

Kentucky Beneficiary Advisory Council (BAC) September 2026 Meeting Minutes

Date: September 14, 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. A quorum was initially reported; however, later in the meeting it was determined that a quorum had not been present.

Approval of Prior Minutes

A motion was made and seconded to approve the July 2026 meeting minutes, and no opposition was voiced. Because it was later determined that a quorum was not present, approval of July 2026 minutes will be placed on the agenda for the next meeting.

Review of July Meeting Feedback Survey

Members were asked whether they would like to try another in-person meeting as the July BAC meeting was lightly attended in person. Members who responded preferred virtual meetings because of travel distance and the difficulty of leaving work during the day. The next in-person meeting is planned for July 2027, as previously voted, and the group may revisit the question if preferences change.

Survey feedback on the July meeting continued to be positive. Suggestions for future meetings included a presentation by state legislators and the Commonwealth Council on Developmental Disabilities on the Medicaid Works program as well as information on the DAIL respite grant and the respite labor force in general. Members also suggested topics for DMS to create resources, FAQs and other guidance materials for which included a one-pager on the difference between expansion versus traditional Medicaid eligibility.

HCB Waivers

Waiver Workforce

DMS explained that a request for a workforce analysis would amount to a statewide study, which has not been undertaken recently, and asked members to identify specific areas of concern they would like DMS to focus on. A member suggested exploring ways to encourage longevity among participant-directed services (PDS) employees, such as access to state benefits or health coverage after a set number of years of service, noting that hiring and retaining qualified workers is very challenging.

Regarding respite, DMS noted that the Department for Aging and Independent Living (DAIL) has begun work under a respite grant, including workgroups on areas such as provider capacity and a possible statewide respite provider listing, and recommended waiting for DAIL to present its update. DMS also noted that a request for proposals (RFP) is in process for a financial management agency for PDS services. DMS stated that the goal is to streamline processes and reduce inconsistencies and inefficiencies, that it could not share more while the RFP is open, and that the timeline for closing the RFP is undetermined.

HB2 Waiver Waitlist Revalidation

DMS explained that House Bill 2, passed on April 14, 2026, directed that anyone who was on a waiver waitlist as of that date and wishes to remain on it must have a completed provider attestation on file. The attestation must include the individual's primary diagnosis, the waiver services needed, and the signature of an approved provider. House Bill 2 defines an approved provider as a physician, physician assistant, advanced practice registered nurse (APRN) or licensed psychologist. Signatures from other provider types previously accepted for some populations, such as a qualified intellectual disability professional (QIDP), can no longer be accepted.

The Supports for Community Living (SCL) and Acquired Brain Injury (ABI) waitlists already collected an appropriate statement of need at application, so revalidation is focused on the Michelle P. Waiver and Home and Community Based (HCB) Waiver waitlists. DMS reported that 13,127 individuals were initially identified and notified by mail on July 21. A few thousand attestations have been returned. A second notice was scheduled to go out the week of the meeting to 11,651 individuals, and a third notice is planned for mid-to-late October. Attestations are requested by January 31, 2027, after which the lists will be reviewed and a final mailing will be sent to those who have not responded in mid-to-late February 2027, with the process to be completed by April 2027.

DMS clarified that current waiver recipients are not affected and that the process is separate from the SCL waitlist annual request. DMS expects removals, if any, to occur in the spring of 2027. The Department for Behavioral Health, Developmental and Intellectual Disabilities reviews the Michelle P. forms and DAIL reviews the HCB forms. DMS stated that all outreach, returned mail and responses are being tracked in a shared master document. In response to a member question, DMS stated that the legislature did not allocate funds for system support of this work.

In response to member questions, DMS explained that the MAP 10 remains the application form for now, while the provider attestation is a separate form used only for revalidation. Because the form is incorporated by reference in many regulations, changes are on hold until the regulation and waiver application overhaul is complete. Providers were notified of the House Bill 2 requirements in late April. DMS also stated that currently the annual waitlist letter is passive and requires no response, and that DMS plans to take to the subcommittee a proposal for an annual active reverification requiring a response to remain on a waitlist.

MOAB Waiver Waitlist Subcommittee

DMS explained that the legislature established a subcommittee of the Medicaid Oversight and Advisory Board (MOAB) dedicated to the waiver waitlist. DMS is working with the Department for Behavioral Health, Developmental and Intellectual Disabilities, DAIL and the Department for Community Based Services to strengthen waitlist processes across programs, including: clarifying definitions, such as the

difference between an allocated, funded and reserved slot, improving and standardizing how waitlist statuses, timelines and processes are communicated to the public and stakeholders, aligning waitlist processes with House Bill 2 directives and timelines, and preparing a comprehensive report on this work for the subcommittee this fall.

DMS Update

HR1 Implementation and Next Steps

DMS provided an update on H.R. 1 implementation in four areas. On stakeholder engagement, Phase 1 of user acceptance testing was held in Frankfort last month. Phase 2 testing runs from the first week of October through mid-November, and BAC members will be invited on two dates, likely in the last week of October, with dates to be sent as soon as possible. Mileage reimbursement and other accommodations are available. On the eligibility system, Phase 1 is complete, Phase 2 is in development, and renewal reminders have begun for members with February 2027 renewals, who are the first subjected to the work and community engagement requirement. On communications, a dedicated work and community engagement webpage is planned to launch the week of September 28, and BAC members will be notified by email. Forms and materials reviewed by BAC members will be posted there.

On CMS guidance, DMS reported that guidance continues to arrive in pieces through weekly all-state calls, state Medicaid director letters and presentations, and that important questions remain unanswered, such as how the start date of the five-year stable recovery period for substance use disorder will be determined. CMS held sessions with states and their vendors on medical frailty, which reassured DMS that its approach is on track. CMS also indicated that it does not plan to issue any additional proposed or final rule, so the interim final rule will remain in place.

DMS described its tiered approach to identifying medically frail members using claims and diagnosis and treatment codes. Tier 1 conditions are those that would automatically impair a person's ability to work or meet other qualifying activities. Tier 2 conditions are generally severe and would qualify when combined with co-occurring conditions or when severity can be determined from claims. Tier 3 conditions are those for which additional information is needed. DMS emphasized that in 2027 all members may self-attest to being medically frail or exempt, and a doctor's note or form will not be required. DMS also reminded members that it cannot yet tell individuals whether they will be exempt.

DMS explained that questions about work, school, job training, community service, caregiving and health conditions have been added to applications on a "soft launch" basis for individuals age 19 to 64. The questions are not mandatory, do not affect 2026 eligibility, and will not generate requests for additional information, but the responses may allow DMS to passively renew members in 2027. A banner on Kynect and a FAQ on the federal changes website explain this, and DMS is working to update the help icon to explain the questions. The Chair noted that more education is needed because it is not obvious to applicants that the questions do not apply now, and that providers have shared little information so far. The Chair also recommended that the one-pager on these questions be easier to find on the federal changes webpage, and requested a screenshot of the application message. DMS stated it would confirm the message and is evaluating whether the questions need to change based on the new CMS guidance, although no need for change has been identified so far.

DMS reviewed the timeline. New enrollees will be subject to the requirement beginning January 1, 2027,

and the first renewals subject to it are in February 2027. DMS previewed new materials illustrating the renewal process, including a monthly activity grid showing what happens to each renewal group, a single-month renewal timeline, a comparison of renewal groups with different look-back periods, and sample member examples showing passive renewal, a request for information, and noncompliance.

Summary of Stakeholder Feedback and Changes Made to Notices, Forms and Screens

DMS stated that BAC and focus group feedback has resulted in changes to the content of communications. Changes to the forms include clearer distribution and submission options, improved navigation and organization, clearer instructions for reporting activities and hours, updated terminology, and expanded guidance on activities and documentation. Materials reviewed included the eligibility and reporting one-pager, a SNAP versus Medicaid work and community engagement one-pager, and a FAQ document, which DMS described as a living document to which members may suggest new questions. Feedback led to updated eligibility and income language, including for seasonal workers, a revised flowchart, more detailed reporting guidance, and expanded information on exemptions, hardships, notices and available assistance. The forms and materials are undergoing an accessibility review before being posted.

Efforts to Reduce Administrative Barriers and Disenrollments

DMS stated that it is doing all it can within its control to reduce barriers and prevent coverage loss for eligible individuals, and that it needs help from partners in getting members to update their contact information and respond to notices. Efforts include education for the provider community, with provider stakeholder meetings beginning in October and DMS accepting requests to present to groups that interact with members; connecting claims data in the Medicaid Management Information System (MMIS) to the eligibility system to identify medically frail members automatically; allowing self-attestation in 2027; promoting Kynectors; and reviewing materials with the focus group. DMS also plans two virtual public forums, with dates to be determined, and welcomed suggestions of organizations to contact for individual outreach. DMS stated that CMS has amended the monthly renewal report used during the restart of renewals to include work and community engagement data. DMS will continue to post its monthly data, due on the 8th of the month following the month of renewal and updated 90 days later.

Recommendations, Questions, and Feedback

The Chair opened the floor for recommendations and member feedback, and none were put forward. The Chair suggested additional reminders to members, scheduling meetings further in advance, and possibly revisiting the meeting time for future meeting attendance.

Closing and Next Steps

In closing, members were encouraged to complete the meeting feedback survey and to recommend people who could take part in future user testing and focus groups. The Chair suggested inviting legislators, such as the MOAB chairs, to a BAC meeting on an occasional basis. The next BAC meeting is scheduled for November 2026.

Adjournment

The meeting was adjourned at 3:49 p.m. ET.
