comprehensive kind of run-through of that.

So I think my question here was -- because he said sometimes at the beginning of the year, there's kind of this question about -- so I guess my question is: Are there any behavioral health rate changes that are under study at this point for 2024?

MS. VICTORIA SMITH: Dr. Schuster, Leslie Hoffmann asked me if I would take this agenda item. My name is Victoria Smith, and I'm a policy analyst in the office of the Commissioner.

CHAIR SCHUSTER: Okay. Nice to have you.

MS. VICTORIA SMITH: We have good news. I know we've looked at this -- this has been on your agenda ongoing. ODA has a team of research and data analysts looking into this, and we're doing a comprehensive --

(Brief interruption.)

MS. VICTORIA SMITH: -- research study and analysis. We're looking at every single code on the 2023 behavioral health fee schedule. And we're looking at those codes, and their respective modifier combinations are being evaluated.

Multistate comparison is being done. We're looking not just at other states' fee schedules but also the regulations behind their fee schedule so that we can understand limitations or prior authorization requirements so that we can get as close to apples to apples as we can.

You know, Medicaid is different in every state, and so comparing across state lines is sometimes very difficult. But the ODA team is really digging in, and they have several people working on this. It is our intention to wrap up that research by the end of this

month. Early next month, we'll be working on doing a presentation for you at the next TAC meeting in March --

CHAIR SCHUSTER: Wonderful.

MS. VICTORIA SMITH: -- if you would like to continue to have this on your agenda. And we'll have a complete analysis of where the Kentucky behavioral health rates stand in relation to other states around us and across the nation. So I hope that is good news for you. I know, like I said, it's been on the agenda --

CHAIR SCHUSTER: I think it's very good -- yeah, very good news. I appreciate that. Because this came up in the report we received on the legislation that had asked for this analysis, I think.

MS. VICTORIA SMITH: Yes.

CHAIR SCHUSTER: And then it turned out that the comparisons with the other states was not clear in that report, and I guess it was actually not done.

MS. VICTORIA SMITH: It was limited. There were a few states looked at, but the ODA team has really branched out.

They're really looking at every state across the nation that they can find fee schedules and regulations on. And like I said, we're really digging into even limitations of services or prior authorization requirements.

ODA is the Office of Data Analytics. I'm sorry. I always feel like everybody knows that. But O-D-A, the Office of Data Analytics. They're the team of people who are the experts who are really digging in and researching some of this stuff.

So we are hoping -- like I said, our plan is to bring you a presentation. So if you'll leave us on your agenda for the next TAC meeting, we will have a --

CHAIR SCHUSTER: We will absolutely do that, Victoria. Thank you so much for being with us. Nice to meet you.

MS. VICTORIA SMITH: Nice to meet you.

CHAIR SCHUSTER: And that is, I think, really good news because we have had some questions. We were not really clear on the process. And, obviously, rates are always an issue, I think, for all providers

and actually for consumers and family members because they often dictate access to services. You know, if you can't get paid enough to do the service, you're not going to do it. And so you're not going to provide it, or you're not going to be a provider or whatever. We have a lot of people in the behavioral health professions who choose not to be Medicaid providers because of the rates.

So Kathy Adams says: Is there any update -- I missed it, Kathy. Why don't you just say what your question is because I couldn't read it fast enough.

MS. ADAMS: I'm sorry. I was just asking if there was any update on the annual fee schedule changes that usually occur in January.

MS. VICTORIA SMITH: I can't speak to annual changes at this time, but I do know that any changes, I think, that will happen will happen after this comprehensive study that we're doing. But maybe someone from Ann Hollen's team or, Leslie, maybe you can answer that question more directly.

MS. HOFFMANN: I don't think anything has been completed yet. Like, this is still early, and I think it usually takes us a couple of months after that, unfortunately. I know that's not what everybody wants to hear, but I think -- was it April last year? Not that we're aiming for April this year. I'm just saying I hope to have that out earlier, so I can follow up on that.

MS. ADAMS: Thank you. It would just be helpful to know whether or not to expect a fee schedule change before this additional information is shared.

MS. HOFFMANN: Is anybody else on from Medicaid that is aware if we've even received the information yet?

MS. VICTORIA SMITH: The analysis hasn't even completed as far as the rate study analysis. It won't be completed until later this month and then it needs to go to review with your team, Leslie. The behavioral health team will need to review the results of the analysis. So like I said, early February we're hoping to have that

analysis completed and reviewed by your team and the commissioner's office.

MS. HOFFMANN: Thank you, Victoria. We'll try to provide an update.

CHAIR SCHUSTER: That is -- that's really exciting, and we will definitely put you -- or whoever the folks are, Victoria, that would be making that presentation, we'll put that on the agenda high up because, again, rates are always of interest. So thank you very much.

MS. VICTORIA SMITH: Thank you, Dr. Schuster.

CHAIR SCHUSTER: Yeah.

MR. BALDWIN: Hey, Sheila.

CHAIR SCHUSTER: Yeah, Bart.

MR. BALDWIN: This is Bart. I'm driving down the road, so I apologize for the background noise. But to quick -- if you don't mind, a quick follow-up to Kathy's question for clarification because I think we were convoluting two different issues.

I think Kathy's question was on the annual changes that are supposed to be effective 4/1, on just the routine changes

related to the Medicare fee schedule, connection to the Kentucky Medicaid fee schedule.

Are you all going to release those in time for the MCOs to update their systems before 4/1? Or, due to this analysis that Angela was talking about, is that going to all be on hold until that analysis is done? Does that make sense, Leslie, what I'm asking?

MS. HOFFMANN: Yeah. I think there was some confusion while ago. I think we still do that annually as far as the new rates in general, where we see what CMS has sent us. And I'm not the person who totally handles that, so I'm sorry. But I think it would be done annually.

MS. STALEY: Hi. This is Sherri.

MR. BALDWIN: Okay.

CHAIR SCHUSTER: I think Bart was saying that, typically, it's done to be effective 4/1. Bart?

MR. BALDWIN: Well, generally -- historically, it's been effective January 1, but the information doesn't come out until

February or March.

MS. HOFFMANN: And that's what I was talking about, Bart, yeah.

MR. BALDWIN: Right. But you all had said you're moving the effective date to April 1 so that you could have the information out before it goes into effect. And so that -- I think that was -- my question was: Is that going to stay the same or, given this -- I assume that would stay the same and this -- the results of the analysis that was talked about would be something that would be effective in the future potentially?

MS. HOFFMANN: So, Bart, let me follow up on that because I don't want to cause any more confusion than I may have already done. So --

MR. BALDWIN: Sure.

MS. HOFFMANN: -- what you were saying is what I was talking about. We usually receive information, in general, always and then do an annual update. We normally don't get that out till April, but now we've got this assessment also that

Victoria has been working on. So we want to take that into consideration as well.

But let me just follow up and get an answer back out through Erin, if that's okay.

MR. BALDWIN: Sure, sure. Yeah.

And, Victoria, I just called you Angela. I apologize. I'm driving, so I missed that. My apologies so -- okay. Thank you, Leslie.

MS. VICTORIA SMITH: That's okay. I've been called worse so...

MR. BALDWIN: Okay. All right. Appreciate it. Thank you.

CHAIR SCHUSTER: All right. So, Leslie, you'll send something to Erin and me, and I'll get it out to everybody.

MS. HOFFMANN: Yes.

CHAIR SCHUSTER: Nina, you have your hand up.

MS. EISNER: I do. You know, we're talking predominantly now about the BHSO fee schedule, the April 1 thing.

But I just want to make sure that we also have on the list EPSDT rates. We have -- hospitals have brought that forward to the commissioner, and we are waiting on an

answer back on those. So just while you're doing your studies or whatever, if you'll ensure that EPSDT hospital rates -- these are for specialty services in a hospital -- that those are also evaluated.

MS. HOFFMANN: And, Sherri Staley, are you on? She's been assisting with that so --

CHAIR SCHUSTER: Yeah. She's on.

MS. EISNER: Okay. Thanks.

CHAIR SCHUSTER: So I guess I'm confused. And I don't know enough about this, so I don't want to confuse things more. But you're talking, Nina, about EPSDT rates.

And I guess the question to Victoria is: Are those being considered as BH rates that are under this study that you're talking about?

MS. EISNER: Yeah. And that's my question, too.

MS. VICTORIA SMITH: The behavioral health rate study that we're doing is any behavioral health code that is listed on the current behavioral health fee schedule. So that's what this analysis that I'm involved

in is looking at exclusively.

So if you look at the behavioral health fee schedule on the DMS website, any code that is listed on the 2023 behavioral health fee schedule, that is what we have ODA analyzing and comparing to other states.

MS. EISNER: Okay. Well, then, this -- my question is separate from that because I have the BHSO fee schedule from April 1 of last year in front of me. These are rates for specialty services in a hospital. And they were low to begin with, but when the PRTF rates increased, the 500 and the 600, they are below those rates as well. That's why we brought them up.

MS. JUDY-CECIL: Yeah. Nina, this is Veronica Judy-Cecil with Medicaid.

MS. EISNER: Hi, Veronica.

MS. JUDY-CECIL: Hi. Good to see you all. That is going down a separate path from what Victoria is working on, but it is under review and discussion within the commissioner and some other folks in DMS.

MS. EISNER: Thanks, Veronica.

MS. JUDY-CECIL: You're welcome.

CHAIR SCHUSTER: Okay. So your question is answered, Nina, and that's going to be a separate track --

MS. EISNER: Yes.

CHAIR SCHUSTER: -- and would only apply to the hospitals. Am I right about that?

MS. EISNER: That's correct.

CHAIR SCHUSTER: Okay. So --

MS. EISNER: Thank you.

CHAIR SCHUSTER: -- you could -- you know, I know we have some hospital folks, typically you, that are on. So if you -- when those are ready -- if you want that to be on the agenda for the BH TAC when they're ready, you know, if you want to let me know, and we can put it on.

MS. EISNER: Yeah, I will. Thanks. Thanks, Sheila.

CHAIR SCHUSTER: Because I think what we're looking for in March is the -- Victoria's study. I'm calling it your study.

MS. EISNER: Right. The Victoria author.

CHAIR SCHUSTER: You can be the

primary author here and not ODA or OTA.

MS. EISNER: ODA.

CHAIR SCHUSTER: ODA.

MS. VICTORIA SMITH: You can call it my study, Dr. Schuster. That's okay. Either myself or a member of the ODA team will be presenting it to you in March, but you can call it my study if you want to.

CHAIR SCHUSTER: Okay. Well, you were here to talk to us about it, so that's how I'll remember it anyway.

Okay. So we've got that straightened out. So the EPSDT hospital rates for specialized services is a separate track, and Nina will let us know when those are -- when you've heard back, Nina, and we can put it on the agenda.

And then, Leslie, you're going to let me know the answer to Kathy and Bart's question about the kind of annual updates and how that's being handled relative to the --

MS. HOFFMANN: Yeah. Those are kind of like three pieces, so we'll get those answers back to you.

CHAIR SCHUSTER: Yeah. Okay.

Wonderful. No wonder rates are so confusing.

I had put on here an update on the use of BH associates, but I have since learned that letters went out to all of the relevant licensure boards. And I think the date for those replies from the licensure boards is not until tomorrow actually.

So I'm going to put this on our March agenda because I figure at that point, Medicaid will have a whole lot more information. There's no point in kind of surmising what kind of response you got from the -- or are getting from the licensure board. So --

MS. HOFFMANN: Right. And we certified those letters, Dr. Schuster. We certified those, so we can tell who's got them and not.

CHAIR SCHUSTER: And I think some of us reached out to our boards and said, yes, please respond to this and so forth. So let's put that on the March agenda as -- to come back to; okay?

I think we had asked Justin last time about what kind of report he could give us

from the website dashboard on which providers are reporting patient no-show data. Does that sound --

MR. DEARINGER: That is correct.

CHAIR SCHUSTER: There you are, Justin. Hi.

MR. DEARINGER: Hello. So we had asked for that report. We got it back. It wasn't exactly what we wanted, so we've clarified our report request. And what we're going to get back is each provider type and the percentage of providers in that provider type that are actually putting data in the portal. So that's the --

CHAIR SCHUSTER: That's what we want, yeah.

MR. DEARINGER: Yep. That's the request that we've put in now. We've clarified that. So we'll -- as soon as we get that, I'll send that to Erin to distribute to TAC members.

CHAIR SCHUSTER: Okay. Thank you. Because one of the things -- and we got this a long time ago. When this first started, we used to get that report because we were

concerned that there were not a lot of behavioral health providers that were reporting. So that's what we're really looking for, Justin, so thank you. If you could send that to Erin, we will get that out to folks. That's great.

Leslie, this is probably you, the changes in the delivery of mobile crisis services.

MS. HOFFMANN: Yes. Of course, there's some things I'm still not talking about, but I can share several things with you today.

CHAIR SCHUSTER: Good.

MS. HOFFMANN: So I thought I would give you that information. A provider letter was drafted on January the 3rd. And we have got the draft approved, and it has moved on through the process for distribution. I expect that letter to come out probably earlier -- early next week maybe, if not sooner. I don't think it's going out tomorrow, but there's still a chance. Once it's been distributed, then we'll post onto our website and then we can have more

discussions, if that's okay.

The other thing I wanted to share with you is if you've heard me speak before about the mobile crisis continuum in the past, you're aware that there's two models. We have a commonwealth model and a community crisis co-response model, which -- I know you guys love acronyms, but it's a CCCR model.

Governor Beshear publicly announced today -- or previously that the grant opportunity was out there for municipalities a couple of months ago, and he also announced today on his updates that seven awardees -- on the 12:30 updates that he does, the Team Kentucky updates. Those awardees are Boyle County Fiscal Court, Christian County Fiscal Court, Cynthiana Police Department, Lexington Fayette Urban County Government, Maysville Police, Perry County Ambulance Authority, and Warren County Sheriff's Office.

The awardees will establish corresponding units, which we will call CRUs, crisis response units, and partner with behavioral health professionals and resources with their first responder and/or law

enforcement. And this is to, of course, reduce the distress of individuals in crisis and to avoid unnecessary hospitalizations.

I do want to mention that, you know, we've got these two models here in rural Kentucky because we wanted to, first of all, limit unnecessary law enforcement involvement that may result in a higher level of care than the individual might need or incarceration or a psychiatric facility when that's not exactly what the member was needing.

We want to make sure that we address the member's specific need that's in crisis. You've heard me say a call for an elderly person in crisis with dementia is not the same call as a youth with anxiety and depression. So we want to make sure that we can handle all those.

So we've got the commonwealth model which minimizes the law enforcement. But we also realize, Dr. Schuster -- and you've heard me say this -- we are a very rural state. We need to build provider capacity and access. If you all are not aware, out of

the 120 counties here in Kentucky, 112 are deemed by the Federal Government to be rural.

So we want to make sure that we have an abundance of availability to handle our crisis situations here in Kentucky, and this will also help us to assist the law enforcement with providing behavioral health resources, training, some oversight with the grant opportunity.

So we're very excited. I think we made history today. I don't know of any other state that has provided this type or level of mobile crisis continuum. And, of course, we have worked with our sister agencies and a lot of agencies even outside of our Cabinet.

The Department of Behavioral Health has been very involved and integrated with us, and I appreciate -- again, I always say that -- all the integration and teamwork with making a mobile crisis continuum finally coming to reality now.

So I can tell you more later if that's okay, Dr. Schuster. The YouTube will be out there for Governor Beshear today that includes the CCCR grant model awardees.

CHAIR SCHUSTER: Yeah. I was just going to ask for a clarification. So those seven awards were made under the CCCR model; is that right?

MS. HOFFMANN: Yes. Co-response.

CHAIR SCHUSTER: The co-response model.

MS. HOFFMANN: So anybody that was connected to a municipality -- you had to have your municipality's support. So we had -- you know, some of them were fiscal courts trying to help out in their local areas. Some of them were police departments. Lexington Fayette Urban County Government was involved and then we have an ambulance authority that are also involved as well. So it was a good mixture across the state.

So we're hoping that that continues to grow. We will do another round of offers. If you all know of any folks that are interested -- I've told the awardees do not feel like you're competition. We have enough crisis to go around, and we need valuable providers from all areas.

So I just wanted to let you know that

we'll do one more round in the fall and then annually thereafter. So the grant opportunities go right now for four years.

CHAIR SCHUSTER: Okay. And what kind of amounts -- are all the grants the same --

MS. HOFFMANN: Depends on what --

CHAIR SCHUSTER: -- in terms of the amount?

MS. HOFFMANN: It depended on what they asked for.

CHAIR SCHUSTER: Okay.

MS. HOFFMANN: So -- and, again, I can share more of that later. It was -- it's okay for me to share what I'm telling you now because it was made public at 12:30.

CHAIR SCHUSTER: Okay. All right. So it's on the move. We've been waiting for --

MS. HOFFMANN: It is. Very exciting.

CHAIR SCHUSTER: We've been waiting for something tangible.

MS. HOFFMANN: Yes.

CHAIR SCHUSTER: Yeah.

MS. HOFFMANN: And you've heard me, Dr. Schuster, talk about this. Mobile is just one part of that whole sequential intercept mapping. All these pieces that we're adding right now is just, you know, to help divert. And if folks do end up in incarceration or confinement, what can we do to help there and to ensure that they come out, you know, ready to go with all the supports and services, medication, everything that they need to be successful.

I'm telling everybody: Will all this be perfect? No. Will we have growing pains? Of course. But, you know, without trying to make -- through progress; right? That just happens through progress so...

CHAIR SCHUSTER: Yeah. All right. Well, I appreciate that update.

MS. HOFFMANN: Yes, ma'am.

CHAIR SCHUSTER: Any questions for Leslie on this? She still is limited in what she can tell us, but we've gotten more info today.

(No response.)

CHAIR SCHUSTER: Okay. Thank you.

And as always, we ask for a status on the Medicaid unwinding and recertifications. Is that you, Veronica? Maybe not.

MS. BICKERS: Veronica, you're muted.

MS. JUDY-CECIL: I know. I'm having trouble today. Yes, it is. I'm going to share my screen.

CHAIR SCHUSTER: Great.

MS. JUDY-CECIL: We always provide this afterwards, so I won't --

CHAIR SCHUSTER: Yeah.

MS. JUDY-CECIL: I'll try to be somewhat quick in my -- just one second. Okay.

CHAIR SCHUSTER: Well, we appreciate the detail, Veronica, very much, and we will get that out to folks for sure. So --

MS. JUDY-CECIL: You're very welcome.

CHAIR SCHUSTER: And I see that Commissioner Marks has joined us. Welcome, Commissioner Marks. We're very glad to have you at the BH TAC.

MS. MARKS: Thank you. I apologize for being late.

CHAIR SCHUSTER: That's no problem. We have a long agenda. So you can come at any point in the meeting, and we're probably still meeting so...

Pardon me.

MS. JUDY-CECIL: Okay. So just -- I always stop on flexibilities. We don't have any new ones. The last ones we reported, I think, were pretty significant and helpful to our members. That included suspending all child renewals. So any child with a renewal starting in October, we went ahead and granted 12-month continuous eligibility for those folks. They were not going to have to go through a renewal.

We redistributed December renewals. But just a reminder, that doesn't mean that we didn't have renewals in December. We still maintained December renewals if the renewal was aligned with another program, so SNAP or TANF. The reason for that is because, then, the eligibility worker only has to touch the case once and can make the determination

based on the income for all those programs. So we left those renewals in December.

If a member had exhausted all of their extensions -- so if you recall, we have a one-month extension for all members. If they don't respond to a notice by their renewal date, we extend that for another month. And then a three -- up to a three-month extension for any member who is a long-term care or 1915C waiver member. So each month that we don't get their response, we're able to extend them, and they can go to a max of three months.

So if that extension exhausted at the end of December, we are not permitted to continue to extend them or to redistribute them. So we did have to go ahead and terminate if they didn't respond. So you will see December approvals and terminations still for those very limited reasons.

So moving on. Always just reminding folks that -- and the commissioner mentioned at the top of the meeting that we did amend all six 1915C waivers, home and community-based waivers, so that we could

maintain those flexibilities beyond the original termination date of November 11th. So the increased rates and all the other flexibilities are incorporated into those waivers and are extended as a result until that waiver is approved by CMS.

We have no idea when that'll happen. They -- you know, we weren't the only state to do that, so they've been inundated with all those amendments. But we'll continue to keep folks updated on that.

So yes, we have seen a drop in Medicaid enrollment. But as the commissioner mentioned, we're still, you know, over 200,000 than when we started the PHE. So we still have a lot of folks covered, and we still have a lot of folks going through renewal. So you can see the kind of decline here that has happened as a result of renewals and terminations.

Again, a reminder, terminations might be due to the fact that a person is no longer eligible, so their income exceeds the Medicaid limit. And we did see that. You know, over the course of the Public Health

Emergency, our system still went out and checked income. And so we did know that there were folks no longer eligible for that reason.

Or their category of eligibility changed. So, for example, if they were in foster care, you know, that grants them Medicaid eligibility. If they had a change in that foster care coverage, then when their renewal was up, then they would have to be determined eligible under another type of assistance. So we'll see, you know, folks continue to drop off for those reasons.

So here's a snapshot. We have through December, so we are -- this is kind of hot off the press for our December numbers. You see it's a lower number of total individuals. It's this 30,705 because we redistributed a fairly large number across the rest of the unwinding period.

But because of that, we have a really great approval number for -- and rate for December, so 28,889, which is great, and only 1,244 terminations. We still have two pending from December, and we did extend 570.

Those are the ones that are in the bucket of they didn't respond to a notice or -- you know, so we're going to continue to extend them.

Looking at November -- because I don't know if I had these numbers when we met last. But just, again, November was a little smaller, too, because we were implementing some of those flexibilities including moving the children. So that was over 400,000 children that got moved. So that has reduced the number of renewals.

And, again, a fairly high number for approval for November, 22,888, and a lower number of terminations for November, 1,508. And then, of course, the extension bucket, you know, you'll see it can be large depending on the month and how many people we're continuing to extend until they're exhausted.

I want to note that these are based off of the CMS monthly report that we're required to file with CMS by the 8th of the month for the previous month's renewal activities. Those are posted on our website, so anybody

can go out there and pull that. We did just complete December's, and so that'll be up shortly, if it's not on there already.

I wanted to note that because there's something else that has happened and changed since the last time we spoke, and that is CMS has asked states to update their numbers in their monthly reports and to go back and do that retroactively. So what that means is they have asked states for every month, to look at a 90-day snapshot following the month of renewal and report --

CHAIR SCHUSTER: Wow.

MS. JUDY-CECIL: -- any pending actions. So we have just completed that. We were required to file by December 29th the report for May, June, July, and August. And then the report for September will be due on January 15th and then the rest of them will be due the 15th of the following month after the 90-day period.

So, for example, just to explain that, because I know that sounds confusing. For the month of May, they asked us to -- and we reported -- right here, you can see 6,669 we

reported as pending. What we've done is if we processed those pending renewals in that 90-day period, we then have to report to CMS what the outcome of that -- of those processes were. So people will be put into the bucket of approved or terminated as a result of that, and we'll completely update the report based on that.

So those will, again, be posted very soon and then we'll continually post those as we submit those to CMS.

CHAIR SCHUSTER: So is that -- Veronica, is that just CMS' way of saying, okay, if you've given everybody the 90-day period in which to reply and -- so you can kind of close the case, and they want to see what the final result is? Is that basically what they're asking for?

MS. JUDY-CECIL: It is their attempt to supplement the information that's out there because there isn't anything that talks about the pending cases. And, you know, I appreciate that but understand there will still be a gap.

Because if we -- we can continue to pend

the case, which means the person is covered by the way. We can continue to pend the case longer than 90 days if we are trying to resolve, you know, the documentation that's been provided, you know, if we're trying to do additional outreach efforts for that individual and to be able to make a determination.

So it helps provide some additional information but, you know, there's still lots of activities going on that falls outside of the reports.

CHAIR SCHUSTER: A lot of work for you all.

MS. JUDY-CECIL: Yes. Yes.

CHAIR SCHUSTER: Yeah.

MS. JUDY-CECIL: We really had to scramble.

CHAIR SCHUSTER: To go back all those months and pick up on all of those cases.

MS. JUDY-CECIL: Yeah. You know, and to ask states to do it retroactively -- we did not know this was going to be a reporting requirement when we started

unwinding. So to have to go back -- and some states actually were really struggling with that. Luckily, in our state, we had already been tracking them and so could easily go back and pull them. But I think some states were having a lot of trouble to do that.

So just a reminder, we do have new demographic reports out posted on our website that we started in September. I won't go into a lot of detail. Certainly encourage you to go out and pull those down. They actually tell you approvals and terminations at the county level, so you can take a look to see if you're interested in your county or a particular county what's going on with approvals and terminations. And then, of course, also at the gender, race, and ethnicity level.

And just a reminder about the 90 days. So we still track if somebody does get -- if they get terminated and they come in within that 90 days after and are able to provide the information we need and are determined eligible, we'll reinstate them back to their termination date so that there's no gap.

This is something that should be done automatically. The member doesn't even have to ask for it.

So, you know, we also like to see this to make sure that we're reducing the number of -- these are folks that were going through an active renewal and didn't respond to a notice. So it's good to see, you know, people coming back in and continue to track those.

And our outreach priorities really haven't changed. It's really just encouraging folks to respond. Even if they don't think they're eligible, we'd like to make that actual determination.

The reinstating. You know, if somebody comes in to a provider's office and they're within that 90-day period and they show that they're no longer eligible, to encourage them to get connected to someone who can help them provide that information and get determined eligible.

And then we know folks aren't eligible, so we want to make sure they do get coverage. So connecting them to that Qualified Health

Plan on Kynect, to go out and choose one to keep them covered.

And just a reminder. We have lots and lots of educational and outreach materials on our website. Very much member-focused, provider-focused, stakeholder/advocate-focused to try to help everyone communicate around renewals.

A couple of new ones was reinstatement. So when somebody walks in and they're in that 90-day period, this is really great information to share with them just to help them understand what they need to do next.

And then this brand-new one here, the last one on the right, is about ID proofing. And what that means is if a member wants to go out and create an account on Kynect in the self-service portal so that they can communicate with Medicaid about their renewal or about their application, some of them were having a hard time navigating the required identity proofing that has to happen with creating an account like that.

So we've created this proofing tip to help folks understand how to navigate that

because there are very much ways to get around that if they're having trouble or if they're struggling with it.

Also, I always wonder if there's a new provider on, that I want to remind them that they can get access to their patients' redetermination date through two different portals. All providers have access to KYHealth-Net, and so they can go on there and look for it. Or if you're 1915C or long-term care waiver provider, it's in KLOCS, and they can pull a report.

That just helps them know and prepare, especially for our long-term care and 1915C waiver providers, to help -- maybe help the member prepare what they need to have in order to go through that renewal. And then if, you know, you're having somebody come in to see you for a checkup or an office visit, checking that renewal date just to see if it's coming up or if they're currently in the renewal process is helpful.

I always want to have a plug for Qualified Health Plan open enrollment. It's going on right now. It goes through January

16th. However, make sure folks understand if anybody loses Medicaid eligibility during the unwinding period all the way through July 31st, at any time, they can go and choose a plan on the qualified -- on Kynect a Qualified Health Plan through an unwinding special enrollment period. It's just a check box, that all you have to do is say I lost my Medicaid eligibility during this period of time, and so that waives the open enrollment requirement and allows them to enroll.

So we have seen, as a result of Medicaid trending down, our Qualified Health Plan enrollment trending up, which is what obviously we want to see. So if folks are determined ineligible or believe they're no longer eligible, they're going out and taking advantage of choosing a plan.

We always want to make sure people understand there are scams out there around choosing a Qualified Health Plan. So just remember the only ones that are on -- there are four that are qualified to be on Kynect. And that's Anthem BlueCross BlueShield, Care Source, Passport Health Plan by Molina, and

Ambetter by WellCare of Kentucky.

If some other company is calling them and saying, you know, oh, you can -- you can choose me, and you can get tax incentives and -- it's not true. So just reminding folks, you know, some things to look at as they navigate that.

And then always a plug for our website. Lots of information out there. The CMS reports, the flyers. And all of our stakeholder meetings are recorded and posted on there. Speaking of which, our next one is coming up on January 18th, the third Thursday at 11:00 a.m. But if you can't come, check it out at your convenience at any time.

And follow us on Facebook, Twitter, or Instagram because it is the best way to stay up to date on what's happening in unwinding.

CHAIR SCHUSTER: Wow. That's a lot of information. We'll look forward to getting the slides. That's great, Veronica. We appreciate that.

MS. JUDY-CECIL: You're welcome.

CHAIR SCHUSTER: Any questions for Veronica? I'm sure you all memorized all of

this as you went along but -- and some of this is hot off the press with the December numbers and so forth.

Kathy, you had a question, I think, about further diving into types of people that are losing coverage. Or what was your question?

MS. DOBBINS: My question, you know -- and really, the more we talked, the more, thinking about, you know, ways you try to head this off. But my question had to do with the percent of people losing coverage. What percent of them are folks who just didn't respond?

And what I'm thinking about is people who are -- you know, are seriously mentally ill who, you know, are pretty symptomatic, and they get their renewal notice. They don't read it. It goes in the trash, or it gets just thrown on a pile of stuff, which, you know, it gets very specific in my mind.

The question was just more, too, you know, the broad issue of people not responding. There's a homeless population as well, you know, that falls in that category,

some of whom are seriously mentally ill and some of whom are not, have other issues.

MS. JUDY-CECIL: Sure. So of the terminations, about 50 percent are what we call the procedural terminations due to lack -- pretty much due to lack of responding.

What we have -- we have a lot of outreach around this. So every time that somebody is up for renewal, about 90 days before, they get a notice. They get a notice about 60 days before their renewal date. And then during the time where we actually send the notice to let them know they're going through renewal and until the renewal date, about two or three other times, they're hearing from the State because we're calling them. We're texting them. We're emailing them. And then the MCOs are doing the same.

But the -- to your point, if somebody doesn't answer the call, doesn't open their mail, and doesn't read their email, they're not going to know. So what we've tried to do is also reach the member at their provider. So a lot of the MCOs are sharing lists with

their primary care providers, and they're -- a lot of them are willing to be very proactive around this and reach out to the patient as well to make sure that they know what's going on. So we try to look for ways to -- to find individuals where they are and make sure they understand that there's, you know, something -- some action that they need to take.

MS. DOBBINS: Right. It also just kind of impresses upon me the need for as many people as possible out there to have somebody on their side, you know, who's looking out for them, an advocate, a case manager, whatever it is, an outreach worker, somebody.

MS. JUDY-CECIL: Absolutely.

MS. DOBBINS: Those who are more disabled, you know, are going to miss a lot of the more formal methods of outreach.

MS. JUDY-CECIL: Absolutely. We also -- being concerned with medications and prescriptions, we've done some targeted outreach to pharmacies to make sure that if somebody comes in and it's showing that

they're no longer eligible for Medicaid, what they can do to help that patient get connected to somebody who can help. So, again, just trying to find the person where they are or somebody that can help them.

MS. DOBBINS: Right. Thanks.

CHAIR SCHUSTER: I know that Val has asked this question before, and I'm sure that the consumer-run organizations like Participation Station are trying to remind folks. But, again, that means that people are engaged in that activity and are coming in; right, Val?

So, you know, if you -- we have a lot of people that are not engaged in the consumer-run organizations either, but we're certainly trying to do that. And I would hope that the NAMI groups probably ought to -- I've got the email addresses now from Jaydan Norris who is the new NAMI Kentucky statewide. So I have the email addresses of the affiliates, and we probably need to send some of this information out, Veronica, to that group.

MS. JUDY-CECIL: Yeah, if you'd

like to share that with us. Because we are -- we have met with various stakeholders like those -- the advocates and organizations that work with maternal health, those that work with child health, and tried to come up with specific outreach plans for those populations to try to -- try to reach them. So we'd be happy to reach out to her and, you know, see is there something different we can do to help that community.

CHAIR SCHUSTER: Yeah. And I think she was on earlier. I don't know if Jaydan is still on or not, but I -- I can make a -- I'll make an email introduction to the two of you because she can send stuff out. And I also have those email addresses. But that gets more directly to those local NAMI affiliates, you know, the big ones like -- Kelly is typically on this call from Lexington but some of those smaller ones. Yeah.

And we've sent this out. I know the Comp Care Centers have gotten these and, you know, been encouraged to hang the posters and do that kind of thing. Because, obviously,

it's in the provider's best interests to keep people enrolled as well; right?

MR. SHANNON: Right.

MS. JUDY-CECIL: Absolutely.

CHAIR SCHUSTER: So it really is in everybody's best interests to keep people enrolled so...

MR. SHANNON: Working on it as well, Sheila. The CMHCs, we're trying to get people. Let them know what's happening; right?

CHAIR SCHUSTER: Yeah.

MR. SHANNON: Because Kathy Dobbins is right. Mail is not always responded to. People are leery of what they get so...

CHAIR SCHUSTER: Yeah. So we'll continue to beat on that drum as well. But I'll connect you with NAMI Kentucky, Veronica. Thank you.

MS. JUDY-CECIL: Everybody, thank you all.

MS. NORRIS: Hi, Sheila. I wanted to say I am on.

CHAIR SCHUSTER: Oh, there she is. Great.

MS. NORRIS: Yes. Thank you. Just make that email introduction, and we can move forward.

CHAIR SCHUSTER: Yeah. Great. We'll do that. So you all can see each other. You're side by side in my little setup here, so I will make that introduction. Great, Jaydan. Thank you for coming on.

Let's see. We had a good discussion last time and, again, Justin was very helpful, Justin Dearinger, about the Medicaid billing for mental health services to students from schools.

And I guess my follow-up question, Justin -- because I don't think we had enough time last time -- is some of that billing -- and I think Karen Garrity was on and brought this up from LifeSkills. Some of that billing is being done actually by the contracted provider; right? The CMHC. So I --

MR. DEARINGER: Yes, ma'am.

CHAIR SCHUSTER: So I'm still trying to figure out -- we're trying to get a handle on how much -- how much Medicaid

billing is going on from the schools. So we've got to look at what the schools are billing, but we also, I think, have to look at what contracted providers, most of whom are going to be CMHCs, but they may also be -- so is there a way to track that from the place of service?

MR. DEARINGER: Yes, ma'am. So there's a survey. We are working on a survey that's going to come out later this month.

CHAIR SCHUSTER: Okay.

MR. DEARINGER: It's a survey that the lieutenant governor's office, the Kentucky Department of Education, and DMS have worked on. Erica Jones, who is the branch manager of our Child and Maternal Health Branch, has been working in those meetings and working with this survey.

It's going out this month to districts, and it has a variety of information in the survey. But it will allow us to track exactly how each district bills and whether they contract with an entity, whether they bill it themselves, and what entity they contract with.

And that will allow us to pull from all those different provider types and pull those place of service codes, and be able to put together a comprehensive look at all the different billing for behavioral health services.

CHAIR SCHUSTER: That's music to my ears, and it will be music to Dr. Bargione's ears, too. He's the retired school psychologist that was on last time. He's out of town today. But he had raised that question because we presented to the -- as did Steve Shannon -- to the interim task force on school and campus security, which was really about behavioral health services in the schools, and this question has come up.

And, actually, Representative Lisa Willner has filed House Bill 36. And one of the issues for KDE is to actually track exactly what we talked about, Justin. So this is really very positive. I appreciate that.

Is it possible for you to send me a copy of the survey, just --

MR. DEARINGER: Absolutely, yep, as soon as we get that back.

CHAIR SCHUSTER: Okay. Wonderful. Thank you. That's very exciting. And we will be looking for some follow-up from you. Just let me know when you're ready to make, you know, some kind of report to us about what you found out.

MR. DEARINGER: Sure. Absolutely. I'll get you a copy of the survey and then as soon as we get the results back and quantify those, we'll present those.

CHAIR SCHUSTER: Wonderful. We're making such progress on these things. I love it.

So next item, in case you all haven't heard, the legislature is in session. They always say batten down the hatches in Frankfort when the legislature is in session. So we've had one week of -- it was pretty quiet the first week. It's certainly picked up steam.

Obviously, the biggest issue is the budget, and we're waiting. We have not seen the House budget. The governor released his

budget. And, Steve, I forgot to write down. What's the bill number for that? Do you remember? I think --

MR. SHANNON: I think it's 114.

CHAIR SCHUSTER: House Bill 114. Thank you. So if you want to see in bill form what the governor recommended, Representative Derrick Graham on behalf of the democrats in the House has filed the governor's budget bill. But we are waiting, and we've heard that it's going to still be released this week. But since -- unless it gets released today, my guess is it's not going to be released until next week what the House budget is.

So some of the things that I think we're looking for in the House budget, funding for 988 for the call centers is a huge issue, and we want to be sure that that's on there. We want to be sure that the Comp Care Centers have their pension liability supplement in there, for sure.

There's been some talk, although it's not in House Bill 36, which is a mental health in the schools bill that I mentioned

with Lisa Willner, and Bobby McCool is the primary cosponsor. There's no budget request, but I have talked with Senator Max Wise, who's always been the leader of the school safety and resiliency legislation in the past, and he thinks that there's going to be some funding around school mental health. So we certainly are going to be looking for that.

We're hoping to get funding to have a nurse -- a full-time nurse in every school building in the public school system. We think the nurse is a vital part not only on the physical health side but, as you all can imagine, on the mental health side.

When I testified to the task force, I said as much as I would like to think that if a student had a problem, that they would raise their -- would feel okay about raising their hand and saying I need to go talk to the school psychologist, it seems very unlikely that that is going to happen in a classroom.

But they are, quite possibly, going to raise their hand and say, my stomach is

hurting. I need to go talk to the school nurse. And so the school nurse becomes kind of the central referral point in a way and also looking -- has a chance to talk with kids when they come in and, you know, becomes kind of that trusted adult. So we're hoping to get that done as well.

Some other issues that have come up. Mary is going to have to get off, but there's a big campaign to try to get the waiting list on the 1915C waivers -- that's the home and community-based waiver, the Michelle P, and the supports for community living, SCL waiver. There's about 12,000 people on those waiting lists.

And so Senator Whitney Westerfield has a fascinating bill, Senate Bill 34. He calls it his momnibus bill. He worked with bunches of people to say: What does every new mother and new infant in this commonwealth need? So not only the immediate kind of child care and maternal health kinds of things but all those social determinants of health. What are the barriers to food security? What are the barriers to adequate housing? What are the

barriers to education? Every piece of that.

So I made the argument with him that I think with -- without abortion being available -- and we hear this actually from the National Association for Obstetrics and Gynecology, that we're going to have more children with disabilities born in this state. And so we're going to need more waivers eventually for services for kids who have developmental, intellectual disabilities, and other kinds of disabilities.

So if you look at House Bill -- Senate Bill 34, the funding -- the first two years of funding on Steve's formula for getting rid of the wait list is in there, in the back sections of that bill. So it's pretty exciting.

The other bill that's been discussed in the interim -- and it's something that the Mental Health Coalition has followed and supported for some time -- is the CARR bill, the Crisis Aversion Rights Retention. Whitney Austin who was shot 12 times as an employee of Fifth Third Bank back in 2018.

And this was previously a Paul Hornback and Morgan McGarvey -- it's always been a bipartisan bill. This year, it's Whitney Westerfield and David Yates. That's probably going to be filed by the end of January.

It's not actually a red flag law. It takes a little bit different perspective. And we've worked with Whitney to make sure that there's not an overemphasis on mental illness because we know that folks with mental illness are ten times more likely to be the victims of violence than to be the perpetrators.

And our concern about some of these red flag laws is that they assume that the person is mentally ill, and we just don't feel that's the case. It's also a great suicide prevention, to have a way for the police to temporarily remove firearms from someone who is in crisis. And that's the language they use, is someone in --

MR. SHANNON: And it really reduces access to firearms, is what the bill wants to do.

CHAIR SCHUSTER: It really reduces

access at a time of crisis. It also -- and Steve and I have talked about this. Many of you know who are mental health providers that there's been a duty-to-warn provision as part of KRS 202 for 20, 30 years.

MR. SHANNON: Yeah.

CHAIR SCHUSTER: Early 1990s. And what's been reported to me by therapists who have reported someone to the police is that the police say, okay, but I can't do anything about it. I mean, unless they've committed an act, I have no authority to go and do anything.

And, actually, the CARR bill would be the perfect mechanism for police to take that case to the judge and get an immediate ruling that would allow them to temporarily remove the firearm. So that's a bill for you all to be aware of.

There are unfortunately, as always, some negative bills. Senator Wilson -- and I don't remember the number now -- has a bill to prohibit the universities from doing anything that involves diversity, equity, and inclusion. They're anti-DEI bills. That's

now become the new woke agenda, I guess, the new rallying cry against everything that people are trying to do, so anything that would classify people or put people at odds with each other and so forth.

But, unfortunately, Senator Meredith has now filed Senate Bill 93 that applies that to the public school system. So there would be an absolute prohibition against anything that we might think of as diversity, equity, and inclusion. And he also removes the language from the school safety and resiliency bill that talks about trauma-informed schools. And I don't know how trauma informed got in there, but somehow somebody must have told him that that was some classification system.

So there's going to be a number of things for us to be concerned about.

MR. SHANNON: And, Sheila, I think House Bill 5; right?

CHAIR SCHUSTER: Yes. House Bill 5 is -- has a small piece in it that makes a change in KRS 202C, which some of you may remember was added a couple of years ago. And it addresses those folks that have

committed a felony offense or been accused of committing a felony offense but are found consistently incompetent to stand trial. And there have been these folks that keep rotating in and out, and there was no way to hold these folks at KCPC or anyplace else. They're not eligible for involuntarily commitment for any length of time.

So we put that piece in, and it did solve a problem of a person in Jefferson County who told people he was going to hurt somebody if they let him out, and they had to let him out. And he raped a seven-year-old and hit her over the head with a shovel creating a traumatic brain injury. It's really an egregious case, and so he's out at KCPC.

But there was a recent case of someone who murdered his mother who was severely mentally ill, found incompetent, but didn't meet the criteria because he didn't have a previous even conviction or history of violent offenses. He had never had another offense on his record. So there is a change in that, in the bill.

The rest of that bill, which is called the Safer Kentucky Act -- and it came out of the Jefferson County republican caucus -- has a lot of things in it that people are opposed to. Would criminalize almost every kind of temporary housing, sleeping, that a homeless person would have. They can't sleep in their car. They can't sleep on public ground.

There are -- it also does a three strikes and out where people are almost put away for life after three violent offenses. Increases the punishment for almost every class, I think, Steve, of a felony.

MR. SHANNON: I think so.

CHAIR SCHUSTER: You know, threatening to kill a police officer suddenly has become, you know, incarceration for life almost. So there are lots and lots of groups including the ACLU and a lot of the racial justice groups that are working against it.

So this little fix on 202C is going to -- we were hoping that would be handled separately than being put in this bill. But that's House Bill 5, and you all may want to take a look at it if you're --

MR. SHANNON: Even that fix on 202C could expand that to many, many people.

MS. DOBBINS: That's right.

CHAIR SCHUSTER: Yes. Yeah.

MS. DOBBINS: And also in there is a prohibition for federal and local funds to go towards Housing First --

CHAIR SCHUSTER: Yes.

MS. DOBBINS: -- which has been identified, we all know, as an evidence-based practice. And HUD requires or prioritizes Housing First, gives extra points to communities that use Housing First. There's even some concern that state agencies like the Kentucky Housing Corporation, which takes care of the balance of the state funding for the HUD homeless grants, would not be able to -- to do that because they are -- because of their source of funding, that they would lose their ability to contract with organizations that are taking that approach, which HUD is prioritizing. So it's really distressing.

CHAIR SCHUSTER: Yeah. There's lots in there. I don't know why they've gone

after the Housing First, Kathy. I don't understand that. I mean --

MS. DOBBINS: It's a national initiative. I think it's the -- I believe it's called the Cicero Institute. And I actually looked at that, and I'll send that to you, Sheila.

CHAIR SCHUSTER: Okay.

MS. DOBBINS: They actually have, like, templates that they provide to states across the country.

CHAIR SCHUSTER: Wow.

MS. DOBBINS: So -- and some of the language is cut and paste. It seems to be --

CHAIR SCHUSTER: Yeah. We get a lot of that, I think, on some of these things.

Kelly, you had your hand raised.

MS. GUNNING: They're actually referring to Housing First program as a complete, dismal failure, which all of us who work in evidence-based practice know that's not even true. So, you know, who filed the bill, Sheila? I can't even remember right now.

CHAIR SCHUSTER: I think it's --

MR. SHANNON: Bauman.

CHAIR SCHUSTER: -- Representative Bauman; right? B-a-u-m-a-n.

MS. GUNNING: Yes. That is who I saw speaking about this factless statement of Housing First being absolutely a dismal failure everywhere it's been tried. I can certainly say that here in Fayette County, where the Hope Center administers that program and New Beginnings, it is not a dismal failure.

CHAIR SCHUSTER: Yeah.

MS. DOBBINS: I think the success rate in Jefferson County, metro Louisville, for those HUD homeless grants is at 98 -- 97, 98 percent maintain housing after a year. Yeah. So, I mean, it's obviously working.

CHAIR SCHUSTER: Yeah. And I think that probably every republican from Jefferson County has signed on as a co-sponsor because the original press conference was Jason Nemes and Kevin Bratcher and Ken Fleming and all of those republicans. So this has been out there. As I say, there are lots of groups.

But the fact that it was given that House number -- you know, typically, the lower House number --

MR. SHANNON: Yeah.

CHAIR SCHUSTER: The single digit --

MS. GUNNING: Priority.

CHAIR SCHUSTER: -- House and Senate numbers are priority.

MS. GUNNING: Yes.

CHAIR SCHUSTER: So the fact that it was given a House Bill 5 number is really disarming and disappointing, quite frankly.

MS. DOBBINS: And the State stands to lose a lot of money to go towards housing people who are homeless and have really great needs. And, you know, we're talking about the problem of homelessness and then we're taking away the solutions. You know, it makes no sense.

MS. GUNNING: At a time when we're at an apex of need.

MS. DOBBINS: Hundred percent.

MS. GUNNING: Absolutely off the charts, the need right now for housing for

our folks. And if this were to happen, I don't even -- I'm like you, Kathy. I just can't even -- I can hardly imagine it.

But I know that here in Lexington, we're joining forces with all of our shelter providers like Catholic Action and Ginny Ramsey and people like that who are very outspoken on this issue, so I'm sure there will be a lot left to say about this.

CHAIR SCHUSTER: Yeah. And I'll be making the bill grid for the mental health coalition and be happy to share it with the BH TAC as well for those bills. And we'll be having a Zoom meeting mid-February, but we'll be sending out some action alerts as well.

The only good news I can leave you with is that we're not West Virginia because I just got an email from Brenda Rosen at NASW that West Virginia has filed a bill that requires mental health providers to provide conversion therapy. It is a mandate to provide conversion therapy which is, as most of you know, disregarded, bad news, causes kids that are LGB to be suicidal, uses shame and all kinds of things to convince them that

they are not gay, that they've disgraced themselves before God. I mean, there's just a horrendous amount.

The other part of this bill apparently is that no trans person can be within 1,500 feet of a school. Now, how you would even regulate that, I don't know. But what it really means is that no one in West Virginia could ever be public about being trans and certainly could not be associated, whether you're a parent or a kid or a teacher or -- I mean, it's just outrageous.

So just when we think they can't come up with anything that's worse than Senate Bill 150, there's apparently worse stuff out there. And that probably came from some national think tank as well, Kathy. I mean, it's one of these family foundation kinds of things or something so...

MR. SHANNON: Yeah. And, Sheila, real quick, House Bill 5 has 44 co-sponsors.

CHAIR SCHUSTER: Yeah.

MS. DOBBINS: 44. Wow.

MR. SHANNON: That's 45 plus a sponsor.

CHAIR SCHUSTER: Yeah. So almost half of the House has signed on as co-sponsors.

MR. SHANNON: And more than half of the Republican caucus.

MS. DOBBINS: If you click on that link I put in the chat for the Cicero Institute, they have something called A New Way on Homelessness. No. 1, states should ban unauthorized street camping. 2, direct funds away from expensive, ineffective Housing First programs, pay non-profits for performance, not just services, which I don't know where that comes from because I -- you know, I think all the non-profits, at least in the continuum of care, have to provide outcomes. Anyway, it's all right there, most -- or a good bit of it.

CHAIR SCHUSTER: Yeah. Well, we've kept you all overtime.

Let me just very quickly -- do we have any recommendations for the MAC from the voting members? Anything? I don't know that we've -- there's been anything --

MR. SHANNON: I don't think so.

CHAIR SCHUSTER: -- we've discussed that we're ready to make a recommendation on.

We have several items for the March meeting and, in particular, the rate study, which I think we all will be looking for with bated breath.

Under new business, I just got -- Erin just sent me an update from Medicaid on an MCO Provider Complaint Form and some information about that. So I will send that out to you all. And, apparently, there is a way for you to report to Medicaid problems that you're having with a particular MCO, so I will get that out to you. I had not seen something like that before.

MS. BICKERS: Sheila, the whole TAC should have received it already.

CHAIR SCHUSTER: Oh, I'm sorry. Great. Thank you.

MS. BICKERS: No worries.

CHAIR SCHUSTER: Thank you very much.

MS. BICKERS: I have a big group for all the MACs and TACs that I share with that.

CHAIR SCHUSTER: All right.

Leslie, if you're still on, you were going to look into the TCM policy clarification. I think it had come up with Adanta still.

MS. HOFFMANN: Sheila, this is Leslie. I think I ended -- so the last thing that I had with Adanta, without sharing too much information on the call, is that they were waiting for their last letter. And I did reach out and ask for that letter to be sent to them. So I think she -- I think they have it now. Tracie?

CHAIR SCHUSTER: I don't know if Tracie is on or Karen Lentz. Anybody on from Adanta? I'll check with her --

MS. LENTZ: Sheila, it's Karen. I'm on.

CHAIR SCHUSTER: Oh, okay.

MS. LENTZ: Hi. I think that they did get something from them, but it still talked about recoupments in it. So, Leslie, check -- I think you got an email, and the last I saw, you were going to check into that. But we can re-send that to Leslie, but

I don't think that it is -- that it's buttoned up.

MS. HOFFMANN: So she did get the last -- they did get the last letter; is that correct? The last --

MS. LENTZ: They got the letter. But the way the letter was written, it talked about recoupment. Like, they were still going to go after some money over their interpretation of the TMC.

MS. HOFFMANN: Oh, okay. I won't go into anything further here. Yeah. Just send it to me.

MS. LENTZ: Yeah. I'll ask Tracie to get back in touch.

MS. HOFFMANN: Okay.

MS. LENTZ: Thank you. And, Sheila, thanks for raising it.

CHAIR SCHUSTER: Yeah. We'll keep it on until we get some resolution because I think it still is a concern to other providers.

And any formulary issues from anyone, not just voting members but anybody in the meeting?

(No response.)

CHAIR SCHUSTER: No news is good news, folks.

Next MAC meeting is two weeks from today and, remember, we start at 9:30, and we're going to end absolutely at 12:30. And you all are invited. And our next BH TAC meeting is in two months, March 14th, again, from 2:00 to 4:00. So I thank you all. We had a great --

MR. SHANNON: I think Kelly has a question, Sheila.

CHAIR SCHUSTER: Oh, I'm sorry. Kelly?

MS. GUNNING: That's okay. I'm sorry. I know we're over time, but I do have a question about whether or not workmen's comp can deny paying for trauma-informed mental health care for someone who is the victim of a shooting.

They were a bouncer at a club in Lexington and protected a whole club of people by overcoming the gunman when he drew a gun in the bar. And he was shot with life-threatening injures, and now workmen's

comp is denying him trauma care.

CHAIR SCHUSTER: Huh.

MS. GUNNING: So I don't know where to go to ask the question. That's certainly not parity.

MS. JUDY-CECIL: That's not a Medicaid question.

MS. GUNNING: I know.

MS. JUDY-CECIL: I don't think any of us could help you with that.

MS. GUNNING: I know it wasn't, but I'm concerned about where to go for the insurance aspect of it because he doesn't have Medicaid or anything.

CHAIR SCHUSTER: How do we contact workers' comp, I guess, is the question? I don't know the answer to that.

MS. GUNNING: Yeah. It may not be for this committee at all, so I'm just worried about this individual. But, Sheila, maybe you --

MS. JUDY-CECIL: Kelly.

MS. GUNNING: Yes.

MS. JUDY-CECIL: Kelly, we'll -- let us take that back, and we'll email you

with a recommended contact for you.

MR. SHANNON: Yeah.

MS. GUNNING: Yeah. I've been contacted by the mayor's office and also his father.

MS. JUDY-CECIL: Okay. It actually may be Department of Insurance, but let me figure that out; okay?

MS. GUNNING: Thank you so much, Veronica. Thank you.

CHAIR SCHUSTER: That would be great, Veronica. Thank you.

MS. GUNNING: Thank you guys so much. You're so wonderful.

MS. JUDY-CECIL: You're welcome.

CHAIR SCHUSTER: Okay. All right. Happy new year to you all. Thank you for your patience and your advocacy and your help for everyone who needs behavioral health care.

And I will see you in -- maybe I'll see you in two weeks. And if not, I'll see you in two months. Thank you all. Bye.

(Meeting concluded at 4:16 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 27th day of January, 2024.

/s/ Shana W. Spencer

Shana Spencer, RPR, CRR