

# Kentucky Beneficiary Advisory Council (BAC) May 2026 Meeting Minutes

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Date: May 11, 2026

Time: 2:00 – 4:00 pm ET

Location: Virtual via Zoom videoconference

## Call to Order

The meeting of the Beneficiary Advisory Council (BAC) was called to order by the Chair.

## Roll Call

A roll call was conducted by Altarum. A quorum was established. The Chair announced a vacancy recruitment process is underway with applications open through May 31, 2026.

## Approval of Prior Minutes

A motion was made, seconded and passed to approve March's meeting minutes.

## Meeting Format Discussion & Vote

The Chair proposed that all remaining 2026 BAC meetings be held virtually, with one in-person annual meeting on July 13, 2026. A motion to that effect was made, seconded, and passed unanimously.

## Public Meeting Discussion & Vote

A discussion was held on whether to open BAC meetings to the public. Members engaged in substantial discussion weighing the benefits of public accessibility and broader community engagement against the importance of maintaining a confidential forum. Members further emphasized the BAC's distinct purpose as a protected space for beneficiaries, separate from the MAC. An initial motion was made to open all meetings to the public, yet, following the discussion, the motion failed. The Chair proposed that a survey be distributed, and a bylaw vote be held at the July meeting to which members agreed.

## BAC Meeting Feedback & Discussion

Themes were shared from member survey responses which included interest in more time for open discussion of lived experiences, more focused agenda topics including equity, discrimination, access for marginalized populations, waivers information as well as billing transparency. Members also requested greater clarity on how BAC feedback reaches DMS leadership and what changes result from their input.

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## **Waiver & Waitlist Discussion & Recommendations**

Feedback survey results showed that most respondents felt waiver participants had little or no choice in selecting a provider, and survey responses on person-centered planning were split between some and no control. Members shared significant personal experiences and concerns regarding waivers and waitlists which included denial notices, appeal rights, provider availability in addition to billing rates, transparency, and discrepancies. The Chair requested that DMS respond at the July meeting on whether families can access billing records as a standard practice or by request.

## **DMS Update**

Discussions regarding DMS updates focused on H.R. 1 and session updates as well as a budget overview. H.R. 1 Medicaid community engagement updates noted that Medicaid expansion adults aged 19–64 enrolled solely based on income must report completion of 80 hours per month of qualifying activities or meet a specified earned income threshold beginning January 1, 2027. Exemptions apply to various populations, with CMS guidance on "medically frail" definitions expected June 2026. Kentucky also permits short-term hardship exemptions, with self-attestation allowed in the first implementation year. Under House Bill 2, Medicaid expansion members must show three months of compliance per six-month renewal cycle. DMS outreach notices will be distributed to potentially impacted members in July 2026.

Key legislation from the 2026 session was shared. House Bill 500 includes additional waiver slots for Michelle P., SCL, and HCB Waivers; a CCBHC pilot for FY2028, state-directed payment increases; a new ARH KCARE program for Eastern Kentucky; and increases in DSH, dental, and ventilator hospital rates. House Bill 2 aligns state Medicaid with H.R. 1 and adds waiver and waitlist reporting requirements. Additional notable bills include House Bill 3 (pharmacists as Medicaid providers), House Bill 470 (removes standalone psychoeducation billing code effective July 15, though the service continues under bundled psychotherapy codes), House Bill 169 (eating disorder coverage), and House Bill 176 (prior authorization impact report due September 30). DMS clarified that House Bill 470 removes psychoeducation as a standalone billing code but not as a service; it should continue to be delivered by clinicians as part of bundled psychotherapy codes, which aligns with practice in nearly all other states.

A budget overview was provided. The Medicaid budget is funded through approximately 25 percent state general funds and 75 percent federal funds. The enacted budget included additional waiver slots, increases in state-directed payments, and targeted program expansions. The passed budget did not fully fund the base budget to continue current level of services and DMS is working to address the budget shortfall in the coming year.

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### **Recommendations, Questions & Feedback**

One formal recommendation was made and passed unanimously during the meeting. Members moved that DMS issue simpler, clearer communication to providers on how psychoeducation services can be billed following the removal of the standalone billing code under House Bill 470. This recommendation has been forwarded to DMS.

### **MAC Annual Report**

Lastly, it was noted that an annual report covering MAC and BAC activities will be due to the Centers for Medicare and Medicaid Services (CMS) by July 9, 2026. A full draft is expected later in May, to be distributed before the June MAC meeting. The report includes a BAC section covering the council's establishment, topics discussed, and its relationship with the MAC.

### **Adjournment**

The meeting was adjourned at 4:02 p.m.

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