

Kentucky Medicaid Advisory Committee

Meeting Minutes

AUGUST 2026

Date: August 6, 2026

Time: 10:00 a.m. – 12:56 p.m.

Location: Hybrid (In Person at Department for Public Health Conference Suites,
275 East Main Street, Frankfort, KY & Videoconference)

Call to Order

Chair, Dr. Sheila Schuster, called the meeting to order. The secretary conducted roll call.

Roll Call

Members present included Dr. Sheila Schuster (Chair). Dr. Timothy Houchin, Kendra Marsh, Susan Stewart, Heather Smith, Linda Ross, Dr. Kelly Evans, Dr. Beth Partin, Dr. Dwight (Matthew) Burchett, Dr. Catherine Hanna, Nina Eisner, Barry Martin, Kent Gilbert, Iesha Elam, Tania Whitfield, Theda Simpson- Mosby, Emily Beauregard, Zachary Hart, Daniel Woods, Taban Herrington, Commissioner Lisa Lee, Commissioner Dr. John Langefeld, Commissioner Lesa Dennis, and Commissioner Dr. Katie Marks. A quorum was established.

Conflicts of Interest

Members were reminded of conflict-of-interest disclosure requirements. No new conflicts were reported.

Approval of Prior Minutes

A motion was made, seconded and passed to approve June 4, 2026, MAC meeting minutes.

Election of MAC Officers

The Committee elected MAC officers for the coming year. Dr. Sheila Schuster was elected Chair, Dr. Beth Partin was elected Vice Chair, and Iesha Elam was elected Secretary.

Public Comment

The Committee discussed improvements to the public comment sign-up process, including concerns that some individuals may not be receiving meeting links or clear instructions. Members recommended collecting email addresses when possible, adding clearer language confirmation, and making it more obvious how to join the meeting and when the public comment item will occur.

The Chair read a submitted public comment for an individual who was not present. The comment raised concerns about Kentucky Medicaid renewal processes being overly complex, causing temporary gaps in coverage and delays in medications and appointments. The comment also addressed limited access to behavioral health providers, administrative burdens on pharmacists and providers, and the need to simplify renewal and reporting requirements.

Members also followed up on prior public comments from the June meeting regarding prosthetic care in skilled nursing facilities and lymphedema garments. Commissioner Lee said DMS reviewed the prosthetics comment, requested identifying information to investigate the specific facility, and confirmed that the regulation does not support carving prosthetics out of long-term care reimbursement. The lymphedema garment concern was discussed as having been referred to the Therapy TAC for follow-up.

TAC Recommendations & Key Items

The IDD TAC presented two recommendations: one asking DMS to evaluate the need for specialized long-term care options for individuals with profound autism and complex behavioral and medical needs, and another asking DMS to remain committed to the Olmstead integration mandate and continued support for community living. A motion was made, seconded, and approved to forward the IDD TAC recommendation to DMS.

The Committee also discussed how TACs should be presented at MAC meetings. Members agreed that TACs should have an opportunity to briefly describe their work even when no recommendation is being made, and they expressed support for returning to the prior roll-call format for TAC updates. The Committee emphasized that TACs play an important role in surfacing operational and policy issues before they escalate to formal recommendations.

A motion was made, seconded, and approved to include the BAC report at every MAC meeting and in meeting minutes. A separate motion was also made, seconded, and approved to include the MOAB report at every MAC meeting and in meeting minutes.

Discussion of MAC Annual Report & Process

DMS noted that this was the first year of the requirement and that the timing was

challenging because the report must be submitted in early July while still reflecting the full year of MAC/BAC activity.

The Committee recommended a more intentional process for future reports, including earlier review, clearer outline development, and more opportunities for MAC and BAC members to provide feedback before final submission. DMS said it would propose a new process for the next cycle and incorporate lessons learned from the first report.

Members also discussed the importance of ensuring that the report reflects stakeholder engagement, solutions explored, and the relationship between MAC/BAC feedback and DMS responses.

BAC Meeting Report

The BAC Chair delivered the BAC report. It was noted that the BAC held a hybrid meeting on July 13, 2026, with a quorum present. Topics included respite care for waiver participants, H.R. 1 implementation, the biennium budget, and whether BAC meetings should remain private or be opened in some way. The BAC elected officers for the upcoming year: Emily Beauregard as Chair, Tania Whitfield as Vice Chair, and Lee Guice as Secretary.

The BAC survey and discussion showed support for keeping meetings private while allowing invited guests or topic-specific presenters when appropriate. Members emphasized that BAC meetings provide a protected space for beneficiaries and caregivers, while also allowing for transparency through the BAC report at MAC meetings.

The BAC also discussed the need for clearer communication on waiver waiting lists, beneficiary notices, and how feedback is incorporated into DMS decisions. Members recommended that the BAC report become a permanent agenda item at MAC meetings and that the MAC consider amending its bylaws to reflect that practice.

DMS Commissioner Updates & Discussion

Commissioner Lisa Lee and CFO Steve Bechtel reviewed budget and legislative updates. It was reported that the budget includes multiple line items and offsets, and that continuation and inflationary pressures mean the Medicaid program remains underfunded in key areas.

The Committee discussed the previously proposed 4% provider reimbursement reduction. DMS clarified that the 4% cut would not take effect in FY 2027, though a shortfall remains for FY 2028. Mr. Bechtel explained that the remaining shortfall is still significant even if the lockbox funds are released, and that the state will need to revisit the issue in future budget cycles. Members also discussed the difference between state funds and federal match, the role of the lockbox, and the impact of any budget action on providers, members, and

the broader economy.

DMS provided a detailed update on preparations for the new community engagement/work requirement, including outreach notices, a website with supporting materials, and draft forms for reporting activities, short-term hardships, and medically frail exemptions. Members discussed concerns about clear communication, self-attestation, provider burden, and how to help beneficiaries understand what applies to them, especially for those with limited internet or phone access. DMS said it is continuing to refine the process, expand communications tools, and work with the focus group and stakeholders to make the system easier to navigate.

DMS Updates & Discussion

The Committee received updates on waiver programs, the 1915i RISE initiative, the Reentry Demonstration Project, and the CHILD Waiver.

A report on the 1915i RISE program was shared with the Committee, stating that 148 provider applications were received, 43 packets have been submitted, 24 providers are certified, and 235 individuals are enrolled. Of those enrolled, 125 have active prior authorizations. DMS noted that services are available in several regions and that recruitment is ongoing, especially in western Kentucky.

An update was provided on the Reentry Demonstration Project, which was fully implemented on April 1, 2026, in state prisons and youth development centers. It was reported that the program supports pre-release case management, transitions into community care, and coordinated medication access for people leaving incarceration. More than 1,000 individuals have entered the pre-release eligibility period, and MCO case managers are making in-person visits inside facilities.

An update was also provided on the CHILD Waiver. Current data reported included a total of 70 applications, 23 approvals, 27 applications under review and approximately 20 withdrawals or denials. On the provider side, 19 applications had been received, 10 providers were certified, 5 were denied, and 4 remained in review. It was also noted that services and provider recruitment remain statewide priorities, with a particular need in supervised residential settings.

HB2 Waiver Waitlist Revalidation Process

The HB2 waiver waitlist revalidation process was discussed as House Bill 2 requires DMS to revalidate waiting list participants through a provider attestation and recommendation confirming diagnosis and needed services. The attestation must be signed by an approved provider type narrowed by the legislation. Members emphasized that it is critical for providers and advocates working with Michelle P. and HCB waiver participants to inform

families about the process and ensure the forms are returned.

DMS identified 13,127 individuals who meet the criteria and may need revalidation. Mailings began on July 21, 2026, and additional mailings are planned for September, October, and next year. A final mailing will go out if documentation has not been received by January 31. Failure to submit the required attestation with the correct signatures will result in removal from the waitlist.

Medicaid Oversight & Advisory Board June Meeting Report

Dr. Sheila Schuster provided a summary of the June 24 MOAB meeting. She noted that Commissioner Lee and Steve Bechtel provided responses to statutory reports, data requests, and legislative issues. The MOAB also received updates about the behavioral health dashboard and created three subcommittees: nonemergency medical transportation, waiver waitlist management, and Medicaid data transparency.

New Business

No additional new business was raised by members beyond the agenda items discussed.

Adjournment

In closing, the Chair announced that the next MAC meeting will be held on Thursday, October 1, 2026, at 10AM. Members were encouraged to complete the feedback survey. The Committee also discussed the importance of continued stakeholder engagement and communication improvement.

A motion to adjourn was made and seconded. The meeting adjourned at 12:56PM.
