

# Kentucky Medicaid Advisory Council (MAC) February Meeting Minutes

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**Date:** February 5, 2026

**Time:** 10:00 a.m. – 12:25 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. Members present either in person or virtually included Dr. Sarah Moyer, Susan Stewart, Heather Smith, Kelly Evans, Dr. Catherine Hanna, Nina Eisner, Kent Gilbert, Dr. Shelia Schuster, Iesha Elam, Bryan Proctor, Peggy Roark, Tania Whitfield, Theda Simpson-Mosby, Emily Beauregard, Mackenzie Wallace, Eric Wright, Zachary Hart, Philip Travis, Taban Herrington, Commissioner Lisa Lee, Commissioner Dr. John Langefeld, Commissioner Dr. Katie Marks and Danielle Khoury for Commissioner Lesa Dennis. Members not present were Kendra Marsh, John Dadds, Dr. Beth Partin, Dr. Dwight Burchett, Dr. Justin Kolasa, Barry Martin and Ronald Butler. A quorum was established.

## **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**

Members expressed appreciation for the abbreviated format. No corrections or amendments were proposed. A motion was made and seconded to approve the minutes. The motion passed unanimously.

## **Approval of MAC Bylaws**

The Committee reviewed the updated MAC bylaws following revisions discussed at prior meetings. The Chair confirmed revisions incorporated prior feedback. No additional amendments were requested. A motion was made and seconded to approve the bylaw amendment. The motion passed unanimously.

## **Beneficiary Advisory Council (BAC) Update**

The BAC Chair provided an overview of recent BAC activities and key themes discussed by members. The update highlighted ongoing beneficiary feedback related to access to services, care coordination, and communication challenges experienced by Medicaid

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members navigating the system. The Chair emphasized the importance of incorporating beneficiary perspectives into policy development and program improvement efforts.

The BAC Chair shared that BAC discussion included concerns related to waiver services and continuity of care, including situations where administrative processes or external factors may unintentionally impact beneficiaries' access to services. The BAC also discussed barriers faced by individuals with complex needs and emphasized the value of clear guidance, timely communication, and system transparency to support beneficiaries and providers.

The Chair reiterated the BAC's commitment to ongoing collaboration with the Department for Medicaid Services and the MAC to ensure beneficiary experiences inform program decision-making and policy considerations.

The Chair also reported that the BAC had a recommendation made at their last meeting. The recommendation was to consider policy changes to prevent waiver participants from losing waiver participation due to actions or errors attributable to an employee or representative rather than the participant. The recommendation was forwarded to DMS.

### **Medicaid Commissioner's Report**

Commissioner Lisa Lee emphasized the importance of the Medicaid Advisory Committee in ensuring beneficiary and community voices inform Kentucky Medicaid policy, a role increasingly expected by CMS. She outlined the scale and complexity of the program, which serves over 1.4 million Kentuckians, including more than half of the state's children—across diverse populations with differing needs. She referenced claims and utilization data to highlight system pressures and areas for improvement. Commissioner Lee stressed the urgency of complying with House Resolution 1's community and work engagement requirements under a compressed timeline, noting CMS has allowed interim "minimum viable product" solutions and temporary self-attestation. Commissioner Lisa Lee also updated the committee on the Rural Health Transformation Program, highlighting efforts to support rural providers while monitoring funding impacts and federal compliance.

### **DMS Updates**

Deputy Director Leslie Hoffmann provided an update on Medicaid waiver waiting lists, explaining the distinction between duplicated and unduplicated counts and noting that a significant portion of individuals are on multiple waiting lists while some are already receiving services through another waiver. She highlighted long wait times for certain waivers, particularly those with residential components, underscoring ongoing capacity and access challenges. Senior Deputy Director Veronica Judy-Cecil then discussed the status of child Medicaid renewals, reporting that the state continues to process renewals following the federal unwinding period while closely monitoring continuity of coverage for eligible children.

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## **Technical Advisory Committee (TAC) Recommendations and Key Items**

No new Technical Advisory Committee recommendations were presented during this meeting. It was clarified during the meeting that recommendations from the Beneficiary Advisory Council (BAC) do not need approval from the MAC.

The Behavioral Health Technical Advisory Committee (TAC) reported no formal recommendations but highlighted two ongoing concerns. First, providers continue to experience significant administrative burdens from frequent pre- and post-payment audits by managed care organizations (MCOs), including requests that may exceed regulatory requirements or timelines. The TAC emphasized the need for improved communication between MCOs and providers and encouraged cross-TAC collaboration to address this issue more broadly.

Second, the TAC raised concerns regarding the credentialing of peer support specialists, particularly those with substance use disorder certifications, following the transition to a new licensing authority. Many peers missed the January 1 deadline and are currently unable to bill Medicaid, creating workforce and access challenges. The committee highlighted House Bill 470, which would extend the certification deadline to January 1, 2028, and urged stakeholder engagement to support its passage and ensure continuity of peer support services.

## **New Business**

The committee discussed a question regarding the status and timing of telehealth fee schedules, noting that only the 2024 telehealth fee schedule had previously been visible and seeking confirmation that the 2025 schedule was posted and in use. DMS Senior Deputy Director Veronica Judy-Cecil explained that Medicaid fee schedules are largely dependent on Medicare's annual release, typically received in November or December, and that review, system updates, budget analysis, and approval generally take at least 90 days, with schedules often retroactive to January 1 once posted. It was confirmed during the meeting that the 2025 fee schedule is posted in the DMS application and that telehealth does not have a separate standalone fee schedule, as telehealth codes are embedded within provider-specific fee schedules, including Behavioral Health. Discussion also addressed anticipated timing for the 2026 fee schedule, with Behavioral Health schedules typically posted around April, and acknowledged Medicare's extension of telehealth authorization through 2028.

## **Public Comment**

Public comment included discussion of peer support services, with speakers emphasizing the importance of peer support providers in behavioral health care and raising concerns related to workforce sustainability, administrative requirements, and access to services. Commenters encouraged continued investment in peer support services, clearer guidance on program expectations, and ongoing collaboration with stakeholders to ensure access and continuity of care. No formal motions were made in response to public comment.

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## **Adjournment**

The meeting adjourned following completion of the agenda.

