CABINET FOR HEALTH AND FAMILY SERVICES
ADVISORY COUNCIL FOR MEDICAL ASSISTANCE

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MARCH 28, 2024
9:30 a.m.

Stefanie Sweet, CVR, RCP-M
Court Reporter

A P P E A R A N C E S

Advisory Council Members:

Sheila Schuster - Chair
Nina Eisner
Susan Stewart
Dr. Jerry Roberts
Dr. Garth Bobrowski - Co-chair
Dr. Steve Compton
Heather Smith
Dr. John Muller
Dr. Ashima Gupta
John Dadds
Dr. Catherine Hanna
Kent Gilbert
Mackenzie Wallace
Annissa Franklin
Beth Partin
Bryan Proctor
Peggy Roark
Eric Wright

MS. BICKERS: Good morning, everyone. This is Erin from the Department of Medicaid. It's not quite 9:30 and the waiting room is still clearing out, so we will give it just a moment before we get started.

DR. SCHUSTER: Is everybody in from the waiting room, Erin?

MS. BICKERS: I was just trying to unmute myself. We still have a flood of people coming in. So if you'd like to give it just a second.

DR. SCHUSTER: Okay.

MS. BICKERS: I was searching. You came in with a large group and I didn't see you. You snuck in on me.

DR. SCHUSTER: Well, and I had the wrong name. I was traveling incognito with my name. I had to change that and get my video on, so.

Yes, Cat, you are right. Just trying to sneak around.

MS. BICKERS: The waiting room is officially -- well, we've got one more, but we are pretty much cleared if you

would like to go ahead and begin.

Okay. Good morning, everyone. Some of us have had late nights watching the action in the General Assembly, so hopefully everybody can join who needs to be with us. We will call the meeting to order. The MAC meeting for March 28th, 2024. And Mackenzie Wallace, if you are on, would you call the role, please?

MS. WALLACE: Yes, ma'am.

Good morning, everyone. Apologies, I think I missed our last meeting. It has been quite a busy session. So --

DR. SCHUSTER: Yes, it has been.

MS. WALLACE: My apologies.

DR. SCHUSTER: No problem. Thank you, Mackenzie.

MS. WALLACE: Of course.

Elizabeth Parton?

DR. SCHUSTER: She is going to be a few minutes -- or an hour late. She texted me, but she's coming.

MS. WALLACE: All right.

Nina Eisner?

MS. EISNER: I'm here.

MS. WALLACE: Susan Stewart?

MS. STEWART: I'm here.

MS. WALLACE: Dr. Roberts?

DR. ROBERTS: I'm here.

MS. WALLACE: Heather Smith?

(No response.)

MS. WALLACE: Dr. Bobrowski?

DR. BOBROWSKI: Here.

MS. WALLACE: Dr. Compton?

DR. COMPTON: Here.

MS. WALLACE: Dr. Muller?

MS. BICKERS: He is on spring break this week.

MS. WALLACE: Lucky.

Dr. Gupta?

(No response.)

John Dads?

DR. SCHUSTER: I think Ashima is on. I saw her thing. She may be muted.

MS. WALLACE: Okay.

MS. BICKERS: Heather Smith is currently joining as well. I think you just called her name.

MS. WALLACE: Great.

Let's try again. John Dads?

(No response.)

MS. WALLACE: Dr. Hanna?

DR. HANNA: Here.

MS. WALLACE: Barry Martin?

(No response.)

Kent Gilbert?

MR. GILBERT: I'm here.

MS. WALLACE: Mackenzie Wallace? I am here.

Anissa Franklin?

(No response.)

Dr. Schuster, you are here?

DR. SCHUSTER: Here.

MS. WALLACE: Brian Proctor?

(No response.)

Peggy Roark?

(No response.)

Eric Wright?

(No response.)

And Commissioner Lee?

COMM. LEE: I am here.

MS. BICKERS: Mackenzie, I see Peggy Roark logged in. She might not have heard you. She just logged in, for the

record.

MS. WALLACE: All right. Anyone who has just joined that I may have missed? Dr. Gupta, okay. Dr. Gupta is here. She says she cannot hear though. She wonders if she is still in the waiting.

MS. BICKERS: I'm sorry, who was that you said can't hear?

DR. SCHUSTER: Dr. Gupta. Ashima Gupta.

MS. BICKERS: No, we see her. So I'm not sure. She's not -- there's no one in the waiting room currently.

DR. SCHUSTER: And we also have that from a pharmacist with Anthem that says they cannot hear. So it must be at there end; right, Erin?

MS. BICKERS: That would be my guess. Can everyone hear me? I can hear everyone. So I'm not sure.

COMM. LEE: Should we ask them to log out and log back in and see if that corrects it?

MS. BICKERS: That might be a

good idea, Commissioner, I know Zoom has -- Dr. Schuster knows, we were breaking up a couple of weeks ago during Behavioral Health and Zoom and I have just not been good friends, so.

DR. SCHUSTER: I'm not sure how to signal them to log off and log back in.

COMM. LEE: I just sent them a message in the chat. I just sent them a message in the chat. Because they are looking at the chat.

DR. SCHUSTER: Yeah. All right.

Well, let's go on. We have a quorum, Mackenzie? Do we?

MS. WALLACE: Yes, ma'am.

DR. SCHUSTER: Okay. Let's go on and approve the minutes of the January 25th meeting that was sent out by the court reporter. Is there a motion to approve?

MS. EISNER: This is Nina Eisner. I will make that motion.

DR. SCHUSTER: Thank you.

MR. GILBERT: I'll second it.

DR. SCHUSTER: Was that Garth?

Who seconded, please?

MS. EISNER: Kent.

DR. SCHUSTER: All right.

Any additions, corrections, revisions? All those in favor of approving the minutes, signify by saying, "Aye."

MAC MEMBERS: Aye.

DR. SCHUSTER: Any opposed? And any abstaining? Thank you.

Our perennial question, although there may be a slightly different answer this time, what's the status of Anthem MCO, Commissioner?

COMM. LEE: Well, it does still remain the same answer. All legal avenues have not entirely been exhausted, so the legal proceedings are not final as of today. So we may have a different update at the next MAC meeting, but as of right now, no change.

DR. SCHUSTER: Although there was a court ruling.

COMM. LEE: Yes.

DR. SCHUSTER: Between this

meeting and the last meeting that was not in their favor, so the question is whether they appeal and so forth.

COMM. LEE: Correct. So nothing final yet.

DR. SCHUSTER: Yeah, thank you.

We had some questions because the MCOs at our last meeting mentioned a 2 percent withhold to meet HEDIS quality measures and we are wondering if that is a change in the MCO Medicaid contract for 2024?

COMM. LEE: Yes, that was a change in the contract in 2024, and I believe later on in the meeting, Angie Parker is going to give a little bit of an update and explain a little bit about how all that works and some of the parameters around that and the specific quality measures.

DR. SCHUSTER: Yes. I think we've got some materials about that, so we look forward to that later in the meeting. Thank you.

And then, just going back

because the Telehealth keeps coming up as a question. Do any of the MAC members have any questions on Telehealth? Any differences between the federal and state flexibilities?

MS. EISNER: This is Nina. Sorry, have a question, still, about whether or not PHP can be provided via Telehealth.

COMM. LEE: Hi, Nina. We have, and someone else has reached out to me with that same question as well. We have been communicating with CMS and I've not heard back from them, but I will follow up after the MAC meeting with CMS related to that question.

COMM. LEE: Thank you.

DR. SCHUSTER: Thank you, Commissioner. I know that's been a question that hospitals and others providing partial hospitalization. For those who don't know PHP.

Any other questions that you had, Nina?

MS. EISNER: No. That's all,

thank you.

DR. SCHUSTER: Okay, Kathy Adams of the Children's Alliance has her hand up. Kathy?

(No response.)

Ashima, you have your hand up? Dr. Gupta? Now we can't hear you.

MR. GILBERT: Kathy says she can't unmute.

DR. SCHUSTER: Yeah, do you have the -- Erin, do you have people muted who are not on the MAC?

MS. BICKERS: No. They should have the ability to unmute themselves.

DR. SCHUSTER: Kathy, if you can't unmute, would you put your question in the chat, please?

MS. ADAMS: I just got it. I was just able to unmute. I apologize.

This is Kathy Adams with the Children's Alliance and we just received a clarification from Behavioral Health Department of Developmental Disabilities, DBHDID regarding supervision performed via Telehealth for CSAs, TSM, and peer

supports. Because their regulation requires it to be in-person and so they are going -- I think its face-to-face, but their definition might be different. So they intend to amend their regulation, but did give us the green light to go ahead and provide supervision for TSA -- CSAs, TCM and peer supports by Telehealth until they can get their regulation amended. And I just wanted to make sure that it wouldn't be a problem with Medicaid. The Medicaid regs refer specifically to the behavioral health regulation number, that they have to follow the requirements of that regulation. Is that on your radar?

COMM. LEE: Thanks for bringing that to our attention. I would defer to our behavioral health specialist to see if that is on their radar. If not, what I would recommend, definitely, in the event of a future audit to keep that documentation from DDID on the file, so that you have that documentation from them stating needed they have are amending their records and they have given you the

approval to continue those services via Telehealth and I will ask my behavioral health team that is on the phone -- on the call, if they have anything else to add to that, or if there is anything on their radar, or even if Jonathan is on the call related to the regulation.

MR. SCOTT: Hello, Commissioner Lee. Jonathan Scott, Chief Legislative and Regulatory Officer, DMS.

That's correct. You know, we defer to the licensing boards. So if you have documentation from the licensing boards that it is acceptable, then you just need to keep that documentation and it will be consistent with 3170.

DR. SCHUSTER: In this case, Jonathan, it is not a licensure board. It's actually the Department for Behavioral Health. Would that also qualify?

COMM. LEE: If our reg, Jonathan referencees, the behavioral health reg?

MR. SCOTT: Yeah, but we do also defer to other state and federal law so

you could use that justification as well, to use the behavioral health reg, would be my interpretation.

DR. SCHUSTER: Okay. In the meantime, before they get their reg changed, what you're suggesting, Commissioner, is the letter would suffice to move to that or be able to do supervision via Telehealth. Not inconsistent with the Medicaid reg and they have the permission and the letter from DBHDID.

COMM. LEE: Yes, and again, I make sure to maintain a copy of that letter on file for any future questions or audits that may come up around those services.

MS. ADAMS: That would be wonderful. Thank you all so much.

MS. ADAMS: Kathy, can you repeat the groups that you are going to be able to do supervision via Tele? You said peer support and who else?

MS. ADAMS: Community support associates and targeted case managers.

And this is awesome so thank you all so much.

DR. SCHUSTER: Thank you for bringing it to our attention. Telehealth is so important and I think we probably just need to keep it on there in case as things come along and until we get the PHP resolved, we will just keep that on there.

Dr. Gupta, we are still up in old business, I think you had a question about where we were in the agenda. Did you have a question about Telehealth?

(No response.)

Was there anything in the chat from her?

MS. BICKERS: There is. I'm trying to scroll, sorry.

COMM. LEE: She says --

MS. BICKERS: She says: In regards -- sorry, Commissioner.

COMM. LEE: That's okay, Erin. Yeah, she wanted us to repeat whether the 2 percent withhold was a change in the MCO contract and, yes, that was a change in the MCO contract.

DR. SCHUSTER: Oh, okay.

And, yes, Leslie Hoffman from the behavioral health team says that they will coordinate with DBH --

MS. HOFFMAN: Yeah, so it is just hanging out there, Dr. Schuster, we will connect with them.

DR. SCHUSTER: Okay, great.

You know, it is confusing to us all when one state agency saying one thing and another state agency saying another thing and the providers get caught. We don't want that to happen.

And Commissioner, the MCOs are going to have these same HEDIS measures?

MS. PARKER: Commissioner, this is Angie Parker. Would you like me to go through a PowerPoint that I have regarding the value-based payment program, or wait?

COMM. LEE: It's on down, I mean, Dr. Schuster, it's up to you. We do have on 5D the -- and quality measures, if you would like Angie to go through her presentation right now, we can go back up to some of the others under 5.

DR. SCHUSTER: Why don't we have you do that, Angie, since we have been talking about the quality measures and obvious, so it really doesn't matter if we do that under 4B or 5D, if you don't mind doing that, that would be great.

MS. PARKER: Not a problem.

DR. SCHUSTER: Thank you.

MS. PARKER: Now, to find it. I've got too many windows. Here we go.

All right. So I had some questions regarding the MCO value-based payment program. And this value-based payment program went into effect, which it started in contract year 2024 and, yes, there were some contract changes specifically that address this. The value-based program is, we worked with our actuary to determine this and what would be the best measures for the state of Kentucky and where we want to incentivize our MCOs for potential payment strategies to achieve positive outcomes.

Some of the -- within the program development and the strategy and

goals we are to reward the plans that perform well and penalize the plans that perform poorly. We want to use this program to improve Kentucky's national state health ranking. As you may have heard in other meetings with the Commissioner, we're now at 41 percent. So, you know, we are trying to get that under, even better. So that is part of what this program is as well.

Includes performance targets that are realistic and achievable; incentivize quality outcomes; be operationally straightforward to oversee and manage; and hopefully ease administrative burdens for our providers to participate.

So how was it designed? As you mentioned, we do have a 2 percent capitation withhold for the contract value for MCO. There are six core measures plus a bonus pool for eligible MCOs. They are to achieve at least 3 percent or 4 percent improvement from measurement year '22 HEDIS measures to earn this withhold.

They must earn withhold on four core measures and maintain performance on all core measures to be eligible for the bonus pool and it is pass/fail.

So what are the measures? The core measures include preventive services for children, postpartum care, immunizations, and we are looking at the chronic condition of diabetes.

We are also, for social needs screening, it is a report only for 2024 because it is a new HEDIS measure. Also, for immunization for adolescents, the IMA Combo 2, we are allowing just IMA Combo 1 for 2024 and the HPV reporting only for 2024 to allow for more education for providers and members on the importance of getting the HPV vaccination.

If the MCOs have to meet at least four of these, 3 percent or 4 percent, depending on the percentile of the HEDIS measure in order to be eligible for the bonus pool. And they have to meet -- these are the measures that they would be eligible for to receive

additional monies for.

So metabolic margin for children and adolescents on antipsychotics; follow-up after emergency department visits for alcohol and drug dependence within seven days of an ED visit; weight assessment and counseling for nutrition and physical activity for children and adolescents; and breast cancer screening.

So that is it in a nutshell. Very high level on what the measures are and what the capitation and what we are withholding. And we are administering that in the start of 2024, based on 2022 HEDIS measures. So they have to get at least 3 percent or 4 percent improvement in 2024.

DR. SCHUSTER: Angie, I have a couple of questions. Would you go back to the core? They have to have four out of those core measures?

MS. PARKER: Yes, ma'am.

DR. SCHUSTER: But two of them are report-only so they qualify or they meet that core measure if they have that

report?

MS. PARKER: Well, for the immunization for adolescents, it is actually IMA Combo 1 that they would be graded on. IMA Combo 2 includes HPV. That section is report-only but you have to meet the IMA Combo 1. You have to improve upon that.

DR. SCHUSTER: Okay. And then on the social needs which is brand-new --

MS. PARKER: Yes, ma'am.

DR. SCHUSTER: -- they have to demonstrate that they --

MS. PARKER: Right. They will be establishing the baseline for this one in 2024, because there was no one in 2022 for this particular.

DR. SCHUSTER: Okay. All right. And then, if you'd go to the next one. I cannot tell you how happy I am to see the metabolic monitoring. You know, we have way too many kids, particularly foster kids, who are on antipsychotic medications. I know that U. of L. has reported on that on a number of occasions,

so I am thrilled to see that that is one of the things. I actually think it ought to be a core measure, because it really ought to be done for every kid in that age group that's on antipsychotic medication, because as you all know, FDA does not approve medications for kids that young, so I applaud that. Thank you.

Are there any other things from any of the MAC members? And you will share these with Erin so she can send them out to us afterwards? The slides?

MS. PARKER: Absolutely. Yes, ma'am.

DR. SCHUSTER: Thank you.

MS. EISNER: I have a question. I am surprised there are no measures for psychiatric hospitals. You know, one of the things they watch very closely is the HEDIS measure for ambulatory follow-up within 7 and 30 days post-acute hospitalization, and that is something that is really important. And sometimes, you know, if there is not sufficient geo-access or you all monitor, of course,

missed appointments, so maybe in future years, you all can consider adding that to oneof the measures.

MS. PARKER: Yeah, we can look at that. Just so everyone understands how we came up with these measures. We looked at HEDIS from the measurement year 2022, all of the measures, and where the MCOs measures were lacking or less than the 25 percentile and knew that there was a lot of room for improvement. I would have to go and look, Nina, at the specific measure you are talking about to see maybe they are performing well on that, but certainly, this will be an ongoing thing, evaluating each year if we need to make any adjustments to this, but thank you.

MS. EISNER: Thank you.

MS. PARKER: We will certainly look at that. I see Dr. Bobrowski has his hand raised.

DR. BOBROWSKI: Yeah, just a question on -- and I don't know a whole lot about all of this except for some of the things that you see in the news, but

that metabolic monitoring in children and adults on the antipsychotics, does that monitoring also involve or include the hormone blockers that some of the doctors are using in our teenagers?

MS. PARKER: I don't know the answer to that question, Dr. Bobrowski. I'd have to go look and see. I'm thinking maybe not, but I would have to go back to look at what the specifics are underneath that.

DR. BOBROWSKI: Okay, thank you.

MS. PARKER: And follow up with that.

DR. SCHUSTER: Arthur, if you are talking about puberty blockers, they are no longer allowed in Kentucky for children under 18 unless they have a specific metabolic -- in other words, they are not used for gender transition after the passage of Senate Bill 150 last session.

DR. BOBROWSKI: That's right. I remember that now, thank you.

DR. SCHUSTER: Unfortunately.

So those kids are not getting treatment for gender dysphoria here in Kentucky. Just a reminder about that. Any other questions that any MAC members have?

(No response.)

All right. Hearing none, thank you very much, Angie. That is very helpful. I appreciate your doing that.

MS. PARKER: You're welcome.

DR. SCHUSTER: Let's move on to updates. We want to start by congratulating Commissioner Lee on being named the board chair of the National Association of Medicaid Directors. That is a big deal and so we are very proud of you, Commissioner Lee, and very proud of Kentucky, for being recognized in the leadership position. I understand that Dr. Stack holds a similar position among the public health commissioners, as well, so congratulations.

COMM. LEE: Thank you so much. My tenure, I guess my new role with NAMED will start on April 1st, so I am really excited to be able to work with all of the

Medicaid directors across the country and help put forth Medicaid issues, concerns, and priorities and put them forth on a national level and needs on a routine basis with CMS, and while I will be representing the entire country with the Medicaid program, we can always put forth Kentucky's priorities too, so it does give us a little bit of an opportunity. And I am very excited to start that new role. It will not impact my role as Commissioner in the Department of Medicaid Services, I am still going to be here, it is just a little bit more -- I guess a little bit more responsibility that will help us, I think, at the national level. So very excited for that opportunity, and thank you so much, Dr. Schuster.

DR. SCHUSTER: Well, and more contact with CMS is always helpful to the state and I know you all work hard to have a good working relationship with CMS, but it puts you in a great position for that, so we are grateful for that and for your leadership.

Let's talk about unwinding Medicaid. Any changes in approach and flexibilities?

COMM. LEE: I think we have --

DR. SCHUSTER: That's typically Deputy Senior Commissioner, Veronica Judy Cecil.

SR. DEP. COMM. CECIL: Hi, good morning, everyone. This is Veronica Judy Cecil, Senior Deputy Commissioner.

Dr. Schuster, I wasn't sure if you wanted me to get into any numbers today. I'm prepared to do that if you want, but we just held our stakeholder meeting last Thursday and that presentation, recorded presentation and slides, are up on our website.

I did -- the only thing that really has changed other than the numbers, is that we have decided to redistribute about 39,000 individuals into May as a way for us to manage workload. Our March and April numbers are fairly high in the number of renewals. For March, they are 116,000 and for April it was 103,000

individuals going through a renewal so we did want to distribute some of our folks into May, which was approved by CMS for us to do that. So you will see, still, individuals going through their first renewal following the public health emergency in May.

DR. SCHUSTER: I think it's helpful to see some of those numbers. We have that at the BH TAC, and I think that is the new group that you are going back and doing the lookback on is particularly interesting.

Veronica, if you could share your slides, that would be great.

SR. DEP. COMM. CECIL: Happy to.

DR. SCHUSTER: Okay, great.

SR. DEP. COMM. CECIL: Erin, I'm going to kick you off. Thank you all.

Okay. All right. Let me just pop -- don't get too sick. One thing I would like to mention, is we did move the flexibilities related to the 1915c home and community-based waivers into amended waivers, and we just got notice a day or

two ago that all of the waivers are now -- have been approved by CMS so all of the amendments that we put into those waivers, which are out on our website, are now part of and permanent as part of the approval of those waivers. So I did want to mention that. We do have a really good website related specifically to Appendix K and those waivers --

(Audio interruption.)

DR. SCHUSTER: If you are not speaking, please mute.

I just want to point out to people, Veronica, that the budget that was just passed by the Senate has a significantly increased number of placements or slots -- I hate slots because it sounds like widgets and we know that these are people. But it significantly expanded number of people who can go into the HBC and Michelle P. and SCL waivers so having those approved by CMS and having those flexibilities in Appendix K is really helpful. So thank you for that.

SR. DEP. COMM. CECIL: You are so welcome. Our team Medicaid for the waivers, they are amazing. And have done a lot of work on those efforts.

So what you are looking at is new to folks who might have seen our presentation in January or the typical presentation that we give. But just to explain what is going on, it may look a little overwhelming, and I'm not going to go through all of these numbers, but what you are seeing, in October of last year, CMS instructed Medicaid state agencies to start recording an updated monthly report that provides information about any pending cases following 90 days after the renewal month that had been processed.

So on the left side, here, you see our original monthly CMS report. So these are from May to November, what we reported in that normal CMS monthly report. All of these are still on our website. In that, you see the pending list, we will take May for an example. You see we had 2,698 pending cases when we

reported that for our May renewals. A pending case means that the member has responded to a notice or provided us information and the state had not yet taken action on that when the renewal date passed.

So on May 31st, we had 2,698 cases pending and they got extended as part of that until the state could process those pending cases. So in the middle there, is that 90-day processing period so, again, following the 90 days from each renewal month. In May, we were able to process 2659 of those pending cases.

So on the right side, you are going to see our updated numbers as a result of that processing. You will see that our approval numbers and our termination numbers have moved slightly as a result so that we can put someone in the correct column.

We do still have some pending. That is not too unusual for Medicaid and the reason for that, generally, sometimes, is that it is a complex case, but these

folks should still be covered as that pending case continues.

So that is what you are going to see now on our website is the report that is required by CMS, initially, and the updated report for each month showing that 90-day period. We do have to wait until the 90-day period exhausts, and the report is due the 15th of the month following that, so that is why we have May through November so far. We will provide this to the MAC members and it will get posted on the MAC website, but this is out right now as a result of the March stakeholder meeting.

So just looking at the most current numbers from our last MAC meeting, that would be for January and February. You see, there, the individual number for renewals for that month, the Medicaid approvals for that month, and then the terminations. Still some pending, and the extended are those folks who use the flexibility. They can have an additional up to three months if they're long-term

care or 1915(c) waiver members and they've not yet returned that notice, we can extend them up to three months past their renewal date. That's not the same thing as the 90-day reinstatement, which I'll talk about, but this is actually us being able to keep the person covered for an additional up to three months if they've not returned that packet, so we cannot procedurally terminate them.

And then for everyone else, they get a month. So if somebody hasn't responded by the end of February, then we can give them an additional month to return that information. We do conduct a lot of additional outreach during that time, both the state and managed-care organizations, outreach to those members to try to get them to respond to that notice.

The reinstatement on the far right, there, is if somebody, after they terminate, and within 90 days following that, they provide the information we needed because they didn't respond, and

then we can determine them eligible based on that information, and we can reinstate them back to their renewal date 90 days as if there was no gap in their coverage. So we still try to outreach to folks, and to providers, or anyone who comes across a Medicaid member who was terminated for not responding, that they can still, within these 90 days, still try to work through their renewal. Those are the numbers. Happy to take any questions.

DR. SCHUSTER: Thank you so much, Veronica. Are there any questions from any of the MAC members?

Just a reminder to all of you, particularly those who represent providers, that we really do have an obligation to keep reminding people to respond to these requests for information.

And I know, Veronica, that you got on your website, some easily downloadable flyers or poster kinds of things that people can post in their offices and clinics and they are available in both English and Spanish, as I

remember.

SR. DEP. COMM. CECIL: That's correct. I think the other thing, Dr. Schuster is, though we really increased our outreach as a result of the public health emergency unwinding, we are looking at keeping the nudges and the outreach as we move into the new normal of enrollment and eligibility processing. And so we hope that all of our stakeholders, all of those folks out there supporting our members, the families, the advocates, the providers, that we stay, you know, I think, vigil in reminding folks about the fact that they have to go through an annual renewal. So we hope that all of those communications, you know, continue to be used following the public health emergency unwinding.

DR. SCHUSTER: That's a great point. And I see that Beth Fisher has just put a link in the chat for anyone who needs those materials. Obviously not just the MAC members, but the people who are attending this meeting. It's just so

important that we keep people enrolled who are eligible, and we checked their eligibility, so we appreciate it. And I know this has been your baby from the beginning, Veronica, so we appreciate the updated numbers as well.

SR. DEP. COMM. CECIL: You're welcome.

DR. SCHUSTER: Commissioner, I'm sorry, we congratulated you and then immediately went to specific reports. Let's go back and see if you have some general comments or updates that you want to give from the department.

COMM. LEE: Yeah, I think I'd like to take this opportunity, Dr. Schuster, coming on the heels of the quality update that we just heard.

I'd like to take this opportunity, if I could, to talk about America's health rankings. In 2014, Kentucky was ranked 47th. and we have moved up in the rankings to 41st as Angie has pointed out in her presentation. I think it's a wonderful, wonderful thing,

but let me see if I can share my screen. I would like to -- let's see if I can figure out how --

MS. BICKERS: One second, Commissioner. I need to make you a cohost.

COMM. LEE: Thanks, Erin.

MS. BICKERS: You should be good to go now.

COMM. LEE: Let's see. Can you all see my screen now with the America's health --

DR. SCHUSTER: It just says you started screen sharing, yeah.

COMM. LEE: Yeah, you can see that?

Okay, this is Kentucky. This is America's health rankings and they have every single state listed and where they rank. As you can see, Kentucky is the 41st. We can see that our strengths are definitely a low prevalence of excessive drinking, which we think is really good. We have a high prevalence of colorectal cancer screenings, and we have a high

supply of primary care providers, which was just a little bit surprising to me, but that is another strength.

Challenges, of course, are prevalence of multiple chronic conditions, high occupational fatality rate. I don't know that this group can do anything about that. And high prevalence of insufficient sleep.

We've moved from -- we've had an increase in homicides, we've also had an increase in diabetes and we've had a decrease in physical inactivity. These health rankings are for the entire state. They are not just for Medicaid. However, we think that the 1.5 million members that we serve, if Medicaid can be a leader in improving the healthcare status of those individuals, then we can also improve the health status of this state overall. So we think that Medicaid has a really good position to, kind of, make a difference in health policy and be a leader.

And I've highlighted some of the areas that we could concentrate, for

example, our adverse childhood experiences, we rank 46. So all of these areas that I've just highlighted a few, I think, you know, definitely room for improvement.

I think Dr. Bobrowski will agree, you know, dental providers number per 100,000 we rank 32nd in the nation. You know, how can we get more dental providers to focus on oral health. Preventative clinical services, again, we rank 42nd on the number of adults who have visited a dentist.

The HPC vaccine, you know, we saw that in our quality measures that we have put in place for the managed-care organizations. We are hoping to make a difference there. Preventable hospital discharges, exercise, physical activity, teen -- smoking. Here is a really big one is, smoking and the percentage of adults. And just recently, this month, the Center for Medicare and Medicaid Services released a guidance related to what states can do, specifically Medicaid agencies, in

order to reduce smoking in the state. So what I want to do is, I want to send a link to Erin, and I will give that to her to send out to the TAC, and what I would like for you to do and request your assistance is, looking at this America's health rankings, looking at something that we think we could make a difference in. So let's look at the policies, the Medicaid policies around those certain measures, and what sort of information do we need to see, where, what data do we need to see from our claims information that we can start looking at to make a difference in some of these measures.

I mean, drug deaths we are 47th. We know that we've got pretty extensive behavioral health delivery system, but what else can we do in order to bring that number into an alignment with, at least on the national level, or increase it for our members, premature deaths, again, physical health, we know frequent physical distress, low birthweight babies, how can we improve that? And it's not just us and

it's not just the MAC, it's any of our partners across the state. And particularly, our sister agencies, the Department for Public Health, Department for Committee-based Services, Behavioral Health, and our Department for Aging and Independent Living, happy to form any kind of workgroup to work on any of these measures.

Obesity, you see that we are 37th. What can Medicaid do? What policies can we look at? Are there educational materials that we can develop specifically for our members and, if so, what does that look like? So just again, I would like the MAC to look at all of these measures, look at the report, and, kind of, help Medicaid figure out, like, you know, what we can do. Because the report itself basically states that this is sort of a roadmap. That they urge policy makers and leaders to use this report as a snapshot of the post-pandemic health landscape and improving health outcomes for all needs to remain at the

forefront of our nation's priorities, and I could not agree more with that. And I think that we have an opportunity with, given air quality measures, not only with our MCOs but with our hospitals and our directed payments. We have an opportunity to further increase Kentucky's health rankings, and I would just ask for your future collaboration, and would be remiss if I didn't thank you for everything that you have done on the MAC and the TACs to help us get to 41st, because we did not do that on our own. This was a collaboration and just want to make sure that we are using this information in a way that guides us on a road map in improving the health status of all those that we serve.

DR. SCHUSTER: Thank you so much. I think this is an excellent project for the MAC and I hope that the link will link us to your version of this where you have highlighted some of the ones --

COMM. LEE: Yes.

DR. SCHUSTER: -- that stick out

to you. That would be great. And Erin can share that and then I'll get with the MAC members and see and the TAC chairs, actually, and see what kind of recommendations we can come up with, or projects to look at some of these things.

COMM. LEE: And again, we are happy to pull in other partners and form little workgroups if you think that is necessary.

DR. SCHUSTER: Yeah. Yeah. That is great.

Are there any questions from any of the MAC members about the health rankings or the Commissioner's thoughts about this?

MR. GILBERT: I would just like to underscore the importance of this and I would like to thank the Commissioner for raising this. I think that, you know, those who are in my circles know that I am on a constant drumbeat that Kentucky doesn't have to be in the lower ten of every ranking. We have shown some dramatic ability to improve, and I think

some of the next steps that might be -- Sheila, maybe you or Commissioner Lee, maybe help us to identify where can we have the greatest impact with limited resources. As we know, some of these things will be vastly improved with improved budgeting, which we are at great pains to get but at limited access to.

If there are ways that we can target specific things that are within the departments, the MAC's ability to influence, I think that it would be a great -- it would be a great project for us to, sort of, be able to target something and see those needles move, and to then, God willing, use that to say, look, this is the reason we need more funding and here is how we can apply that effectively.

I want to thank you so much for raising this issue, because I think I am unsatisfied deeply that we are 41st. Not -- thrilled that we went from 47th, but I don't think we should rest on any laurels. I'm really glad that we got

better, but we ain't there, and anything we can do to get better, particularly in outcomes for children and preventative care, all of the things that you highlighted are very, very important.

COMM. LEE: I couldn't agree more.

DR. SCHUSTER: Yeah, any other -- Garth, did you have your hand up?

DR. BOBROWSKI: Yes, please. Just wanted to thank Commissioner Lee for bringing these up, and I know you mentioned one of them was the drug use and it was -- I was watching a news channel the other day, and they had the President of Mexico on there, and in a way, he made a stunning remark that the United States drug problem was not his problem. And in a way, I guess, I hate to admit it, but in a way, he's correct. But it's like, why do Americans seek these drugs, and you all know once you get on one, you want to get -- your body becomes immune to it, and you need more or a stronger dose. And I know a few years back I did almost, like,

a term paper for the Kentucky Dental Association on narcotics, opioids, and prescription writing and all of that. But it's kind of like, those are things that Commissioner Lee says that we need to look at even how other states, or brainstorming within this group, how to decrease the demand in Kentucky. I know there used to be a DARE program through the school systems that they had, I think, was maybe fifth or sixth graders, but to be honest, I don't know the final results or even if there is a way to test the results of those programs, but you are right. I mean, knowledge is what we got to get out there, but when so many children are raised in a drug-using home or environment, that is all they know.

But I just wanted to emphasize what Commissioner Lee was saying on drug use, and I agree with Kent on some of the things that he was saying. So thank you, just a comment.

DR. SCHUSTER: Thank you, Garth. And we are going to talk, later, about

expanding healthcare access in schools, both on the behavioral health side, and the physical health side, and I think that we've got to concentrate our efforts on prevention and education there. I think you are right. Unfortunately, I don't think the DARE program yielded the results that we hoped that it was going to and the Just Say No part of that was easy to say, but I think we can come up with some things and there are some things in the works, I think.

Any other -- Dr. Gupta is saying: This is good information, Commissioner.

Any other questions or comments from any of the MAC members?

Okay. Well, thank you. I think that is very stimulating and certainly gives us some excellent guidance, Commissioner, and something to work from, which is really helpful.

I think, Leslie, you are probably up on the Mobile Crisis developments since our last report,

please.

MS. HOFFMAN: Yes, and I would just say, we're busy both internally and externally right now, with our stakeholders and providers. Lots of work is going on and we probably have anywhere from 7 to 10 meetings a week in various different areas, so I think I've told you before, that we met with the CMHCs, we started with the CMHCs and the CCBHCs as the CMHCs are the safety net. We started there. We have also started to reach out to the RSUs and BHSOs.

We, actually, have meetings today with additional providers. We've reached out to four possible behavioral health transport providers as well, and trying to build capacity there, and will be reaching out to more BHSOs in the near future, and also any interested to providers that can meet the criteria to be Mobile Crisis providers, meet that fidelity.

We did complete some policy guidance. We sent it out related to the

Mobile Crisis services, and what the ASO will be responsible for, and I think those went out to all folks who were interested in possible contracts, at the time, so those will continue. We have ongoing, regular weekly meetings with the MCOs and continue to work on the contract.

Our CCR grant option, which is our community co-response. I know you all that every time I'm on here, that is going so well. We have been so pleased with the folks who have stepped up to the plate and several of them have even met, like they had to meet milestones within their grant opportunities and several of those have already exceeded their expectations on their milestones. And we did a in-person -- if you saw that on social media just recently -- it was hybrid, but we had a lot of folks there. Very exciting times and we also met with each one of those individually. So that is pretty much my conversation about Mobile right now. More to come very soon.

Dr. Schuster?

DR. SCHUSTER: And what is the target implementation or go-live date?

MS. HOFFMAN: So our tentative target was June and that may change based on -- and just waiting to see what's going on with the budget, and I won't speak much more to that right now.

DR. SCHUSTER: Okay. I did look at the budget, House bill 6, was passed by the Senate, 36 to 1, I guess, last night and there was no restoration of the Mobile Crisis funds that had been taken out, so continuing concern that we have there.

You had mentioned at the BH TAC, Leslie, the policy guidelines. Could you send me a copy of those, please?

MS. HOFFMAN: Yes. Sorry. I didn't mean to cut you off. I thought -- they sent those -- I thought they were going out individually, but they actually send those out with the contract, so I will get a copy of that for you, Dr. Schuster.

DR. SCHUSTER: Yes, I would like to share that with the BH TAC --

MS. HOFFMAN: Absolutely.

DR. SCHUSTER: Obviously, with anyone on the MAC that is particularly interested, this is a major overhaul of Mobile Crisis around behavioral health issues to try and get treatment, not just the 988 Call Line, but actual transportation to treatment if necessary at the time of crisis.

So any questions from anybody on the MAC?

MS. EISNER: This is Nina. I just have a question from our partners with Medicaid. Is there any update on the BHSOAODE rate increases? The last one was April 1st of last year, and I think you all were working on them. I didn't know if anything had been finalized.

MS. HOFFMAN: Lisa, or Commissioner Lee, correct me if I am wrong, is that something that Victoria was working on and she will bring back to the Behavioral Health TAC in May?

COMM. LEE: Yes, we will follow up on that, Nina.

MS. EISNER: Thanks.

DR. SCHUSTER: And we will keep this item on the MAC agenda, Leslie, because, obviously, there will be some updates.

MS. HOFFMAN: Dr. Schuster, would you mind if I mentioned the rate situation where I called you the other day?

DR. SCHUSTER: Yes.

MS. HOFFMAN: I'm sure folks have questions about that. So on the behavior health fee schedule that got posted and sent to the MCOs, we did find an error. It was a human error. It was on the H0002. I think that rate was about 52.57, maybe. It will have an MEI which is the Medicare Economic Index added, which, I think, this year was around 4.6 and the new rate will be 65.45. So the MCOs have already been notified of that, and I've already requested for it to be reposted with the correction on the website. So there was not supposed to be any decreases. There were 46 or more

increases. So no decreases. We will get that one corrected if anybody is asking about that one, Dr. Schuster.

DR. SCHUSTER: Yes, thank you. And I proactively reached out to the CMHCs and some of our big providers to let them know that, so I appreciate that, and appreciate the fact that there were no decreases in any of the behavioral health.

I think you mentioned that some of the Medicare rates had actually gone down, but the Medicaid rates had not gone down.

MS. HOFFMAN: A couple, I think, went down and we ended up keeping the '23 rate. So there was no decrease for this time.

DR. SCHUSTER: Yeah. That's really good news. We appreciate that.

And Angie, you are back on again, please. You had sent out some materials on hospital and university quality measures that we had or. We're interested in learning more about.

MS. PARKER: Yes, I believe --

yes, Angie Parker, Director of Quality and Population Health.

I believe Erin sent what the preprint looked like, as far as what the quality measures were for 2024. We are actually working on 2025 and getting ready to submit those. As you may or may not know, this is an annual thing. We review and update measures annually, and have to submit it to CMS for their review and approval.

I do have another little PowerPoint --

DR. SCHUSTER: Good.

MS. PARKER: -- that shows this information, you know, and as we continue to discuss about the quality healthcare and what Commissioner Lee just provided, it's very exciting to me to hear everybody's excitement on how to work together to improve the quality of healthcare, not just within our Medicaid, but within the state, so I will pull this up again, or another one.

MS. SHEETS: Give me just a

second, Angie. I had to step away for a second, and I'm trying to stop her share, so.

MS. PARKER: Can you see mine?

DR. SCHUSTER: Yes.

MS. PARKER: Okay. So what I'm going to be showing you is what the UK/UofL directed payment measures are; what the Hospital Rate Improvement Program measures are, and also the Value-Based Payment Program with the MCOs, and all in one little spot.

And, as you know, we are trying to work to align all of these measures so that we can all be working towards the same goals. As you can see with UK/UofL there are, you know, the well-child visits which were on the Value-Based Purchasing Program, what the Commissioner talked about, how obesity is, we are very high on the health index so postpartum depression screening, SDOH, you know, chronic conditions, tobacco use, all of these measures that UK/UofL, and with their Directed Payment Program are focusing on.

And then the Hospital Rate Improvement Program, it's more directed for inpatient hospital with the catheter-assisted UTIs, C diff, sepsis screening, all cause readmissions concurrent or e-prescribing, opioid education, admission screening, hours of restraint, hours of seclusion, and rehab discharge and also social determinants of health, which are not on this list, but they were developing programs for 2023, which they will be measured on in 2024. And then, we just went over the value-based purchasing measures, and how UK/UofL and the Hospital Rate Improvement overlap. They go through the 30 day all cause and then the opioids.

Because UK/UofL has the clinic, you know, outpatient clinic, that is where a lot of their focus is and that does correspond with our Value-Based Purchasing Program. A lot of the same measures, which you will see.

And that is all I have on this little presentation.

DR. SCHUSTER: Okay. Can you go back to the very first slide that had UK/UofL?

MS. PARKER: Yes, ma'am.

DR. SCHUSTER: I'm really glad to see the emphasis on screenings for depression in different age groups, postpartum, but also ages 12 to 17, because we know that that is a time of great angst for our preadolescents and adolescents. And then it looks like, from Angie, that that fourth one is for adults screening for clinical depression, if it doesn't have an H in the plan, that would be for all adults patients; is that right?

MS. PARKER: Yes, ma'am.

DR. SCHUSTER: Okay. Good. Glad to see that.

Are there any questions or comments from any of the MAC members? This makes more sense than what I was trying to work my way through these tables, at least preprints that came out, and I was like, what is this?

MS. PARKER: This is very high

level, again, it doesn't go into the detail of preprints, but I thought this might be simpler. We are working to align our quality measures within all of our programs, you know, and Dr. Gilbert improving at 41, we don't want to stop at 41. We want to move that needle.

We are, within the Division of Quality and Population Health, we are looking at those health rankings and how we compare to the other states, and seeing what they are doing. We just recently completed a comparison to the number 1 and 2. Of course, it's going to be a challenge to get down to that, but we are also going to be looking at surrounding states. Number 1 was Massachusetts, I believe, or maybe they were second, and New Hampshire. So, you know, those are the northeast, but they are not on the west side, so we are looking to see what programs other states are doing, and potentially how we can also initiate that here.

DR. SCHUSTER: This maybe a

question more for the Commissioner, but as you look at those health rankings, Commissioner, if you look at southern states, where is Kentucky? Because southern states are always poorer in general health and in funding, as Kent pointed out.

COMM. LEE: Yeah, the least healthy states are Alabama, Oklahoma, Arkansas, Mississippi, and Louisiana. So all of those southern states, you know, we rank 41st. So we are a little bit better than some of our neighbors, but the bottom five are definitely those southern states.

DR. SCHUSTER: Well, we've always said, and it's probably not very nice, but we've always said, thank God for Mississippi in most comparisons. But so it is, I think that's interesting, Angie, that you all are reaching out to look at what other states and, obviously, 1 and 2 seem way ahead of us, but there may be some lessons to be learned, but that middle tier, the ones that are around 25th to 35th, or something like that, it would

be nice to get into that tier next in our rankings. Any other questions for Angie? And again, you will share that PowerPoint with Erin, correct? Please.

MS. PARKER: Yes, absolutely.

DR. SCHUSTER: Yeah, thank you. Thank you very much.

And then, something that is near and dear to my heart is expanding healthcare access in schools. And I'm not sure, Commissioner, who is reporting on that.

COMM. LEE: I think Erica is on.

DR. SCHUSTER: Erica is on? Good.

COMM. LEE: And if Erica is not prepared, I can talk about it. I'm not sure if Erica is still on, but I can start out talking about it.

As you all know, early in 2020, or maybe 2018 or 2019, Kentucky did a state plan, we completed a state plan amendment that allowed us to provide school-based services, expanded access in care, it was under the Free Care Rule. We

don't like to call it the Free Care Rule, but basically, before this rule came out, CMS said state Medicaid agencies could not pay for services in schools if that school provided the service free for the population, and they could not just bill Medicaid for the service.

Well, then they reversed that and said yes, they can bill, they can bill Medicaid, so we had to get a state plan in place, and we did. We got a state plan improvement with CMS that allows us to provide services outside of the Individualized Education Plan. So prior to this change, Medicaid could only pay for services that were developed and in a child's Individualized Education Plan.

So now, Medicaid can expand services to any service that a school has personnel able to bill. So a school, for example, could bill for a well-child check, or for speech therapy for a child who is not -- does not have a developed IEP.

So there is a huge work group

that was created and then COVID hit. And so COVID took precedence over all of our expanding health access in schools. So we have taken this project back up. We did a survey, because the first thing that we want to do is get a lay of the landscape, if you will, in our schools. We have some schools that are not billing services through the expanded care and, however, they do have a relationship with some of their community clinics to provide services or to set up schools in the clinic, so we are trying to get a lay of the land to see what Medicaid can do to help facilitate those services in schools, because we do believe that that is definitely a location where children are, and we can focus on primary and preventive care. And so, we have also embarked upon some workgroups, for example, we have, through the Annie Casey Foundation, there is a children's behavioral health lab and Medicaid is participating in that for the Department of Behavioral Health, in addition to the Department for Juvenile

Justice. We also have a National Governors Association of Behavioral Health learning group which we are in collaboration with Kentucky Department of Education and the Governor's office is heavily involved with that.

As well as, we have just submitted a CMS grant application for school-based services. If awarded, we would be able to use funding to further expand care in schools to children and help schools come up to speed, for example, on billing and that sort of stuff.

So this healthcare access in schools is a primary focus of ours. Erica Jones is leading up those initiatives and we are very excited about some of the opportunities that we have to move forward.

And if Erica, if she is on the phone, if she would like to add anything to that.

MS. JONES: This is Erica. Commissioner Lee, I think you covered

everything.

Just wanted to add that we know of the 171 school districts, we have 166 that are participating in billing school-based services. Not all of those are using the expanded access, so that is what we are really pushing for is to get more of those school districts to offer services to all of our Medicaid eligible students. And so that is our push now, as well as offering more mental health services. And when we did do that survey, we found that all models of delivery of school-based services are being used in Kentucky. We see that some school districts are being the billers of the services themselves, and others are contracting with some outside providers, and allowing those outside providers to bill, and others are contracting with outside providers to do the services, but the school districts are the ones that are doing the billing for those as well. So we have several different models of delivery of services in the school

setting.

DR. SCHUSTER: And Erica, that is both physical health and behavior health; right? That you are tracking?

MS. JONES: That's correct.

DR. SCHUSTER: Great. Great. And I think you are scheduled to present that data to the BH TAC in July at our meeting, so that is something that we want to be sure the Children's Health TAC is aware of and, perhaps, that data can also be shared with them.

MS. JONES: Yes, ma'am.

DR. SCHUSTER: And I think, Commissioner, I think you mentioned that the Nursing TAC asked for some of that information; is that right?

COMM. LEE: Yeah, I believe that is correct. And Erica did the original request for the school-based services, come from the Nursing TAC?

MS. JONES: I believe it did, yes. So we can present all of that information to all of the interested TACs.

DR. SCHUSTER: Yes. I would

like to see the TACs coordinate more with each other. There is obviously overlap. The Primary Care TAC would be interested in that information too, so that would be May the 1st. We moved that meeting to 1 o'clock on May the 1st, but we will let people know so that they can join in and get that report as well.

I think this is really exciting. I think this also fits in with the presentation that the Commissioner made on our health rankings, because I think we have to concentrate, at least preventively, on school kids. They are captive audiences in many ways, and we've got a better shot at heading off something, then waiting until they are adults and then having to treat something that has developed.

Any questions?

Kent, you had a question in the chat. Were you asking about the Annie Casey grant and how much it was for?

MR. GILBERT: I was looking at that Shine grant, actually, to see how

much funding we were hoping to get for that.

MS. HOFFMAN: Erica, I just put in the title. We are calling it Kentucky Shine here in Kentucky. So that's what I put in the chat. So do you have that information? Is it 2.5?

MS. JONES: Yes, ma'am, it's 2.5 million.

MR. GILBERT: That would be great. That would be a great support. And just to underscore, Sheila, I think all of the data, keep showing, that the more that we can prevent the cost dollars that it saves Medicaid down the road is huge, so, and of course, outcomes for quality of life for those kiddos.

DR. SCHUSTER: Right, right.

All right. Any other questions or comments from any of the MAC members?

All right. Well, let me thank all of the DMS folks who have presented and contributed to the discussion. It's so important to have the data, obviously and for us to be coordinating our efforts.

So we appreciate that.

Let me turn to the TAC reports. And just -- Dr. Gupta, oh, you are talking about a program with vaping. And vaping is a huge issue, Garth, that gets back to is that a gateway to drug use. And I hear from school counselors and school psychologists and school social workers about their concerns around increases in vaping and even with very young kids. So that they be something we may want to particularly look at as we think about some ways to move forward on improving health status. Thank you for sharing that.

Want to encourage, again, the TACs to work with other TACs and to let us know what data you are requesting from Medicaid, so that we can share that data with other TACs that would be interested in it. So let's keep that in mind. And also to hear your recommendations.

So we are starting at the front part of the alphabet, Behavioral Health TAC met on March 14th, six of our seven

voting members were present. And very sadly, we announced that Mike Barry, a voting number of the TACs since its very beginning, had recently passed away, and we had a moment of silence in his honor. He was a great advocate for people with substance abuse disorders and a replacement will be sought from that organization, people advocating recovery. We had representatives from DMS, from DBHDID, all six MCOs were present, and a number of members from the behavioral health community.

We had updates on the 1915(i) SPA, which is the one that would provide respite for families and supported housing medication management for people with severe mental illness, and also a range of services for people with SUD. We had an update on the reentry TAC, or I'm sorry, reentry waiver. We had inticipated that we would have a report from the Office of Data Analysis on behavioral health rates including their multistate comparison study, but it was not quite ready, so we

will have that at our May meeting.

We quite a lengthy discussion about behavioral health associates. These are Bachelor-level folks who would be allowed to do some clinical services as long as they are enrolled in a program working on their advanced degree in a behavioral health field, and Jonathan Scott was his usual helpful self. There was a lot of discussion about BHAs and also the MHA, mental health associates, who had been utilized by the CMHCs for nearly 30 years, and they are going to be apparently displaced by the BHAs and there is certainly some concern about that. Jonathan announced that there will be a meeting with the CMHCs following the BH TAC meeting, and also a meeting with the licensure boards and other interested stakeholders.

Justin Dearinger was not able to be at the meeting, and so we are delaying the report on the no-show dashboard. Alicia Clark stood in for Pam Smith, we always have an update on the 1915(c)

waiver waiting list which, of course, continue to grow and are a source of concern.

I am pleased that the General Assembly has decided to look at this problem seriously and has funded many more placements in those waivers then we have ever had in a single budget session.

Leslie gave a report on the Mobile Crisis services model, and deputy -- Senior Deputy Commissioner Veronica Judy Cecil gave a Medicaid unwinding report.

Erica Jones was on talking about the billing for student services, and I had intended to reach out to the Children's TAC to be sure they would hear that report in July, but we will also reach out to the Primary Care TAC and the Nursing TAC and just, generally, let all of the TACs know when that report is going to be given.

We had a brief report from myself and Steve Shannon about what was going on in the legislature, and I see

that Karen Lentz has shared with us that there have been a number of bills related to vaping that are making their way through the legislature so there may be some hope there from the legislature.

We have no new recommendations to the MAC at this time.

We then had a very active discussion initiated by Kathy Adams under new business about a significant number of prepayment audits being conducted by the MCOs and causing great concern among providers. And it was a far ranging discussion. Veronica Cecil gave us a history that some of us were not aware of of the audits, and CMS's position and DMS's position, and so forth. And a number of other people at the meeting, and a number of other agencies weighed in about a concern about this increased number of audits. So in our May meeting, will have a presentation from DMS preparing a list for some questions that we have that we would like to center the discussion around to better understand how

these audits, and what the purpose is, and what the guardrails are, both the MCOs and the providers. In the meantime, it was suggested that providers use the provider complaint process to submit issues to DMS, if they feel like the MCOs are acting in ways that are not appropriate.

Our next meeting will be on Wednesday, May 2nd, I guess that is, from 1 to 3, and again we had no recommendations. So that is the report from the Behavioral Health TAC.

Next on the list is the Children's Health TAC. Is there a report or anybody there?

(No response.)

All right. Consumer Rights and Client Needs, please.

MS. BEAUREGARD: Hi, good morning, everyone. I'm coming to you from the Capitol. I hope I have a good enough signal, and I apologize to the MAC members that I didn't submit a written report in advance as I normally do, but I will put that together for you and give you a

verbal report today.

Our Consumer TAC last met on February 20th. We met remotely using Zoom and we had a quorum present. We discussed a number of things that we typically monitor, but we had a rather long discussion about language access and other accessibility issues.

For the past two or three meetings, we have been talking about a decision tree that would help to guide people when they are needing language access services. And we are thinking about it for four different populations: People who speak different languages, people who are deaf or hard of hearing, people with speech impairment, and people who are nonverbal.

So the plan is we are working with DMS on this decision tree, but we will also be making some more recommendations around these four populations at the upcoming meeting. And then, another part of our discussion focused on the Access to Services Form,

which was something in development for the past few months. DMS has been working on a form that Medicaid members could essentially use to report when they are unable to access a particular service, and that will help us to identify some of our network adequacy issues. So that is still in development, but I hope that is something that can be used soon.

And then, we had a discussion around the Medicaid membership survey. That may have already been discussed this morning. We are excited that DMS is surveying members. This is the first time, in my memory, that members have been asked to share their input or their feedback on Medicaid services, and their experiences as an enrollee, and we think that this can be really beneficial for a number of reasons. In terms of how the program is operating, you know, future policy decisions, and we are excited to work with the cabinet on disseminating that, getting that out to as many people as possible and encouraging people to

complete the survey.

We also discussed a number of other things, but again, I wasn't -- I didn't have the time, because the legislative session to put together a full report.

We have made two recommendations and I will just jump to those. The first recommendation is that DMS engage the Consumer TAC on the development, dissemination, and evaluation of a Medicaid membership survey.

And the second recommendation is that DMS create more video explainers and standardize the use of screen readers, closed captioning, and subtitles.

And again, we'll come back with some more recommendations around language access after our next meeting, I suspect.

We have an upcoming meeting scheduled for April 16th at 1:30 p.m. eastern time, and that will be on Zoom. And I'm happy to answer any questions.

I did want to bring up one more thing. And Dr. Schuster, you may have

mentioned this to the folks on the call today, but we are concerned about funding hole for the Medicaid budget over the biennium. It is $62 million that is currently cut from base funding and, I think, now is the time for legislators to be hearing from Medicaid providers and other stakeholders that we need to fully fund Medicaid. We think there may be a path through House Bill 1 to make sure that that money is included in the budget, but we just need to make sure that that happens before the end of this session.

DR. SCHUSTER: Thank you, Emily. I had not mentioned that hole, which is significant, and it is in the base, so if people could reach out to their legislators and make sure that there is still -- House Bill 6 has already passed the Senate, but House Bill 1 has funding for a weird assortment of things, I can't even describe it, so anyway. But there is another budget bill that is out there, so it could get fixed and we definitely need for it to get fixed.

I appreciate your work, Emily, on language access because that is something that I have on the agenda for the MAC to look at. So we will be working with you on that. Thank you very much. And two recommendations we will come back to.

The Dental TAC, please?

DR. BOBROWSKI: Yes, thank you, Dr. Schuster. And the Dental TAC met in the middle of February. We did have a quorum, and the next meeting is the middle of May. We had some discussions and some of these will include the issues that we have on our MAC that we bring up. I will take them back to the TAC meetings that we have. One of the things I will bring to your attention, these are a new development that could affect each of us, individually. When you go to the dentist or in the groups that you represent, the medical physicists, the American Dental Association, the FDA, the Academy of Oral and Maxillofacial Radiologists have come out with new recommendations, with the

advances in x-ray technology and digital x-rays, the use of lead aprons is not needed now. So when you go to the dentist next time, and they don't put that lead apron on you for your x-ray, that is the new technology of the machinery and stuff, hardly no radiation is exposed to the rest of your body.

So the other thing we talked about is a dental loss ratio. Like some of you all, you are on your local boards of health, and I am the chairman of our board of health, and one of the things that was brought up, and Angie brought it up in her presentation this morning, about how diabetes is affecting Kentucky and some of the information was very important and the rate of diabetes in Kentucky has doubled since 2000 to 2021. Kentucky is 13th highest in mortality rate in the nation.

Diabetes treatment costs Kentucky $5.16 billion per year, so we do need to put all of our heads together and look at these situations and see what we

can do.

The other thing that we talked about was our community health workers and, at the time, we did not have any recommendations from the Dental TAC to the MAC, and I apologize again to you all, that I didn't get this sent out to you to have this earlier on the reports because sometimes life happens. So thank you.

DR. SCHUSTER: Thank you, Garth, and I appreciate the heads up about the lead aprons, because I would have asked for sure. Also, the emphasis on diabetes. So you have no recommendations from the Dental TAC at this point; is that right?

DR. BOBROWSKI: That's right, yes.

DR. SCHUSTER: All right.

EMS, please?

(No response.)

No one there from EMS? They may be moving, Erin, to quarterly meetings?

MS. SHEETS: Dr. Schuster, yes, this is Kelli. Erin had to step away for a minute. Yes, they are moving to

quarterly meetings and they are not able to join the meeting today.

DR. SCHUSTER: Okay. Thank you, Kelli. I appreciate it.

Health Disparities, please?

DR. BURKE: Hi, this is Jordan Burke with the Health Disparities TAC. Yeah, we have not met since the last MAC meeting. Our next meeting is scheduled for April 17th, so we wouldn't have any updates or new recommendations at this time.

DR. SCHUSTER: All right. Thank you very much, Dr. Burke.

Home Healthcare, please?

MR. REINHARDT: Hi everyone, this is Evan Reinhardt from the Home Health TAC.

We did meet on February 13th. We discussed electronic visit verification, some supplies issues, and other issues with MCEs. We received some updates from the MCOs and DMS, and we did not have any recommendations.

DR. SCHUSTER: All right. Thank

you very much, Evan.

Hospital Care?

MR. RANALLO: Hello, this is Russ Ranallo from the Hospital TAC.

We met on February 27th, we had a quorum. We went through numerous items and it's in our report. Many of those were DMS requested examples where they can go through it and respond. We did have a discussion, in depth, about change healthcare and some of the impacts that we have on the MCOs where they will come over to the hospitals and DMS followed up with a pretty good Q&A on outstanding questions.

We had no recommendations, and our next meeting is April 23rd.

DR. SCHUSTER: Thank you very much, Russ, we appreciate that.

The IDD TAC?

MR. CHRISTMAN: Good morning. This is Rick Christman.

The TAC met on February the 6th. We had a quorum. We did a little bit of housekeeping discussion on filling up some

of our vacancies. We also discussed an issue in terms of people, particularly in residential services who have been involuntarily terminated, checking on their status and how difficult it is for them to find alternative providers, and so we are still gathering information on that. We spent some time talking about the waiting lists. I know Dr. Schuster, that is a issue, a concern of yours. And Pam Smith and her group has put together an analysis of that. That shows -- there are some of these individuals who are on the list that are also getting some services from other waivers, so put that into perspective.

And of course, we are all anxious to see with the General Assembly coming to a closure and its budget, we know that there are monies in that budget proposal to expand waiver service and so we are excited about that. Other than that, we had no recommendations.

DR. SCHUSTER: Thank you, Chris. I was glad to see that the budget that

passed the Senate is now over in the House now has significant funding, $94 million over the biennium to increase salaries for those personal service care deliverers.

MR. CHRISTMAN: Yes.

DR. SCHUSTER: Which is huge. The increased number of people coming into the waivers, having more people to provide the services is going to be very, very significant.

I'd like to talk to you off-line about the involuntary terminations from services, because I've had a discussion with Pam Smith who is willing to look into that if we have more data, and that issue had been brought to me by someone else as well and I didn't have the data, so I will get with you separately, Chris.

MR. CHRISTMAN: Yes, I'm going to have to sign off, but we can get together later and that's among our discussion is how we are going to gather that data, so we are working on that. It's an important issue.

DR. SCHUSTER: Yeah, thank you

very much.

Nursing Homes?

(No response.)

No one there?

How about Nursing Services?

MS. LOCKHART: Yes, this is Lisa Lockhart. I'm the chair for the Nursing Services TAC.

We do have a report and I'd like to introduce Dr. Dee Polito, please.

DR. POLITO: Thanks, Lisa. And thanks, Dr. Schuster.

I just will summarize the Nursing TAC recommendation. Our last meeting was February, and just a background about our recommendation, is that in January of 2023, DMS responded to a MAC recommendation that essentially DMS was not going to prioritize adding CPMs as eligible providers for reimbursement for Medicaid services, and documented that, it felt that it would create additional need for EMS transports if more home births were adopted in Kentucky.

Anjd just to summarize the

Nursing TAC's stance on that statement, that we found no evidence that DMS is concerned that reimbursement for CPM services would strain the EMS system, so therefore, we would like to bring forward to the MAC again, our strong recommendation that CPMs, Certified Professional Midwives be recognized as providers that will be eligible for reimbursement Medicaid services, given that their licensure and regulation is from the Kentucky Board of Nursing. So in summary, we would put forth that recommendation again to the MAC.

DR. SCHUSTER: All right. Thank you very much, Dee, and helpful to have that background, as well, so we will put that in as a recommendation that we will come back to vote on shortly. Thank you very much.

Optometric Care?

MR. COMPTON: Yes, this is Steve Compton, a member of the Optometric TAC.

We met on February 1st. We had quorum. We had various discussions

generally around billing and coverage, and we generally get those worked out with the MCOs and subcontractors on those meetings. We have no recommendations at this time, and we meet again on May the 2nd.

DR. SCHUSTER: All right. Thank you very much, Steve. Appreciate it.

MR. COMPTON: Thank you.

DR. SCHUSTER: Steve Shannon, Persons Returning to Society From Incarceration, the longest name of any TAC.

MR. SHANNON: Correct. This is Steve Shannon.

We did meet. We met on March 14th and will meet again on May 9th. Obviously, people are more than welcome to join us. We got an update on the Reentry 1115 Waiver, maybe now we can call ourselves the Reentry TAC. It has been submitted to CMS, questions back-and-forth, there is a set of standard initial questions and clarification stuff, we do not anticipate any concerns yet. No timeline when it will be approved, we have

been waiting on this since we have started meeting, a real step forward. We appreciate the update, a good conversation, again, trying to figure out how to cover Hepatitis C for the full length of the dose, which, I think, is 84 days, and it's a 60-day pre-release, so try to figure that one out. But people are talking and meeting on that to really address that issue.

A good update from Medicaid. Thank you to Angela Sparrow, for doing that.

The MCOs gave us updates. They kind of have the same dilemma we have. It's hard to provide an update on a service that doesn't really exist yet, but they are doing a lot of work now as they can, on reentry. Not many referrals yet, but hopefully that changes. A lot of work on expungement, which is an important piece for individuals accessing jobs and some supportive housing in trying to get those things expunged.

We had a round robin update. A

reentry lab for some folks, it's an experience of reentry, what people go through. It usually takes about two or three hours, and you're given a list of factors and things you have to do. Then you find out you can't get those things accomplished, and maybe your parole is based on that, and the experience is it's very hard for people coming back in not having sufficient support, and hopefully that will be addressed as well. And we had no recommendations.

DR. SCHUSTER: All right. Thank you, Steve. And I know you all have been waiting, waiting, waiting. And hopefully that approval from CMS for the reentry waiver will come soon and then you all will be very busy. Appreciated.

MR. SHANNON: We look forward to it.

DR. SCHUSTER: Pharmacy TAC, please?

DR. HANNA: Yes, the Pharmacy TAC did not have a report. And they will be meeting on April the 3rd.

DR. SCHUSTER: All right. Thank you very much.

Physicians Services?

Oh, Ashima says: We did not meet, but we are curious on the progress of the physicians. I can't read it all. Physician fee schedule. Is there anybody on from Medicaid that can respond to that question?

COMM. LEE: Yes, we do have that report ready and we hope to get that out to them at the first of next week, but we do have all of the information, we're preparing it to be submitted to the TAC. So we do have it, it is ready, we will be getting it to them within the next few days.

DR. SCHUSTER: Wonderful. There is your answer, Dr. Gupta.

Thank you very much, Commissioner.

All right, Primary Care?

MS. MOORE: Good morning, I'm Stephanie Moore. I'm representing the Primary Care TAC.

We met on February 22nd, and had several updates from Senior Deputy Commissioner Cecil covering topics such as redetermination, the quality measures, also the Wrap reconciliation continues to be an evolving process for primary care providers and the states, we had some discussion there. And specifically, some of the system updates in development.

We also talked about the Mobile Crisis model and some potential gaps for primary care providers that have integrated outpatient behavioral health, and making sure that there is a response when patients in our clinics need an additional level of service.

We did not have any recommendations for the MAC, and we meet again on June 27th.

DR. SCHUSTER: All right. Thank you very much, Stephanie.

And last but not least, Therapy Services?

MR. LYNN: Yes, thank you.

This is Dale Lynn. And the

Therapy TAC met on March 12th. And we didn't have a quorum. We didn't have anything to report to the MAC, other than I wanted to report that we are very happy that Medicaid has written a policy update that will not require the physician's signature on a Plan of Care to get an authorization, which is a big relief to the therapy group plus physicians. And we meet again on May 14th. Thank you.

DR. SCHUSTER: All right. Thank you very much, Dale.

So I need a motion to accept the TAC recommendations. I believe there were two recommendations from Consumer Rights and Client Needs and one recommendation from the Nursing Services TAC. And could I have a motion from a member?

MR. GILBERT: So moved.

DR. SCHUSTER: And who is that, please?

MR. GILBERT: Kent Gilbert.

DR. SCHUSTER: Kent, thank you very much. And a second?

MS. ROARK: This is Peggy Roark,

I'll second it.

DR. SCHUSTER: I'm sorry. Who was it?

MS. ROARK: Peggy Roark.

DR. SCHUSTER: Peggy, thank you very much.

So the motion has been made and seconded to accept those TAC recommendations and send them on to DMS.

All in favor signify by saying, "Aye."

MAC MEMBERS: Aye.

DR. SCHUSTER: And any opposed? Like sign, and any abstaining?

(No response.)

Thank you very much, and thank you to those who are present, and we appreciate, obviously, the work of the TACs. Very important to all work from our various vantage points to improve health here in Kentucky.

Next up is Cheryl Hannah. And I've forgotten what MCAFS stands for, I apologize.

MR. FLAGLER: Well, good

morning, Dr. Schuster. This is Richard Flagler. And I see that Cheryl was on the agenda, but I am IS lead for the Medicaid Claims Administration and Financial Solution project for the department.

DR. SCHUSTER: Okay. So it's Medicaid -- say that again -- claims?

MR. FLAGLER: Medicaid Claims Administration --

DR. SCHUSTER: Medicaid claims administration --

MR. FLAGLER: -- and Financial Solution. And I do have a presentation that we did on the 14th of March for the Wrap, that we would like to present here as well, if that's okay.

DR. SCHUSTER: That would be great. Thank you very much. Can he share his screen? Yeah, okay.

MR. FLAGLER: Okay. Can everyone see my screen?

DR. SCHUSTER: Yes. Thank you.

MR. FLAGLER: Okay, once again, good morning, everyone. Really appreciate the time with you this morning.

This is a presentation that we did a couple of weeks ago for the MCAFS project. You are going to be hearing a lot about this, and that is the Medicaid Claims Administration and Financial Solution.

A fact sheet that I would like to, you know, just touch base with you on is the cabinet or the department is replacing it's Medicaid Management Information System. It's been around since 2007. It was known as the Interchange System. Gainwell was the vendor who was maintaining that system since 2007, and interestingly, Gainwell is the vendor that will be maintaining the MCAFS system. It is a very large system, the MCAFS project is going to interface with over 17 Medicaid related modules. There is information that I can provide. I won't go into all of those there, but I'm sure you can imagine.

It is a change for the Commonwealth. We are leveraging a software as a service, or commonly known

as a SAS solution, and what that really means is it lives in the cloud. We are accessing it online, whereas the other solution, the legacy which we are calling Interchange, that exists today was a custom-designed solution that didn't exist in the Cloud.

This is also a commercial, off the shelf, what is known as COTS. Sorry about all of the acronyms. But it is a COTS-based solution. And this is important, once again, this solution from Gainwell has been marketed, stood up in several other states: Ohio, West Virginia, they had just gotten a contract to stand it up in Washington DC, and obviously, Kentucky is one of the states as well. The solution is Medicaid Information Technology, what we call MITA, architecture compliant. We are complying with federal CMS standards to make it little bit easier, and currently, right now, we are in the design phase. Basically, the solution, since it is a COTS off-the-shelf solution will be

configured to make it more Kentucky-oriented as we approach the business of Medicaid, and so the design sessions are supporting that preconfiguration effort.

Prior to this phase, we were in a requirements validation phase. The contract, as you can imagine, had well over 5,000 requirements in it, so we spent many months at the end of last summer, going all the way up until the end of last year in 2023, validating requirements and now, basically, what we are doing is making sure that we have the design or communication in place to help configure the product.

Our go-live date is scheduled for early 2025. We will be on a quarter pure due to financials. I wish I could give you an exact date. There are some impacts, potentially, to the go-live date, the existing legacy system has been experiencing many changes throughout as a custom-designed solution, and so we are currently targeting early 2025.

The second to the last bullet from the bottom, very excited that, just yesterday, we stood up our MCAFS website, which is a page, part of the department existing website external for public facing, and we do have our own page where we will post communications for the public and inform our providers, members, and trading partners, et cetera. So that is one tool that we are using. It certainly is not the only tool that we are using. We do have an internal SharePoint site, we've got minute newsletters that are coming out, so there are multiple tools, but we are very excited about this external facing website to get everyone used to what is coming in 2025.

We also have an email that you can contact. It is being manned and Q and A answers, anything that you need to ask related to MCAFS. How is it going to impact me or my committee, et cetera? Please feel free to use that CHFSMCAFSProject@ky.gov site.

For those that have an internal

KY.gov access, there is also a master project calendar for formal meetings posted there that can be dragged and dropped into your calendar as well.

So we are really excited about that website as well as the email address. Once again, it is tools to just facilitate communication with all of our trading partners and stakeholders.

There are several enhancements for the MCAFS solution that would like to point out. We've got automation of our work flow of existing manual processes for contract management, et cetera. There is going to be the ability for members and providers to view claims and/or encounters online, which is a step in the right direction. There is document management enterprise; content management solution; there is going to be an MCO portal; program integrity case tracking; consumption of clinical data; management; population health; TPL services for fee-for-service as well as managed-care members, and that's just a few of the

enhancements that will be forthcoming with the new MCAFS system.

I've got a diagram here that I wanted to present to you all to show you the components. It is a very, you know, complex system. The heart that you are seeing here in the center, highlighted in blue is the VUE360 user experience. And what can be done there, it's basically the central user integration area that you would interact with and see all of the different screens or panels and interact with the system and its capabilities.

There's many more modules that I won't go into here. Most certainly, we will share this PowerPoint presentation, I believe it is with Erin that we will do so. But there are TPL, fraud capture, there are many things that the system has capabilities for: Letters, portals as I previously mentioned, call-center. So this is a great diagram that you can take a look at and see, possibly, where different services or capabilities or functionality will live and what we are

calling the MCAFS solution.

I know there are probably a lot of questions coming out. We are increasing our communication mechanisms, trying to get more information out, we have work groups internally stood up. We also have organizational change management, change champions, different communication mechanisms, as I previously mentioned, to try to get the word out, because obviously, with a change in solution such as this, you know, everybody wants to know how is it going to impact me? Or maybe there may have been some memories of the last change of the MMIS system in 2007. I do want to assure everyone, you know, we are taking a look at our testing of the solution. We are in test planning right now, which will, come after the configuration phase or the design of the system, and I want to make sure we have got the scenarios, business rules, edits, audits, tested appropriately, so that there is no interruption of claims payment, that there

is no impact to providers and their enrollment. So there is a lot of news, exciting things to come, and once again, we do have that email address that you are free to ask any questions, give us some suggestions on how we can improve communications, getting the word out, and I want to thank you again for your time.

DR. SCHUSTER: Thank you so much, Mr. Flagler. My first question is how does this affect -- and then you start MCOs, providers, members, and we look forward to getting the PowerPoint so we can look through this a little bit more.

Kent Gilbert is asking: When will your new website go live?

MR. FLAGLER: The external facing website went live yesterday.

DR. SCHUSTER: Oh, okay.

MR. FLAGLER: So it is currently live. I did, before I presented this morning, tested it myself and can verify that you can get there.

DR. SCHUSTER: And one gets there how? Through the DMS website?

MR. GILBERT: Can you put the link in the -- if you put the link -- the link that was on the screen is not currently working, but maybe there is a typo.

MR. FLAGLER: Mercy. Okay. Well, I will definitely have that fixed and I thought that we had added it. I believe that you can get their through DMS, the CHFS. Are you able to get there?

MR. GILBERT: I am able to get to DMS, but I haven't been able to find it. I'm on the Medical Claims Administration and Financial Solution's current page. There is no obvious link to the new pages.

MR. FLAGLER: Well, I believe that is the link that you are looking at. The MCAFS.

MR. GILBERT: Yup.

MR. FLAGLER: That' it.

MR. GILBERT: Okay.

MR. FLAGLER: It was just launched yesterday. It will be built out much further. So good.

MR. GILBERT: Good. Thank you.

DR. SCHUSTER: Listen, after the blowup of Zoom links two weeks ago, you know, I don't trust any of these links. So that is very helpful.

I'm wondering if it would make some sense to have you back to talk to the MAC in November, you know, as you are much, much closer to actually going live, and we can be in touch about this. You know, we meet every other month so September or November, it would be helpful to have an update from you at that point before you go live again.

MR. FLAGLER: Absolutely. We will support the committee in any way we can.

DR. SCHUSTER: Okay. Thank you very much. Let me see if there any other questions from the MAC members.

You've introduced us to a whole new alphabet soup here, Mr. Flagler. So we are going to have to -- we know MMIS, so this will be different.

Any other questions from MAC

members?

DR. BOBROWSKI: This is Garth Bobrowski. I've got one. Of course, as you talk about billing for claims and things, it's just like one of the things that's happening recently is, I think, it's with change health, what is it, Ransomeware? What security measures are you implementing to -- or concerning links and stuff to help us be safe with our claims and a lot of offices getting paid in a timely manner?

MR. FLAGLER: Well, security is a big concern of ours. You know, of those 5,000 requirements, you know, there are numerous security requirements that are mandated for the vendor and, you know, one of them, I mean the minimal acceptable risk standards for exchanges, I can go through many of the MMIS, you know, standards, those are all part of this. Third-party security assessment is going to be required. Regular penetration testing, vulnerability scans are required. Those are all ingrained in the contract,

and is something that we are very sensitive to, and, in fact, I'm glad you brought that up. I personally, of all of the 60-plus meetings each week on this project, make certain that I attend the regular weekly security meeting. And so I am very involved in that component, have done several MARS-E security assessment reports for numerous states and that is near and dear to my heart.

DR. BOBROWSKI: Thank you. I appreciate it.

DR. SCHUSTER: Excellent question, Garth. Because that Ransomware attack, has really disrupted billing for lots of providers, obviously not just in Medicaid, but outside of that.

Any other questions from MAC members?

All right. Well, thank you so much, Mr. Flagler, and we look forward to hearing an update. Appreciate you sharing all of that information with us.

MR. FLAGLER: Thank you, Doctor.

DR. WRIGHT: Dr. Schuster?

DR. SCHUSTER: Yeah?

DR. WRIGHT: Hi, this is Dr. Wright. I had a question prior to Richard's presentation that was related to the TAC reports. I apologize, I didn't get a chance to ask the question sooner. I was meeting with someone here that is a new diagnoses of a child with Angelman Syndrome in the northern Kentucky area.

I am wanting to ask the team the process by which a child that has a critical chronic kind of disability would start the process of applying for Medicaid benefits in northern Kentucky, starting with home and community then also adding themselves to waiting lists, just to see if there is actually a flowchart or any part of infographic related to the application process, how that starts. I, kind of, gave them what I've known from the past, but I want to make sure that I'm giving them something helpful moving forward, so I will wait to hear that answer, but I just wanted to ask that question.

DR. SCHUSTER: Well, it's so interesting that you are asking that question, Eric, because Commissioner Lee and I had just had a conversation on Monday, as she heard from several parents with exactly those same questions. How do we negotiate this? We have a child who is diagnosed with whatever it is, autism spectrum disorder, actually traumatic brain injury, and felt like they were on their own trying to navigate the system, so I'm so glad that you brought that up.

We talked, actually, and we can certainly pull you into that discussion, about how best to both educate these parents, but also get input from the parents, and whether it should start at the TAC level, it could start in Behavioral Health, it could start in Children's Health, it could start in the Consumer TAC, it could start in the IDD TAC for that matter, and what is the best way to get this input from the members who are really struggling, and then, you know, what should our response be?

So we are just at the beginning stages of this and your very notion about a flowchart I think is something that one of the moms had suggested to Commissioner Lee, and I'm supposed to talk to that mom sometime this week to get more of a feel for the story and what she has been through. But we absolutely need to be providing clearer guidelines and more usable information for people who need to get first the Medicaid coverage and negotiate the various waivers and the waiting lists.

And then with the possibility of a new children's health -- new children's waiver in the second year of the biennium there is funding to continue that study and development for kids with autism spectrum or severe emotional disturbance or chronic health conditions, so certainly the youngster that you spoke about would be covered in that as well. So we don't have an immediate answer for you, but I will tell you that it's on the table and we are happy to include you in those

discussions as we try to figure out the best way to get information from those families, and then get information, the best information back to those families.

Commissioner, do you want to add anything to that?

COMM. LEE: I think Pam has her hand up, we'll see. And I think she probably has something to add. So Pam?

MS. SMITH: We actually do have a flow, kind of a flowchart, a couple little guides. Actually, Alicia and I just met with some case managers with a group with the US Army that handles military families that have children or other family members with complex needs, and we handed a bunch of them out yesterday. So I will get the link and have Kelli or Erin to send out to the TAC members. It is on the website, but we do have a couple of resources and a who-to-call list, a couple of flowcharts of, this is where you start, this is the next step, this is what to expect next.

DR. SCHUSTER: Right.

MS. SMITH: And I think there is one other. There are two or three things that I think may be helpful, so I will get those out to you, Kelli or Erin, so you can get them sent out.

DR. SCHUSTER: Thank you. You are fading out a little bit, Pam, but I think you said you would get those links to --

MS. SMITH: Yes.

DR. WRIGHT: Yes.

DR. SCHUSTER: -- to Kelli and Erin to get out. That would be very helpful and, certainly, in this immediate situation, or with these moms that I am going to be talking to, I will get that out to them.

MS. SMITH: And also, too, I would like to add that, when you get to the point of, you know, that the waiver application is entered, it is a no wrong door application so we look at -- so every application that comes in, we look at every waiver, we look at all of the needs presented on the application, and they --

we can forward them to, for example, if they would meet the criteria for both the Michelle P. and the SCL, we can forward them to both of those, all within the same application.

DR. WRIGHT: That was going to be another question that I was getting ready to ask. I guess, Pam, in northern Kentucky, is it NorthKey or --

MS. SMITH: You have both. You see there a couple of -- the point helps NorthKey helps and then the northern Kentucky add can help do those application so there's several areas and several groups in that area that are able to facilitate that application to get that entered. And we also have the guide, you know, for individuals, if they want to -- they can, you know, create their own account on Connect and they can actually do their own application, too. Some people find it a little bit more complicated or more difficult, so it's easier to go through one of those entities, and it's helpful to have them

answer questions, but we do have that resource that our eligibility team was so nice to share with us that we take and hand out when we do those, too, so we will make sure that that is also part of that link so we will make sure that they have multiple resources there that they can reference.

DR. WRIGHT: Thank you very much.

MS. SMITH: You're welcome.

COMM. LEE: And I'm just like that, Dr. Schuster. I think your recommendation or your suggestion that, you know, we let some of the other TACs look at that flowchart, because if it is -- or that diagram -- if it is on their website, maybe it's not easy for some individuals to access, so how can we make it more accessible and is it user-friendly. So I think letting the TACs look at that would help us maybe ensure that it's an easy-to-follow diagram and points people in the right direction.

DR. SCHUSTER: And easy-to-find,

to begin with, is the other -- the other issue, you know, if people don't know where to go and find it so, yeah, I think that's a great place for us to start.

So appreciate your bringing up that issue, Eric, and it really fits in with some discussions that we are having now, so we are happy to loop you into those discussions as we move forward. Thank you.

DR. WRIGHT: Thank you, Dr. Schuster.

DR. SCHUSTER: Sure.

Last item on our agenda is the language access issues. What questions do we have? What data do we need from the MCOs? We want to have a presentation in May on this very specific, not a broad, you know, here is what the MCO is doing, so what are some of the questions? And I want to get with Emily Beauregard from the Consumer Rights TAC because, you know, obviously they have been delving into this and talking about different populations, so.

And I see, Dr. Gupta, that you are putting some questions in the chat, which is very helpful.

What questions do other MAC members have about language access? And how much of a problem is it, I guess, is the other thing? It's always been an issue in behavioral health.

MS. ROARK: This is Peggy Roark, can you hear me?

DR. SCHUSTER: Yes, Peggy.

MS. ROARK: I'm sorry I was at the meeting. My phone has been having some problems, so I recently have had problems getting access to answers, so I can understand everybody's frustrations. With getting on the cell phone to look at Healthy Rewards, and going on a website is two different things, and I'm getting mixed messages about the Healthy Rewards. They are not giving out the gift cards to Walmart and now they have these points where you go on the website to look at.

Also, signing up for Weight Watchers, having problems getting signed

up for that, the doctors, kind of like a merry-go-round. Once says this, one says that. So as a Medicaid recipient, and other people, and I have some computer skills, so I could imagine how everyone else is having a hard time to access when it comes to behavioral health, or physical health, or anything.

DR. SCHUSTER: Yeah, so it sounds, Peggy, that you are sharing with us some concerns or frustrations that you have as a Medicaid member about accessing some of the services like the Healthy Rewards, or following through, for instance, on signing up for Weight Watchers. And is part of the problem not knowing where to get an answer to that, or to get any help with that?

MS. ROARK: I'm having -- like, when I call in, I'm getting different answers, and it's like nobody knows, so I feel like everybody needs to be trained properly and everybody needs to be on the same page, and not just saying one thing and doing another. And then you are left

in limbo, so I can understand people in rural areas, and they are trying to get help, because I'm having problems myself.

DR. SCHUSTER: Well, that's very helpful information to have and it sounds like when you call you get one set of responses, and when you go online, the information is somewhat different. Did I hear you say that?

MS. ROARK: Yes, and also if you call back you get a different person to speak to.

DR. SCHUSTER: You get a different response?

MS. ROARK: Yes.

DR. SCHUSTER: Commissioner, I don't know if there is regular training for the call center people.

COMM. LEE: Yes, yes, there is. And Angie Parker, I think, has something to contribute to this. Angie?

MS. PARKER: I was going to comment regarding language access.

DR. SCHUSTER: Oh.

MS. PARKER: Because we are

working on information to share and provide to providers. This has been a request from the Disparity TAC and the Consumers TAC, and we have to have something for that in the middle of May to share for review.

But as far as what Peggy is talking about, I'm not sure which MCOs she is working with. Are you calling your MCOs, specifically?

MS. ROARK: Yes. Yes.

MS. PARKER: And you're getting different answers in the member services line, is that what I'm hearing?

MS. ROARK: Yes.

MS. BICKERS: Peggy, this is Erin Bickers.

Are you continuing to still have issues after our most recent outreach?

MS. ROARK: Yes, I am.

MS. BICKERS: Okay, if you would like to email me off-line --

MS. ROARK: Okay.

MS. BICKERS: I can send that back off to their last response and we can

work on that for you.

MS. ROARK: Okay. I appreciate that.

DR. SCHUSTER: That's great Erin, but I guess I'm wondering if -- Peggy happens to be on the MAC and sohas the advantage of having your assistance, but I just want to make sure that we are looking at that issue at a broader level, which is leading me to the question about training and, I guess, I was thinking more of the call center, but it really is more of the customer service reach of the MCOs.

COMM. LEE: We can definitely reach out to the MCOs. Well, first of all, I guess we can get online, just as Peggy did, and see if we had issues on this, and see what we can find related to issues trying to access those services, but definitely we will discuss with the managed-care organizations to make sure that all of those value-added benefits are easily accessible and their members know how to access those value-added, and if they have to go online to get it, as Peggy

mentioned, there may be some issues in individuals who don't have access to go online, so how are they informing their members they can access those benefits?

DR. SCHUSTER: Exactly. That would be really helpful, Commissioner, and I may put that as a follow-up in May.

COMM. LEE: Okay.

DR. SCHUSTER: For you to -- or Angie or somebody from DMS to let us know some kind of a response. Because I do worry about the number of people who don't either have Internet access or access to a computer, or don't have those skills, so if they are relying on their phone, it is so important that the people answering the phone have the same information to give them.

COMM. LEE: And if we don't have a report, maybe let's get a report from the MCOs telling us how many individuals are accessing those value-added benefits.

DR. SCHUSTER: That would be great.

COMM. LEE: I'm all about the

data.

DR. SCHUSTER: I know you are. That's a good question. Let's put that issue on our May meeting as well.

Thank you very much, Peggy, for bringing those issues up, and I think that's really important, and that is why we have consumers such as yourself on the MAC. So really, really appreciate that.

Angie, I want to talk come back to this report that you are talking about that, I guess, was requested by the Disparity TAC as well as the Consumer TAC.

MS. PARKER: Right. We have the information from each of the MCOs. We had gathered that a couple of months ago on what they do regarding language access. And so we are working with our internal, Medicaid internal communications team, to develop a member access communications piece. Obviously, we will have the TACs look at that to determine whether or not it meets their expectation or it will be helpful, but that is in the works.

DR. SCHUSTER: Okay. Could I

ask you to look at the questions that Dr. Gupta has put in the chat specific to that, to see whether those items would also be included in your report?

COMM. LEE: (Reading) Easy to access; can providers use it readily in the exam room with the patient, or is there a long wait?

We will certainly take those questions back to see whether or not what we are working on addresses those specific questions.

DR. SCHUSTER: That would be great. Would you all, then, be prepared to share that same information at our May MAC meeting, which will be at the end of May?

COMM. LEE: If -- possibly. We are looking at mid-May to have it ready for review. Hopefully, it will be and if it is by then, we will certainly share it.

DR. SCHUSTER: Okay. All right. Let me do this, then, and ask any of the other MAC members if you have some other questions as you kind of think about this,

or if you think about your discussions, if your TAC has talked about this, and I will send this out to the TAC chairs as well, to send those additional questions to me, so I can get them to Angie. That would be very, very helpful. Thank you very much, Angie.

Are there any items of new business to come before the MAC?

DR. BOBROWSKI: Dr. Schuster, this is Garth. I want to go back one step, if you don't mind.

DR. SCHUSTER: Uh-huh.

DR. BOBROWSKI: I had a question -- because we were having a staff meeting yesterday afternoon and the topic came up, then, of even our seniors in our rural towns and accessing services or value-added benefits, either one, you know, a lot of our seniors just do not have very good computer skills. Mine are even lacking, but I try to learn on all of this, but the seniors with limited computer skills, and I think that's partly where the Commissioner is working on our

community health workers. I know sometimes our local libraries will have computers set up for free access, and I know sometimes our local health departments, but sometimes I just worry about these folks sitting at home. It's like, I don't have anybody to help me and I think that is maybe something to look at. Because some folks are just totally lost in the computer world, and I know that in about 10 to 15 years, that will fix itself, but I just worry about the folks now that have issues getting access or getting information.

DR. SCHUSTER: It's an excellent point, Garth, and it's an interesting way to think about language access, because if you can't use the modality, so to speak.

DR. BOBROWSKI: Right.

DR. SCHUSTER: Dr. Gupta had some questions about people who are hearing-impaired as well as having a language issue, or visually-impaired, but in some ways, not having those computer skills is almost like speaking in a

foreign-language. And I wonder if that is an appropriate way to use CHWs. I know the peer support people will often be helpful for those with behavioral health issues, because it is a way to access services, as well as benefits and so forth.

So something else that we ought to keep in mind, but I appreciate you bringing that up. Navigators, connectors, sometimes, have become an ongoing resource for people, because they have a connection to Medicaid and they become, kind of, a reliable source for help as well, but navigators as well. So something for us to keep in mind for sure, appreciate that.

Are there other items of new business?

MS. SHEETS: Dr. Schuster, Justin Dearinger has his hand raised.

DR. SCHUSTER: I'm sorry. I didn't hear that.

MS. SHEETS: Justin Dearinger has his hand raised.

DR. SCHUSTER: Oh, okay. Thank

you.

Justin?

MR. DEARINGER: Yes, I just wanted to say that community health workers are able to provide those types of services, those one-on-one services to individuals to help them gain access to care, to coordinate their care better, that's part of their job to work with each individual person, to also be able to reach out to different interpreter services that Medicaid contracts with.

Also I want to remind everybody that the Department for Community-Based Services also has, still has in-person services available during certain hours in most communities, so people can always go to their office and meet with someone one-on-one, and they also have access to different interpreter services at their office.

DR. SCHUSTER: Excellent. Thank you very much. I did wonder about the CHWs and that makes a lot of sense. But I had not remembered about DCBS and since

they are open for business in, at least, some limited hours each day, people can go in without an appointment, even, and get some help there as well.

So maybe part of our finding your way into the system, which is what we talked about with Dr. Wright's case and Pam's response, but let's be sure that our helpers, that we have some kind of available list of helpful agencies or classes of people that are helpful so that people have -- are reminded of that. And for providers to be reminded as well, but thank you, Justin. That's very helpful.

Any other comments on that or any other items for new business?

(No response.)

Seeing none, I'm giving you all back almost 40 minutes of your day. This is an all-time quick MAC meeting, although I think we had some excellent discussion and lots of materials that we will follow up on. But if there is no further business to come before the MAC, we will just adjourn by acclamation, as they say.

(Audio interruption.)

I'm sorry, was that a comment for all of us? All right.

We will adjourn the meeting by acclamation. I assume there are no objections to that. And have a vote by leave-taking. Yes.

And for those of you who celebrate Easter, a very happy -- or as I say to my grandkids -- a very hoppy, H-O-P-P-Y, Easter to you all, and a reminder from Marcy Timmerman that Mental Health Month is May, and we will be talking about that at our MAC meeting as well. Thank you all very much for your input. Appreciate it, and I hope you all have a great day. Bye-bye.

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C E R T I F I C A T E

I, STEFANIE SWEET, Certified Verbatim Reporter and Registered CART Provider - Master, hereby certify that the foregoing record represents the original record of the Technical Advisory Committee meeting; the record is an accurate and complete recording of the proceeding; and a transcript of this record has been produced and delivered to the Department of Medicaid Services.

Dated this 5th of April, 2024

_/s/ Stefanie Sweet___

Stefanie Sweet, CVR, RCP-M