Kentucky Medicaid Advisory Council (MAC) April Meeting Minutes

Date: April 2, 2026
Time: 10:00 a.m. – 12:16 p.m.
Location: Hybrid (In Person at Department for Public Health Conference Suites, 275 East Main Street, Frankfort, KY & Videoconference)

Call to Order

The Medicaid Advisory Committee (MAC) meeting was called to order by the Chair.

Roll Call

A roll call was conducted by Secretary Iesha Elam. Members present either in person or virtually included Dr. Beth Partin, Dr. Catherine Hanna, Dr. Dwight (Matthew) Burchett, Eric Wright, Heather Smith, Dr. Justin Kolasa (represented by Dr. Garth Bobrowski), Nina Eisner, Kent Gilbert, Mackenzie Wallace, Kendra Marsh, Linda Ross, Dr. Sarah Moyer, Susan Stewart, Emily Beauregard, Zachary Hart, Iesha Elam, Commissioner Lisa Lee, and Danielle Khoury for Commissioner Lesa Dennis. Members not present included Dr. Kelly Evans, Philip Travis, Barry Martin, Ronald Butler, Bryan Proctor, Peggy Roark, Tania Whitfield, Theda Simpson-Mosby, Taban Herrington, Commissioner Dr. John Langefeld, and Commissioner Dr. Katie Marks. A quorum was established at the start of the meeting. Note: Quorum was subsequently lost during the TAC Recommendations segment as members departed; as a result, no votes were taken on TAC recommendations.

Conflicts of Interest

Members were reminded of federal requirements regarding disclosure of conflicts of interest. No new conflicts were disclosed during this meeting.

Approval of Prior Minutes

A motion was made and seconded to approve the minutes of the February 5, 2026, meeting. Members continue to express appreciation for the new abbreviated format, noting it was easier to review. No corrections or amendments were proposed. The motion passed unanimously.

Beneficiary Advisory Council (BAC) Update

The BAC chair provided a report on recent BAC activities and updates discussed among members. Key items included H.R. 1 planning and common challenges families face with Home and Community-Based Services (HCBS) Waivers, including electronic visit verification (EVV), participant-directed services (PDS), and ongoing workforce shortages.

Members requested additional guidance from DMS on EVV processes, particularly in situations involving travel or limited access to power or internet. Concerns were raised about inconsistent interpretation of EVV requirements across agencies. The BAC voted to recommend that DMS provide clearer, standardized guidance, especially regarding clocking in and out in community settings, and to clarify that participants are not required to remain at home to receive services.

The BAC also discussed barriers to accessing waiver services in rural areas, highlighting limited provider availability, low wages, high turnover, and workforce shortages which often prevent families from receiving their full approved service hours, making participant-directed services an important alternative.

Significant discussion focused on the impact of H.R. 1 and House Bill 2. While earlier versions of House Bill 2 included stricter provisions, the BAC Chair noted the final version aligned more closely with federal requirements, easing implementation concerns. Confusion among Medicaid beneficiaries regarding Medicaid coverage types- traditional or expansion- new requirements such as community engagement, renewals and copays were highlighted and discussed. The BAC Chair reported on two focus groups facilitated by DMS that included BAC members, kynectors, community health workers, and advocates to discuss application and renewal processes in addition to issues related to notices and system access.

Medicaid Commissioner's Report

Commissioner Lisa Lee provided an overview of House Resolution 1 (H.R. 1) and Kentucky's planning efforts for implementation. She emphasized that these changes are mandatory federal requirements with no discretion to opt out and noted that implementation planning spans the entirety of 2026.

Outlined key H.R. 1 provisions included community engagement requirements for Medicaid expansion adults ages 19–64, with about 70,000 individuals expected to be subject to the requirement after exemptions. Eligible activities include work, education, job training, or volunteering for at least 80 hours per month, with exemptions for groups such as individuals with disabilities, pregnant or postpartum individuals, medically frail members, and certain caregivers. CMS is expected to clarify the definition of "medically frail" by June 2026, with system readiness required by September 1, 2026, and implementation beginning January 1, 2027. Questions regarding how volunteer hours will be documented and verified were addressed; Commissioner Lee indicated DMS is developing a simple certification form and that self-attestation will be allowed in the first year

Additional H.R. 1 provisions include more frequent eligibility renewals every six months starting January 2027, reduced retroactive coverage, and changes to noncitizen eligibility effective October 1, 2027, which will eliminate coverage for certain groups while maintaining emergency time-limited Medicaid. Cost-sharing for expansion members will begin October 1, 2028, capped at 5% of family income, with provider payments reduced accordingly.

Commissioner Lee explained that DMS's implementation framework is organized around four workstreams: policy, IT systems, communications, and stakeholder engagement, including updates to regulations and identification of federal flexibilities. IT system changes are underway with stakeholder input planned, alongside the development of communication materials such as FAQs and notices, supported by a forthcoming Notice Improvement Workgroup. Draft materials will be shared with the BAC and MAC for early feedback.

Commissioner Lee highlighted budget implications, with CFO Steve Bechtel reporting projected Medicaid shortfalls of approximately $269 million in FY 2027 and $420 million in FY 2028. While the budget includes a potential trust fund transfer from the Department of Insurance to help offset costs, the requirements for accessing those funds remain unclear, and $35 million was appropriated for immediate H.R. 1 administrative needs despite higher expected ongoing costs. House Bill 2 also adds a new community engagement requirement tied to Volunteers of America, creating an additional $5 million cost not currently included in the DMS budget.

DMS Updates

Deputy Commissioner Leslie Hoffmann announced that Kentucky's 1115 Reentry Waiver went live on April 1, 2026. The waiver provides a small package of pre-release Medicaid services to individuals in Kentucky's 14 state prisons and 6 youth development centers, including health-related social needs screenings, MCO enrollment, and intensive care case management that follows individuals for one-year post-release.

Carmen Hancock, Division Director for Long-Term Services and Supports, presented a comprehensive overview of Kentucky's Medicaid waiver programs and related long-term services and supports (LTSS) options, provided at the MAC's prior request. The presentation covered the history and structure of the Medicaid program, Kentucky's two primary service delivery models (fee-for-service and managed care organizations), and an overview of both home and community-based and institutional LTSS options.

Carmen Hancock described Kentucky's seven 1915(c) Home and Community-Based Services (HCBS) waivers: the Acquired Brain Injury (ABI) Waiver, ABI Long-Term Care (LTC) Waiver, Home and Community-Based (HCB) Waiver, Michelle P. Waiver, Model II Waiver, Supports for Community Living (SCL) Waiver, and the new Community Health for Improved Lives and Development (CHILD) Waiver. Service delivery options include traditional agency-based models, participant-directed services, or a combination of both. Current waiting list data as of March 30, 2026, was shared while noting 17.5 percent of individuals appear on more than one waiting list and 78 percent of individuals on waiting lists currently have an active Medicaid benefit providing services through another program. Additional LTSS programs discussed included Kentucky Transitions (Money Follows the Person), PACE, home health and private duty nursing, and hospice services.

Discussion following the presentation addressed the definition of "natural supports," medication management within the HCB Waiver, PACE eligibility and home-based service

coverage, and the historical exclusion of behavioral health providers from Medicaid payment for residential treatment settings (the Institutes of Mental Disease exclusion).

Technical Advisory Committee (TAC) Recommendations and Key Items

The Behavioral Health TAC presented a formal recommendation requesting that DMS rescind approval previously granted to WellCare MCO to require prior authorization for outpatient, individual, family and group therapy services (specifically the H0004 add-on prolonged therapy code). In response, DMS reported a formal retraction of the prior approval was sent to WellCare on March 19, 2026, citing that the H0004 code, by its nature, cannot be reasonably anticipated in advance, making prior authorization inappropriate.

The Dental TAC submitted three recommendations. First, the TAC recommended that the TAC be involved in fee review as it relates to DMS dental services, allowing active providers to make recommendations on codes and support development of an adequate provider network. Second, the TAC recommended public posting of dental credentialing processes and timelines, in an accessible and easily located format, including contact information, credentialing requirements, timeframes, and effective dates. Third, the TAC recommended that DMS evaluate and report to the MAC on the feasibility of implementing a single source dental credentialing entity applicable to all MCOs and dental subcontractors, with the goal of reducing administrative burden on small providers and improving network adequacy monitoring.

Due to loss of quorum during the TAC segment, no votes were taken to formally accept any TAC recommendations. All submitted recommendations remain pending for consideration at the next meeting.

New Business

Members proposed for the MAC meeting duration be extended from two hours to two and a half hours (10am-12:30pm) to allow adequate time for discussion and to reduce the risk of losing quorum before agenda items requiring a vote are completed. Members also suggested TAC recommendations and public comment be moved earlier in the meeting agenda to ensure they are addressed while quorum is maintained.

Public Comment

Two individuals signed up for public comment through the online registration process. Neither individual was present on the call when called upon. No public comment was received during this meeting.

Adjournment

The meeting adjourned following completion of the agenda.