

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID
CONSUMER RIGHTS AND CLIENT NEED
TECHNICAL ADVISORY COMMITTEE MEETING

Via Videoconference
December 14, 2023
Commencing at 1 p.m.

Tiffany Felts, CVR
Court Reporter

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

APPEARANCES

BOARD MEMBERS:

Emily Beauregard, TAC Chair

Miranda Brown

Melanie Tyner-Wilson

Arthur Campbell

Brenda Mannino

Christy Hardin (Not present).

1 MS. BEAUREGARD: Hi, everyone, and
2 hi, Brenda. I'm glad you could join us
3 today. We're waiting on a few more of our
4 TAC members to join, and then we'll get
5 started.

6 MS. MANNINO: Hello?

7 MS. BEAUREGARD: Hi, Brenda. I was
8 just saying that we're waiting on a few more
9 TAC members to join, and then we will get
10 started.

11 MS. BICKERS: Looks like Miranda's
12 joining now.

13 MS. BEAUREGARD: Hi, Miranda. Can
14 you hear me?

15 MS. BROWN: Yep. I'll turn on my
16 camera in just a moment.

17 MS. BEAUREGARD: Great. Well, I know
18 we don't have a quorum quite yet, but we can
19 get started and revisit the minutes as other
20 members join. I'm Emily Beauregard. I'm
21 the director of Kentucky Voices for Health
22 and the chair of the Consumer TAC. And
23 Miranda and Brenda, if you could introduce
24 yourselves.

25 MS. MANNINO: Hi, I'm Brenda Mannino.

1 I represent AARP.

2 MS. BROWN: Hi, I'm Miranda Brown,
3 and I am the RH coordinator and a kynector
4 for Kentucky Equal Justice Center.

5 MS. BEAUREGARD: Great. Well, it's
6 good to see you all here and thanks everyone
7 for coming today, and especially because we
8 had to reschedule this meeting.

9 We don't have a quorum, like I said,
10 so we'll wait on that, and we can revisit
11 the minutes once we do. We'll start now
12 with old business, and we have a few of
13 those standing data requests related to how
14 many people are currently enrolled in
15 Medicaid.

16 MS. BICKERS: Sorry, I'm trying to
17 scroll to see who's on, Emily.

18 MS. CECIL: Good afternoon. I think
19 -- this is Veronica Judy Cecil with
20 Medicaid. I think, usually my
21 eligibility -- not my -- the eligibility
22 folks or someone from the eligibility team
23 is usually on to give those numbers, but --

24 MS. BEAUREGARD: We could also hop
25 back to this if we need to.

1 MS. CECIL: Yeah, let me scramble a
2 little bit and see if we can --

3 MS. BEAUREGARD: Okay.

4 MS. CECIL: -- get back to you guys.
5 Thank you. I appreciate your understanding.

6 MS. BEAUREGARD: Yeah, absolutely.
7 And I know Pam Smith can't be with us today
8 --

9 MS. CECIL: Yep.

10 MS. BEAUREGARD: -- because there is
11 a town hall on the SMI waiver, but I think
12 April Lowery is here. And, April, do you
13 have numbers related to the 1915c waiting
14 lists?

15 MS. LOWERY: I do, Emily, thank you.
16 This is April Lowery from the division of
17 long-term services and supports, and I can
18 provide our waitlist numbers today for --
19 these numbers are good for -- through
20 November the 29th.

21 For Michelle P, we had 8,759 on the
22 waitlist. For supports for community
23 living, we have 3,357. Out of these, we
24 have 10,728 unduplicated individuals on
25 either the Michelle P or the SCL waitlist.

1 And then also, of those 10,728,
2 4,584, nearly 43 percent, are receiving
3 services on another one of our 1915c waivers
4 while they wait for either their Michelle P
5 or SCL slots.

6 MS. BEAUREGARD: That's helpful to
7 know. So is that about 6,000 people then
8 who are on a waiting list and aren't
9 receiving any waiver services?

10 MS. LOWERY: That's correct.

11 MS. BEAUREGARD: Okay.

12 MS. LOWERY: And though, Emily, they
13 may not be receiving a waiver service, some
14 of those 6,000 could also be receiving some
15 other form of state plan services. Like
16 children may be receiving, like, EPSDT or,
17 you know, another benefit through the state
18 plan. So that's also important to notice
19 that I think there's, like, 5,000 roughly
20 that are potentially receiving another
21 service.

22 MS. BEAUREGARD: Yeah, that is
23 helpful. Thank you.

24 MS. LOWERY: You're welcome.

25 MS. BEAUREGARD: All right. Thanks,

1 Erin, for that update about Melanie. Was
2 she having trouble getting on because of the
3 link or something else?

4 MS. BICKERS: She just logged in.
5 She was logging in off of her phone and was
6 going to -- it was -- I got her. She just
7 logged in.

8 MS. BEAUREGARD: Okay, great. And
9 actually, this reminds me, Brenda had
10 reached out earlier today. And usually
11 before our meetings, at least one TAC member
12 reaches out to me and asks for the link to
13 the meeting. Erin always puts those links
14 in our calendar invites, but if you don't
15 have it for any reason, the information is
16 also on our Consumer TAC page.

17 I've linked that TAC page to the top
18 of our agenda because at least in the past
19 -- I think Erin has a pretty good handle on
20 this, but in the past, it would sometimes
21 change, and I didn't know that it had
22 changed, so I just started putting the link
23 to the Consumer TAC page.

24 But I realized today that that link
25 has also changed. I think DMS probably went

1 through some sort of reorganization of the
2 website. And so, I need to update that
3 link, but just so everyone knows that was my
4 intention with having the link there. So
5 that you could have easy access to the
6 Consumer TAC page, but then I realized that
7 it was broken. So I'll be sure to fix that.

8 And welcome, Melanie. Hopefully you
9 can hear us.

10 MS. TYNER-WILSON: Yes.

11 MS. BEAUREGARD: Great. Thanks for
12 joining.

13 MS. BICKERS: Emily, that gives you a
14 quorum.

15 MS. MANNINO: Hi, Melanie.

16 MS. BEAUREGARD: Yes, that's right.
17 Thanks, Erin. Yeah, we have a quorum now,
18 and why don't we go ahead and return to the
19 minutes. Hopefully everyone received them
20 and had a chance -- and, you know, by
21 minutes, I mean transcript. It is very
22 long -- had a chance to look over it
23 quickly. Let me know if anybody has any
24 questions or anything that they think needs
25 to be changed before I call for a vote to

1 approve them.

2 (No response).

3 MS. BEAUREGARD: Well, then I will
4 ask for a motion to approve the minutes from
5 our October meeting.

6 MS. BROWN: I motion to approve the
7 minutes from the October TAC meeting.

8 MS. BEAUREGARD: Can I get a second?

9 MS. MANNINO: I second.

10 MS. TYNER-WILSON: Second.

11 MS. BEAUREGARD: Thanks, Brenda. And
12 all in favor, say aye.

13 (Aye).

14 MS. BEAUREGARD: Any opposed?

15 (No response).

16 MS. BEAUREGARD: All right. Motion
17 carries. Thank you. What I do with those
18 since they are so long, if I'm ever looking
19 for something I just do a keyword search.
20 Just as a little tip. Otherwise --

21 MS. BICKERS: The recordings are also
22 on our YouTube page --

23 MS. BEAUREGARD: Yeah.

24 MS. BICKERS: -- if you ever want to
25 listen while you're working kind of

1 searching those, as well.

2 MS. BEAUREGARD: That's a good
3 reminder, thanks.

4 MS. BICKERS: I do that when I have
5 to search my notes sometimes, so.

6 MS. BEAUREGARD: Yeah. So, Melanie,
7 we were just going over some of our standing
8 data requests, and we got the update on the
9 waiver waiting lists. Are there numbers
10 yet, Veronica, for just Medicaid enrollment
11 generally?

12 MS. CECIL: I was just putting
13 something in the chat. Someone should be on
14 very shortly.

15 MS. BEAUREGARD: Okay, great.

16 MS. CECIL: We can let you know when
17 they're on, and at the pleasure of the
18 committee, you know, we can --

19 MS. BEAUREGARD: Okay.

20 MS. CECIL: -- come back to that
21 topic. Thank you.

22 MS. BEAUREGARD: That's great. Would
23 you be able to answer that third item? How
24 many people received a renewal notice RFI or
25 renewal packet in December, and how many are

1 scheduled to receive one in January?

2 MS. CECIL: I don't have that data.

3 I believe the person who will be coming on

4 --

5 MS. BEAUREGARD: Got it.

6 MS. CECIL: Yeah, thanks.

7 MS. BEAUREGARD: Okay. Then why
8 don't we jump to the HCBS rate study and PDS
9 rate increase. Any updates to offer there?

10 MS. LOWERY: Emily, so with the HCBS
11 rate study, it is still with the executive
12 team, and we do not have an update to
13 provide, but as soon as we do, we will
14 ensure that we share that information here
15 with the TAC. Hopefully, we will hear
16 something from that sooner versus later.

17 Also, the PDS rate increases, I know
18 that our team, department -- Medicaid's
19 team, and also Department for Aging and
20 Independent Living continue to work with our
21 consumers that are accessing the participant
22 direct services, and also assisting agencies
23 with those rate increases. So, you know, a
24 PDS participant and/or their PDS rep may ask
25 for up to the max pay rate increase and work

1 with their agency. And if there's any
2 concerns or issues, those agencies can also
3 outreach to us or the PDS participant or PDS
4 rep. We are, like I said, continuing to
5 work through those and coordinate that
6 between the participants and their agencies.

7 MS. BEAUREGARD: Okay. That's good
8 to know. Thank you.

9 MS. MANNINO: Can you --

10 MS. BEAUREGARD: Can -- sorry, I was
11 just going to ask her questions. Go ahead,
12 Brenda.

13 MS. MANNINO: Can you remind me what
14 HCBS stands for? What is that an acronym
15 for?

16 MS. LOWERY: It is the home and
17 community-based services --

18 MS. MANNINO: Okay. Thank you.

19 MS. LOWERY: -- under that 1915c
20 waiver umbrella.

21 MS. MANNINO: Thank you.

22 MS. LOWERY: You're welcome.

23 MS. BEAUREGARD: Any other questions?
24 All right. Why don't we move on to the DMS
25 report on the hospital rate improvement

1 program.

2 MS. BICKERS: Emily, I believe that
3 would be Angie, and I don't see her on. She
4 may have had a conflict today.

5 MS. BEAUREGARD: Okay.

6 MS. BICKERS: I'll put that in a
7 follow-up e-mail.

8 MS. BEAUREGARD: Okay. That would be
9 great, thanks. I also looked back at some
10 of our recommendations from this year, and
11 one of our recommendations was related to
12 just how we track the hospital -- track the
13 impact of the hospital rate improvement
14 program. And the response from DMS was that
15 they'd like some input from the Consumer TAC
16 on how to do that, but were interested in,
17 you know, having a process in place. And
18 the same was true, I think we made a similar
19 recommendation for CHW billing. So that may
20 be something that we want to discuss at our
21 next meeting.

22 The next item here is network
23 adequacy demo and getting input from
24 providers and consumers. We discussed that
25 at the last meeting. Angie would probably

1 be the person for that as well. So -- oh,
2 Veronica, were you going to say --

3 MS. CECIL: Emily, well, I wanted to
4 give an update. And I apologize, we
5 should've let you know this, there's several
6 meetings going on right now simultaneously
7 with this meeting, including an MCO
8 operations meeting. So a lot of our lead
9 people are on that. That's regularly
10 scheduled during this time, so I think a
11 couple of folks will be joining shortly.

12 I do want to note, I believe Jiordan
13 Griffin is on now. She's popped over and
14 could give some of the data updates.

15 MS. BEAUREGARD: Okay, thanks.

16 MS. CECIL: If you'd like to swing to
17 her, and then we do expect Angie to join
18 shortly.

19 MS. BEAUREGARD: Great.

20 MS. GRIFFIN: Yes. Good afternoon,
21 everybody. So this is in regards to the
22 request for our eligibility numbers.

23 So for presumptive eligibility, right
24 now, we have 859 individuals receiving
25 presumptive eligibility Medicaid. For the

1 emergency time-limited Medicaid, we have 151
2 members. In traditional Medicaid, we're
3 showing 1,042 -- 142,909 individuals. For
4 managed care, we're showing 1,485,505
5 individuals. And total enrollment is
6 1,628,434.

7 MS. BEAUREGARD: Thanks. That's good
8 information to have. Does anybody have any
9 questions about that?

10 MS. MANNINO: What was the number
11 under the traditional Medicare?

12 MS. GRIFFIN: 142,919.

13 MS. MANNINO: Thank you.

14 MS. GRIFFIN: Mm-hmm.

15 MS. BEAUREGARD: And, Jiordan, I was
16 just looking yesterday at the Medicaid
17 statistics page. I think a lot of things
18 have moved around recently. And I vaguely
19 remember somebody telling us that there was,
20 you know, the website was being kind of
21 revamped. I noticed that the reports -- I
22 think the most recent report is September.
23 Do you have an update and when October and
24 November will be available?

25 MS. GRIFFIN: If I'm remembering

1 correctly, those reports were coming from
2 our data warehouse, and I think the decision
3 was made to use our eligibility system for
4 that data going forward because it would be
5 more accurate. So I don't have a timeline
6 of when that information will be posted to
7 the website, unless somebody else does.

8 MS. CECIL: Yeah, Jiordan, I'll take
9 that. We -- I think I've kind of explained
10 this in a couple of different forums, but
11 the report that was being posted, as Jiordan
12 mentioned, comes from our data warehouse.

13 So our eligibility system, which is
14 separate, sends the information over to a
15 data warehouse and then the report's
16 generated. Depending on the timing of that,
17 the report may not be the most accurate
18 reflection of what has happened for the
19 eligibility and enrollment. And so, we have
20 been looking at starting to pull that data
21 from eligibility -- the eligibility system.

22 Anytime you're talking about a change
23 like that, it just unfortunately takes a lot
24 of time. I think what we're going to do in
25 the meantime is go ahead and continue the

1 report out of our data warehouse. We'll add
2 October/November to it, but the timing is
3 just going to lag. Normally we have it
4 posted that first week, but I think we're
5 going to lag about a week or so. So more
6 toward around the middle of the month so
7 that the data warehouse can catch up and
8 ensure that the information we're sharing is
9 a little more accurate in terms of --
10 especially of the number of terminations --

11 MS. BEAUREGARD: Right.

12 MS. CECIL: -- as a result of that.
13 So we're working on that right now because
14 we certainly know that that's information
15 that a lot of folks are interested in and we
16 want to have it available. So we'll be
17 doing that hopefully in the next week or so.

18 MS. BEAUREGARD: Okay. That's
19 helpful, thank you.

20 MS. CECIL: Yeah.

21 MS. BEAUREGARD: It's just --

22 MS. CECIL: We didn't think it was
23 going to take so long for us to --

24 MS. BEAUREGARD: Mm-hmm.

25 MS. CECIL: -- create the report out

1 of the other system, so.

2 MS. BEAUREGARD: No, it's good to
3 have that background. So, Jiordan, the
4 other question that we have here, the other
5 data request is how many people received a
6 renewal notice RFI or renewal packet in
7 December, and how many are scheduled to
8 receive one in January?

9 MS. CECIL: Jiordan, if you're having
10 trouble finding that, I'm trying to pull up
11 that report that we can report on that.

12 MS. GRIFFIN: Yeah, my apologies. I
13 was all over the place today and didn't
14 realize we had the TAC meeting, so I'm
15 trying to scramble to get that for you, so
16 give me --

17 MS. BEAUREGARD: Yeah.

18 MS. GRIFFIN: -- just a couple
19 minutes. I can find that number for you.

20 MS. BEAUREGARD: We rescheduled it,
21 and it's --

22 MS. GRIFFIN: Ah, okay.

23 MS. BEAUREGARD: -- it was -- it
24 ended up being a hard time for folks. So
25 hopefully next year we'll be able to stick

1 to our schedule.

2 Let's see, I had something else I was
3 going to ask. It's slipped my mind. But --

4 MS. CECIL: I have -- I might be a
5 little wonky as I walk through this but can
6 provide -- I'll try my best to provide some
7 of this information.

8 So for December, the number of
9 folks -- let's see, let's take it in order
10 -- who received a renewal notice: We had --
11 we sent 5,550 renewal packets. Let's see,
12 what was the next -- RFI's, so a request for
13 information for folks that we attempted to
14 passively renew but were unable to passively
15 renew, we have 8,281. We did I would say --
16 let you know, we were able to passively
17 renew 36,590 folks.

18 MS. BEAUREGARD: That's great.

19 MS. CECIL: And then -- oh, I'm
20 sorry. I gave you renewal packet. And then
21 total for renewal of individuals is 42,140.
22 Is that right? Let's see, yeah.

23 MS. BEAUREGARD: And that was for
24 December?

25 MS. CECIL: December, yep.

1 MS. BEAUREGARD: Okay.

2 MS. CECIL: Yep.

3 MS. BEAUREGARD: Do you have
4 terminations?

5 MS. CECIL: Yes. So for
6 terminations, we have 1,830.

7 MS. BEAUREGARD: Okay.

8 MS. CECIL: I don't have January
9 numbers yet.

10 MS. BEAUREGARD: All right. Thank
11 you.

12 MS. CECIL: Yeah. We're still in the
13 processing for January.

14 MS. BEAUREGARD: Okay. One thing
15 that we've stated -- I'm not -- I can't say
16 that we've necessarily seen this recently,
17 but I know that we've had some examples of
18 people who went through passive renewal, but
19 were terminated, and at least from what we
20 know, didn't receive an RFI. Now, that's a
21 hard one to, you know --

22 MS. CECIL: Yeah.

23 MS. BEAUREGARD: -- to necessarily
24 confirm, but one of the things that we've
25 discussed is that, you know, when people get

1 a notice that says they're eligible for QHP
2 or might be eligible for QHP with premium
3 assistance, and there is information on
4 that, you know, that says if you think
5 you're still eligible for Medicaid, you can
6 do XYZ. But those individuals should be
7 getting an RFI if they -- if you determine
8 that they can't be passively renewed; is
9 that right?

10 MS. CECIL: That's correct. Yeah,
11 they should be getting --

12 MS. BEAUREGARD: They shouldn't only
13 receive that notice. That should be the
14 second notice that they would receive.
15 Like, it would first be an RFI, and then, if
16 they don't respond to that or they're still
17 not eligible, then they would get that
18 notice about QHP.

19 MS. CECIL: Yeah, and let me take
20 that back and just verify things. And we're
21 certainly happy to provide a copy of the
22 notice that individuals that we've gone out
23 and tried to perform ex parte and the
24 system's coming back and telling us that --
25 if we're going out and trying to verify the

1 data source, that will generate an RFI. If
2 somebody has told us -- so they report --
3 they've actually reported to us that their
4 income has changed, I think that's handled a
5 little differently, but let me go back and
6 get some clarifications --

7 MS. BEAUREGARD: Okay.

8 MS. CECIL: -- and make sure that
9 we're on the same page.

10 MS. BEAUREGARD: Well, our real
11 concern is just that nobody is being
12 passively terminated without getting an RFI.

13 MS. CECIL: Absolutely. I understand
14 that.

15 MS. BEAUREGARD: So --

16 MS. CECIL: Yep.

17 MS. BEAUREGARD: And it seems like --
18 again, we can't -- we're not in anyone's
19 home, so we can't verify if they've gotten a
20 notice.

21 MS. CECIL: Mm-hmm.

22 MS. BEAUREGARD: And it's hard for
23 you all to verify that too --

24 MS. CECIL: Mm-hmm.

25 MS. BEAUREGARD: -- to know that it

1 was delivered and received. But we have
2 heard of instances where the notice that
3 people are aware of is the one saying that
4 they're not eligible --

5 MS. CECIL: Okay.

6 MS. BEAUREGARD: -- and, you know,
7 they may be eligible.

8 MS. CECIL: It talks about the QHP?

9 MS. BEAUREGARD: Yeah.

10 MS. CECIL: Or the availability of
11 the QHP?

12 MS. BEAUREGARD: Yeah.

13 MS. CECIL: Okay.

14 MS. BEAUREGARD: It -- yeah, exactly.
15 So, yeah, if we could just kind of dive into
16 that a little deeper and make sure that that
17 RFI is getting out to folks who you are, you
18 know, suspecting probably aren't eligible,
19 but need to verify.

20 MS. TYNER-WILSON: And, Emily, this
21 is Melanie. Can I ask a question because
22 would it ever be a possibility of
23 information going to a case manager versus
24 the actual individual and this -- with this
25 group of individuals?

1 MS. CECIL: It gets sent to the
2 member.

3 MS. TYNER-WILSON: Okay.

4 MS. CECIL: The member drives -- the
5 member drives where the notice is sent,
6 so --

7 MS. TYNER-WILSON: Okay.

8 MS. CECIL: I know sometimes members
9 put their -- might put a representative on
10 there, but we always send it to the member.

11 MS. TYNER-WILSON: Okay.

12 MS. BEAUREGARD: And I would assume
13 that there are times when if somebody
14 authorizes someone else, you know, to
15 receive those messages or notices, and then
16 their case manager changes or is out. You
17 know, it could happen that there is a gap
18 and that someone doesn't get the message, or
19 the notice passed on directly to them. So
20 it's something we should be paying attention
21 to. And I would say particularly for people
22 who are in long-term care or on a waiver
23 program.

24 MS. CECIL: Mm-hmm.

25 MS. BEAUREGARD: They should, you

1 know, make sure that they're updating that
2 from time to time because it could be --

3 MS. CECIL: Absolutely.

4 MS. BEAUREGARD: -- that something's
5 changed. So it is something to keep in
6 mind.

7 MS. CECIL: Absolutely.

8 MS. BEAUREGARD: I think we've
9 covered everything there. Does anybody have
10 any other questions or anything to bring up
11 related to the data request and Medicaid
12 renewals?

13 (No response).

14 MS. BEAUREGARD: Okay. Now,
15 Veronica, which of the next items do you
16 think we've got the right people on to
17 address?

18 MS. CECIL: Let me check here.

19 MS. BEAUREGARD: We don't have to go
20 in order.

21 MS. CECIL: Okay. I appreciate that.
22 Let's see, let me look and see if -- or,
23 Erin, do you -- oh, Angie. Angie has
24 joined. Angie, not to put you on the spot
25 --

1 MS. PARKER: I'm ready. I know
2 Emily's been asking for this for a while --

3 MS. CECIL: Yes.

4 MS. PARKER: -- so I'm ready.

5 MS. CECIL: Okay, excellent. I shall
6 turn it over to Angie.

7 MS. PARKER: So, Erin or Kelli, I
8 don't know, if you can let me share.

9 MS. BICKERS: You should be cohost
10 now.

11 MS. PARKER: Okay. Now, to find the
12 right report. There we go. What I am going
13 to show you is a -- what was part of what
14 was submitted to CMS for the 2022 -- that's
15 not what I wanted to provide you. But I can
16 show you, this is for 2024 -- what was
17 submitted for 2024. I was going to show you
18 what we made for 2022, but while we're here,
19 what the measures are that are being planned
20 for 2024: Thirty day all cause unplanned
21 readmissions, sepsis screening and bundle
22 compliance, CAUTI is catheter assisted UTI
23 --

24 MS. THERIOT: Associated.

25 MS. PARKER: -- and CAUTI low-volume,

1 C. diff -- I'll let you all -- I don't --
2 I'm sure I would butcher that clostro --
3 yeah, short name is C. diff. It's a
4 gastrointestinal-type issue typically
5 obtained in the hospital. Social
6 determinants of health, hours of physical
7 restraints for psych only, hours of
8 seclusion use for psych only. Patients
9 discharged with multiple antipsychotic
10 medications with appropriate justification,
11 discharged to home and community, discharge
12 with an opioid Rx prescription, opioids for
13 uncomplicated vaginal delivery, suicide
14 screening in the emergency room, maternal
15 depression and SUD screening, and emergency
16 department opioid use for acute ankle
17 sprain. I believe that is it for 2024.

18 Now --

19 MS. BEAUREGARD: Thank you, Angie.
20 It's good to see those measures. Can you
21 tell us if anything changed from 2022 to
22 2024?

23 MS. PARKER: Well, I'm going to try
24 to, yes. There were additional --

25 MS. BEAUREGARD: You added measures,

1 but didn't take measures away? Is that --

2 MS. PARKER: We added. We didn't --

3 I'm pretty sure we didn't take anything

4 away. I'm going to take -- let's see, I

5 can't -- I don't know why it's not showing

6 up where I want it to. So I will -- I don't

7 want to get up, so I'm going to take myself

8 off video, and if you want to go on to

9 somebody else while I search for this,

10 that's fine.

11 MS. BEAUREGARD: Okay. We can do

12 that. And I do have -- I wanted to know a

13 little bit more about how you're also kind

14 of tracking things, but what would the next

15 topic be that you all can speak to at DMS?

16 MS. SPARROW: Hi, Emily. It's Angela

17 Sparrow. Leslie and Pam, again, are

18 attending the 1915i educational session. So

19 I wanted to provide an update regarding the

20 1915i and 1115 SMI waiver that was on the

21 agenda.

22 So again, thank you for everyone who

23 was able to participate in the 1915i

24 sessions that were held last week and this

25 week throughout the state. Again, they do

1 wrap up today. I think, again, we had a
2 fair attendance at the in-person.

3 Certainly, had a good attendance for the
4 virtual sessions that were -- the in-person
5 that was made virtual as well.

6 So again, I think we received some
7 good questions. Certainly, value everyone's
8 input. Again, were able to meet with some
9 of the consumers which were able to provide
10 some valuable feedback as well as to what is
11 currently proposed and drafted under the
12 1915i.

13 So just a reminder, the presentations
14 and the recordings of those will be posted
15 on the website. Today does conclude that,
16 so hopefully, again, within the next week
17 following these sessions again, we will
18 review those questions and feedback,
19 continue to complete the draft of the
20 application, and move towards a public
21 comment period, an official public comment
22 period. And so again, we would anticipate
23 that that would be next -- again, into the
24 next year, early next year.

25 So that would be a 30-day public

1 comment period. Notices would go out to
2 everyone when that is posted for an
3 opportunity to view the actual application.
4 So again, the educational sessions were
5 really kind of the overall -- as we know,
6 when we look at the official application
7 that's submitted, sometimes those are
8 lengthy in words as far as how to read
9 through those and it can be complicated. So
10 really it was -- those were opportunity to
11 provide a high-level overview as to what to
12 expect in that. So those are the next steps
13 regarding 1915i progress and submission to
14 CMS.

15 Regarding the 1115 waiver that was
16 submitted to CMS in May of this year, we
17 have not received any additional comments --
18 excuse me, questions from them. We had some
19 initial questions that were answered --
20 responded to around -- mostly around the
21 recuperative care pilot.

22 With that being said, the National
23 Institute, again, did recently release a
24 playbook around medical respite. So our
25 team is viewing that playbook, that guidance

1 to see, again, how our proposed service
2 aligns with that criteria and guidelines to
3 see, again, what we could incorporate or if
4 we should make any proposed changes. And so
5 that's something that we're reviewing as
6 well.

7 We do continue to keep all of the
8 amendments on our monthly calls with CMS.
9 So we have a call with them next week, plan
10 to reach back out to them during that time
11 and ask if they have any additional
12 questions for us regarding that proposed
13 amendment, or again, if there's anything
14 that the state needs to do. But we do
15 really anticipate, with the submission of
16 our upcoming branch re-waiver, that really a
17 lot of the negotiations and questions will
18 kind of align with at the same time, and
19 hopefully approval for all of those
20 amendments at once.

21 MS. BEAUREGARD: Thanks, that's a
22 good update. I wanted to go back quickly
23 just to the town halls that are happening
24 now and have been for the past couple of
25 weeks. I've talked to about three people --

1 at least three people, maybe more who have
2 attended either in person or virtually. But
3 for those who attended in person, I think
4 they were surprised and disappointed to be
5 honest that there was no opportunity for,
6 like, two-way sort of dialogue. That there
7 wasn't any opportunity to interact and, you
8 know, ask a question, or share input, you
9 know, just kind of vocally during the
10 meeting, and that it seemed very just, you
11 know, like this one-way, you know,
12 presentation. Like you just described it as
13 education and I think that's probably what
14 it was, an educational session more than a
15 town hall.

16 So I think maybe expectations were
17 different for the people participating, and
18 to, you know, drive and attend something in
19 person in the middle of the day, you are
20 going in person typically because, you know,
21 you want to have that opportunity for
22 engagement more so than, you know, zooming
23 into a virtual meeting.

24 So I've noticed that that's been true
25 of some other, you know, public meetings

1 that have been held on recent waivers as
2 well. And, you know, I understand why you
3 don't want to prematurely answer a question
4 or provide information if, you know,
5 something is still sort of in process and
6 under development, but at the same time,
7 there has to be a way that people can at
8 least feel like their questions are maybe
9 being heard in that some, you know -- there
10 could be some that are easy to answer and
11 others that aren't. And then just taking
12 that opportunity to take general feedback as
13 well, and not just in writing. I think
14 people would appreciate it and feel like
15 they're getting something more out of the
16 process.

17 And I'm -- I mean, I hope this is --

18 MS. SMITH: Hi, Emily --

19 MS. BEAUREGARD: -- constructive
20 feedback. I understand that those are
21 always meetings, like I said, you're trying
22 not to overpromise or, you know, say
23 something that ends up changing. So I do
24 understand that aspect of it.

25 MS. SMITH: Hey, Emily, it's Pam. I

1 think that we are going to -- so we've
2 collected all of those questions and the
3 ones that have been submitted. I've gotten
4 some to my personal e-mail as well as to --
5 we've gotten them in the public comment box
6 since the meeting.

7 So we're gathering all of those, and
8 then before we put the waiver out officially
9 for public comment, I think that we will do,
10 like, one more probably virtual session
11 to -- or maybe even after it's been out for
12 a week or so, or maybe in the middle of it
13 while people have had time to look at it to
14 give stakeholders additional opportunities
15 to ask questions and to provide that
16 feedback.

17 And I know I've talked to a couple
18 individuals at some of the sessions and have
19 staff that are going to work with them. I
20 have their names so that they can -- we're
21 going to reach out to them and call them and
22 help them to collect their feedback so that
23 they don't have to go through, you know,
24 type that up all again. And we'll offer
25 that -- that'll be one of the mechanisms

1 like we do usually for the public comment as
2 well.

3 So trying to give everybody every
4 opportunity possible, but yeah, I've -- we
5 are taking that feedback back. I have heard
6 that, and so we are listening to that, so.

7 MS. BEAUREGARD: Thank you, I
8 appreciate that.

9 MS. HOFFMANN: Emily, this is Leslie.
10 I was just going to let you know, too, that
11 any folks that were here that had personal
12 situations, we've met with them after the
13 sessions. So we've had our Richmond and
14 Louisville, both of those had personal
15 meetings with, you know, moms and dads and
16 things like that. And caregivers.

17 MS. BEAUREGARD: Okay. That's good
18 to know. And I'll just say, you know, part
19 of it is, you know, as much as you can
20 providing that opportunity for some
21 interaction. But when you expect it to just
22 be informational, I think just make it very
23 clear that it will just be informational so
24 that people don't come with the expectation
25 that it will be more of a town hall style

1 where they can speak up or ask a question,
2 whatever the case may be.

3 So I think it could be a mix of ways
4 that you kind of address that moving
5 forward, but I appreciate what you all
6 shared in terms of how you're making
7 adjustments. So thank you for that.

8 Do people have any questions about
9 the waiver?

10 (No response).

11 MS. BEAUREGARD: All right. Why
12 don't we go back to the hospital rate
13 improvement program measures.

14 MS. PARKER: Let me make sure I can
15 get it correct this time. I think I can.

16 Okay. So for 2022, the quality
17 measures: As I mentioned, the catheter
18 assisted UTI is the same for 2024 and here
19 are the -- we have the benchmark, the goal,
20 total number of hospitals meeting the goal,
21 and total number of hospitals not meeting
22 that goal.

23 So for that, in 2022, 20 met, 10 did
24 not. For the utilization ratio -- for the
25 catheter utilization ratio, all eligible

1 hospitals met. For the C. diff: 34
2 hospitals met, 12 hospitals did not. And
3 the rate: All eligible hospitals met the
4 goal.

5 Sepsis screening and bundle
6 compliance: All eligible hospitals met.
7 Readmissions within 30 days: 78 hospitals
8 met the 5 percent improvement, and 76
9 hospitals met the 10 percent improvement.
10 Twenty-one hospitals did not meet the
11 5 percent improvement, and 23 hospitals did
12 not meet the 10 percent improvement.

13 Concurrent e-prescribing: 95
14 hospitals met the goal, 7 did not. Provider
15 opioid education: 90 met, 12 did not. SDOH
16 screening: 97 met, 10 did not.

17 And, you know, this kind of gives a
18 little information on what each measure is
19 about. Hours of seclusion: All eligible
20 met. Hours of restraint: All eligible met.
21 Admission screening for violence: All
22 eligible met. Discharged to community: All
23 eligible met the goal.

24 And that is it for 2022.

25 MS. BEAUREGARD: So a lot of those

1 2022 measures were establishing that
2 benchmark to compare to 2024.

3 MS. PARKER: Mm-hmm.

4 MS. BEAUREGARD: Okay. Which makes
5 sense. Can you remind us, I know that when
6 the hospitals agreed to make improvements in
7 order to get this enhanced payment, what is
8 -- over time, what do hospitals have to
9 maintain or what level of improvement do
10 they need to demonstrate in order to keep
11 the enhanced payment?

12 MS. PARKER: It's 5 to 10 percent I
13 believe, Emily. I will have to get the
14 specifics for you on how all of that was
15 paid out. Excuse me, I'm very hoarse today.
16 I'm not sure why.

17 MS. BEAUREGARD: And is it that as
18 long as so many hospitals are meeting these
19 measures, meeting the benchmarks, that all
20 hospitals will continue to be paid that
21 enhanced rate, or will hospitals be paid
22 different rates depending on their
23 performance?

24 MS. PARKER: It's depending on
25 performance.

1 MS. BEAUREGARD: Will some
2 potentially lose the enhanced rate?

3 MS. PARKER: It depends on
4 performance.

5 MS. BEAUREGARD: Okay. But it
6 wouldn't be all hospitals?

7 MS. PARKER: No.

8 MS. BEAUREGARD: Okay. All right.
9 Well, that's good to know. Is 2024 the year
10 in which CMS would make that decision after,
11 you know, we've got the benchmark data now,
12 and then we have another --

13 MS. PARKER: We have to submit -- we
14 submit a preprint every year. We have to do
15 that, it's an annual requirement of CMS. So
16 we have to get -- what you just saw for
17 2024, is what we're getting ready or just
18 submitted to CMS for their review and
19 approval.

20 So it can change every year if we
21 wanted to depending on, you know, what the
22 measures are. They just have to -- even if
23 we're setting up the benchmark, they can
24 approve that -- they will approve that as
25 well. If we don't have something they do

1 give us time to determine a benchmark.

2 MS. BEAUREGARD: Right. That makes
3 sense. Once you have the benchmark though
4 after another year or two of measurement, is
5 that when CMS or DMS would determine if a
6 hospital is still eligible for that enhanced
7 payment?

8 MS. PARKER: Yes, we can -- like I
9 said, we can change it every year each
10 measure if we wanted to, but it doesn't make
11 sense to do that. It takes usually --

12 MS. BEAUREGARD: Oh, no, I'm sorry.
13 I'm not being clear, I guess. I don't mean
14 changing the measures. I just mean
15 determining performance and --

16 MS. PARKER: Okay.

17 MS. BEAUREGARD: -- whether or not
18 the hospital can still participate in the
19 HRIP program in terms of performance.

20 MS. PARKER: They can. All hospitals
21 can participate that are eligible, if that
22 makes any sense to anybody -- every year
23 that are a part of the hospital rate
24 improvement program. If they do not meet
25 the measure, then they don't get paid. So

1 that's more of --

2 MS. BEAUREGARD: So it's even on a
3 measure by measure basis?

4 MS. PARKER: Yes.

5 MS. BEAUREGARD: They'll all still
6 continue to participate in the program, but
7 if they're not meeting that metric, then
8 they're not getting paid the average
9 commercial rate for those particular
10 services.

11 MS. PARKER: Yes.

12 MS. BEAUREGARD: I see.

13 MS. PARKER: And this is beyond my --
14 the math part and the actuarial part of all
15 of this is above my head, so --

16 MS. BEAUREGARD: But it's not that
17 they just are no longer getting the average
18 commercial rate with Medicaid members
19 generally speaking. Okay.

20 MS. PARKER: Yes.

21 MS. BEAUREGARD: I see.

22 MS. PARKER: I hope I said that
23 right. If not, I will let you know at the
24 next meeting.

25 MS. BEAUREGARD: I was mostly just

1 wondering how exactly CMS was tracking this
2 and determining, you know, whether or not to
3 continue the enhanced rate, you know, based
4 on performance.

5 MS. PARKER: They allow us to track
6 it. And basically, what they're doing is
7 approving -- when we submit our preprint,
8 what we are planning on doing, they either
9 approve that or not.

10 MS. BEAUREGARD: Okay.

11 MS. PARKER: And if there's certain
12 areas in which they disagree with or think
13 we need to change, then that will happen.

14 MS. BEAUREGARD: That's good to know.

15 MS. PARKER: If it's not clear to
16 them, they will typically submit questions
17 back to us, and then we answer those and
18 make adjustments as necessary to the
19 preprint.

20 MS. BEAUREGARD: Okay, thanks. Does
21 anybody have questions or thoughts?

22 (No response).

23 MS. BEAUREGARD: Angie, one thing
24 that -- we had made a recommendation earlier
25 this year that there be a process to track,

1 you know, performance and the impact more
2 than anything of the HRIP program. And the
3 response from DMS was that it was a good
4 idea, and they would want some input from
5 the Consumer TAC. Now, I think it would be
6 helpful to know a little bit more about what
7 kind of input would be useful and what kind
8 of tracking process may already be in place,
9 but I think we would be interested in, you
10 know, being able to have a little bit more
11 input. One, in what some of those measures
12 are, but then, you know, in what a potential
13 report might look like, how the information
14 is used to, you know, continue to make
15 improvements.

16 MS. PARKER: Mm-hmm. You know, KHA,
17 we work with Kentucky Hospital Association.
18 They're basically the head of facilitating
19 all of this with all of the hospitals, and I
20 do have a draft of, you know, some of what's
21 been accomplished for the 2022 that was
22 submitted to CMS that I could provide to you
23 all, as well, that includes what I just went
24 over.

25 MS. BEAUREGARD: Yeah, that would be

1 helpful. And then, I think when you put the
2 preprint together, that would probably be
3 the best opportunity for input. Am I right?

4 MS. PARKER: Probably. But it's
5 based on, you know, we, like I said, work
6 with KHA. What are some of the areas in
7 which we know needs improvement based on
8 either claims or what is being seen?

9 Obviously, at any time during the
10 year -- because this is typically submitted
11 at the end of the year for the following
12 year. Obviously, if there's anything,
13 feedback at any time, feel free, you can
14 reach out to me there on that -- that you
15 may see -- that you think we should be
16 following.

17 MS. BEAUREGARD: Okay. I think it
18 would be helpful to have, you know, a draft
19 of the preprint in order to provide that
20 feedback. So perhaps, next year before you
21 submit, if we could have -- review a draft,
22 we could give you a little bit more of an
23 informed --

24 MS. PARKER: Erin can get you a copy
25 of that.

1 MS. BEAUREGARD: Okay. That would be
2 great, thank you. I know we got one from I
3 think --

4 MS. PARKER: She is our submitter of
5 our preprints.

6 MS. BEAUREGARD: Okay.

7 MS. CECIL: Yeah. Just to add to
8 that, I think maybe let us think through a
9 really good process for that. You know, we
10 are -- one of our focused areas, and I would
11 actually say priorities as we move into 2024
12 and beyond, now that we have a good sense
13 that we're going to be here hopefully for
14 four years to really start doing some other
15 things and put some things in place.
16 Quality is going to be a primary focus.

17 So we're right now talking, just
18 trying to sort of get our ducks in a row to
19 try to figure out, well, what's that going
20 to look like, and how are we going to -- we
21 want to bring stakeholders to the table. We
22 want a good diverse group of individuals
23 helping us, you know, make the decisions
24 about where we go and how do we measure it
25 and evaluate it.

1 So I think maybe what would -- what I
2 would foresee us -- and this is subject to
3 change as the commissioner gets involved,
4 but moving forward is that, you know, a
5 couple of months prior to when we really,
6 you know, working backwards, a couple months
7 prior to when we would submit that is to
8 talk with you all about, you know, where our
9 priorities -- we really want to align
10 quality metrics across the program for all
11 the different value-based programs. What
12 the MCOs are doing, what individual provider
13 associations are doing or are focused on,
14 and really just kind of trying to align
15 efforts so that we're working together
16 towards certain outcomes.

17 So I think maybe, you know, we'll
18 keep -- maybe keep this as a conversation
19 about what does that look like, and how can
20 we maybe present to you all for
21 conversation, for discussion as a TAC agenda
22 item to be able to provide that thoughtful
23 feedback. Because I do think, yeah, it's
24 good for you all to know what we're
25 thinking. It doesn't mean it's in stone.

1 We want -- we really are looking for that
2 feedback, and we do want stakeholders
3 helping us develop what that quality
4 program's going to look like as we move
5 forward.

6 MS. BEAUREGARD: Well, and I'm all
7 for alignment across these different
8 value-based reimbursement models, so, yes,
9 that sounds like a --

10 MS. CECIL: Yeah.

11 MS. PARKER: I actually am working on
12 what we have with the value-based purchasing
13 program with the MCOs, the HRIP program, and
14 what we're doing with UK U of L working on a
15 document to kind of show what all of those
16 are --

17 MS. BEAUREGARD: Mm-hmm.

18 MS. PARKER: -- and comparing those.
19 And as Deputy Commissioner Cecil stated, you
20 know, we've got all the MCOs doing
21 value-based contracts with providers, and
22 what do they look like? And just yesterday,
23 Emily, the SHIP meeting that we had --

24 MS. BEAUREGARD: Mm-hmm.

25 MS. PARKER: -- the State Health

1 Improvement Program, that all ties into
2 quality.

3 MS. BEAUREGARD: I know, that was on
4 my mind, yes.

5 MS. PARKER: Yeah, so I mean, that's
6 what I was thinking because that was the
7 first meeting I was able to attend. The
8 first one I had a conflict, so just reading
9 through all of that, there's so many good
10 meetings or whatever going on, and how they
11 all intersect with what we're doing and what
12 the cabinet's doing.

13 MS. BEAUREGARD: Exactly. Yeah, no,
14 that sounds good. Is there -- is it maybe
15 summer of 2024 that you would anticipate
16 starting to work on the next preprint or
17 getting people to get their --

18 MS. PARKER: Well, the preprint is
19 one thing. The overall quality and how
20 we -- is another. Well, they tie into each
21 other, but obviously, any ideas -- I mean,
22 we can share what a general preprint looks
23 like or what the latest one was of, you
24 know, that -- until we get CMS approval,
25 we're not going to share our preprint. We

1 get an approval, then we can share. We can
2 share the 2022 preprint so you can see what
3 it looks like.

4 MS. BEAUREGARD: But we can't --

5 MS. PARKER: But if your question is
6 overall quality, well --

7 MS. BEAUREGARD: Both. I mean, yeah.
8 It doesn't -- I'm interested in more than
9 just the preprint. I was just trying to
10 think timeline-wise and when we would put it
11 on the agenda --

12 MS. PARKER: Okay.

13 MS. BEAUREGARD: -- and what would
14 make sense.

15 MS. PARKER: Mid-summer. Give me
16 some time to figure it out.

17 MS. BEAUREGARD: Okay.

18 MS. CECIL: Summer or our summer
19 meeting is -- would be right for us having a
20 conversation about what we're going to look
21 for in the next preprint because we'll have
22 it submitted by October. No, when do we
23 usually submit those, Angie?

24 MS. PARKER: Yeah. We try to get it
25 October/November at the latest.

1 MS. CECIL: Yeah.

2 MS. PARKER: And then -- because we
3 have to give them time to come back with
4 questions and answer those.

5 MS. CECIL: So even, you know, early
6 summer. I was going to try -- I know the
7 meeting dates are on the -- oh, they're on
8 the agenda. There we go. So maybe that
9 June 19th meeting would be a good meeting
10 for this to be on the agenda -- my
11 recommendation.

12 MS. BEAUREGARD: Okay. That sounds
13 good, thanks. Any other discussion about
14 that before we move on?

15 (No response).

16 MS. BEAUREGARD: I think we've got
17 another item for you, Angie, which is the
18 network adequacy demo. Just follow-up
19 really from what we -- what you presented at
20 the last meeting and what we discussed about
21 potentially getting some input from
22 providers and consumers about how to better
23 track or how to better measure network
24 adequacy. And particularly when we have
25 gaps in adequacy and when people are -- when

1 the unmet need essentially, when people are
2 looking for a service or a provider and
3 can't get it, that's hard to capture. And
4 we'd love to just kind of brainstorm ways so
5 that we can do that.

6 MS. PARKER: Sorry. When I saw this
7 on the agenda, I was thinking maybe it was
8 comments that you all as a TAC may have.
9 Obviously, we are, as I alluded to
10 previously, that we are looking at -- DMS is
11 looking at network adequacy and how to
12 effectively address those challenges. And I
13 know with the SHIP meeting from yesterday,
14 that was, you know, that's a huge topic and
15 that's one of the SMARTIE goals. So I think
16 that will be very helpful.

17 MS. BEAUREGARD: Okay.

18 MS. PARKER: But I didn't know if
19 there was anything else you had in mind for
20 --

21 MS. BEAUREGARD: Something I had
22 suggested, and it sounded like there was
23 some interest in it on the last call, I --
24 the name of the person who presented from
25 your office of data analytics, I'm blanking

1 on --

2 MS. PARKER: Angela Taylor, mm-hmm.

3 MS. BEAUREGARD: Thank you.

4 Angela -- the other Angela. So she had
5 seemed interested in getting some input from
6 providers and consumers. I just -- I think
7 we need a process in order to do that, so if
8 there's a way. And maybe you're right.
9 Maybe it can happen through the SHIP
10 initially, but if there's a way for
11 providers and consumers to really think
12 through: How do we capture that unmet need,
13 and, you know, just better track network
14 adequacy, generally speaking, I think that
15 would be helpful.

16 And hopefully will inform your work
17 and make it better because I really liked
18 the maps that you had been working on. I
19 just -- I see where the gaps are too.

20 MS. PARKER: Mm-hmm, yes. And, you
21 know, the conversations that were had at the
22 Kentucky Voices for Health meeting you all
23 had a couple weeks ago, knowing -- asking
24 the boards to get that information would be
25 very helpful.

1 MS. BEAUREGARD: Yeah, the license
2 reports? Absolutely.

3 MS. PARKER: Yeah. So it's multiple
4 tentacles on how to address it, but we are
5 working internally within certain divisions
6 within Medicaid to see if a provider is
7 enrolled, are they actually seeing Medicaid
8 patients? And if they aren't, how are we
9 going to address that, and find out why,
10 and, you know, utilize MCOs to ensure that
11 what they're actually reporting is actually
12 being -- providers are actually seeing
13 patients.

14 So it's a process, and, you know,
15 provider and consumer, obviously, at any
16 time, we do welcome input. But I do think
17 with the SHIP and other avenues, that we're
18 looking at this holistically will be of
19 great assistance.

20 MS. BEAUREGARD: And maybe we can get
21 Angela looped into that work too. We
22 haven't voted on those goals, but if network
23 adequacy is one of them, then I think that
24 would be something that we'd like to work
25 with you on -- more closely on.

1 MS. PARKER: Absolutely, sure.

2 MS. BEAUREGARD: And you're right,
3 that licensure data would be so helpful, and
4 I thought that the 2023 workforce report
5 outlined it really, really well. So thank
6 you, all, for that. Anything else related
7 to network adequacy?

8 (No response).

9 MS. BEAUREGARD: And, Arthur, I saw
10 your comments in the chat, and happy to wait
11 until we get to the recommendations section,
12 but if you want to discuss them sooner, we
13 can do that as well.

14 We have the next item on the agenda
15 is language access, and we had discussed a
16 few things. You know, one was a potential
17 recommendation, which we tabled because you
18 wanted to have some further discussion.

19 And then we also discussed, you know,
20 how DMS could put together a language access
21 decision tree so that people better
22 understood, you know, how that process
23 works, where they should go first to, you
24 know, request an interpreter or translation,
25 and what to do if, for whatever reason, they

1 aren't getting the services that they need.

2 So there are kind of two items there,
3 but would you like to go ahead and address
4 what you had put in the chat or wait?

5 MR. CAMPBELL: If you want to you can
6 read what I wrote.

7 MS. BEAUREGARD: Okay.

8 MR. CAMPBELL: All of it.

9 MS. BEAUREGARD: I'll read it.

10 MR. CAMPBELL: Yeah.

11 MS. BEAUREGARD: Okay. Thanks,
12 Arthur. So it says, "When we get to the
13 recommendations, I want this to be posted
14 and read, every word. First of all, I want
15 to apologize to Protection and Advocacy,
16 whom I represent on the TAC. Also apologize
17 to the TAC committee for not getting what I
18 was trying to write finished before today's
19 meeting. I want what I have written so far
20 read at this meeting, and I will finish what
21 I'm trying to write out by the meeting in
22 February."

23 "In October, at the Consumer Rights
24 and Client Need TAC meeting, the
25 chairperson," that's me, "made a proposal

1 that the Consumer Rights and Client Need TAC
2 committee make a recommendation to the MAC.
3 That the MAC asked or recommend to the
4 Department of Medicaid Services to pay for
5 translators and interpreters when foreign
6 nationals, refugees, and people who speak
7 different languages and dialects other than
8 English when these people go into the
9 hospital or visit the doctor's office."

10 And Arthur is asking that the
11 chairperson "table this important
12 recommendation until today's meeting
13 because, in the current form, it would have
14 left out a large segment of the Medicaid
15 consumers, which is people with from
16 moderate to severe speech impairments."

17 "No doubt, there are untold thousands
18 of Kentuckians in the Commonwealth, like
19 myself, who has from moderate to severe
20 speech impairments who are Medicaid
21 recipients. Before 2019, persons who had
22 severe physical speech impairments and who
23 were Medicaid recipients could not bring
24 their personal aides and attendants to
25 hospitals and doctors' offices to translate

1 or interpret the words of the person with
2 speech impairments to the medical staff and
3 charge Medicaid for this service these aids
4 and attendants rendered to the individual
5 with severe speech impairments. If the
6 Medicaid client tried to bill the Department
7 of Medicaid Services for this cost, the
8 Medicaid recipient could be charged with
9 Medicaid fraud. Then in 2019, the COVID-19
10 coronavirus pandemic broke out and
11 threatened to overwhelm all of the nation's
12 hospitals and the entire medical system."

13 So is that when it changed, Arthur?
14 And people are now allowed to have their
15 attendants translate and interpret for them?

16 MR. CAMPBELL: DMS has put out
17 several memos, and some of them say one
18 thing and other memos say something else. I
19 am going to write about that, but yes and
20 no.

21 MS. BEAUREGARD: It sounds like it's
22 inconsistent still whether or not people can
23 bring an assistant or attendant to interpret
24 or translate for them, and also whether or
25 not they will get paid.

1 MR. CAMPBELL: I want Pam Smith to be

2 --

3 MS. BEAUREGARD: Okay.

4 MR. CAMPBELL: -- at the next meeting
5 and I will ask her what's going on. Thank
6 you.

7 MS. BEAUREGARD: Yeah, thank you,
8 Arthur. And we can put that on the agenda
9 for the February meeting, absolutely.

10 MS. TYNER-WILSON: And, Emily --

11 MS. BEAUREGARD: And certainly don't
12 want to leave out anyone with language
13 needs, whether it's language needs, whether
14 it's impairment or speaking a different
15 language and needing a spoken, you know,
16 interpreter.

17 But it sounds like Melanie has a
18 question or a comment to you.

19 MS. TYNER-WILSON: And I want to one,
20 Arthur is my hero. And so thank you so
21 much, Arthur, for putting that information
22 out. I just would like to also include
23 individuals that just so happen to be
24 nonverbal and use other kinds of, like,
25 communication devices and whatnot.

1 So -- but what Arthur has shared is
2 really important, and I really appreciate
3 him sharing that information, so thank you.

4 MS. BEAUREGARD: Yeah.

5 MR. CAMPBELL: I'm going to write
6 about what you said.

7 MS. BEAUREGARD: Okay. Well, this is
8 a thought that I'm having right now. I know
9 that Miranda brought up the language access
10 issues that we were discussing at the
11 October meeting. I think we've got, you
12 know, people who speak different languages,
13 we have speech impairment, and we have
14 people who are nonverbal.

15 So it may be that Miranda creates one
16 recommendation for, you know, interpreters
17 and translation for other languages, that,
18 Arthur, you do something for people with
19 speech impairment, and then, Melanie, you
20 write one for people who are nonverbal. And
21 we can discuss those and vote on those
22 recommendations at the February TAC meeting.
23 Does that sound like a good plan?

24 MR. CAMPBELL: Yes and no. We --

25 MS. BEAUREGARD: Not yet?

1 MR. CAMPBELL: We should have one
2 recommendation --

3 MS. BEAUREGARD: Two recommendations?

4 MR. CAMPBELL: -- but --

5 MS. BEAUREGARD: There -- I -- the
6 number of recommendations I think I would
7 leave up to y'all. Just to make sure that
8 our recommendations address all three of
9 those populations.

10 MR. CAMPBELL: I will write about
11 what I think.

12 MS. BEAUREGARD: Okay.

13 MR. CAMPBELL: And you can decide
14 which one to --

15 MS. BEAUREGARD: We'll discuss them
16 and decide as a committee, Arthur. But,
17 yes, I would appreciate seeing those in
18 February. And the same -- you know,
19 Melanie, any thoughts you have on
20 recommendations, certainly can be as many as
21 you think we need. And, Miranda, you as
22 well. So we'll plan on that.

23 As far as the language access
24 decision tree goes, that was something that
25 DMS thought that they could take a crack at

1 putting together for us. Have you all had a
2 chance to do that yet, or should we also
3 plan on discussing that in February?

4 MS. PARKER: We've been working with
5 the MCOs to see what they currently do, and
6 we do not have that prepared yet, but, yes,
7 we're working on it.

8 MS. BEAUREGARD: All right. Thanks
9 for the update, and we'll put that on the
10 February agenda. We've already talked about
11 the SMI waiver.

12 The next item here is consumer
13 protection from scam calls and short-term
14 limited duration junk plans. We've
15 discussed this a bit at some of our other
16 meetings, and I know that the state is aware
17 of a lot of this activity. I'm just
18 wondering if there's any update on what the
19 state is doing to limit this and to assist
20 anyone who's been caught in a scam.

21 MR. VERRY: Hello, it's David Verry.
22 We have sent out to all of the kynectors and
23 agents, I think twice now, kind of forward
24 facing, what to look for for a QHP. If it's
25 not a consult at Kynect, if it's not one of

1 these four providers -- issuers, if they're
2 asking anything about your health, that kind
3 of thing, to help consumers sort through
4 that, as well. One close contact with a
5 DUI, we've had one case since Medicaid
6 unwinding started of someone who was sold
7 into the wrong plan, and we handled them by
8 special enrollment.

9 So we remain ready. We're in the
10 middle of open enrollment, so we're not
11 seeing a lot of this, but I think after open
12 enrollment closes that's when the predators
13 tend to come out. But we always, in the
14 history of the exchange, we always recognize
15 this as an exceptional special enrollment
16 reason.

17 MS. BEAUREGARD: Yeah, which is
18 great. But as long as people are aware they
19 have an option, and so it's, you know,
20 something that we need to do more education
21 about, I'm sure. David, is the one case
22 that you just mentioned the one that
23 Priscilla may have reported to you?

24 MR. VERRY: I think so. Yeah, it was
25 a health sharing thing I believe.

1 MS. BEAUREGARD: Well, it was a plan
2 that was underwritten by United Healthcare.
3 And so she thought she was, you know --

4 MR. VERRY: Yeah.

5 MS. BEAUREGARD: -- not Priscilla,
6 but the person who was purchasing this plan.
7 And she was working with an agent, or
8 someone who called themselves an agent, but
9 she thought that she was getting a UHC plan,
10 and it was really, you know, another company
11 that was -- I don't know what the
12 relationship was exactly, but it was, you
13 know, some other, like, life-something doing
14 business under UHC, if that makes sense.

15 MR. VERRY: Yeah, they were life
16 insurance not health insurance, and they
17 were selling some kind of --

18 MS. BEAUREGARD: No, it wasn't life
19 insurance.

20 MR. VERRY: -- a private --

21 MS. BEAUREGARD: In any case, I think
22 that was the, you know -- we typically say,
23 if it's these issuers, you should be good.
24 But in this case, it was one of those where
25 the issuer was familiar and seemed legit,

1 and yet the plan was really operated very
2 differently. So in any case, that was one
3 that came to our attention recently.

4 MR. VERRY: Mm-hmm.

5 MS. BEAUREGARD: And the fact that
6 this person who was selling the plan also
7 said that they were an agent was another
8 concern.

9 MR. VERRY: Yeah, and they were an
10 agent with us unfortunately. That term
11 "agent" can kind of be blurry.

12 MS. BEAUREGARD: Right.

13 MR. VERRY: It's a scary word out
14 there. It still remains, we are more than
15 ready to help. We will probably send out
16 another social media -- an alert like we did
17 I think at the beginning of the -- a couple
18 months ago about this. How to look for a
19 scam and that sort of thing.

20 And definitely open to any other
21 ideas on how to get the word out. Luckily,
22 it seems to be not that big of a problem.
23 Of course, it is a big problem if it's
24 happening to you, so whatever
25 recommendations there are to further the

1 cause, would be welcome.

2 MS. BEAUREGARD: It looks like
3 Miranda just --

4 MR. VERRY: Oh.

5 MS. BEAUREGARD: -- popped something
6 into the chat.

7 MR. VERRY: It's from United again,
8 yikes.

9 MS. BEAUREGARD: Mm-hmm.

10 MR. VERRY: Yeah, if you can send
11 that to me, Miranda, in an e-mail, I can
12 start looking at that. And I always get
13 scared when you see one or two of something
14 that maybe it could be an isolated event,
15 but it could be the tip of an iceberg.

16 MS. BEAUREGARD: Yeah, when we hear
17 of something more than once, we start to
18 think --

19 MR. VERRY: Yeah, there are more.

20 MS. BEAUREGARD: -- you know, there
21 are probably a lot of people out there who
22 have enrolled in something and they're not
23 aware that there's a problem, but then they
24 go to user coverage, and --

25 MR. VERRY: Yeah.

1 MS. BEAUREGARD: -- you know, it
2 doesn't work for them for many reasons. Or
3 they're paying more than they should, or
4 they're eligible for --

5 MR. VERRY: Yeah, paying more than
6 necessary.

7 MS. BEAUREGARD: -- Medicaid, but
8 instead they're paying for something that
9 they can't afford. So, yeah, thank you. If
10 you could look into that, that would be
11 great.

12 MR. VERRY: I will look into that,
13 and then we will definitely make a social
14 media post about the same alert that we did
15 last time. We just do it again at a
16 different time as open enrollment closes to
17 help reinforce that: Look carefully at what
18 you purchase. I hate that we have to
19 purchase health insurance but be careful
20 that you're in the right plan.

21 And if, like I said, we had several
22 hundred last year, they were all grouped
23 together in this horrible situation in
24 Florida or something. And we were actually
25 able to get those names to the contact

1 center, so they were ready to catch them
2 when they called.

3 So hopefully we won't have anything
4 like that, but for this United Health thing,
5 now that there's two, I mean, I'm meeting
6 with DUI tomorrow. We'll have to see if
7 there's something else going on out there.

8 MS. BEAUREGARD: Okay.

9 MR. VERRY: That's kind of
10 concerning.

11 MS. BEAUREGARD: Yeah, thank you for
12 looking into it. And, Miranda, do you have
13 anything else that has been an issue related
14 to scams and junk plans?

15 MS. BROWN: No, that's literally the
16 only thing that I've encountered, and I just
17 encountered it yesterday.

18 MS. BEAUREGARD: Well, that's good to
19 know.

20 MR. VERRY: Okay, well, that is good,
21 but again, when the two look similar, my
22 spidey senses go off and I start to get
23 concerned. So --

24 MS. BEAUREGARD: Right, and we know
25 there are some people choosing these plans

1 knowing the limitations of them, but a lot
2 of people, you know, just assume that
3 they're getting something that's --

4 MR. VERRY: Yeah, there are some
5 limited situations where that might be the
6 best choice that you're kind of willing to
7 take that on as a gamble when you're making
8 that choice, but I'm not a fan --

9 MS. BEAUREGARD: Yeah.

10 MR. VERRY: -- because it could go
11 the other way. So I look forward to hearing
12 from you, Miranda. I'll come back in
13 February and hopefully report that it was
14 only two, but we'll see what we can do.
15 Appreciate it.

16 MS. BEAUREGARD: Okay. Thanks,
17 David.

18 MR. CAMPBELL: I --

19 MS. BEAUREGARD: Oh, yeah, Arthur,
20 did you have something?

21 MR. CAMPBELL: Can I ask a personal
22 question? I want to know, I'm on SI and I'm
23 wondering if I'm supposed to be getting a
24 letter saying that I'm supposed to renew my
25 Medicaid?

1 MS. CECIL: I don't know if Jiordan
2 is still on, but the way that works, Arthur,
3 is that someone who receives social
4 security, if they no longer are eligible for
5 social security, we'll get a file from the
6 Social Security Administration to tell us
7 they're no longer eligible. So generally,
8 they are not subject to the annual renewal
9 that most folks are.

10 So we get notified of a change in
11 your circumstance -- in the circumstance of
12 the social security individual, and that is
13 what prompts us to then send something out
14 to confirm. Or maybe even be able to
15 determine if they're eligible for another
16 type of assistance under Medicaid.

17 MR. CAMPBELL: Thank you.

18 MS. CECIL: You're welcome.

19 MR. CAMPBELL: I've been watching the
20 mail. I haven't gotten anything. Thank
21 you.

22 MS. CECIL: Oh, you're so welcome.
23 It can be confusing. Because we have --
24 there are folks that don't have to go
25 through renewal, and those are the ones that

1 we call "categorically eligible". So if
2 you're on social security, you could be
3 eligible. If you're a foster child, you
4 could be eligible through a category, so it
5 can be confusing. So I appreciate the
6 opportunity actually to talk about it, so
7 thank you.

8 MS. BEAUREGARD: You know, Arthur,
9 one of the things that -- oh, I'm sorry.
10 Did you have something else to say, Arthur?

11 MR. CAMPBELL: I just wanted to say
12 thank you.

13 MS. BEAUREGARD: One of the things
14 that we've heard is that because, you know,
15 the pandemic stopped a lot of things,
16 including some work at the Social Security
17 Administration in keeping up to date with
18 people's status. And so around the time
19 Medicaid renewals started, a number of
20 individuals were no longer eligible for SSI
21 and/or had to do something to prove their
22 eligibility, and that coincided with
23 renewals.

24 So if you hear from people, you know,
25 in your community, people that you know who

1 maybe have gotten that kind of notice from
2 SSI, that's something to pay attention to,
3 as well.

4 MR. CAMPBELL: Last week I had to do
5 an interview with SSI, and that's it.

6 MS. BEAUREGARD: Okay. That's good
7 to know. Well, thank you for bringing up
8 that question, Arthur, because we've heard
9 it from folks too. Anything else related to
10 that before we move on? Miranda?

11 (No audible response).

12 MS. BEAUREGARD: No, okay. The next
13 item here is the MAC and TAC orientation
14 packet that I know you all have been working
15 on.

16 MS. CECIL: Yeah, we're really close.
17 I finally had a chance to review it. Right
18 now, we're pretty much just making it
19 pretty, putting on page numbers.

20 And I did have a question though. We
21 were very much focused on letting folks know
22 about the department and, you know, who's at
23 the department, and roles and
24 responsibilities for the TAC and MAC
25 meetings and how meetings are to be

1 conducted.

2 But would it -- I don't want to make
3 it too long, but I had also added in some
4 slides that -- just talking about the
5 Medicaid program in general. Who's covered,
6 what services are covered, and just want to
7 make sure I didn't go too far off what you
8 all were thinking that would be helpful to
9 folks.

10 So just -- I wanted to make sure --
11 it's in there now, but if you all think
12 that's too much, we can take it out. Just
13 wanted some feedback on that.

14 MS. BEAUREGARD: I think that
15 particularly, when you're looking for
16 consumer input or input from anyone who's
17 not a Medicaid provider basically --

18 MS. CECIL: Yeah.

19 MS. BEAUREGARD: -- you know, which
20 we have a number of those individuals
21 serving on different MACS and --

22 MS. CECIL: Yeah.

23 MS. BEAUREGARD: -- or, you know,
24 different TACs and on the MAC. That
25 background information on Medicaid is really

1 helpful. It's a complicated program.
2 There's so many eligibility categories.

3 MS. CECIL: Yes.

4 MS. BEAUREGARD: I don't think we can
5 assume that people understand it all.

6 MS. CECIL: Right. But I added, you
7 know, about the waivers -- the different
8 waivers, and fee-for-service, and
9 managed-care, kind of what the difference
10 between those are.

11 So again, just sort of -- I added in
12 a lot of information just to kind of help
13 understand the Medicaid program in general.
14 So if you guys are good with that, we will
15 clean it up and I think probably be able to
16 have it out -- I'll try before the holiday,
17 but if not, then certainly when we first
18 come back in January, we'll be able to
19 release it.

20 MS. BEAUREGARD: That's great. If we
21 can review it before our February meeting,
22 then we'll be able to give you some feedback
23 then.

24 MS. CECIL: That'd be great.

25 MS. BEAUREGARD: Thank you, all, for

1 your work on that.

2 MS. CECIL: Thanks. Kelli and Erin
3 have done an amazing job, so they did the
4 heavy lift.

5 MS. BICKERS: That was all Kelli,
6 Veronica. I can take -- I looked at it.

7 MS. CECIL: Oh.

8 MS. BICKERS: That's all I did.

9 MS. CECIL: Thank you, Erin, for --

10 MS. BEAUREGARD: Well, we'll have to
11 have Kelli on in February to say thank you.
12 And I just -- before we move on, did anyone
13 have any other thoughts about what
14 information should be in that orientation
15 packet?

16 MS. SHEETS: I'm here, Emily, and no
17 thanks is needed.

18 (Laughter).

19 MS. CECIL: Okay. Well, we'll get it
20 to you, and certainly happy to receive some
21 constructive feedback on the -- on if
22 there's anything we need to tweak. We're
23 happy to do it.

24 MS. BEAUREGARD: Thanks.

25 MS. CECIL: Great idea, thank you.

1 MS. BEAUREGARD: Yeah. So we're
2 ready I think to move on to new business.
3 We have two items. And, Arthur, you had
4 asked us to put this on -- proposal to
5 overhaul the Michelle P and other waivers on
6 the agenda. And you had, I think, someone
7 else that you were planning on inviting to
8 speak. Is that person here with us today?

9 (No response).

10 MS. BEAUREGARD: It looks like Arthur
11 is not in front of his computer right now,
12 so maybe we'll come back to that.

13 The other item that we had under new
14 business was the housing meetings that have
15 been taking place between the Kentucky
16 Housing Corporation and the Cabinet for
17 Health and Family Services. Angie, are you
18 the point person for that?

19 (No response).

20 MS. BEAUREGARD: Did Angie have to
21 jump too?

22 MS. SPARROW: Hi, Emily. It's Angela
23 Sparrow again. I'm not sure, again, if this
24 is the specific meaning that you're
25 referencing, but I can provide some

1 information that I am aware of, and then
2 again, certainly we'll take it back.

3 Again, their Kentucky Health
4 Incorporation has asked to have a
5 partnership again with the cabinet regarding
6 some of the housing initiatives. Really,
7 again, I think that it has extended from the
8 housing collaborative that has been
9 occurring two or three years now. Again, it
10 started with a Medicaid learning
11 collaborative. It was around SUD, substance
12 use disorders, and housing that the state --
13 that the department applied for and
14 participated in with ten other states.

15 However, again, in that
16 collaborative, including Kentucky housing,
17 Department for Behavioral Health, Medicaid,
18 and again, some other state agencies as a
19 part of our Kentucky representative, we
20 really, again, kept in mind more than just
21 SUD as far as Kentucky goes. Again, in that
22 collaborative and through that lens though,
23 again, it was specific to SUD.

24 Once that collaborative ended, again,
25 we continued to meet to discuss the housing

1 needs and continue the work of that. Again,
2 that was when we were also considering the
3 housing supports under the 1115
4 demonstration. So again, the work continued
5 through that, and then again as we moved
6 some of those housing supports under the
7 1915i.

8 So that, again, collaborative and
9 workgroup has been going on for quite some
10 time, but again, they are wanting to meet
11 and do meet at the cabinet level, as well,
12 but we can take it back and get some more
13 specific information.

14 I don't think that that meeting has
15 occurred in the last few months, again, with
16 several initiatives going on, but we'll take
17 it back. Is there any specific questions
18 around that, or --

19 MS. BEAUREGARD: Thanks for the
20 background there. Melanie actually brought
21 this topic to -- or asked to put this topic
22 on the agenda. So, Melanie, if you have
23 anything else that you want to add.

24 MS. TYNER-WILSON: Oh, and thank you.
25 And thank you very much for speaking with us

1 today, and thank you, Emily, for putting it
2 on the agenda.

3 The one thing that I've been learning
4 at the national or federal level is there's
5 beginning to be more conversations between
6 populations that represent intellectual and
7 developmental disabilities, and looking at
8 housing needs. And because we've kind of
9 got a huge population of adults with aging
10 caregivers that are going to need that kind
11 of support in the future.

12 And so, I think there's been some
13 creative dialogue between HUD and Medicaid
14 and other groups at the federal level, but I
15 just wanted to find out what was happening
16 in our state. And I'm excited that there's
17 been discussion regarding SUD and that's an
18 important population. But if you also
19 incorporate individuals that have -- that
20 are vulnerable, you know, that have
21 intellectual developmental disabilities and
22 limited language supports. I hope that that
23 category, that population is also being
24 considered in these conversations.

25 MS. SPARROW: Absolutely, and thank

1 you for sharing that. So again, I think the
2 collaborative at the national level had
3 started off, Melanie, with the focus of SUD,
4 but it was very important and evident our
5 Kentucky specific focus wanted to, again,
6 look at housing supports and more than just
7 our SUD population, but across the whole.

8 And so, from the cabinet level,
9 again, meeting with network group and
10 Kentucky Housing Corporation, does include
11 our Department for Aging and Independent
12 Living, as well as Department for Behavioral
13 Health and Intellectual Disabilities, and
14 then Medicaid, as well. So absolutely.

15 And so, I think again, Kentucky
16 Housing Corporation is willing to work with
17 the cabinet to look at opportunities as they
18 have received additional funding. More so
19 than they have in the past. How we can work
20 together between the services and their
21 services to meet more of those needs and
22 address those. And so again, I think that,
23 you know, it is an ongoing initiative, and
24 very pleased that, again, I can say it has
25 been two or three years that we have, again,

1 have -- it's kind of established and
2 developed and continuing to grow, so, but --

3 MS. TYNER-WILSON: Are those meetings
4 public or can we access a transcript or
5 recording in terms of what is being
6 discussed? Because I know that there's many
7 consumers, myself included, that would
8 really be very interested in being able to
9 listen in or hear what's being discussed.

10 MS. SPARROW: Absolutely. Again,
11 we're happy to take that back and discuss
12 how we can do that.

13 MS. TYNER-WILSON: Thank you. I
14 appreciate the consideration.

15 MS. BEAUREGARD: Yeah, and, Melanie,
16 thank you for bringing this to our
17 attention. One, I've been I guess aware
18 that CMS has been really focusing more on
19 health-related social needs -- that's the
20 term they're using, "health-related social
21 needs," and that can, you know, kind of
22 encompass food, housing, transportation,
23 those sorts of basic needs that people have
24 that impacts their health. And I know that
25 there's an opportunity for states to use

1 some administrative funds -- I think that's
2 right -- to pay for some of those types of
3 services or resources. And I'm just
4 wondering if that's being considered as part
5 of these, you know, discussions with KHC or
6 just generally at the cabinet? Like, how do
7 we take advantage of this opportunity that
8 CMS has given us to use some of our funding
9 to address health-related social needs?

10 MS. SPARROW: Again, not to speak for
11 Angie Parker or if she's still on the call,
12 but I think, again, yes, that's something
13 that we continue to look at, Emily. There
14 are options to expand -- to address some of
15 those health-related social needs under the
16 section 1115 demonstration opportunities.
17 Again, incorporating some of those into the
18 1915i SPA, state plan amendment.

19 And then also, in lieu of service
20 through the managed care organizations. So
21 again, I think California has kind of been
22 the lead in incorporating in lieu of
23 services to meet many of those community
24 supports or health-related social needs.
25 And so, I think that that's something that

1 we will continue to look at.

2 And I think again, not to speak for
3 Angie Parker, but I think, again, is a
4 priority in the Medicaid strategic plan
5 moving forward, as well.

6 MS. BEAUREGARD: Okay. Well, maybe
7 we'll, you know, just add this to the next
8 agenda, as well, to continue the
9 conversation. I've heard that Pennsylvania
10 has a pretty good waiver or new -- it may
11 still be in the proposal phase, I'm not
12 sure. But something we may want to look at
13 in how they're trying to address those
14 health-related social needs. So we can just
15 continue this conversation because I think
16 there's a lot of interest here and of course
17 a lot of need.

18 MS. PARKER: Well, Angela did a very
19 good job, but we do have a specific branch:
20 Equity and social determinants of branch
21 within the quality and population health
22 where we -- where this is a focus for us in
23 a lot of different ways. Just like the
24 language access issue, the transportation
25 issue, and looking more in-depth through the

1 health equity lens of the quality of care
2 that people are getting.

3 So this is a priority, and part of
4 what our whole division is about. If
5 there's more specifics you want, we can
6 certainly get that. And a lot of this, you
7 know, we do have the Disparity TAC that we
8 discuss a lot of this information.

9 MS. BEAUREGARD: That's good to know,
10 thank you.

11 Arthur, we are on new business, and
12 the proposal -- you had asked for this item
13 to be added to the agenda: The proposal to
14 overhaul the Michelle P and other waivers.
15 But you had also had someone that you were
16 planning on inviting to speak.

17 MR. CAMPBELL: Next time.

18 MS. BEAUREGARD: Okay.

19 MR. CAMPBELL: There is another --

20 MS. BEAUREGARD: Okay. That's
21 probably better, too, because Pam Smith
22 hopefully will be able to join us and be
23 part of that conversation.

24 MR. CAMPBELL: That's what I was
25 going to say.

1 MS. BEAUREGARD: Okay, perfect. All
2 right. Well, we are -- thank you, Angela.
3 We are at the next item on the agenda:
4 general discussion. We don't have anything,
5 you know, outlined here right now. Does
6 anybody have anything else to raise?

7 MR. CAMPBELL: I do.

8 MS. BEAUREGARD: Okay.

9 MR. CAMPBELL: Send all of my gifts
10 to my address. Did you guys hear what I
11 said?

12 MS. BEAUREGARD: Send something to
13 his address. Gifts?

14 MR. CAMPBELL: I said you can send
15 all of my gifts to my address.

16 MS. BEAUREGARD: All right. All
17 right.

18 MR. CAMPBELL: Ho ho ho.

19 MS. BEAUREGARD: Thanks for bringing
20 some festivity to the call, Arthur.
21 Reminding us that we're just ten days out
22 from Christmas.

23 MR. CAMPBELL: Yeah.

24 MS. BEAUREGARD: Hard to believe,
25 isn't it?

1 MR. CAMPBELL: Mm-hmm.

2 MS. BEAUREGARD: We can -- I think we
3 can probably move on to recommendations.
4 There you go, Miranda sent you a virtual
5 gift.

6 MR. OWEN: Hey, Emily?

7 MS. BEAUREGARD: Mm-hmm.

8 MR. OWEN: This is Stuart Owen with
9 WellCare. I would like to mention, I don't
10 know if you all realize all the MCOs,
11 earlier in December and our association had
12 a free dental clinic day in Mayfield,
13 Kentucky. People started lining up at
14 7 a.m. I think it was 230 people got free
15 dental care that day. We all partnered
16 together. It was an awesome event. I was
17 not there, but I've talked to other staff
18 who were, and it was just incredible. I
19 think it was 7 a.m. to 7 p.m. or something.
20 It was just a really cool thing and really
21 well received.

22 MS. BEAUREGARD: Great. Thanks for
23 sharing that. Definitely a need for more
24 dental care, so we appreciate it. And I've
25 heard that a lot of the MCOs, maybe all of

1 the MCOs have also been doing some
2 immunization clinics, so maybe that's
3 something we can learn a little bit more
4 about on another agenda.

5 MR. OWEN: Can I ask one more
6 question?

7 MS. BEAUREGARD: Mm-hmm.

8 MR. OWEN: Is Arthur -- are you
9 sending gifts out to everybody else, too, or
10 are you just taking gifts?

11 MR. CAMPBELL: I'm only taking.

12 (Laughter).

13 MS. BEAUREGARD: Smart. Very smart.

14 MR. CAMPBELL: Remember, I am on SSI.

15 (Laughter).

16 MR. OWEN: Ho ho ho, merry Christmas.

17 MS. BEAUREGARD: Anything else we
18 want to discuss before we move on to
19 recommendations? I have a feeling most of
20 our recommendations are going to come in
21 February. We've already talked about a
22 number. I had one in mind, but does anybody
23 else have anything?

24 (No response).

25 MS. BEAUREGARD: Okay. I'm going to

1 go ahead and just to follow up on something
2 that we discussed earlier in the call
3 related to ex parte renewals. My
4 recommendation would just be to -- for DMS
5 to ensure that anyone going through ex parte
6 renewal is not passively terminated without
7 first receiving a request for information or
8 a renewal packet to confirm all data being
9 used by DMS to determine eligibility is
10 up-to-date and accurate.

11 Any thoughts about that before we
12 vote?

13 (No response).

14 MS. BEAUREGARD: Then I'll ask for a
15 motion.

16 MS. BROWN: So you said -- just
17 making sure I'm getting it written down
18 right -- that to make sure that they're not
19 passively renewed without first receiving --
20 and you describe it as a request for
21 information.

22 MS. BEAUREGARD: No, no, not
23 passively terminated. Here, I'll put it in
24 the -- I wrote it down.

25 MS. BROWN: Thank you.

1 MS. BEAUREGARD: Yeah. There it is.
2 That DMS ensure that anyone going through ex
3 parte renewal, which means passive, is not
4 passively terminated without first receiving
5 a request for information or a renewal
6 packet to confirm that all data being used
7 by DMS to determine their eligibility is
8 up-to-date and accurate.

9 So we know that people can be
10 passively renewed without any action, and
11 that's great. But you shouldn't be
12 passively terminated without any action. So
13 that's really what I'm trying to get at.

14 MS. BROWN: Thank you. I make a
15 motion to recommend.

16 MS. BEAUREGARD: Thank you. Can I
17 get a second?

18 MS. TYNER-WILSON: Second.

19 MS. BEAUREGARD: Thank you, Melanie.

20 MS. TYNER-WILSON: And, Emily, and
21 this might be just a snafu, but there is --
22 there has been historically issues when an
23 individual transitions at age 18, and this
24 is like SSI, but it impacts Medicaid as
25 well. But I don't know if there needs to be

1 language within the recommendation that they
2 -- because that's happened to a quite a few
3 individuals where they are -- this whole
4 passive -- they were evaluated or they got
5 correspondence via mail, and then they were
6 dropped because of the end of when they were
7 a child under SSI and moved to being an
8 adult at age 18 and they weren't notified.
9 But it impacts their ability to maintain
10 Medicaid. I might not -- I'm probably not
11 saying that very well, so I apologize, but
12 --

13 MS. BEAUREGARD: No, no, I'm -- I
14 have a vague idea of what you're talking
15 about, Melanie.

16 MS. TYNER-WILSON: I'm sorry.

17 MS. BEAUREGARD: I think what would
18 be helpful is if we could discuss this on
19 the next call with --

20 MS. TYNER-WILSON: Okay. Okay, yes.

21 MS. BEAUREGARD: -- Deputy
22 Commissioner Cecil, and perhaps with some of
23 her staff, as well --

24 MS. TYNER-WILSON: Okay. Sorry to
25 bring it up.

1 MS. BEAUREGARD: -- to make sure that
2 we understand the issue clearly. And if you
3 want to work on a recommendation between now
4 and February based on your experience with
5 this, I think that would be really helpful.

6 MS. TYNER-WILSON: Okay.

7 MS. BEAUREGARD: Would you be
8 comfortable with us making this
9 recommendation that's more broad --

10 MS. TYNER-WILSON: Yeah.

11 MS. BEAUREGARD: -- and not specific
12 to a particular age group, and then we can
13 have another recommendation?

14 MS. TYNER-WILSON: Yes, yes, yes.

15 MS. BEAUREGARD: Okay. All right,
16 thanks. So did you say that you seconded
17 the recommendation already?

18 (No audible response).

19 MS. BEAUREGARD: Okay. All in favor,
20 say aye.

21 (Aye).

22 MS. BEAUREGARD: Any opposed?

23 (No response).

24 MS. BEAUREGARD: Okay. The motion
25 carries. Thank you, all. Any other

1 recommendations? And, Melanie, if you have
2 one now, of course we don't have to wait. I
3 didn't -- but if you want to discuss it
4 further, we can do that too.

5 MS. TYNER-WILSON: No, I'm happy to
6 wait until February. I just -- it's
7 happened more frequently then -- I'm
8 surprised at how often that it happens, and
9 I'm just worried about the individuals that
10 it impacts.

11 MS. BEAUREGARD: Would you mind
12 between now and the next meeting also just
13 sending us as a -- you know, the TAC
14 members, and --

15 MS. TYNER-WILSON: Yes.

16 MS. BEAUREGARD: -- including Erin in
17 that, some additional information?

18 MS. TYNER-WILSON: Sure, sure.

19 MS. BEAUREGARD: That would be really
20 helpful.

21 MS. TYNER-WILSON: Okay.

22 MS. BEAUREGARD: And if we don't have
23 any other recommendations, the next item is
24 MAC meeting representation. I'll plan to be
25 at the next MAC meeting and to report for

1 the TAC.

2 And then the final item here is our
3 2024 meeting schedule. And we are proposing
4 to essentially stay on the same schedule,
5 which would be meeting at 1:30 p.m. Eastern
6 Time on February 20th, April 16th,
7 June 18th, August 20th, October 15th, and
8 December 17th. And of course, if we end up
9 having a conflict with one of those dates,
10 we can always reschedule. The sooner the
11 better. But is this a calendar that we can
12 approve?

13 (No response).

14 MS. BEAUREGARD: All right. I'll
15 make a motion to approve our 2024 meeting
16 schedule.

17 MR. CAMPBELL: I motion.

18 MS. BEAUREGARD: Thank you, Arthur.
19 And a second?

20 MS. TYNER-WILSON: Second.

21 MS. BEAUREGARD: All right. Thanks,
22 Melanie. All in favor, say aye.

23 (Aye).

24 MS. BEAUREGARD: Any opposed?

25 (No response).

1 MS. BEAUREGARD: Okay, great. We
2 have a meeting schedule for 2024. It is
3 hard to believe that that year is almost
4 here.

5 MS. TYNER-WILSON: I know.

6 MS. BEAUREGARD: Before we adjourn, I
7 just want to wish everyone happy holidays.
8 I hope you get to rest and relax a bit
9 before 2024 takes us all in.

10 MS. TYNER-WILSON: And I wanted to
11 complement Kentucky Voices for Health on
12 their conference too. That was excellent.
13 I'd never been before, but I was really very
14 much impressed with the conference as a
15 whole. Thank you for doing that.

16 MS. BEAUREGARD: Melanie, I'm so glad
17 you could come. And, yeah, I was happy with
18 it too. I will say, it was a lot of work,
19 so happy for it to be done, but I enjoyed it
20 and I thought we had some great speakers, so
21 -- and a packed room of people. So thank
22 you, all, everyone who came. I know there
23 are a number of people on this call who were
24 there, so thanks for joining us.

25 MS. TYNER-WILSON: And can I say one

1 last thing and then I'll be quiet?

2 MS. BEAUREGARD: Yeah, of course.

3 MS. TYNER-WILSON: We want -- I
4 wanted to complement Arthur Campbell because
5 they just did a webinar on state leaders and
6 advocacy, and he is a force to be reckoned
7 with. So it's so wonderful to be on this
8 TAC with him because he's -- what they
9 talked about and he talked about was
10 excellent.

11 And just really -- and I'm hoping I
12 can get a copy of the recording of it so
13 that I can share with you all, because
14 Arthur has been instrumental in our state
15 when it comes to individuals with different
16 kinds of disabilities, and he has done --
17 climbed the Capitol steps and been arrested,
18 you name it. He has just done phenomenal
19 things. And so, we have a real true hero on
20 this TAC, and so I just wanted to complement
21 him.

22 MR. CAMPBELL: I'm only a has-been.

23 MS. TYNER-WILSON: No.

24 MR. CAMPBELL: Yeah.

25 MS. BEAUREGARD: You're too modest,

1 Arthur. We really do -- we are honored to
2 have you as part of our TAC and appreciate
3 your input so very much.

4 MR. CAMPBELL: But thank you. If
5 anyone wants to have a copy of what I wrote,
6 e-mail me. And I will send it to you.

7 MS. BEAUREGARD: You're welcome to go
8 ahead and send it to the TAC and to Erin and
9 Kelli, and make sure that we have it just on
10 record.

11 MR. CAMPBELL: Okay, boss.

12 MS. BEAUREGARD: I appreciate how
13 much preparation you put into these meetings
14 as well, Arthur. And thought.

15 So I think we have accomplished our
16 agenda today. Thank you, everyone. And
17 like I said, happy holidays. I don't
18 remember, I never do, if we need a motion to
19 adjourn, but let's just adjourn by
20 acclamation.

21 MR. CAMPBELL: I'll make a motion.

22 MS. BEAUREGARD: A motion? All
23 right, I'll go ahead and take a second.
24 We're going to vote on this then.

25 MS. TYNER-WILSON: Second.

1 MS. BEAUREGARD: All right. And all
2 in favor, say aye.

3 (Aye).

4 MS. BEAUREGARD: Any opposed?

5 (No response).

6 MS. BEAUREGARD: Meeting adjourned.

7 Thank you, all.

8 (Meeting adjourned at 2:47 p.m.).

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

* * * * *

CERTIFICATE

I, Tiffany Felts, CVR, Certified Verbatim 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 2nd day of January, 2024

Tiffany Felts, CVR
Tiffany Felts, CVR