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

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Via Videoconference
September 14, 2023
Commencing at 1:01 p.m.

Shana W. Spencer, RPR, CRR
Court Reporter

APPEARANCES

BOARD MEMBERS:

Dr. Sheila Schuster, Chair

Steve Shannon

Valerie Mudd

Eddie Reynolds (not present)

Mary Hass

Michael Barry

T.J. Litafik

P R O C E E D I N G S

CHAIR SCHUSTER: Welcome to you all. This is the chief meeting of the Behavioral Health Technical Advisory Committee, known as the BH TAC. And I would like our voting members, please, to introduce themselves.

Mike, you're first on my screen.

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

CHAIR SCHUSTER: Great.

And, T.J., I see you next.

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

CHAIR SCHUSTER: Thank you very much.

And Valerie?

MR. MUDD: Valerie Mudd, NAMI Lexington and Participation Station. I represent the consumer voice because I have a mental illness myself.

CHAIR SCHUSTER: All right. Thank you so much.

And Mary Hass?

MS. HASS: Mary Hass here, Brain

Injury Association of America, Kentucky Chapter. Thank you.

CHAIR SCHUSTER: Great.

And Steve?

MR. SHANNON: Steve Shannon, KARP.

CHAIR SCHUSTER: Wonderful. And I'm Sheila Schuster representing the Kentucky Mental Health Coalition.

And welcome to you all. We seem to have a busy schedule, agenda every time, so we'll move along as quickly as we can.

First -- and this is for the voting members of the TAC. I circulated the draft minutes from our July 13th meeting, and I would entertain a motion for their approval.

MR. SHANNON: Steve Shannon. So moved.

CHAIR SCHUSTER: Thank you.

And a second?

MS. HASS: Mary Hass will second.

CHAIR SCHUSTER: Thank you so much. Any additions, corrections, omissions, revisions?

(No response.)

CHAIR SCHUSTER: If not, please

vote "aye" if you will approve the minutes. All in favor, signify by saying aye.

(Aye.)

CHAIR SCHUSTER: Any opposed or abstaining?

(No response.)

CHAIR SCHUSTER: Great. Thank you very much. The first thing we have is a status report of the 1915(i) severe mental illness waiver, SMI waiver. And at the time I wrote this, I had hoped that we would know when the town hall meetings were being held, so I don't know who's on from Medicaid. Leslie Hoffmann maybe or --

MS. HOFFMANN: I am on, but I think -- Pam, do you want to take this one for No. 3? Pam Smith? If she's not available, I can speak.

MS. BICKERS: I don't see Pam on, Leslie.

MS. HOFFMANN: Oh, okay. Sorry. I thought she was going to try to jump on.

So -- and we discussed this in the reentry TAC, just updates this morning as well. And just for -- so there's no

confusion, on 9/25 of next week from 10:30 to 11:30 -- and I can put -- Erin, I sent this to you this morning as well. You can send it out. From 10:30 to 11:30, there's an informational webinar about the 1915(i).

And it's actually a state plan amendment. I know a lot of people call it a waiver, but it's actually a state plan amendment. So it's a 1915(i) SMI S-P-A or SPA.

And the informational webinar will give information about key components like eligibility criteria, services and supports, and our next steps. So that's an informational on the 25th. So I don't want that to be confused as to what we normally think of, Dr. Schuster, as a town hall.

I'm hoping to have a 30-day notice out to folks to let you know when those town halls are coming. We have been looking at probably October. So, again, we'll try to get out a 30-day notice, and I'll let you know as soon as possible.

So I think that's about all the updates I have for the (i) right now, and Erin can

send you all the links if you've not received a link to participate in the informational webinar next week.

CHAIR SCHUSTER: Yeah. Thank you very much. It is 10:30 to 11:30 Eastern Time.

MS. HOFFMANN: Yes. That's correct.

CHAIR SCHUSTER: In the morning. That's on Monday -- a week from Monday, September 25th.

MS. HOFFMANN: I'm going to stick this in the chat, but I'm not sure if it'll work correctly.

MS. BICKERS: Leslie, I was going to offer anyone who is not a TAC member, if they would like to drop their email address, Kelli and I will make sure that that gets sent to them as well.

MS. HOFFMANN: That's wonderful. Thank you.

MS. BICKERS: You're welcome.

CHAIR SCHUSTER: Yeah. And I'll follow up as well. We sent it out to the Kentucky Mental Health Coalition folks

because we had scheduled a KMHC meeting starting at 11:00, and now that meeting has been put back to 11:45 so that everybody can get on the informational meeting.

So you are still planning to have in-person town hall meetings around the state.

MS. HOFFMANN: Yeah, around the state. And we decided to do the informational. We had to make some changes --

MS. SMITH: Leslie, I was going to say, do you want me to --

MS. HOFFMANN: I'm sorry, Pam. I didn't know you were on.

MS. SMITH: I just did. Yes. So we had -- we had to make a couple changes, and so that put back the original town hall. So the informational session, when we have it on the 25th, we'll share a whole lot more information about the timing of doing those town halls as well.

So I'm excited for Monday, when we do the 25th, because we're going to share -- we're sharing a lot of information that day,

too, so -- on the services and a lot of -- just in general, the whole entire -- it's kind of a preview of what the waiver is going to -- not waiver.

I'm trying to train myself. A 1915(i) is a state plan amendment, so I'm trying to train myself to use the right terminology. But this isn't the last time I've called it a waiver, and I'm sure I'll call it a waiver again because it acts like a waiver so...

But yeah, I'm really excited for you all to -- we've been working very hard on it and am very excited to see as it progresses down the path.

MS. HOFFMANN: Yeah.

CHAIR SCHUSTER: Well, and you can see the number of people that are putting their email in that are very interested in this. So we certainly have been waiting for, you know, more detailed information.

I knew it was a state plan amendment, but I was afraid if I sent it out as an 1915(i) SPA, that people would think very differently about it in terms of a SPA.

MS. HOFFMANN: Yeah. And if I say

1915, folks start thinking "C" right off the bat, and it's not a C waiver either.

CHAIR SCHUSTER: Yeah. Right. Exactly.

MS. HOFFMANN: So it gets confusing. And, Sheila, I would just mention to this group again what a wonderful opportunity. This has been a long-time coming. It's very exciting.

I know you and Steve have been involved since the very beginning, and the fact that this can be a companion to the SMI 1115 that we're also working on together and working with -- through that with CMS, it's just very -- there's so many moving parts and so exciting to see all these things coming -- finally coming together so --

CHAIR SCHUSTER: Yeah.

MS. HOFFMANN: -- excited for everybody.

CHAIR SCHUSTER: And just to remind people that the -- there was an informational meeting on the 1115 SMI, and that is a waiver, or a waiver amendment, I guess. And that will cover medical respite services and

extended days of hospitalization for people that meet the criteria. So that's that piece. And what we're looking for in the 1915(i) is the supported housing and the supported employment services, so really encourage everyone to tune in.

Let me ask you one other question, Pam, about process. So you're going to give us some notice about these dates probably in October for the town hall?

MS. SMITH: Yes. We like to -- we like to always try to give 30 days' notice so that people can make -- you know, make arrangements, too. That, and, honestly, it takes us -- to get the venues and all of that, so it takes us just a little bit to be able to get those all together. But yes, we will be giving -- we will give advanced notice.

Kelli will send out, like she normally does, all of the -- to the different distribution lists. And I'll have her forward it to you so that you can make sure that the TAC members get it, and that -- and we'll post it on the website. So trying to

catch every way that we can communicate with everybody so...

CHAIR SCHUSTER: Yeah. So that will really give people a kind of face-to-face opportunity for questions and answers and input. Let me ask you, then, when you get -- you take that input back and, you know, make whatever changes or whatever and then you -- you will be posting the SPA for a more formal public comment period; is that right?

MS. SMITH: Yeah. It has to have a -- so it's similar to the Cs in that respect, that we -- it has a 30-day formal public comment where we will actually post the waiver and collect them, you know, through the formal -- that whole formalized process.

CHAIR SCHUSTER: Okay.

MS. SMITH: But, you know, we have been -- and we do this with at least all of the things that I touch -- I think we probably do it Cabinet-wide. But, you know, we have that Medicaid public comment box as well as anything that has come up on

different meetings. We keep kind of a log of that to -- even though it's not received during the formal public comment, it still is used as input when we're -- you know, when we're designing things and we're looking at, you know, what questions may be -- we use all of that still even though it didn't come in during, like, a formal process.

But we still keep record of all of that and use it in any design or, you know, to foresee questions that may came -- come up. Sorry. I can't even speak English today. I don't what's wrong with me.

But we -- so, you know, to try to -- if something seems confusing, to try to stop it and clarify it before we ever put it out so that it's not -- you know, to try to avoid any confusion and to try to, you know, help us to know what to address in the town halls, too, if we're getting, you know, a particular question over and over again.

Same thing that'll happen, you know, when we get the information from the town halls. You know, is there something that we thought was clear -- because, you know, we're

behind the desk writing things. Although, you know, we've gotten -- and I've been so excited about the stakeholder engagement so far, the different interviews that we've had and the feedback that we've received.

But, you know, it's -- a lot of times, what we see may be beneficial or what we see -- the people that are actually boots on the ground putting these things into practice and seeing things every day, sometimes what we think may be the case isn't necessarily the case.

So that's why I think that, you know, all of the engagement that we can get is so important to the success of -- you know, of anything that we implement.

CHAIR SCHUSTER: Yeah. Pam, would you mind, please, putting that email for the comments, that open comment link that you all have open all the time --

MS. SMITH: Yeah. I can put it -- I'll put it in here, yeah.

CHAIR SCHUSTER: Would you put that in the chat, please?

MS. SMITH: Uh-huh.

CHAIR SCHUSTER: And thank you so much for jumping on. This is really exciting. We're all anxious to get the information a week from Monday and then to follow up with even more detailed information and opportunity for Q&A and so forth at these town hall meetings.

Let me move on. Leslie, are you going to be reporting on the status of the waiver revisions for the SUD services for incarcerated persons?

MS. HOFFMANN: Yes. So -- and I was going to backtrack just a tad, Dr. Schuster. So CMS has our overarching Kentucky Health that we've asked to rename to Team Kentucky. They have that. It's got a couple of partner initiatives that are just in Medicaid in general that really has nothing to do with behavioral health as well as also includes the SUD, and they also have our original incarceration amendment.

CMS acknowledges the incarceration amendment as the reentry, so you'll hear us say "reentry" a lot now, reentry 1115.

So on our last call with CMS, they said

that they had planned on doing a temporary extension of the Team Kentucky big, overarching 1115 so that, two things, they can align the years while they're reviewing for the SUD pieces of the 1115 as well as knowing that we've got revisions coming on the reentry.

So we owe them nothing. I've been asked if we need to give them anything to make this happen. They have everything they need from us.

So what we're planning on getting, unless something changes, is a letter from them that extends Team Kentucky 1115 and then that'll give them time to also take a look at these things as well.

We still plan on having the reentry 1115 back to CMS by the end of the year. That is still our plan. We have stakeholder interviews and focus groups that are being conducted through 2023, September of 2023. And so we're still on track with -- for that.

I know it's been a long time but, you know, it took -- what was it? -- three years for CMS to really reach out to us about that.

So that's kind of where we are. Nothing negative. I will let you know and keep you updated as these things come along.

Hopefully -- I mean, I welcome the years to line up a little bit better for us because it is hard when they're on different waiver years knowing what we're held accountable to and in which quarter we're in because the waiver years are all different. So it's getting a little hard as our 1115 grows.

Does that make sense?

CHAIR SCHUSTER: Yeah. And I think, just for those of you who are kind of lost in all of this waiver --

MS. HOFFMANN: Sorry.

CHAIR SCHUSTER: -- there is a huge, overarching 1115 waiver, and it has a periodic -- I guess this is the fifth year or a five-year review cycle for that.

MS. HOFFMANN: Yes. And we have -- they call it an extension. Instead of renewal, they call it an extension.

CHAIR SCHUSTER: Okay. So to get that whole huge one has taken a lot of work on the part of DMS and so forth. So one

piece of that is the amendment around providing services to people who are incarcerated and making sure that those services, then, continue as they move into reentry.

I really like the fact that you're re-calling it or renaming it the reentry waiver because that makes so much more sense, I think.

MS. HOFFMANN: Yeah.

CHAIR SCHUSTER: Leslie, it really speaks to -- we want everyone to have those -- you know, what we've always called those warm handoffs between the services that they're getting in jail or prison and what they're going to get as they reenter the community. So the MCOs play a big role in that and so forth, and Medicaid continuation is critical to that.

MS. HOFFMANN: You've heard me mention, too, Dr. Schuster, all these initiatives that we have going on are really about what you just said, the reentry in the community. And I feel like a lot of initiatives that we have going on right now

are eventually going to start -- you know, they're going to start meeting and interacting and intertwining with each other.

So, you know, we've got so many things going on right now, that the game plan, the end plan is really about, you know, diversion and warm handoffs and including mobile and CCBHC and all those other programs that we've got going on right now. So yes, that's correct.

And I'll give you more -- as soon as we know more, I will give you more. But the next thing would be the focus group and stakeholder meetings. And, again, if you -- the TAC should be a part of that, and you should -- I think you've already talked to Angela.

If, for some reason, somebody does not have the information about that, just reach out to us, and Angela -- Angela Sparrow said she would make sure that everybody gets the information.

CHAIR SCHUSTER: Yeah. Yeah. We're trying to make sure that people that have the real hands-on information and

contact with people in incarceration and through the reentry process are really the ones that can give you that feedback about what really needs to happen.

And there's Angela's email in the chat. I've sent you all several names, and I think Steve Shannon has also sent several names in, so thank you for that.

So this is exciting. We had hoped to be the first SUD -- we were calling it the SUD waiver originally, and you all were first in line, I think.

MS. HOFFMANN: We were.

CHAIR SCHUSTER: California was sneaky and worked behind the scenes and then unloaded a waiver that's brought, I think, some changes from CMS about the way that they're seeing things.

MS. HOFFMANN: Yeah. In the time period that we've been waiting for CMS to respond back to us, because it has been a three-year period, there's a lot of things out now that we need to take a look at.

It's not just about SUD. It's about behavioral health in general, the SUD or

mental health or co-occurring, and also some social determinants of health stuff, that the guidance has just recently come out. So that's -- we were working on some social determinants of health in the SMI waiver. But, again, there's things that we're having to address.

So the tiering of that reentry waiver tentatively might just be a two-tier where we're trying to meet SUD and mental health as well, to encompass both. And then we're taking a look at the juvenile justice right after that so...

CHAIR SCHUSTER: Yeah. All right. Well, thank you very much for that update.

This next issue is one that we actually have never had on our agenda, I don't think. It's just a general discussion about Medicaid rates, and various things have kind of prompted this.

There have been references to Medicaid rate studies that are going on that some of us were not aware of. There have been situations where providers have found out that you all were looking at changing the

rates, and so the question has been asked about: What's the process for input from providers before these things get finalized, and how are they finalized and communicated? Because it's all -- seems to be a black box to some of us.

And then, finally, are the MCOs required to reimburse at those published rates, which has always been a source of angst, I would say, for most of the providers.

So, Leslie, I don't know if you're taking these things or --

MS. HOFFMANN: I think I can. I talked to Commissioner Lee yesterday. So we've got a couple of things going on and then she had one or two things going on. And there's reasons why. It's not like we meant to be doing all these different, separate things.

CHAIR SCHUSTER: Okay.

MS. HOFFMANN: Just to let you know -- and I've just prepared a little statement here, so I could make sure I get it all in for you. We've been looking at certain behavioral health rates for quite

some time.

And recently, the media attention has drawn us towards behavioral health issues towards children in DCBS offices and those kinds of things. So we had to develop an internal workgroup to work at looking at PRTFs and rates for PRTF Is and PRTF IIs. So we have increased the rates for those things.

Along with those things going on as well, we have also had Senate Joint Resolution 54. And, Dr. Schuster, that actually has a section in it for behavioral health rates as well. But it's a huge encompassing -- it encompasses examining the reimbursement for rates of a variety of services across Kentucky, but it does include behavioral health services.

The report has taken a while for us to get through, but it was just recently completed. And a copy will be sent to the TAC members. So that's something that's been worked on out of the commissioner's office with Commissioner Lee. So she said that we can share that to the TAC. I'm hoping to share it soon, maybe even today.

She said that she thought the next step maybe could be the Behavioral Health TAC could review the report that you receive and then you could discuss at the next meeting. And, of course, we'd be happy to present at the next MAC.

So we've got all kinds of things going on. I know there's some language -- I'm not sure of the difference in studies and feasibilities and assessments, and I think some -- just some words in emails and things have gotten confused.

So we have been working on a report to assess Senate Joint Resolution 54 and then you remember back -- this has been a while back, Dr. Schuster. But we addressed some changes in rates related to CMS methodology and the things that they had changed. I think all of those were already addressed, though, and Ann Holland was helping with those.

So does that kind of answer the questions? As far as the MCOs, we are not in the middle of their negotiations. They have, you know, the right to negotiate with the

individual providers for rates.

CHAIR SCHUSTER: So there's no -- well, let me back up and talk about -- I'm really glad that the report that you all have done that was generated by the Senate Joint Resolution 54 -- and I had actually forgotten that behavioral health rates were included in that. So that's helpful, and we will certainly get that out.

I have the emails of everybody who, you know, signs in in the chat and, you know, wants to be on these. So we will certainly make sure that that gets out as quickly as possible.

I guess the -- let me move next to the input from providers, and it was brought to my attention that DMS was looking at changing rates for the providers for naloxone and methadone. And so a provider said -- you know, reached out and said, you know, we happened to find out about this. How do we have -- how are we able to give our input before these rates become finalized?

And, you know, there are lots of providers in different groups. So, I guess,

talk to me a little bit about how that process could be, I guess, more open so that --

MS. HOFFMANN: I got you. Do you think it would be --

CHAIR SCHUSTER: Before things get finalized, I guess.

MS. HOFFMANN: Sorry. Do you think it would be good -- I'm hoping to get that report to you today. I know it's completed. I talked to one of the ladies in the office that was making sure that it was all compiled together. I might be able to get it to you today and then we could -- you can review it and send it to who you need to and then we could get back on this call maybe and make it an agenda item.

Now, Dr. Schuster, if you want it to be a separate -- if you want it to be a separate meeting or something like that, you know, I'm always willing to accommodate what you want to do. But it could be an agenda item on the Behavioral Health TAC.

CHAIR SCHUSTER: On the November TAC, yeah. We definitely need the

opportunity and, you know, let's look at that report and see how detailed it is and let me send it out to folks and get their input. We may just decide to have a separate meeting, you know, and not try to cover everything that's on our TAC agenda, which, you know, many of these things are repeat. But that would put us, you know, maybe sometime in October to try to do that. Of course, those are the town hall months as well.

Nina, you had your hand up, Nina Eisner.

MS. EISNER: Yeah, I do. Leslie, thanks for the update. Did I miss -- did you say that the PRTF I and II rates had been increased? And if so, can you tell us what they are?

MS. HOFFMANN: I've got -- this is just my notes. I was secondhand to this. But the Level I is 500 per day, and Level II is 600 per day.

MS. EISNER: Thank you. Anything on PRTF III?

MS. HOFFMANN: No. I don't have anything there. But if I remember correctly, the paperwork has already been sent. The

SPA -- I think it required a SPA change, and that's already been sent to CMS.

MS. EISNER: Good. Thank you so much.

MS. BICKERS: Yes, ma'am.

MS. HOFFMANN: Thank you, Erin. Erin sent it.

MS. BICKERS: You're welcome. It was submitted. I'm also your SPA coordinator for those of you who don't know.

MS. HOFFMANN: Thank you. I forgot. I'm like, I remember I think that's already been sent. I have staff that are part of that group. But there are so many initiatives going on right now, you know, I have to depend on my staff a lot, too.

CHAIR SCHUSTER: So let's use that as an example. I'm glad that Nina asked that question, you know, so -- those folks who are dealing with the various levels of PRTFs. When you all make those changes, what's the timing, and how do you notify people that those rates have been changed? And I assume that they're changed as of an effective date.

MS. HOFFMANN: Yeah. If I remember

correctly, a letter went out from -- it actually came out from the finance group, I believe, not from my group. I believe it -- Nina, do you happen to know? Do you remember seeing a provider letter that came out --

MS. EISNER: I don't.

MS. HOFFMANN: -- from Amy Richardson maybe?

MS. EISNER: Yeah. No. I don't recall.

MS. HOFFMANN: I'll see if I can -- I'll see if I can track it down. I'm pretty sure that --

MS. EISNER: Okay.

MS. HOFFMANN: -- the letter actually came out from finance.

MR. SHANNON: But that's how it comes, Leslie? A provider letter is sent out to impacted groups?

MS. HOFFMANN: Let me check on it, Steve.

MR. SHANNON: No, not specifically that letter. But when rates are changed, a letter is sent to the impacted providers?

MS. HOFFMANN: Yes.

MR. SHANNON: Okay.

MR. DEARINGER: So --

MS. HOFFMANN: It should be, yes. Sorry. Go ahead.

MR. DEARINGER: You're fine. So this is -- my name is Justin Dearinger. I'm with the Department For Medicaid Services.

So, usually, if it's something like that that's significant, maybe even an administrative regulation change, a letter will go out to providers. That's not always the case with -- of course, I'm speaking a little out of turn, and Ms. Hoffmann can correct me if I'm wrong because behavioral health doesn't really fall in my division. But not all rate changes will get provider letters.

Some rates, if they are changed or updated, will go onto the fee schedule. Now, of course, all fee schedules are updated by -- on January 1st of each year. If there's an additional change that happens at some point, we have started so that you all -- so that providers and everyone else can know if -- when a rate was changed and

exactly the date that that takes place on, there's a little tab now on each fee schedule.

And it will actually show the date that that new rate was changed and updated and if there are any changes to anything else such as limitations or, you know, PA requirements or anything like that. In addition, we've started to add all of those onto the fee schedule as well.

You know, used to, you had to look at the fee schedule to get the rate and then you'd have to look over at the reg to get one limitation and then you'd have to go to the, you know, CFR to get another one. So we're trying to put all that together on the fee schedule, too.

So if you don't see a tab on a particular item, that means it was not updated since it came out in January of '23. And if there is a tab there, it will show you that it was updated since then and the date it was updated and any of the other changes.

So that's something new for this year that we've put in specifically for providers.

And, again, if it's something small -- you know, if it's a small change or we consider it not a major change -- there wasn't a regulatory change. There wasn't a -- you know, necessarily a SPA amendment related, we may not relay that out through a provider letter of any kind. It's just going to be changed.

Now, of course, when I say change or update, I mean that they are increased always. If there is a decrease in a rate or change, that will always happen at the first of the year, or that will be a major notification process. So if there's ever anything updated that you all are not made aware of in advance, it's going to be an increase.

That's all. Sorry. I just wanted to throw a little clarification in.

CHAIR SCHUSTER: No. That's very helpful, Justin. Thank you.

MS. HOFFMANN: I appreciate that. Thank you, Justin. And I put --

MS. BICKERS: Leslie, if -- this is Erin, if I can add onto that.

MS. HOFFMANN: Sure.

MS. BICKERS: On the SPA side of that, any time a SPA is submitted that has a rate increase, we are required to put a public notice on our website, and that's located in two different places. So I can send that out to the TAC as well.

MS. HOFFMANN: Sounds good.

MS. BICKERS: Just to make sure we're covering all of our bases there.

CHAIR SCHUSTER: All right.

MS. HOFFMANN: And, Dr. Schuster, I put Sherri Staley's -- she's kind of helping me right now with all the behavioral health children's program things that we've got going on right now, so I put her name in the chat as well on our side.

CHAIR SCHUSTER: Okay. Speaking of SPAs and PRTFs, there was a question in the chat about: What's a PRTF III? Is that what Nina asked about?

MS. HOFFMANN: I have not been part of the III.

MS. EISNER: Yes. That's what I was asking about.

CHAIR SCHUSTER: You're breaking up, Nina.

MS. EISNER: Yes. That's what I was asking about.

CHAIR SCHUSTER: Yeah. Is there a PRTF III?

MS. HOFFMANN: I'm not aware of one unless they're looking -- I'm sorry. I've not been feeling well. Unless there's one that they're looking at to make change going forward. Because there is a whole -- there's at least three meetings that I'm on all the time related to crisis, and I know that they've broken off in separate groups to look at the PRTF information.

MS. EISNER: Right. And what I'm talking about is that which would be required to treat those -- what I call difficult-to-place, complex trauma kids.

MS. HOFFMANN: Uh-huh.

MS. EISNER: So I don't know that that's all been finalized yet, perhaps not.

MS. HOFFMANN: And we've been working with other groups. Like, Dr. Lori helps head that up over in public health.

DCBS is on with us as well. And like I said, Sherri has been going to those last few meetings.

And, Justin, I appreciate you helping me out there. I didn't want to not have the information, so thank you.

MS. EISNER: Yeah. Thank you.

CHAIR SCHUSTER: Okay. So I think that where we are is we'll look for this report on SJR 54, and I'll circulate that out and get some input from the providers about what kind of next step or next meeting would make some sense with you all at DMS, Leslie.

I'm no longer a provider, but it would be helpful if there's any way that, as chair of this TAC, I might be included in those notifications to providers because I get those questions all the time and --

MR. SHANNON: Yeah.

CHAIR SCHUSTER: -- I just don't -- you know, I don't get that information. It would be helpful --

MR. SHANNON: I think, Sheila, the last question here: Are MCOs required to reimburse at the published rates? Was that

answered?

CHAIR SCHUSTER: Leslie said that they don't get in the middle of negotiations.

MS. HOFFMANN: Unless somebody says something different, that's my understanding, is that we don't -- they don't tie to our regulations, so --

MR. SHANNON: Yeah.

MS. HOFFMANN: -- they have to --

MR. DEARINGER: And the MCO contracts state that they must cover at a minimum of what we cover for fee for service. So every code that's listed, every limitation that we list, all those things are the bare minimum that they have to cover. Their contract does not address rates.

MR. SHANNON: Right. Right. The dilemma the CMHCs have is the fee schedule posted said this is not a fee schedule. And, historically, contracts have been tied back to that posted number. So that creates frustrations for the 14 CMHCs because --

CHAIR SCHUSTER: For many of the providers.

MR. SHANNON: Big red letters on

top of you.

CHAIR SCHUSTER: Yeah. It seems -- I don't understand it. I guess, you know, if you have a fee schedule, then it's a fee schedule, and those are the rates. And it feels like if you're a provider, then you know that, you know, that's what you're going to get paid.

And I understand that there are all kinds of negotiations with the MCOs, but I don't know. Maybe the minimum for the MCOs ought to be the posted rates and not the fee for service. Okay.

MS. PARKER: This is Angie --

MR. SHANNON: We're at the wrong audience; right, Sheila?

MS. PARKER: -- with Medicaid.

MR. SHANNON: Yeah.

CHAIR SCHUSTER: Yeah.

MS. PARKER: Hi. This is Angie Parker with Medicaid. We can't tell the MCOs what they can -- what rates they can negotiate because that would be called a directed payment. And there are rules around directed payment that each provider would

have to abide by and follow through on, quality-type measures if we were to direct the MCOs to pay a behavioral health specialist a certain amount.

So that's -- they have to cover at a minimum what Medicaid covers, but they may negotiate any contract rates. Now, they can do that based on the fee schedule, or they could do something not off the fee schedule. That's between the provider and the MCO.

MR. SHANNON: Yeah. The CMHCs would like to have that red language taken off that says this is not a fee schedule. So we're not asking any negotiation piece, you know. We just don't want to have that disclaimer on it because it ends up being -- you know, we get paid that per diem rate but, you know, we don't have any document to reference to MCOs.

It was in place when we started. We negotiated based off that strategy, and now it's no longer a fee schedule.

CHAIR SCHUSTER: Well, it sounds like we have lots to continue to discuss here, so let's look for the report.

MR. SHANNON: Yeah.

CHAIR SCHUSTER: And I think that's progress, so thank you very much.

Justin, I think this is you again. Providers about reporting patient no-show data.

MS. BICKERS: You're muted, Justin.

MR. DEARINGER: Sorry. Finally, it is completed so --

CHAIR SCHUSTER: Oh, hooray.

MR. DEARINGER: There's a provider letter that is going through our provider letter process. It should be sent out sometime probably next week, I would assume.

Originally, we had created the dashboard that would be on the Internet for anyone and everyone to view and to use, and there were some major issues with that. That's one of the reasons why it took so long. And they were still going through and working on those issues.

That's still the future plan. But for whatever reason, we just never could get that quite right. There were some security issues once it was kind of completed that you could

kind of back-door into the system and -- through some kind of way. I'm not extremely literate on those type of things. But -- and so they were trying to close those links and loopholes.

Anyway, to make a long story short, that's still kind of in the works. We're still working on that. But for now, the dashboard can be accessed through the Kentucky MMIS system. So any provider can get -- log on to their MMIS.

And under KYHealth-Net application, there is a little link there, a tab that says "DMS reports." And you can click on that, and you can search by provider type. You can search by all kinds of different things and ways, and it will give you that data.

So that -- and it's expanding. So we have a multitude of different parameters to search by, groupings, different things like that that we are adding. So they have the -- they call it, you know, rollouts or addition dates. And so every so often, our IT staff will say, all right, this is going to be a, you know, rollout for next time. We're going

to do these things. Each one of the rollouts we have coming up adds something else to that dashboard. So it adds more search parameters. It adds more capabilities for the provider to be able to do things. This is just kind of the first iteration.

But I wanted to get something out there because we were promised this would be -- or I was promised this would be started by -- in January of this year, and it's September. So nine months later, I wanted to make sure that they had something.

So, hopefully, this is something that we can use to maybe encourage providers to dig a little deeper, that, and the use of, you know, community health workers to reach out to -- to reach out to recipients and find out exactly -- drill down to why we're having no-shows. And maybe we can take small percentages of those and at least answer -- get some of those resolved so that we don't have as many.

But anyway, it's there, and it will continue to expand and continue to get better.

CHAIR SCHUSTER: Great. And tell me again how we all are going to get the link, Justin.

MR. DEARINGER: So I put it in the chat.

CHAIR SCHUSTER: Okay.

MR. DEARINGER: And it's not really a link because it's in their own provider system. So they'll log -- each provider will log into the Kentucky MMIS system. And in that system, they will see the DMS reports under KYHealth-Net application.

CHAIR SCHUSTER: Okay. So Marcie asked --

MR. DEARINGER: That's correct. Non-providers still do not have access right now. We're working on it. We're trying. It was -- it was, again, a security issue. I don't know. But they're working on it. IT things work -- move slowly but --

CHAIR SCHUSTER: Yeah. And I hope that they will continue to work on it because --

MR. DEARINGER: We are.

CHAIR SCHUSTER: -- I think those

of us who are no longer -- or maybe never were providers are still interested in the --

MR. DEARINGER: Sure.

CHAIR SCHUSTER: -- social determinants of health piece of this, which is what, I think, we're going to find in this data. And we were particularly interested -- as you know, Justin, because you and I have had these discussions for some time now -- particularly interested in what's keeping those behavioral health patients from keeping their appointments.

MR. DEARINGER: Absolutely.

CHAIR SCHUSTER: You know, the importance of them being able to get there for their scheduled appointments so...

MR. DEARINGER: Yes, ma'am. That's the goal. And, hopefully, you know, within a few months, we can say: Here's the website. And it is a web address that everyone will have access to. But for now, at least providers have access to that information whenever they need it.

CHAIR SCHUSTER: All right. And is that also how they would go and enter the

information into the --

MR. DEARINGER: No. They enter it the same way they do now. This is a separate report.

CHAIR SCHUSTER: Okay. All right. Thank you very much, Justin, for your doggedness. I always say that the Energizer bunny -- you know, you just keep on keeping on -- eventually pays off. So thank you very much.

And here's another one where we're hoping we're going to have some good news here, about the provider credentialing through KHA and Verisys. And I'm not sure who's on. Rosmond, maybe.

MS. DOLEN: It's Rosmond. Yes, I'm here.

CHAIR SCHUSTER: Yeah. Hi, Rosmond.

MS. DOLEN: Hi there. Well, thank you all very much for welcoming me back and putting a spot on the agenda for us.

I'm happy to report that our credentialing alliance did go live at the end of August, so we are up and running with

Verisys. We've hit our targets, and we're working with the three MCOs that chose to participate in the alliance.

So just for everybody's, you know, peace of mind, those three MCOs are Aetna, WellCare, and Passport Molina. Those are the three MCOs that actively stepped in and, you know, collaborated with us and were engaged in order to create this uniform credentialing process.

Bless you, Steve.

And I can also say that, you know, we're still working. We still are hopeful for Humana, Anthem, and UnitedHealthcare. But right now, these are the three that we have. So we're very excited about this.

CHAIR SCHUSTER: Well, we are excited that you're halfway home, and it certainly will be a boon to the providers to be able to do this kind of credentialing and not have to do it individually and over and over again and so forth.

Krista Hensel with United has a question. Yes, ma'am.

MS. HENSEL: Good afternoon. Oh,

sorry. I don't know what's going on with my camera. Wrong camera. That was a very unflattering angle.

I just wanted to highlight from a United perspective, absolutely, we're looking at ways to simplify the process. I know one of the concerns is trying to make it very efficient for a provider and, I think, for organizations like United who have multiple lines of business across the commonwealth, so Medicaid, commercial, and Medicare.

Our concern is creating additional complexity for providers of understanding if they're credentialed for United or not. In today's world, you credential for United, and you -- that covers across all three lines of business. The current credentialing alliance really only covers Medicaid, and so we were concerned about creating unintentional incremental confusion or complexity for the provider.

So I just wanted to give a quick note of what some of the hesitation or the challenges we're trying to overcome are truly driven by, trying to go with the spirit of why the

single credentialing alliance came to be in the first place, is to really make it easier for -- for the provider community to get through that process.

I would also just highlight for many large provider organizations, there are -- if they go through NCQA accreditation, we will oftentimes delegate credentialing to those entities when we can from a compliant perspective.

CHAIR SCHUSTER: So your concern is that the KHA/Verisys is Medicaid only, and you have multiple lines of --

MS. HENSEL: Correct.

CHAIR SCHUSTER: -- coverage, so you want to be sure that providers don't get confused that if they --

MS. HENSEL: Yeah. And we're in conversations with Rosmond and team about that concern. You know, one of the things we continue to hear about from provider organizations, and we see firsthand, is the workforce constraints and especially with kind of administrative functions as well in the clinical space.

And, you know, if you think about somebody being able to show up with a UHC card and if you know your provider is credentialed and in network with UHC, being able to say: Yep. Okay. Let's get you scheduled.

Versus if we were to go into the current credentialing alliance with Medicaid only, they see that card and then there's an extra step potentially in the process to say: Oh, wait. Is this member Medicaid, Medicare, or commercial? And then having to figure out what the network status is for the provider or office they're supporting.

So that's just a quick snippet of the use case that we're trying to work through. Again, we think the intention is right. We're trying to make -- make strides toward that and make sure we're not inadvertently creating incremental workforce burden.

CHAIR SCHUSTER: Okay. Thank you for that explanation.

MS. HENSEN: Yep.

CHAIR SCHUSTER: It's a little -- another nuance of that.

Any other questions on the provider credentialing from anyone?

(No response.)

CHAIR SCHUSTER: Okay. Well --

MS. DOLEN: If there's no questions, just a quick note.

CHAIR SCHUSTER: Yeah.

MS. DOLEN: We are looking to do some provider training, so we'll be sure and share that with this group when that occurs.

Right now, you know, we're working with the MCOs, of course, and Verisys and, you know, just getting this off the ground, sharing those files, actively looking at those verifications for providers. So we're excited to be here and certainly happy to help.

CHAIR SCHUSTER: Great. And thank you. That's really good news. We've been waiting a long time, as you know. So we've got two home runs here in a row.

I'm going to take it off the agenda, Rosmond. But let me ask you if -- if one of the other MCOs joins, obviously, you know, we would want to know that. And you can always

forward information to me if you want it distributed, you know, to the people that regularly attend TAC meetings. For instance, the provider training, I think people would really be interested in.

MS. DOLEN: Yeah. Absolutely.

CHAIR SCHUSTER: So I appreciate that.

MS. DOLEN: Of course. And so as we think through this, you know, we are still looking at those CAQH portals. You know, that's where all the information for providers are held. So as -- sometimes providers don't update those portals, or their email address is not updated.

Just a request -- you know, a PSA, I suppose. Do make sure that your CAQH information is updated. We do recommend that providers check that -- their information every 90 days or, you know, somewhere close to that. So we can make sure that when we're doing verifications, that we're pulling down the most recent information, especially that email address. Because the email address that's listed in there will also be the email

address that they use to send status updates and notifications about your credentialing application.

CHAIR SCHUSTER: Excellent reminder, and we all probably need to be doing those kinds of things all the time. So thank you so much.

MS. DOLEN: Y'all have a lot to do. Thank you.

CHAIR SCHUSTER: Yeah. We appreciate your being on. Appreciate all the hard work that KHA has put into this with Verisys, so thank you.

MS. DOLEN: Thank you.

CHAIR SCHUSTER: The next item is an update on the targeted case management policy clarification. And I think this was a question from Taylor Tolle with Isaiah House that went to Angela Sparrow with some questions about how all of this would work. And I don't know if that's been resolved or not. I guess that's why I kept it on here. Angela, I think you were on earlier.

MS. HOFFMANN: I think Angela may be at Senate Bill 90. We had to divide and

conquer now.

CHAIR SCHUSTER: Okay.

MS. HOFFMANN: I thought this was actually about some previous work that we had done together, Dr. Schuster, so I can follow up on that one.

CHAIR SCHUSTER: All right.

MS. HOFFMANN: I'll follow up with Angela.

CHAIR SCHUSTER: Let me see if --

MS. TOLLE: Hey, Dr. Schuster.

CHAIR SCHUSTER: Yeah.

MS. TOLLE: I just wanted to say I haven't gotten an email back from Angela in regards to the last things that we had been tagged on together. So as far as the TCM or the incarceration suspension questions that we had at the last meeting, I haven't gotten a response back on those just yet.

CHAIR SCHUSTER: Okay. That really was the correspondence that I was following up on.

MS. HOFFMANN: I'm sorry. Who was speaking?

CHAIR SCHUSTER: That's Elizabeth

Tolle. Is it Tolle?

MS. TOLLE: Yes, ma'am.

CHAIR SCHUSTER: Yeah. T-o-l-l-e.

MS. HOFFMANN: Yeah. I got it. Okay.

CHAIR SCHUSTER: At Isaiah House. And she had, you know, a back and forth with Angela about --

MS. HOFFMANN: I'll follow up on that.

CHAIR SCHUSTER: Generated from the TCM questions.

MS. TOLLE: Thank you.

CHAIR SCHUSTER: And I think the other question that had come up --

MS. TOLLE: It was in regards to the incarceration suspensions.

CHAIR SCHUSTER: Yeah. So does anybody else have any other questions about the targeted case management policy? Because I think it was Adanta that had raised some of those earlier questions, and I don't know if they've heard back from Aetna.

MR. SHANNON: Right. That was an Aetna issue.

CHAIR SCHUSTER: It was an Aetna issue, and I just -- I don't know. I've not heard that that's continued to be an issue.

Leslie, if I find out it is, I'll shoot you an email, and maybe we can wrap these together.

MS. HOFFMANN: Absolutely.

CHAIR SCHUSTER: Okay.

MS. BICKERS: And, Dr. Schuster, if I may --

MS. JONES: This is Cat --

MS. BICKERS: Oh, go ahead. I'm sorry, Cat.

MS. JONES: I was just going to say, this is Cat with Aetna, and we -- we have since met with Adanta and had several meetings and emails. And from our perspective, all is well and straightened out with them.

CHAIR SCHUSTER: Ah, okay. Well, that's good to hear, Cat. Thank you very much.

MS. JONES: You're welcome.

MS. HORTON: This is Tracie from Adanta.

CHAIR SCHUSTER: Oh, okay.

MS. HORTON: And I concur. We did have a very productive meeting with Cat. But since that time -- actually, this week, we had two Aetna special investigators come on site to our agency. They delivered a letter that I had to sign for in which they provided -- they are wanting additional documentation, quite extensive, everything from who is providing case management, copies of certification for case managers, all policies and procedures relating to documentation and retention of services, policies and procedures rendering and billing targeted case management, all policies and procedures regarding documenting targeted case management services, everybody who's responsible for training case managers, all policies and procedures regarding supervision, everybody who does -- maintains training records, everybody who's involved in the TRIS system, anybody that's responsible for maintaining CEUs, anybody responsible for uploading training and education to the TRIS system, anybody responsible for billing,

verification of case management supervisors and all their CEUs and education requirements.

And then in the midst of all of this, all policies and procedures rendering and billing TR services. So -- and then they also had questions while they were on site about anything to do with processes and procedures around billing TR, what that looks like, how those plans were developed.

So there's still a lot of internal, I guess, discussion or something going on with this because that's a whole lot of information that they're requesting, a lot of which that we've already provided when we provided a rebuttal to the original overpayment recovery.

And I'm happy to share this letter with the Department.

CHAIR SCHUSTER: Yeah. I would -- I would ask you to do that, Tracie, and if you don't mind to share it with me. I'm concerned about what sounds like a really over-the-top --

MR. SHANNON: Response.

CHAIR SCHUSTER: -- demand from an MCO.

MS. JONES: Hi. This is Cat, and I definitely understand your concerns and don't want to overspeak. But I would just -- I would hesitate -- you know, typically, SIU investigations, you know, it's not directly my department. But that tends to be confidential information, so I just want to caution open discussion about that.

Just -- we'll definitely answer any questions you have, Tracie, but I would direct that back to the SIU department. I just want to have caution. You know, I'm not sure if it's quite appropriate to be discussing in such an open forum. That's just something I wanted to throw out there, but please -- please reach out to me/them if you have any specific questions about that, that SIU on site.

MS. HORTON: Right. I'm just -- actually just providing an update to the TAC committee that as far -- you know, from the perspective of we thought this was resolved and then this happened -- this transpired

this week. So I'm just approaching it from the standpoint, you know, as an update and, you know, am happy to discuss this with anybody that we need to.

MR. SHANNON: Yeah. I don't think I've heard anything confidential yet; right, Tracie?

MS. HORTON: No. No client records discussed. Just providing an overview because likely, you know, if this is happening to us, then other providers, you know, may just need to be apprised of that.

MR. SHANNON: Yeah. Different MCO, different providers, similar conversation --

MS. HORTON: Absolutely.

MR. SHANNON: -- on the targeted case management, TCM.

CHAIR SCHUSTER: Well --

MS. BICKERS: And, Dr. Schuster, I'm sorry. This is Erin with Medicaid. I just wanted to step in really quick.

If you're not speaking, guys, can you please make sure you're muted? We're getting a lot of background noise, people speaking over people speaking. So just a friendly

reminder to try to stay muted. So that way, we can hear everything that's going on and also for our court reporter. Thank you.

CHAIR SCHUSTER: Thank you, Tracie. We've had this on our agenda for the past two meetings. This is the third meeting, I believe, and I appreciate Tracie bringing this to us as an update because this is obviously not a settled issue. And this is an issue that is from a regulation from 2015.

So I have real concerns about an MCO again appearing to interpret that regulation that's been in effect since 2015 and has the -- had the blessing of both DMS and the Department For Behavioral Health Developmental and Intellectual Disabilities about how these things were to be referenced and so forth.

And I know that there's a firewall between the MCOs and the providers and so forth. But this -- this is an important issue, and I would hope that DMS would get involved, is what I'm going to say at this point.

So I appreciate Tracie keeping us

apprised. And we will keep it on our agenda because, apparently, that TCM policy clarification is not settled. So thank you, Tracie.

MS. HORTON: Thank you.

CHAIR SCHUSTER: Yeah.

MR. SHANNON: And, Sheila, this is Steve Shannon. We've had targeted case management on our agenda probably since this TAC was formed --

CHAIR SCHUSTER: Well, that's true. We have.

MR. SHANNON: -- in one way or another. And my comment was, again, the CMHC had a meeting to discuss targeted case management with a different MCO, but the tenor of that meeting sounded quite similar to the Adanta experience. So, again, targeted case management appears to be targeted, you know, for scrutiny.

MS. JONES: Hi. This is Cat. I'll just say one more thing as far as the clarification. We are totally clear on -- in regards to the issues that have been brought up. Providers definitely -- we understand

that they can have an all-inclusive, person-centered plan as long as it reflects specific goals and objectives related to the assessed needs for targeted case management service. We also obtained the additional guidance to the policy clarification that had came out in May where DMS directed us to re-review audits where the resulting audit letters were sent after January the 1st, and we -- we have been compliant with that.

So as far as, you know, those TCM policy clarification issues that have been brought up in the TAC, we're perfectly clear with that. We have no other issues.

I think that the SIU on site is a separate -- separate thing. Our Medicaid contract requires us to do so many on sites per quarter, and whatever was decided to be asked about when those investigators were on site is per their -- per their choosing.

But I just want to make sure that we are completely understanding of the policy clarifications that have been issued by DMS and have no issues with those at this time.

CHAIR SCHUSTER: So noted. Thank

you.

Our next issue is the update on ABI waiver access to therapy services. Pam, if you're still on.

MS. SMITH: I am. I am still here. So for the change to move those to -- where they have to be accessed to -- in state plan first and then can come through the waiver once they've exhausted all of the state plan, it's still -- the waivers are still with CMS. And, actually, we found out for the extension of the Appendix K services, we're having -- we're going to have to modify all of the waivers.

So saying that, to meet -- those won't go to CMS until November, so this will be -- there's not anytime soon that that is changing. So it still is something that we have to change because CMS directs it. We can't do duplicative services if it's available in the state plan. It can't be provided as primary through the waiver before all state plan service has been exhausted. But it will not be until likely after the beginning of next year.

And as I have promised throughout this whole process, that before we make the change, we'll work with the providers, and we'll do, like, a 90-day transition to help them to get PAs through the state plan services to help coordinate that.

So it won't be a direct -- as soon as the waiver is approved, like a direct cutoff right then. We will work with providers. Just like we did when this happened in HCB and Michelle P and SCL, we'll work with the providers. There will be a training for the providers on the state plan, how to access the services, how to request the PAs during, like, a 90-day transition.

So as soon as we, you know, get feedback on when the waivers will be approved, but we do have to make that change. It's required by CMS. And if we don't, we're at risk of losing funding for all services.

CHAIR SCHUSTER: Okay. Mary, do you have any questions for Pam?

MS. HASS: No. Just kind of -- we're just still in limbo. I mean, that's where, I think, the therapists that were to

be lost had been lost and then some of the other ones are still hanging on just waiting to see when -- you know, when they have to have the change and go through the state plan to acquire those therapies.

I know there's been a lot of folks who were in the acute waiver who have been switched over --

(Brief interruption.)

MS. HASS: And I apologize for that. But, anyway, there was a letter that went out from Representative Bentley, and he is asking for the cognitive therapy to be done. And I think that will really help on getting some of the things that we really do need.

MS. SMITH: I would also encourage, Mary, to tell people when we do put the waiver back out for public comment, to comment about the cognitive therapy, to put that information in there when it's out for public -- for public comment or to send that information -- you know, I know we do have -- we've received that comment from providers before.

But I would just encourage -- just like I do for anything, when the waivers go out for public comment, encourage people to look at those and to provide us comments and feedback on the waivers.

CHAIR SCHUSTER: Thank you for that reminder, Pam. I know that your Michelle P waiver is out for public comment right now.

MS. SMITH: It is. We likely are going to pause that comment based on the direction that we received. CMS recently changed how they want you to request the extension of Appendix K services. So instead of it being just kind of a standalone request, they want you to incorporate them as modifications to the waivers.

And those -- so all of them will go out for -- will be going out for public comment. We're on a very short -- very short timeline. So look for information to come out about that in the next couple of weeks for, you know, target dates of when they're going to be out for public comment.

We will, at a minimum, do a recorded webinar that guides people along with kind of

a one-page document or -- I say one-pager. Most of the times, they turn into two or threes. But they guide you to where the changes are in the waiver so that you all can target, you know, that anybody doesn't -- because they're very daunting to read. They're not the easiest things in the world to read. So we will do our best to guide individuals to where changes are or where updates have been made so that review can be targeted in those specific -- to those specific areas.

But we will, at a minimum, do a recorded webinar. I would like to, if time and schedules allow, us to be able to do it live. In addition to, we would record it and then it would be available like we've done for other things in the past and put on the website. So -- but look for information in the next couple of weeks to come out with details about that.

CHAIR SCHUSTER: Okay. So let me be sure I understand. Because you all had just sent out something recently on the Michelle P waiver.

MS. SMITH: Right.

CHAIR SCHUSTER: What's your --

MS. SMITH: And it still is posted right now.

CHAIR SCHUSTER: Okay. But --

MS. SMITH: But it does not have Appendix K. The things that we want to continue under Appendix K are not in that waiver. We are waiting on that clarification from CMS, and we just received that this week so...

CHAIR SCHUSTER: All right. So the comments on Michelle P can be delayed until -- until you send that notice that the Appendix K has been included in all of those waivers.

MS. SMITH: Correct. We will be -- it's still posted right now.

CHAIR SCHUSTER: Okay.

MS. SMITH: And we will -- all of the ones that we've collected to date, we still -- those will go on record as being public comment, and we'll respond to all of those. But we will be stopping -- you know, pausing public comment so that we can

incorporate the items in -- you know, for example, the rate increases that we need -- that were done through Appendix K to allow those to continue and some of the case management changes.

So we will -- we feel like, you know, it's very important that we get all of that in. So that's why you will see -- there should be a notification coming out, or there will be ahead of us pulling that down. But if you see that, all of a sudden, it's not there anymore, that is what's happening.

But we will -- you know, I like to over -- I like to try to overcommunicate when I can, so I will make sure that something gets put out to let people know when to look for those waivers to be posted.

CHAIR SCHUSTER: Let me encourage you, Pam -- I think the idea of doing a training, particularly if it's recorded and people can go to it at their -- you know, in their own time frame. Because it is daunting to try to explain to people how important those comments are and for people to figure out how to do it or how formal it needs to

be. I think people are -- and, certainly, even to read and understand the changes that are being made in the waivers, so anything that you can do.

Mary and I were on Zoom with a group of people, and I was trying to explain to them about Michelle P being out there for comment, and it's just -- it's a difficult thing to explain to people that aren't in this world but have real-life experiences and really are in a position to make excellent comments.

So let me encourage you, however you can do it, to -- in some ways, doing a recorded webinar would be something that I think only -- or do it live and record it so that it's available later.

MS. SMITH: It will be either -- either way, it will be recorded, and we will post it so that individuals that aren't able to attend can go back and listen to that. We've found that to be very effective as we've started doing -- you know, we've done that with some webinars in the past.

So we will -- absolutely, we'll post the recording. I hope that we can do it live,

but if not, at a minimum, at least the recording will be out there. And then that guide document as well will be -- will be out there to help understand, you know, what -- where to look in the appendices because it -- you're right. I mean, it's very complicated to look at. Even when you work in them all the time, they're not the most user-friendly document. So -- but, you know, it's CMS' format, so I kind of am bound by using it so...

CHAIR SCHUSTER: As people say, it's not exactly written in the king's English.

Mary, you have a question or a comment?

MS. HASS: Yeah. Just one thing. I wouldn't be a good advocate but -- we're still very concerned with the transition, how that cognitive piece will be implemented and, you know, the setup. I think it's mainly the setup with the -- not so much physical therapy but your cognitive therapy and occupational therapy and speech therapy, you know, just how that's going to work. I mean, I understand working in the transition, but

the proof is going to be in the pudding once this starts getting out there.

So I'm still very apprehensive and just want to put that out as a good advocate, but, you know, we'll continue. This is the first I knew about -- that, you know, it could possibly be the first of the year. So I will go back and tell folks that, you know, it looks like there's a little bit more time.

So, you know, it's just they've written so many times about therapies. I mean, I will go back and ask for comments. But as Sheila just -- you know, we were talking about giving comments to the Michelle P the other day, and it's really -- it's very, very hard for the average consumer and their families to really do that.

They just -- they just really think there's not much hope, you know, when they go in there, but we will continue encouraging. And as Sheila said, you know, we worked very hard the other day to try to express to them how important it is to get them comments in there.

That's all I wanted to add. Thank you,

Sheila.

CHAIR SCHUSTER: All right. Thank you, Mary.

MR. SHANNON: Sheila, this is Steve Shannon again.

CHAIR SCHUSTER: Yeah. Yeah, Steve.

MR. SHANNON: Pam?

MS. SMITH: Yes, sir.

MR. SHANNON: As I understand it, some of these providers of the therapy services have discontinued being waiver providers. Will Medicaid make any initiative to get them back into the pool, so those folks who've had services from them; right, Mary, can go back to that --

MS. HASS: Correct.

MR. SHANNON: -- provider pool? I think people have left, stopped being a waiver provider because they thought they'd have to go through the state plan process and didn't want to do --

MS. SMITH: So the last reports that we ran -- so it may be individual therapists within, like, the agency, so I

can't track that. But, you know, everything -- we've been very clear on communicating to them, and we have not seen a decrease in the utilization of therapy in either of the ABI waivers. We have seen some that have chosen to already go to state plan. But I have not seen a change in the access or the utilization based on looking at the reports that we have, you know, and that includes through what's being billed of the therapies to date in either waiver.

MR. SHANNON: Okay. What I've heard is a concern that the people with expertise in brain injury have left.

MS. HASS: Yeah. That's --

MR. SHANNON: So they may be accessing services but not from the same person with that learned experience.

MS. HASS: Steve, you hit the nail on the head. That's exactly -- and that's why I said I'm still apprehensive. Because I know -- for instance, the other day, I walked in, and the person had a new therapist. So the provider has went out there and hired other therapists, but we lost the really --

the really experienced, the seasoned therapists. And I think that's where I meant the proof will be in the pudding.

And so, you know, yes. I probably agree with Pam that they're still getting therapies. But, you know, they're very cut and dry now. The person goes in. The person says he doesn't want to do it. He or she says -- they say, fine. They just write it off and, you know, then they've attempted to do services. And I don't know how they bill or if they don't bill for the attempt. That's not why I'm an advocate.

So anyway. But I know just a couple of times, what I witnessed, yes, there are a lot of new therapists coming into the programs, and so they probably are still billing. But we lost the seasoned and the professional therapists. That's the part that hurts me.

CHAIR SCHUSTER: Yeah. And you've expressed that, Mary. Thank you. And, Steve, also.

Pam, can you give us the current waiting list numbers for the 1915Cs?

MS. SMITH: Yeah. So we have the

two waivers that have wait lists. So SCL, it right now -- and I'm sorry. This is as of yesterday because I pulled these yesterday. The SCL is at 3,317. We have none on the emergency list, and we have 137 slots that are available for individuals that, you know, request an emergency slot.

For Michelle P, we just turned over waiver years on September 1st. We have 8,639 individuals on the wait list. There are right now 481 slots available. Those slots are being allocated in smaller groups. We're trying something new working with BHDID to allocate those in smaller groups but allocate more frequently.

So slots are getting allocated at a minimum of once a month, and there's been a lot of -- BHDID is following up with the CMHCs and letting them know when the slots have been allocated as well as reaching out to the individuals to -- when we're not seeing a response.

Because, typically, when we allocate slots, 50 percent of them don't get used, and we end up turning those back over again. But

it takes time to go through that whole -- you know, you have to give them enough time to get the assessment and to go -- you know, to go through the process. But 50 percent of them don't even request an assessment.

So we've been trying to be a little bit higher touch with those individuals so that we can -- if they choose to not access that slot so that we can turn that back over faster and then that's another one that we can reallocate.

CHAIR SCHUSTER: And you're working with behavioral health --

MS. SMITH: Yes. They do --

CHAIR SCHUSTER: -- on that?

MS. SMITH: They -- since it is one of the waivers that they -- that they administer, they took over the wait list from us and have been doing that for the last couple of months. And so we, you know, talked to them, and we made that change.

Because we were allocating about every 90 days, and so we made the change to allocate more frequently, lower numbers of slots but to have a little bit more high

touch with the participants and with the CMHCs that are doing the assessment.

So -- and it seems to be working better. You know, the wait list number is -- it's high. I don't know that there's -- you know, we could allocate all 481 slots, and we're still going to have over 8,000 on the wait list. So it doesn't make it -- so it doesn't look like we're doing anything, but we really are allocating individuals.

It's just we're not having many people who go all the way through the process to get services, which is -- really says that, you know, a lot of times, they signed up, and they either didn't really know what they were signing up for -- some of them are getting services in other waivers and are happy with those.

We have several people that are on the wait list that are getting services through SCL, but they choose -- it's up to the individual if they want to remain on the wait list. And if they do, then we -- you know, they get to stay on the wait list. But -- so some of those individuals are getting

services. It's not that they are waiting for services.

And then again, a large percent of them are children. It's about 70 to 72 percent of those individuals out of that 8,600 are children.

CHAIR SCHUSTER: Well, I'm glad to hear that there's more high touch and more assessment and management of the wait list. It sounds like a better procedure, to do smaller numbers and get them in more quickly, make sure that they really want to go through the assessment and so forth.

MS. SMITH: Right.

CHAIR SCHUSTER: So that's -- that's helpful. All right. Thank you very much, Pam.

MS. SMITH: You're welcome.

CHAIR SCHUSTER: We appreciate it. Leslie, I think you're up on mobile crisis.

MS. HOFFMANN: Yeah. I would really like to give you some more information today. I sent you an email late last night. I'm probably not at liberty to discuss a whole lot right now. We continue to work

with our OLS, or our legal folks. DBH, as part of our team, and DMS work together, and we're working on negotiations.

So I can't say much right now if that's okay, but I'm hoping that maybe next meeting, I would have an update for you.

CHAIR SCHUSTER: Okay. Because the RFP was supposed to close in July, and we were supposed to be launching this thing in October; right?

MS. HOFFMANN: Right. So I'm really hopeful that we won't be too far delayed getting it started, so I'll let you know as soon as I can.

CHAIR SCHUSTER: Okay. All right. Thank you. And status of Medicaid unwinding and recertifications. Anybody on to --

MS. JUDY-CECIL: Good afternoon. Yes. Hi. Veronica Judy-Cecil. I was having trouble getting my mouse to go over and unmute.

CHAIR SCHUSTER: Hello. Great to see you.

MS. JUDY-CECIL: Hello. Thank you. Good afternoon, everyone. I've got a short

presentation, if that's okay, for me to -- just to walk through numbers. We always find that a little bit more helpful.

CHAIR SCHUSTER: Yeah. That's great. I appreciate that.

MS. JUDY-CECIL: It won't take too long. So this is just a graph of a visual of what our enrollment looks like. This starts with January and goes through this kind of data point here, which is through August. And as you can see, we -- once we started our renewals, we are continuing to see a decrease in the number of Medicaid members. That's not completely unusual. It's what we expected.

We knew that over the three years of the Public Health Emergency, we were covering folks through the continuous enrollment requirement that were no longer eligible. And so we're just going through the process of, you know, making sure that anyone who stays on within this 12-month unwinding period is actually eligible for Medicaid.

Just a quick update on some numbers because I think it's been a couple months

since we've provided data to this group. And so just looking at a snapshot through July renewals.

So these are folks whose renewal was in July, and the renewal date was July 31st. There were 54,975 individuals subject to renewal for July 31st. As you can see -- and this data comes from our CMS monthly report that we send them -- 27,044 were approved for Medicaid. 27,044 were approved for Medicaid. 20,344 were terminated and then 7,587 are pending.

If it says pending, it's because they -- we have two buckets. One is that they've submitted something, and it hasn't been processed. So those cases should pend if somebody has responded to a request for information or a renewal packet, and we've not had an opportunity to review that prior to the renewal date. So those individuals get extended.

We also may be extending some other folks that were originally due in July. And the reason for that -- for those who may remember, we are extending long-term care and

1915C waiver members for up to two months if they've not responded to the notice. So they get some additional time so that we can provide outreach and try to help support them with providing that response to the notice. So that's for July.

In looking at August, the count of beneficiaries -- individuals that had an August 31st renewal date, 54,344. Of those, we were able to approve 28,296, and we did terminate 18,662. And pending for August renewals, you'll see we have 7,386 individuals pending. That's a combination of they had documents awaiting review, or we've extended them because they're in that extension population.

So we are tracking reinstatements. So if anybody does get terminated and they -- what they can do is within 90 days of their termination date, they can provide documentation to demonstrate their eligibility. And if they're determined eligible, we will reinstate with no question back to their determination date if that happens within that 90-day period. So we are

tracking.

These are -- this is data as of a couple weeks ago. You can see -- so it's good to see that folks are coming back on. We have 5,600 folks that had a May renewal, so that means their renewal date was May 31st. They terminated. But they've provided documentation, and we've been able to reinstate them. For June, you see 4,700 have been able to be reinstated. For July, 2,200. And then for August, only 433. But, again, this was as of September 4th, so that means if they -- if they terminated on August 31st, they've been able, just within that short amount of time, provide the documentation, and we've been able to reinstate them.

We are -- have a couple of priorities as we continue to move through the unwinding period and working on messaging and trying to partner with organizations, providers, advocacy organizations to try to get messages out. Primarily, it's please respond.

So if a household gets a notice, you know, we're just asking to make sure that they provide documentation. We would much

rather make a determination that somebody is ineligible as opposed to them possibly being terminated just for a lack of a response. So really trying to increase the number of folks who do respond to that notice.

Keep in mind that, you know, folks -- a lot of folks aren't eligible, and so they are getting that -- that notice to request verification of income, for example. But, you know, the information we have on file basically shows they're not eligible, but we're giving them that opportunity to provide updated information to let us know whether or not they are.

So right now, working on, you know, how can we increase the number of folks responding to a notice, and in particular around children. So Kentucky, we pushed most cases -- not all but most cases involving children to September. So we've got very few child terminations and -- but we're now, because those cases are coming up -- and the reason we pushed them was for implementation of continuous coverage for children.

So once we do determine a child

eligible, they get a 12-month continuous enrollment period, a continuous coverage period that can only be -- they could only lose coverage if they move out of state, if a parent or guardian requests that they -- that their coverage has ended or if the child dies.

Other than that, if there's a change in circumstance such as income, if the parent or guardian's income -- the household income is above the child's federal poverty level, then -- for eligibility, then the child remains covered throughout that 12 months. We don't process that changed circumstance.

So this is really great news in terms of the -- you know, what we've seen in the past with the churn around children and eligibility. So now we at least know that once they get that determination, they've got it for 12 months. So that's -- that's what we are really focusing on.

Just a reminder to those providers and advocates and really any stakeholder out there who wants to assist a member going through a renewal. We have lots of

information on our website, our unwinding website. We are constantly updating information and adding information that we try to -- that we really want to be beneficial for anyone that's assisting a member.

So feel free to pull those down, hand them out, post them. We're really encouraging especially providers who see members come into their office, you know, to maybe take just a -- just a moment to talk about the fact that renewals are happening, and they should be watching for them.

Speaking of providers, I've mentioned this before but continue to reiterate it. Providers have access to a member's redetermination date in KYHealth-Net. So that -- if you're going on and checking eligibility and you see that they are -- their month of renewal is that month or even the next month, just, again, asking the member if they've seen a notice. If they haven't, to try to reach out.

We really are trying to direct folks to connectors throughout the state and insurance

agents. Insurance agents now can assist members with filing applications or responding to notices. So, you know, there are folks in every community that can help that member navigate. We acknowledge there are some long wait times on the phones, so that's a way for people to get maybe a little quicker service, by going that route.

Just as part of this, we always want to remind folks that if they are no longer eligible for Medicaid, we really want to move them over to a Qualified Health Plan. It's different than Medicaid because you have to actually go choose a plan and pay a premium for that coverage to start.

So we just remind folks, as you're helping Medicaid members that have been determined ineligible and, you know, referring them over to that Qualified Health Plan, let's try to complete that whole process so that their coverage -- there's no gap in their coverage when that happens.

So we are tracking enrollment into a Qualified Health Plan as Medicaid members roll off of Medicaid. And the good news is

we're seeing that increase and, you know, still would like to -- we are monitoring how many drop off and are eligible for an advanced premium tax credit, which makes that Qualified Health Plan premium more affordable, how many are actually taking advantage and signing up for a plan. So we do track that and monitor that but, you know, again helping folks understand how to navigate that.

Just this is the website. Continue to check it. The data I went over a couple slides ago that come from our CMS monthly report, it gets posted every month. So if you want to kind of stay on top of what the renewal -- monthly renewals are looking like, that is due to CMS on the 8th of every month, and we usually have it posted by that next week. So if you're interested, you can go out and pull all those down.

The one for the August reporting period is up there, so the next one will be for the September reporting period. And, again, it would generally always get posted by the 15th of the month.

Just remember we have a stakeholder meeting every month, so the next one is next Thursday. You can go on to our website and learn how to access that. Certainly welcome attendance to that by anybody interested. You don't have to be a provider. You don't have to be an advocate. Members can attend that, so anybody is open to attend that and follow us on social media. It's our quickest and easiest way to notify folks about what's happening. If we know of a scam that's, you know, appearing or just trends that we're seeing or just, you know, changes that we'd like -- of information that we'd like to get out.

You don't have to follow all three of our social media but just choose one and try to follow that. And if you don't do social media, maybe you know somebody who does. My kid knows social media. So, you know, just some way to access the fact that as we provide -- post information, you're at least staying up to date on it.

And I am happy to take any questions.

CHAIR SCHUSTER: That's super

helpful, Veronica. Thank you. Let me ask you about the people that have been terminated. Out of those numbers -- because those are startling numbers, and I know how hard everybody has worked to make sure that people know to do this. So it's a little scary to see almost as many people -- well, not quite but, you know, a pretty high percentage of the people that were being terminated.

How many of them have literally been terminated because they were no longer eligible, and how many roughly are being terminated because they never responded?

MS. JUDY-CECIL: Sure. Everyone is different, but I would say on average, it's about 60 percent are being terminated for not responding, and 40 percent for having eligibility determination actually being made. Or, you know, they're a -- categorical eligibility is no longer -- you know, they're no longer eligible through their category.

So it -- we don't like it. You know, we've worked really hard -- we all have. Everybody -- most of the folks on this call

have worked really hard to get people covered. And so this is -- you know, this is a challenging and unprecedented time, and we really have tried to find, you know, different ways to reach folks.

We outreach multiple times between when the notice gets sent out and before a person's renewal date to try to reach them. We do it not just through mail, but we're calling them up to three times and sending text messages and -- so various modes of communication to try to reach them before that happens.

The other thing we're doing is monitoring the fact that -- you know, what happens in -- for some of these cases is that we go out, and we try to verify them and their information automatically. But we're unable to -- if we get a notice back that they're not eligible, we'll drop them and send -- to a notice and send them a request for information just to give additional time for them and an opportunity for them to, you know, send us information perhaps, or information is, you know, that we're getting

back is incorrect.

So because we're doing that, that's why I say there certainly is part of the population that we know is no longer eligible. We knew that starting with unwinding.

The other thing that we're starting to look at is: Who has other insurance and other coverage? So if we have third-party liability on file, then it is very much likely that they're covered under other coverage and are no longer eligible for Medicaid. We're finding out a lot have employer insurance, and so their income is likely over the Medicaid limit anyway.

So, you know, but we're open to ideas on how better to reach the population that's not responding and how can we better encourage them to -- this is not just a Kentucky issue. In addition -- I mean, not that it makes it okay, but every state is seeing a large number -- large percentage of individuals who aren't responding to notices.

So it's something even at the national level we're having conversations, and we're

all sharing -- trying to share ideas about: What can we do to change how we're -- you know, how we're outreaching? So just, you know, lots of conversation going on about that.

CHAIR SCHUSTER: Yeah. Thank you. Valerie, who's our consumer rep here on the TAC, asked: Do we have any idea how many of the people who have been terminated had a behavioral -- a primary behavioral health diagnosis?

MS. JUDY-CECIL: We've not looked at it from that perspective, but what I will tell you is when we're doing outreach, both us and the Managed Care Organization -- so the State, when I say we've made three calls, that's the State has made three calls. The Managed Care Organizations are doing their own outreach and really doubling efforts on reaching their members.

And what we -- one of our tools is to look and see where people are accessing services. So if they've not responded, you know, we've been trying to look through the claims and reach out to a provider that we

know has seen that member recently. So we're trying to utilize that as a tool.

But in terms of looking at the diagnosis post-termination, we've not really done that.

CHAIR SCHUSTER: Yeah. I suspect that she's asked this because this has been a recurring theme. There are some of our family members and some of our consumers who are afraid of the mail, are afraid that there's something in there, that somebody, you know, has poisoned it or whatever. And we used to talk to DMS regularly about people not -- who have a primary mental health diagnosis, you know, that mail is not a good way. But you're also saying that you're calling people, trying to reach them that way.

MS. JUDY-CECIL: Yes.

CHAIR SCHUSTER: And I really like the idea that you're trying to reach out to that most recent provider because it behooves the provider and the MCOs, obviously, to keep people enrolled.

MS. JUDY-CECIL: Yeah. And we use the pharmacy. So we provided, you know, the

pharmacies, some communications about when you have somebody walk in and they're in need of a prescription and you see that they've terminated, so there's a process. You know, we've made sure they know the process to help that member and, you know, we're leveraging all of our flexibilities that we can to make sure that people have access to services.

And I want to mention -- so CMS has issued -- and everybody can see this. But there's a list of state strategies that CMS put out. The most recent one was in June. And CMS has listed all the different strategies states can take to try to help, you know, increase our rate of passive renewals so where people don't have to take action.

And I -- we have 19 of the 23 strategies that's been recommended by CMS. There are two strategies not applicable to Kentucky, and so we can't even elect those. But we're looking at the other two and, right now, considering whether we have the ability to implement those. So I go back to saying, boy, we really have tried to do everything we

can.

CHAIR SCHUSTER: Everything that you possibly can.

MS. JUDY-CECIL: Uh-huh. Every tool available to us, every strategy available to us.

And, you know, the other point, I think, and for our CMHCs and behavioral health services organizations and, you know, those providers, just, you know, trying to help us nav- -- help members navigate the process and have those conversations that have you receive that notice.

We have some providers that have been extremely proactive, and we just greatly appreciate that.

CHAIR SCHUSTER: Yeah. Valerie, did you have any other question about that?

MR. MUDD: I was just going to say that sometimes, you know, on cell phones, if you don't recognize the number, you don't pick it up. I'm sure that you leave a message, but that's a thing too, you know.

MS. JUDY-CECIL: Yes.

MR. MUDD: But, I mean, I think I

told this on the last TAC meeting, that we have a connector that comes once a week at Participation Station. So my people I feel really, really good about, that they've done the right things and everything with the people I work with. So I'm feeling very happy about that. But, boy, I tell you what. When I see those numbers, it's just very concerning. You know, I would like to know how many people -- of those 20-some-thousand that have been terminated how many of those have a diagnosis because I think that would be very helpful to know, you know, who we need to reach out to somehow else.

Three times seems like -- you know, if you have a mental health diagnosis, you might have to do a little bit more than three times. That's just Val's comment.

MS. JUDY-CECIL: Yeah. And that's -- again, Valerie, that's the State reaching out. The MCOs --

CHAIR SCHUSTER: Right.

MS. JUDY-CECIL: -- had multiple calls. And just -- and I don't want to take too much time, but I can give you an example

that I think all of you all can relate to.

And that is there was a member who had autism. They got the letter, got the notice, got the second notice. And throughout that renewal -- that, you know, 45-day renewal period, had multiple calls and emails from not only us but the MCO. The member terminated, and it wasn't until a family member realized that the member lost coverage that, you know, they got involved. And, you know, the member even did try to call, and the instructions given, you know, may have been difficult to understand.

And so we have taken that back and tried to think through, you know, then what can we do better on the front end. Because, you know, trying to identify the member and their providers, I think, on the -- before termination is really the most proactive approach that we can take. And, you know, we try to learn lessons and do better.

CHAIR SCHUSTER: Right. Erin had sent out -- and you had it in your slides, Veronica -- a flyer that's available for anybody to download. And I guess that could

be accessed at the Medicaidunwinding.ky.gov as well.

MS. JUDY-CECIL: Yes.

CHAIR SCHUSTER: It just simply is a very colorful flyer. I don't know if you can show it or not, Erin, just to remind people.

MS. BICKERS: Yes. Just give me a second. Sorry.

MS. JUDY-CECIL: Hold on, Erin. I think I've got it.

MS. BICKERS: Oh, thank you. I have too many things open.

MR. MUDD: Kelly G. has had her hand up a long time.

CHAIR SCHUSTER: Oh, I'm sorry. Go ahead, Kelly, while we're getting this posted. Kelly?

MS. GUNNING: I'm unmuting. I just wanted to thank Erin and Veronica for their staff reaching out to me after the last TAC meeting, and we did discuss all the strategies that have been employed by multiple agencies and communities to do these things and to get people enrolled.

Probably my happiest moment was that we agreed on the point of contact with the MCOs and the pharmacies and the places where people are actually showing up to get them educated about the importance of renewing.

So I just wanted to give them a shout-out and thank them for their exhaustive results and the way they just got that information out there. And I appreciate your collaboration and your listening. Thank you so much.

MS. JUDY-CECIL: Thank you for that, Kelly. I do appreciate it.

CHAIR SCHUSTER: Yeah. So this is the flyer that's available, and it's available also in Spanish. And it's colorful. You know, you could print it off and hang it in various places, Participation Station and provider offices and so forth. And hopefully our CMHCs and our BHSOs and our AODEs are all doing that.

So appreciate that, Erin. Thank you. And thank you very -- any other questions that I'm missing? Anybody else have a question for Veronica?

(No response.)

CHAIR SCHUSTER: Veronica, thank you so much for taking your time, and we'll get your slides out to people afterwards because Erin will send them to us. But that's helpful information.

And this unwinding will go on through April? Am I right about that, April of 2024?

MS. JUDY-CECIL: That's correct, April 2024.

CHAIR SCHUSTER: Okay. And remember, folks, 90 days. People can easily get reinstated. I think after that -- am I right, Veronica? -- that they have to go through an application process if the 90 days have elapsed?

MS. JUDY-CECIL: Yeah. They would have to reapply --

CHAIR SCHUSTER: Okay.

MS. JUDY-CECIL: -- and actually go through a reapplication.

CHAIR SCHUSTER: Yeah. So let's try to catch them when it's easy to get people back in. We don't want people to lose their coverage, obviously, so thank you so

much for that.

MS. JUDY-CECIL: You're welcome.

CHAIR SCHUSTER: In the interest of time, I'm just going to say that the interim session is still going on. And, again, if you want to talk to legislators, this is a great time to do it. They're in Frankfort occasionally because the interim joint meetings are meeting. So, for instance, health services of the senate and health services of the house are meeting together once a month. Family and children's from house and family and children's from senate are meeting together. Appropriations and revenue from the house and senate are meeting together.

It's a great time to monitor those. They're all either on KET or on the LRC YouTube. You didn't know that our legislative research commission is a regular purveyor of YouTubes now. But if you can't get to Frankfort and you see that there's something on an agenda, you know, that's a great way to catch up with people.

But this is really a good time to catch

your legislators back home. You know, meet up with them at a local coffee place or something like that and talk to them about the things that are of concern to you.

On the issue of audits, I always look to Steve and either Bart or Sarah and maybe Michelle or Kathy from Children's Alliance. Are we seeing any changes in the number of MCO audits?

MR. SHANNON: I have not heard of a significant increase or decrease.

CHAIR SCHUSTER: Okay. Kathy or Michelle, if you're still on?

MS. ADAMS: Yeah. That's -- the same for the Children's Alliance.

CHAIR SCHUSTER: Okay.

MS. ADAMS: I haven't heard much from members although I do know that they're still having audits, and there are still some concerns related to the audits. But that's about it.

CHAIR SCHUSTER: Okay. And Sarah Kidder said that they're hearing the same as well. No significant improvement or disimprovement -- decrease. All right. I

guess we're holding our own, then. Thank you.

Any recommendations that any of the MAC members -- I'm sorry, any of the voting members of the TAC want to make for this next MAC meeting?

(No response.)

CHAIR SCHUSTER: Okay. This next item needs to get changed. We're going to have to change our next BH TAC meeting. Instead of meeting on November 2nd, we will be meeting on November 15th, which happens to be a Wednesday. We had to make that change because of a conflict with that November 2nd date. So we'll be sure that you all are notified. I think Erin has already notified DMS and the MCOs of that change.

Under old business, I think Kathy or Michelle, you had a question about the enhanced -- the codes for the enhanced services. The longer -- the services that take a longer amount of time are still not working.

MR. SHANNON: Those codes relating to what was changed back in January and then

that code was added so people could get extended services; right, Sheila?

CHAIR SCHUSTER: Yes. That's the code I'm talking about. We have heard that it's still not working. People still are not able to bill it, and that change was made, I think, in April or May.

MS. ADAMS: Sheila, we were in a joint meeting with Bart earlier this week, and he brought this up, indicating that several of his members were indicating that they were billing the H0004 code and that they were not getting reimbursed and specifically mentioned it for fee for service. I asked Bart if there were any particular MCOs, and he didn't know at that time.

I did follow up with my members and asked. It was a very short turnaround time for me to get that information, and I did hear from a couple. One said that they bill it very sparingly but that it was paying. And then there -- I had several members say that they wait whenever a change like that occurs to bill it because they know there's

going to be problems, so they kind of hold those claims for a while before they send them through to make sure the kinks are worked out.

So not hearing it as much of a concern from our members, but Bart was definitely hearing it from his.

CHAIR SCHUSTER: Okay. Leslie, if you're still on, can you check with whoever your part of DMS is that posts those codes and makes them workable to make sure that it actually is a working code for billing purposes? She may not have been able to stay on.

MS. HOFFMANN: I'm on. I'm on, Dr. Schuster.

CHAIR SCHUSTER: Oh, I'm sorry. Yeah.

MS. HOFFMANN: Sorry. I was making note of it.

CHAIR SCHUSTER: It's the one that you and DBH worked on and did your magic and came up with the H0004. And I had the impression, from what Bart said, that he has members that have been billing it, and it

just simply is not working.

Now, Kathy said that she had a member who said it was paying which, I guess, means that it is posted and is working. I don't know what --

MS. KIDDER: Well, I can jump in and just clarify that. We heard that from straight Medicaid, they're getting denials, but the MCO payment is hit or miss. So some MCOs, they are receiving payment for that code.

CHAIR SCHUSTER: Okay. So I'm not sure how we -- is this a matter of communication with the MCOs, that that is a viable code and that they should be paying it?

MS. JONES: Hi. This is Cat. So I had been attending some of the IT DMS/MCO calls, and there has -- I was aware that there was an issue from the encounters perspective of the H0004 being added as an acceptable encounter. So I know that has been a problem.

I had heard that I thought that it had recently been resolved, but I just wanted to

pass along, that from an encounter's perspective, it had not been added. And so there were encounter rejections occurring when the MCOs attempted to submit those encounters. We might have paid those claims but then when we tried to submit them as an encounter, we were getting rejected because that code had not been added as an allowable code. But from what I understand, it is very close to being resolved or has recently been resolved.

CHAIR SCHUSTER: Oh, okay. Well, thank you, Cat, for that clarification. Leslie, I guess I'm going to come back to you and say --

MS. HOFFMANN: Yeah. That's fine. I'm going to follow up for you.

CHAIR SCHUSTER: Okay. That would --

MS. HOFFMANN: I haven't heard anything personally. Like, I haven't had any, like, emails or anything like that or conversations, but I'll follow up.

CHAIR SCHUSTER: Yeah. And this was late coming in. I actually got an email

from Bart yesterday because he had just had this meeting with some of his provider groups in the multi-services groups, MSGs, and it had come up. And I guess he had talked with the Children's Alliance people as well.

So yeah, we're very happy to have that code, but let's make sure that it is an acceptable encounter and that everybody is getting reimbursement that they need to be getting. Thank you.

MS. ALLEN: This is Jodi Allen with DMS. And I will say that I know that that is on the radar for the behavioral health specialists, and there have conversations about this code and resolving the issue. So we'll continue to follow up, but I know it's definitely on the radar.

CHAIR SCHUSTER: Okay. Great. Because that was the first I had heard as well, Jodi, so good to hear that. So we'll keep that on for -- or we'll put it on for our next meeting in November and make sure at that point that all is well. Thank you.

Are there any formulary issues that anybody has that need to be brought up? We

don't fortunately get a lot of these anymore, but I always want to ask.

(No response.)

CHAIR SCHUSTER: And any other issues under new business?

(No response.)

CHAIR SCHUSTER: Nothing new under the sun. We still have a lot of old things to take care of, I guess.

The next MAC meeting is September 28th at 10:00. There will be an election at that meeting for the new chair of the MAC. And since I'm the only person who's been nominated to take that position, I assume I will get elected on September 28th to be the chair of the MAC. I'm not telling my kids what that is because they think it has to do with buying MAC sandwiches. What, Steve?

MR. SHANNON: Congratulations.

MS. EISNER: Yeah. I'm her campaign chair. Sheila.

CHAIR SCHUSTER: Yes. Thank you. I don't know if that's -- I'm supposed to be retired and not taking on new things so...

MS. EISNER: Yeah. I know how

that --

CHAIR SCHUSTER: I'm already a MAC member, so I might as well try to help.

And, again, just to note, November is always a wonky month because the MAC, you know, meetings are on Thursday and always falls on Thanksgiving. So their meeting is the very last Thursday in November after Thanksgiving. So we're moving our meeting to a Wednesday, November 15th, from 1:00 to 3:00. And that's all we've got on the agenda, and we are --

MS. EISNER: Can I make an announcement real quick?

CHAIR SCHUSTER: Sure.

MS. EISNER: (Inaudible) is on here, but the hospital association is having its health policy conference on October 5th at the Embassy Suites here in Lexington. If you've not been, it's a fascinating meeting. And this year, we do have governor candidates Beshear and Cameron coming; also the candidates for attorney general, Stevenson and Coleman; the candidates for the Secretary of State, Adams and Wheatley; candidates for

treasurer, Bowman and Metcalf; candidates for auditor of public accounts, Ball and Reeder; and candidates for commission of agriculture, Enlow and Shell. They'll all be there.

And then we have what's my favorite part of the meeting, is when there's kind of a panel discussion on politics and policy. And it's really a fascinating meeting. So if you do have any interest, you can reach out to Clair. If you haven't gotten that notice, it should be -- it is always a great conference so...

CHAIR SCHUSTER: Yeah. If you, Nina, or Clair -- I didn't get anything from her -- have a flyer or something, I'm happy to send it out to people.

MS. EISNER: Yes. Good. We'll get that to you. Thank you, Sheila.

CHAIR SCHUSTER: Yeah. I'm happy to do it. I saw somebody in the chat just wanted to get it. So -- and, again, let me ask you, if you're not getting emails from me about the BH TAC meetings with the agenda, the minutes and so forth, put your email in the chat, and I will add you to my list. And

I think we had a lot of people that were signing up for the SMI SPA notices and so forth.

So hope to see a lot of you on that meeting on September 25th, 10:30 in the morning Eastern Time, to learn about the 1915(i) SPA waiver.

So thank you all very, very much. Thanks to our voting members for your participation. Always thanks to the DMS folks for your expertise and hard work.

And enjoy some wonderful weather, and we'll see you in November. Thank you all.

(Meeting concluded at 2:59 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 10th day of October, 2023.

/s/ Shana W. Spencer

Shana Spencer, RPR, CRR