CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES
BEHAVIORAL HEALTH
TECHNICAL ADVISORY COMMITTEE MEETING

****

Via Videoconference
March 14, 2024
Commencing at 2:05 p.m.

Shana W. Spencer, RPR, CRR
Court Reporter

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1 APPEARANCES

2

3 **BOARD MEMBERS**:

4 Dr. Sheila Schuster, Chair

5 Steve Shannon

6 Valerie Mudd

7 Eddie Reynolds (not present)

8 Mary Hass

9 T.J. Litafik

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1 P R O C E E D I N G S

2 CHAIR SCHUSTER: All right. Well,
3 let's go ahead and get started because we're
4 running a few minutes late. So thank you all
5 for your determination to get on and join us,
6 and thank you to Erin and Kelli for
7 troubleshooting.

8 This was a Zoom problem, and apparently
9 they don't like the MAC and some of the TACs
10 because they have discontinued us. And so
11 she found out early this morning.

12 I guess, Steve, your Reentry TAC --

13 MR. SHANNON: Correct.

14 CHAIR SCHUSTER: -- was caught very
15 quickly this morning. So thanks to Erin and
16 Kelli for continuing to troubleshoot and get
17 the links out, and I -- we do have a quorum
18 of our voting members.

19 Before we start, I think most of you
20 have been notified, but I want to be sure
21 that you know that we've lost Mike Barry who
22 had been a voting member of this BH TAC from
23 its very inception. Mike was a wonderful
24 advocate and a great role model for people
25 dealing with addictions and worked to build

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1 the PAR group, People Advocating Recovery.
2 He was the kind of guy that stepped in to do
3 whatever was needed always with a smile and
4 good humor. He was a long-time treasure of
5 the Kentucky Mental Health Coalition.
6 And way back when, when we used to have
7 the 874K Disabilities Coalition gatherings
8 over in the convention center, he used to be
9 our announcer with that booming voice of his.
10 He was a former TV reporter and --
11 (Brief interruption.)
12 CHAIR SCHUSTER: If you could mute,
13 please. Mute your line.
14 So I'd like to have a moment of silence
15 as we mourn the passing of our friend and
16 colleague, Mike Barry. So let's take a
17 moment to think about Mike.
18 (Moment of silence observed.)
19 CHAIR SCHUSTER: Thank you very
20 much. We wish him all the peace and love,
21 and we're assured that he's sending us his
22 guidance and good humor through all of our
23 work.
24 So we have -- the draft minutes were
25 sent out from our January 11th meeting, and I

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1 would entertain a motion from one of our
2 voting members to approve the minutes as
3 distributed.
4 MS. HASS: This is Mary Hass.
5 MR. SHANNON: So moved, Steve
6 Shannon.
7 CHAIR SCHUSTER: Mary, motion. And
8 I think Steve was in the background with a
9 second.
10 MR. SHANNON: Right. I'll second
11 it.
12 CHAIR SCHUSTER: Thank you.
13 Any additions, corrections, omissions,
14 revisions?
15 (No response.)
16 CHAIR SCHUSTER: If not, all the
17 voting members who are in favor of approving
18 the minutes, signify by saying aye.
19 (Aye.)
20 CHAIR SCHUSTER: Okay. Opposed,
21 like sign, and abstentions?
22 (No response.)
23 CHAIR SCHUSTER: Thank you very
24 much.
25 We do -- and we sent this notice out.

1 We did need to make a change in our May
2 meeting date because I'm going to be out of
3 town, so we've moved it to May the 1st. I
4 think that's May Day in both Russia and in
5 the United States. And we'll be back to our
6 1:00 to 3:00 time because the legislature
7 will thankfully be over by then. So it's --
8 it's May 1st, Wednesday -- no.
9 MR. SHANNON: Yes, it is.
10 CHAIR SCHUSTER: Wednesday, May
11 1st. Yeah. So if you would make note of
12 that, and we'll send that out after the
13 meeting as well.
14 I know that Pam Smith is tied up at a
15 conference, and I think we have Alisha Clark
16 to give us a status update on the 1915(i) SMI
17 waiver.
18 MS. CLARK: Good afternoon, you
19 all. Can you hear me?
20 CHAIR SCHUSTER: Yes. Thank you,
21 Alisha? Is it Alisha or Alicia?
22 MS. CLARK: Alisha.
23 CHAIR SCHUSTER: Alisha.
24 MS. CLARK: But I'll answer to
25 whatever. It's fine.

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1 CHAIR SCHUSTER: Okay. Well, thank
2 you. I don't think we've had you on with us
3 before, but thank you.
4 MS. CLARK: You're welcome.
5 So just to let you know, that there were
6 18 submissions with public comment, but there
7 was a total of 86 distinct, actual comments
8 of those 18 submissions. And then we are
9 working to review and provide a response on
10 that. We do have a meeting tomorrow to
11 continue reviewing those comments. Once we
12 get that completed, a full response to all
13 those public comments will be posted.
14 CHAIR SCHUSTER: Do you have any
15 idea about the time frame for that, Alisha?
16 MS. CLARK: I do not, but I don't
17 think that -- I don't think it'll take too
18 long, but I don't want to give myself a time
19 frame just because I have not talked to
20 Pam --
21 CHAIR SCHUSTER: Okay.
22 MS. CLARK: -- about that. And,
23 hopefully, we'll have a little bit better
24 information tomorrow after that meeting.
25 CHAIR SCHUSTER: Okay. If you get

1 any feedback from her, you might -- if you
2 would let me know, I could let people know.
3 MS. CLARK: Yeah. Absolutely.
4 CHAIR SCHUSTER: That would be
5 helpful. And then the other part of our
6 question was: What would the time frame be
7 after you all submit the responses to the
8 comments if you're going to do any revision
9 of the SPA before it's submitted? So I guess
10 the question is: When would you anticipate
11 or when would Pam anticipate that the revised
12 SPA would be submitted?
13 MS. CLARK: Okay.
14 CHAIR SCHUSTER: Okay. If you
15 could ask her that as well.
16 MS. CLARK: Yes, I will.
17 CHAIR SCHUSTER: Okay. Great.
18 That would be great.
19 MR. SHANNON: Can I ask a question,
20 Sheila?
21 CHAIR SCHUSTER: Absolutely, Steve.
22 MR. SHANNON: Alisha, how are you?
23 MS. CLARK: Good. How are you?
24 MR. SHANNON: I'm looking at the
25 budget bill that the house passed, and it has

1 funding for a serious mental illness waiver
2 and one that says the HCBS for individuals
3 with serious mental illness and substance use
4 disorder. Do you know what those two are? I
5 mean, one must be this waiver.
6 MS. HOFFMANN: Steve, this is
7 Leslie. We can't speak to the budget, but I
8 will tell you that we've got the 1115 SMI
9 still pending at CMS --
10 MR. SHANNON: Okay.
11 MS. HOFFMANN: -- as well as the
12 1915(i) --
13 MR. SHANNON: Yeah. I'm not asking
14 for -- I just want to know what they are in
15 the budget.
16 MS. HOFFMANN: Yeah. But I was
17 going to -- I haven't -- I'm not sure if
18 that's what's going on, but that's probably
19 what it is. It's those distinct two that we
20 have.
21 MR. SHANNON: Well, one says 1115
22 specifically, and I guess the HCBS is really
23 the 1915(i) probably.
24 MS. HOFFMANN: I think that's how
25 they designated it, yeah.

1 MR. SHANNON: Okay. I just want to
2 make sure.
3 MS. HOFFMANN: Of course, it --
4 yeah. It includes multiple folks, though.
5 But yes, that -- I think that's what it is.
6 MR. SHANNON: That's all I wanted.
7 Thanks.
8 CHAIR SCHUSTER: Okay. Thank you.
9 And thanks for the question, Steve.
10 Leslie, are you going to report on the
11 status of the incarcerated persons waiver?
12 MS. HOFFMANN: Yes. I'm going to
13 do that.
14 CHAIR SCHUSTER: Thank you.
15 MS. HOFFMANN: So good news, a
16 little bit. We did get some comments back
17 from CMS. We did receive just a handful of
18 questions. It really wasn't anything that
19 was even worrisome to us, just very simple
20 questions. And a lot of the questions were
21 already identified in the application. We
22 just had to show them how they -- where their
23 questions were and how they tied together
24 with the answers in the application. So that
25 went really well.

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1 We have also met with them to develop a
2 cadence. I think it's going to be a
3 bimonthly meeting now going forward,
4 bimonthly meeting to discuss the reentry.
5 And remember, it's the reentry waiver. It's
6 no longer just SUD. We're going to serve
7 more folks, so that's exciting. The
8 opportunity actually is why the name changed
9 to reentry, so CMS sent out opportunity in
10 March and changed the name.
11 Again, nothing alarming. Just wanted to
12 remind everybody that you may or very soon
13 will be getting an email that may be coming
14 from Myers and Stauffer related to our
15 Kentucky Advisory and Community Collaboration
16 for Reentry Services. That's the long term
17 for our new governance advisory workgroup
18 called ACCRES.
19 So very excited about that, and the
20 kickoff will be April the 17th. And I don't
21 think they sent out the invites yet, but they
22 should be coming very soon. So that ACCRES
23 committee will help us to, you know, work on
24 firsthand knowledge and feedback from
25 stakeholders and sister agencies to talk

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1 about how we can coordinate that care for the
2 individuals coming out of incarceration and
3 coming into the community. There's several
4 goals. I won't go into all of those things,
5 but you all will learn about that if you
6 participate in the ACCRES workgroup.
7 CHAIR SCHUSTER: And the ACCRES is
8 entirely around the reentry waiver?
9 MS. HOFFMANN: That is correct.
10 CHAIR SCHUSTER: Okay.
11 MS. HOFFMANN: We wanted to do
12 that, to develop a governance committee that
13 many folks in our Cabinet, some outside, can
14 participate on so that we can have feedback
15 and guidance along the way.
16 CHAIR SCHUSTER: Okay. And I will
17 try to remember to change the name. I
18 keep --
19 MS. HOFFMANN: That's okay.
20 CHAIR SCHUSTER: -- talking about
21 SUD services --
22 MS. HOFFMANN: Everybody does that.
23 It's okay.
24 CHAIR SCHUSTER: That's because it
25 started out that way --

1 MS. HOFFMANN: That's correct.
2 CHAIR SCHUSTER: -- and we talked
3 about it for four or five years that way
4 so...
5 MS. HOFFMANN: That's correct.
6 CHAIR SCHUSTER: Does anyone have
7 any questions for Leslie on the reentry
8 waiver?
9 (No response.)
10 CHAIR SCHUSTER: So in terms of
11 approval, this is where you go back and forth
12 with CMS; right, Leslie? And as you answer
13 their questions and so forth, at some point,
14 they're satisfied and then they give the
15 approval. Is that --
16 MS. HOFFMANN: Yes. We were very
17 happy that they went ahead and reached out,
18 so that means we're kind of starting down
19 that road; right? So we'll start those
20 ongoing -- again, the initial questions were
21 not anything concerning at all, just how --
22 how part -- just trying to understand
23 Kentucky's -- you know, what Kentucky's needs
24 were. And we just identified most of it in
25 the application, the answers in the

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1 application so...
2 CHAIR SCHUSTER: Okay. Great.
3 All right. Thank you very much.
4 MS. HOFFMANN: Uh-huh.
5 CHAIR SCHUSTER: We talked in
6 January about behavioral health rate changes,
7 and we know that there's a study going on.
8 And they had hoped to finish their study and
9 report at this meeting, but they notified
10 us -- what, Erin -- about two weeks ago, I
11 guess, that they were not going to be ready
12 for the March meeting. But they want to be
13 scheduled for our May meeting. So we will
14 have that report on the behavioral health
15 rate changes.
16 And is Bart Baldwin on? Bart, you had a
17 question, I think.
18 MR. BALDWIN: I'm coming.
19 CHAIR SCHUSTER: Did you -- you
20 want to go on and ask your question?
21 MR. BALDWIN: Yeah. There we go.
22 Can you hear me now?
23 CHAIR SCHUSTER: Yeah, uh-huh.
24 MR. BALDWIN: Okay. Sorry about
25 that. I'm on my phone in the -- pulled off

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1 so...

2 Yeah. And I think it was just in regard

3 to the update to the outpatient behavioral

4 health fee schedule that's supposed to be

5 updated for April 1st, and I was able to

6 touch base with Leslie on this actually since

7 you and I talked, Sheila, so...

8 CHAIR SCHUSTER: Oh, okay.

9 MR. BALDWIN: But I think it's

10 still probably a question -- probably still a

11 question for the group when we're going to

12 see that because I know that affects lots of

13 folks on the call, in terms of that, that

14 bill off that fee schedule.

15 MS. HOFFMANN: So, Dr. Schuster, in

16 preparation for Bart --

17 CHAIR SCHUSTER: Okay.

18 MR. BALDWIN: Thank you, Leslie.

19 MS. HOFFMANN: -- I did a little

20 research. And so 2024's behavioral health

21 fee schedule has been completed, and it was

22 sent to Jeremy DeRossitt-Armstrong (sic) who

23 is our liaison and our assistant director for

24 the MCO -- for the MCOs. And he submitted

25 that to our MCO partners earlier today, so

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1 the MCOs now have it. And I'm already
2 receiving feedback that they are confirming
3 that they have received it.
4 I know a lot of folks are going to be
5 asking questions, so I asked for a little bit
6 of statistics for you. There are 46 codes
7 that had rate increases. I don't have those
8 listed for you right now, but there are 46
9 codes that had rate increases.
10 Any rate, a CPT code from the Medicare
11 Kentucky-specific fee schedule -- which
12 that's what we look at, you know, every
13 year -- that was decreased, we did not
14 change. We left it the same. So the rate
15 remained the current rate, so there are no
16 decreases in the fee schedule.
17 CHAIR SCHUSTER: Well, that has to
18 be good news.
19 MR. BALDWIN: Great.
20 CHAIR SCHUSTER: Yeah.
21 MR. BALDWIN: Yes.
22 MS. HOFFMANN: So I hope I exceeded
23 expectation.
24 MR. BALDWIN: You did. Thank you,
25 Leslie. You did. Good job. Good news.

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1 CHAIR SCHUSTER: Well, any time
2 that there are no decreases and there are
3 increases, that's a good thing.
4 MR. BALDWIN: She did a good job.
5 MS. HOFFMANN: Well, it wasn't just
6 my decision. Commissioner Lee and Veronica
7 and all those folks -- Deputy Commissioner
8 Cecil were all involved, and that was the
9 decision that was made. So I will tell you,
10 though, that at least 46 have increases.
11 CHAIR SCHUSTER: Okay.
12 MR. BALDWIN: Good. And the MCOs
13 all have it as of today? Is that what you
14 said, Leslie?
15 MS. HOFFMANN: Yes. And I'm
16 already receiving confirmation back that they
17 have it.
18 MR. BALDWIN: Great. Great.
19 MS. HOFFMANN: Jeremy has already
20 sent it, yes.
21 MR. BALDWIN: Okay. Thank you,
22 Leslie, very much.
23 CHAIR SCHUSTER: Is it posted
24 someplace, Leslie?
25 MS. HOFFMANN: It will be very

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1 soon, if it's not now. It will be very soon.

2 CHAIR SCHUSTER: Okay.

3 MS. HOFFMANN: And I think Bart may

4 have said this. The effective date of the

5 rate change is April the 1st.

6 CHAIR SCHUSTER: Okay. And

7 effective date is April 1st. Great.

8 Any questions from anyone in the group

9 about the behavioral health fee schedule?

10 (No response.)

11 CHAIR SCHUSTER: All right.

12 Hearing none, we'll assume that that -- that

13 you did an excellent job, Leslie, and

14 answered every potential question.

15 The next issue is an update on the plans

16 to expand the use of behavioral health

17 associates and other behavioral health

18 provider types in addition to the community

19 mental health centers.

20 MS. HOFFMANN: Jonathan is --

21 Jonathan, are you on?

22 MR. SCOTT: Yes. Good afternoon,

23 everyone. Jonathan Scott, chief legislative

24 and regulatory officer for DMS.

25 CHAIR SCHUSTER: Okay. What can

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1 you tell us, Jonathan?
2 MR. SCOTT: Sure. So we have
3 recently filed an amended after comments and
4 a statement of consideration of both
5 907 KAR 15:005, which is our definitions reg
6 for all of Chapter 15, which is our
7 behavioral health services organizations, our
8 CDTCs, our MSGs, just a lot of the non-CMHC,
9 non-FQHC, non-RHC behavioral health providers
10 in the Medicaid program. We also added these
11 changes into the CMHC regulation, which is
12 907 KAR 104:4. So both of those were filed.
13 We were proceeding forward with a
14 general change to -- so, first of all, the
15 BHA is being -- is replacing the MHA and the
16 CMHC regulation and then we are also allowing
17 them to practice in some of the behavioral
18 health providers in Chapter 15 as well.
19 So we filed the reg and -- so we filed
20 the statement of consideration, realized that
21 we needed to have a couple more stakeholder
22 meetings. So we're going to meet again with
23 the CMHCs tomorrow and then we're going to
24 have another stakeholder meeting next week
25 just -- we're still trying to iron out

1 some -- some issues that are surrounding the
2 amount of time that a BHA can be in the
3 program participating as a BHA without
4 progressing on to licensure, as a licensed
5 person.
6 We have -- you know, the changes that
7 are in the reg as of right now is that the
8 BHA needs to be in a graduate level program,
9 needs to be participating in an internship or
10 practicum or have arrived at a point where
11 the school is willing to risk their
12 accreditation and say this student is ready
13 to go out and practice.
14 And then we also have specified that a
15 BHA can't render a diagnosis for a client.
16 So going forward, I think there's going to be
17 a different code put on our fee schedule that
18 they'll be able to bill that'll be more of a
19 counseling code. So it'll still be the same
20 reimbursement. They'll still be in the
21 program, but we're going to be taking just a
22 single step back on that psychoanalysis
23 piece.
24 And I may be talking too much. You all
25 may want to get to some questions, too. So

1 I'll stop there, and we can keep talking.
2 CHAIR SCHUSTER: So what happens --
3 MR. SHANNON: And this is Steve
4 Shannon.
5 CHAIR SCHUSTER: Yeah. Go ahead,
6 Steve.
7 MR. SHANNON: I appreciate the
8 opportunity to discuss this going forward.
9 We obviously -- the CMHCs -- I mean, the KARP
10 members have concerns about the transition
11 and, you know, just the overall
12 implementation of it. You know, I'm not
13 surprised that licensure boards -- you know,
14 when they were asked, I would suspect they
15 would have had concerns about this.
16 But just, again, we've been using
17 these -- I tell people I've been here 27
18 years. They were here before I was. And
19 we've been using MHAs effectively and
20 monitoring their performance, and all those
21 things we take seriously.
22 But I do appreciate Medicaid openness to
23 a discussion about what it looks like and the
24 utilization patterns and what takes place.
25 You know, I've always had some concerns about

1 the time frame, and that's not a surprise to
2 you. You know, 60 credits in five years
3 going part-time is -- you can't have a
4 hiccup. You can't have, you know, something
5 take place and still be done.
6 There is a mechanism for an MSW -- and
7 30 if you have a BSW, but there's still some
8 debate if that gets you to licensure status
9 because most licensure requires that, you
10 know, 60-hour program.
11 But still, we do appreciate the
12 opportunity to have discussions about this,
13 so thank you for that. And, Leslie, thanks
14 for that, and we'll see how we proceed from
15 here.
16 MR. SCOTT: And I did want to
17 emphasize that we are committed to keeping
18 the BHAs, you know. And the MHA structure
19 that they're replacing, we do strongly
20 believe that this needs to be a part of the
21 Medicaid program, that they need to remain,
22 and that this is an important way for people
23 to get experience, for providers to, you
24 know, possibly extend what they're doing a
25 little bit. So it's -- they are an important

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1 part of our behavioral health system. We
2 want to keep them in there.
3 Some of our changes we saw as -- as a
4 way to preserve this, to make sure that there
5 isn't a grounds for any -- any individual,
6 whether they are already practicing or not,
7 avoid any trouble with their licensing
8 boards.
9 So agreed, Steve. You know, we
10 certainly want to see this continue with just
11 some -- we want to see the BHA/MHA program
12 continue in our system for sure.
13 MR. SHANNON: Good to hear.
14 Thanks, Jonathan. We're okay with
15 guardrails, some direction. We just -- we
16 were fearful that you were going to go to
17 zero.
18 MR. SCOTT: Yep.
19 CHAIR SCHUSTER: Are there any
20 other questions from anyone in the group?
21 This was a topic of some heated discussion
22 back in probably November --
23 MR. SHANNON: Yeah.
24 CHAIR SCHUSTER: -- when it first
25 came up, and I think there were a lot of

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1 people that were either alarmed or relieved
2 or happy or sad about it. So this is a great
3 chance with the guru here if anybody has any
4 questions.
5 MR. SCOTT: There were many
6 feelings that have been felt about this on
7 several sides as we have gone through.
8 CHAIR SCHUSTER: As fits behavioral
9 health, I guess.
10 MR. SCOTT: Yes.
11 CHAIR SCHUSTER: I have a question,
12 Jonathan, and I have to say I haven't studied
13 the new reg. But when you talk about
14 practicum or internship, you know, when
15 students first get into a --
16 MR. SHANNON: Right.
17 CHAIR SCHUSTER: -- master's
18 program, they typically don't have any
19 practicum until they have a skill, and it
20 takes some coursework to get a skill. And
21 very often, particularly in a part-time
22 program, a student might go for two semesters
23 easily, maybe even three semesters, in some
24 basic -- for instance, in psychology, would
25 have some basic psychopathology courses and

1 that kind of thing in the rubrics of
2 diagnosis and counseling before anybody feels
3 like they would have a skill.
4 So I guess I'm curious about what
5 happens with BHAs -- I guess everybody is
6 going to be called a BHA -- during that
7 period of time.
8 MR. SCOTT: So it may not click on.
9 They may be functioning as a different -- you
10 know, it may not click on for them to be a
11 BHA until they have those skills, or they've
12 entered into a practicum. A lot of this is
13 going to be between the school, the provider
14 that's supervising them, and the facility
15 that they're at.
16 You know, it's conceivable that schools
17 may design a practicum or an internship
18 program that could be entered into a little
19 bit early, earlier especially for certain --
20 for certain individuals with certain levels
21 of experience, you know. But at some point,
22 it's going to -- it's a little bit out of our
23 hands, so we're leaving that a little bit
24 open.
25 CHAIR SCHUSTER: So it would be

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1 worked out between individual universities
2 and individual programs within those
3 universities and the comp care centers or the
4 BHSOs or whatever?
5 MR. SCOTT: Yes. That's --
6 CHAIR SCHUSTER: Is that what
7 you're saying?
8 MR. SCOTT: Yes.
9 MR. SHANNON: Yeah. And that's a
10 challenge for us, Sheila, you know, when you
11 think about it.
12 CHAIR SCHUSTER: Yeah, it sure is.
13 MR. SHANNON: The number of online
14 classes. You know, back when it was in
15 person, you could probably figure out, you
16 know, eight to nine, ten universities in
17 Kentucky. But with online -- and I've raised
18 this point -- there's essentially a churning
19 mechanism that, you know, I'm not eligible to
20 do what I have been doing. And then when I
21 take this, you know, internship or practicum
22 experience, I then am eligible.
23 So there's a gap in what those folks can
24 be doing for that period of time, and that
25 really impacts the existing cadre of folks,

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1 you know, new -- you know, there wouldn't be
2 new cadres, essentially.
3 MR. SCOTT: Yeah.
4 MR. SHANNON: There wouldn't be --
5 so I think that's a concern that I've
6 expressed to Jonathan already. And I've
7 often wondered what schools will say. Yes,
8 this person can do that before they finish
9 their program.
10 I would think if I was a school
11 administrator, my role would be if you
12 haven't finished the program, you're not
13 eligible yet, you know. We think all courses
14 are important, not some.
15 So I think those are conversations we
16 can have in those future, you know,
17 stakeholder meetings.
18 MR. SCOTT: And we are -- our
19 system -- you're going to just click on to
20 being a BHA. You know, you can't -- you
21 know, like, if you have a practicum your
22 second semester and you have a couple more
23 semesters left after that, you won't click
24 off. You're --
25 MR. SHANNON: You'll still be in it

1 so...
2 MR. SCOTT: We will be clarifying
3 the reg in -- next, you know, before it goes
4 before ours again as to that piece. So
5 there's some -- there's some wiggle room for
6 some clarity here that we're --
7 MR. SHANNON: And maybe kind of --
8 there's kind of a -- parallel tracks for the
9 existing cadre and then the new folks, you
10 know, so maybe that would be a place we could
11 settle on.
12 CHAIR SCHUSTER: Well, and David
13 Crowley from Anthem put a note in. You know,
14 how will the MCOs know who's billable, who's
15 reimbursable?
16 MR. SCOTT: Well, because they're
17 not licensed or an associate.
18 CHAIR SCHUSTER: I'm sorry? Do you
19 want to ask that question, David?
20 MR. SCOTT: I couldn't hear --
21 MR. CROWLEY: Sure. I was just
22 making a comment, that it's even more
23 challenging for the MCOs to verify any of
24 that information because that's communicating
25 with the --

1 MR. SHANNON: Oh, to be eligible?
2 Yeah.
3 MR. CROWLEY: Right. That's -- you
4 know, but that's for later discussions, I'm
5 going to assume.
6 MR. SCOTT: Yeah. We can -- we can
7 have the operational discussion internally as
8 we get a little bit closer to all of this.
9 MR. SHANNON: David, just call me,
10 and I'll tell you.
11 MR. CROWLEY: All right. Got you
12 on speed dial, Steve.
13 CHAIR SCHUSTER: All right. Any
14 other questions for Jonathan? And we
15 appreciate your being on, Jonathan. We may
16 have you report back periodically as these
17 discussions go on. We do appreciate your
18 extending the opportunity.
19 So Michelle says: How do they do it now
20 with the MHAs? You may be able to answer
21 that, Steve. How is the billing done?
22 MR. SHANNON: There's a code for
23 MHAs. I think the real question is: When do
24 you become eligible? Now, there's not that
25 you must be in an internship. So, you know,

1 the CMHCs' determination --
2 MR. CROWLEY: Exactly.
3 MR. SHANNON: -- they're an MHA,
4 and that's -- the determination is made, and
5 that's what they do. But someone who is in
6 the process, does Anthem need to know they
7 have a practicum? Therefore, they're now an
8 MHA; right, David? Is that a fair question?
9 MR. CROWLEY: Yep. Yeah. Exactly.
10 MR. SCOTT: And our behavioral
11 health team and our MCO team will be -- will
12 be giving you further guidance on that as we
13 go a little bit farther. But that's not reg
14 level discussions. That's going to be fee
15 schedule and modifier discussions that will
16 happen on the billing side as we progress a
17 little bit farther.
18 MS. SPARROW: Jonathan, this is
19 Angela.
20 MR. SCOTT: Oh, there we go.
21 MS. SPARROW: Sorry. I'll jump in.
22 Again, I think that initially, David, what we
23 had spoke to was an application process
24 through the department. I think, again, it's
25 just -- we'll have to review that and tweak

1 that based on where we land in the final
2 outcome. So, again, I think initially, it
3 was -- the individual would apply through the
4 department, be approved for that BHA status,
5 and then, again, utilize the modifier, the
6 appropriate modifier. But, again, we'll --
7 we can revisit that together as we kind of
8 see where -- where it lands.
9 MR. CROWLEY: Sounds good.
10 MS. SPARROW: Thank you.
11 MR. CROWLEY: Thank you, Angela.
12 Yep.
13 CHAIR SCHUSTER: Yeah. It's --
14 it's tricky. I know in -- Tom James says,
15 we'll need criteria for credentials so claims
16 could be made. No par- -- there's nothing on
17 the physical health side. Is that what
18 you're saying, Tom?
19 MR. SHANNON: Yeah. Medicare has
20 some extenders that, you know, do some --
21 that they bill under the physicians. But,
22 you know, again, this is something we've been
23 doing a long time. MCOs have been paying us
24 a long time. I think the distinction is the
25 eligibility piece is now added to it, that

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1 you must be enrolled and have a practicum. I
2 think that's going to be the real challenge
3 for everybody to get to that place.
4 MR. CROWLEY: Agreed. Yep.
5 CHAIR SCHUSTER: I was going to
6 say, you know, from a licensure standpoint, I
7 remember being on the board of licensure for
8 psychology, and the exemption from having to
9 be licensed was that you were in a university
10 program and enrolled for credit. But it
11 didn't get down to that level of: What
12 courses were you taking, and were you taking
13 practicum and so forth?
14 And that's -- this is a much finer point
15 on that, and it would be something clearly
16 that will have to be worked out with the
17 university programs so that everybody knows
18 because they're probably called different
19 things in different places. That's the other
20 problem you get into.
21 So thank you very much.
22 MR. SCOTT: Thank y'all. More to
23 come.
24 MR. SHANNON: Yep.
25 CHAIR SCHUSTER: Absolutely. Thank

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1 you, Jonathan.
2 Do we have a report -- excuse me --
3 Justin Dearinger, on the website dashboard?
4 Excuse me.
5 MS. BICKERS: I don't see Justin
6 on, Dr. Schuster, so I can follow up on that
7 unless there's someone else on from policy.
8 CHAIR SCHUSTER: Okay.
9 MS. BICKERS: We'll follow up on
10 that for you, Dr. Schuster.
11 CHAIR SCHUSTER: All right. Thank
12 you.
13 Pam is not on. I don't know, Alisha, if
14 you're prepared to talk about the 1915C
15 waiting list numbers.
16 MS. CLARK: Yes. I can give those
17 to you.
18 CHAIR SCHUSTER: Okay.
19 MS. CLARK: Would you like me to
20 share my screen? I do have --
21 CHAIR SCHUSTER: That would be
22 great, yeah, if you can do that.
23 MS. CLARK: I do have some
24 additional kind of numbers instead of just
25 the basic, so let me --

1 MS. BICKERS: You should be a
2 cohost now, Alisha.
3 MS. CLARK: Okay. Let's see.
4 All right. Where is the share my screen on
5 this one? Oh, there it is. All right.
6 Let's see if it comes up. Can y'all see it?
7 MR. SHANNON: Yes, we can.
8 MS. CLARK: Okay. Here, I will --
9 okay. All right. So just to let you all
10 know, that there are 11,008 unique
11 individuals on the SCL and Michelle P waiver
12 waiting list. A couple of things that aren't
13 on here that I will tell you is we do have 43
14 people that are on three waiting lists. We
15 also have 1,642 that are on two waiting
16 lists. But 4,580 people that are on waiting
17 lists are in a waiver. And then of the 6,428
18 that are not in a waiver, they could be
19 receiving other services such as through
20 EPSDT.
21 So I know this is kind of a lot to look
22 at, but we did -- you know, like I said, the
23 11,008 is the unique individuals that are
24 both on the SCL and Michelle P waiver waiting
25 list. And then you can see right here the

1 ABI has two, and we have HCB.
2 But I just thought this kind of gave a
3 better representation because, you know, we
4 do have a lot of duplicate individuals that
5 are on multiple waiting lists and that kind
6 of thing or that could be served under other
7 services through state plan.
8 So I wanted to share that. Is that
9 helpful?
10 MS. HASS: Alisha, this is Mary
11 Hass. I can't see the ABI numbers on my
12 screen. Can you give me those two numbers,
13 please?
14 MS. CLARK: There's two on ABI.
15 Sorry. And I just tried to make it a little
16 bit bigger for you all, but it kind of cuts
17 out a little bit. But you have two ABI that
18 are on the wait list, and this --
19 MS. HASS: Is that the long term?
20 That's the long-term care; correct?
21 MS. CLARK: Yes, yes.
22 MS. HASS: Okay. Yeah. Because I
23 know of one of those, so that clarifies for
24 me. So thank you.
25 MS. CLARK: You're welcome. And

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1 that is information as of yesterday. So,
2 again, you know, these numbers could have
3 changed. We could have allocated somebody,
4 or there could be, you know, another person
5 or two on the waiting list. But those --
6 that's as of yesterday when we pulled it.
7 And I have to give props to BHDID, so
8 Kathy. I work with her a lot on, you know,
9 the other waivers as well. So she actually
10 had for this another presentation that we
11 needed to do, so I could just kind of bring
12 this over. So I appreciate her work on that.
13 CHAIR SCHUSTER: Alisha --
14 MR. SHANNON: Can we get a copy of
15 that?
16 MS. CLARK: Yeah. That's fine. I
17 can send that out. Or I'll give it -- Erin,
18 can I send it to you?
19 MR. SHANNON: Yeah.
20 CHAIR SCHUSTER: Yeah. Erin --
21 MS. BICKERS: I already sent you a
22 message requesting it, Alisha.
23 MS. CLARK: All right. I'll send
24 it. And then --
25 CHAIR SCHUSTER: Alisha, the 283,

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1 tell me what that is, where it says HCB 283.
2 They're only in the -- they're only in the
3 HCB waiver with --
4 MS. CLARK: So it's wait listed,
5 but they're in more than one program, like,
6 including --
7 CHAIR SCHUSTER: Oh, okay.
8 MS. CLARK: Yeah. And that's
9 why --
10 MR. SHANNON: So they're on
11 multiple wait lists. That would mean that?
12 MS. CLARK: I'm sorry. Say that
13 again.
14 MR. SHANNON: That 283 number,
15 they're on other wait lists as well?
16 MS. CLARK: Yeah. They're only
17 wait listed, but yeah, in more than -- but in
18 more than one program.
19 MR. SHANNON: Okay.
20 MS. CLARK: But I'll get -- I'll
21 send this to Erin, and I will send -- have
22 her send that out to you all.
23 CHAIR SCHUSTER: Okay. Thank you.
24 Any other questions from anyone?
25 MS. CLARK: And I will stop

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1 sharing, so I can give that back. Hopefully
2 I'll do that correctly. Here we go.
3 MS. HASS: Sheila, this is Mary
4 Hass.
5 CHAIR SCHUSTER: Yeah.
6 MS. HASS: Question to Alisha. You
7 said on the two that were waiting, you didn't
8 know the status. Have we implemented where
9 they don't have to wait till the following
10 year? So what would be -- the two could
11 be -- just are in the process, or do they
12 have to wait till the following year to get
13 the allocation?
14 MR. SHANNON: Yeah. The next --
15 the next waiver year; right, Mary?
16 MS. HASS: That's what I'm talking
17 about.
18 MR. SHANNON: So can they get
19 services now as opposed to having to wait to
20 the beginning of the waiver year?
21 MS. HASS: Correct. And I can't
22 remember what the ABI long-term -- and if
23 that's July or if that's January. That's --
24 that's why I asked it the way I did, but yes.
25 You're correct, Steve. Thank you.

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1 MS. CLARK: So when you say wait to
2 get services on the next waiver year, if we
3 have a slot that has opened up, we can then
4 allocate that slot to that individual. So
5 I'm -- I don't know if you are aware, but if
6 somebody is unfortunately deceased, we can
7 reallocate those slots. Or if we allocate to
8 an individual who never decides to either get
9 Medicaid eligibility or they decide that they
10 don't want the waiver, as long as no services
11 have occurred, we can then reallocate those
12 slots as well. Is that --
13 MS. HASS: Thank you. That's
14 helpful. That's the -- I didn't ask the
15 question exactly correctly, but you answered
16 it for the information that I wanted, that I
17 can go back to the person -- unfortunately,
18 the person is in a homeless shelter right now
19 waiting for services, so anyway. But that's
20 helpful, so I can go back and answer those
21 questions for the case manager.
22 MS. CLARK: Okay. Thank you, Mary.
23 And, Mary, just to let you know, that -- I
24 just said Michelle almost. Pam -- I don't
25 know where Michelle came from. Pam said that

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1 she could not find where you had sent her
2 another email about the access to the therapy
3 services in ABA, so if you could send that to
4 her. I think she had requested that after
5 the last TAC. So if that's still a question
6 from you -- if it's not, that's okay.
7 MS. HASS: I'll have to go back and
8 check my emails and things because it was
9 my -- or my remembering. I thought I did
10 send that to her, but I'll go back and --
11 because I know we'll be getting more
12 questions on the therapy services because of
13 the last memo I got, that they will be
14 transitioning to the state plan May 1st.
15 MS. CLARK: Yes. It should be
16 extended state plan.
17 MR. SHANNON: And that's May 1st?
18 MS. CLARK: We are expecting that
19 the waiver applications will be -- the new
20 ones will be approved as of May 1st. And I
21 know we sent out a letter on that, I want to
22 say, a couple weeks ago, at the very
23 beginning of March, to give individuals 60
24 days asking them to, you know, start looking.
25 We've been actually -- even on some

1 previous webinars, we've asked people to
2 really look at going back to pre-pandemic
3 services, units, all of that except for --
4 obviously, there are a few things that we did
5 in the webinar that we inserted into each
6 application. But to give people -- make sure
7 that they had 60 days if they hadn't already
8 transitioned.
9 And then some of the providers might
10 have even already gotten phone calls about
11 those services that we -- we run reports, and
12 so I know that Dale has been reaching out.
13 Karen and her group is reaching out, and
14 BHDID has been reaching out as well just
15 trying to give that extra, you know,
16 notification. Because I know sometimes
17 people don't always read things that we send
18 out, so trying to assist them and just make
19 them aware.
20 MS. HASS: The questions I am
21 getting are not so much questions. The
22 concerns I am receiving from several
23 providers are: How will they be able to keep
24 the specialized services that they're
25 receiving? It's going to be difficult when

1 you're going to have to get someone to start
2 fresh, and you've had someone you've been
3 working with for a couple years, how you're
4 going to be able to keep the continuity of
5 care and actually keep the highly specialized
6 services. Because some of these folks have
7 10, 12 years' experience working with ABI,
8 and you take someone who is not used to
9 working with our clientele, that we're very
10 concerned about the continuity of care, the
11 quality of care.
12 So I think, you know, Pam has assured me
13 this is going to be a transition -- a process
14 in the transition. So I think getting as
15 much information out to the providers that
16 you know are not providing care under the
17 state plan, just providing it in the waiver
18 would be very beneficial. Because I think
19 there's a lot of concern and -- mainly is
20 this is how our folks get better, and it's
21 causing us a lot of concerns.
22 MS. CLARK: Are you talking about
23 the therapies specifically? Is that what
24 you're referring to, Mary?
25 MS. HASS: Yes, Alisha.

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1 MS. CLARK: Okay. All right. Just
2 wanted to make sure since there's so many
3 waivers in the Appendix K and all of that.
4 You know, there were services that were put
5 into place that were not normally.
6 Yeah. I understand what you're saying
7 and, you know, we've been telling people, a
8 lot of the providers, get your state plan
9 numbers. A lot of them have the state plan
10 numbers, so they can really just bill under
11 state plan. Unfortunately, a lady with a
12 provider told us that it was more lucrative
13 for her to bill through waiver and that she
14 would continue to do that.
15 So -- but it's really -- I keep
16 preaching that it's all about the
17 participants and their needs and so -- but a
18 lot of people have already gotten those state
19 plan provider numbers for therapy, so that --
20 that makes me happy as well.
21 But I will pass along that information.
22 I know you said you'd already talked to Pam
23 about that, but I will let her know that
24 that's still a concern for you. Thanks,
25 Mary.

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1 MS. HASS: Thank you, Alisha.
2 CHAIR SCHUSTER: And, Mary, you're
3 going to follow up with the email about the
4 ABA intervention?
5 MS. HASS: Yes. Yes, Sheila.
6 CHAIR SCHUSTER: Okay. Great.
7 Thank you.
8 I guess this is you, Leslie,
9 implementation of the delivery of mobile
10 crisis services in Kentucky, and we're still
11 concerned about the impact of budget cuts.
12 Because I think both the house and the senate
13 took out the --
14 MR. SHANNON: Correct.
15 CHAIR SCHUSTER: The mobile crisis
16 numbers.
17 MS. HOFFMANN: So, first of all,
18 you know I'm not going to be able to talk
19 about the budget. The final budget is not
20 complete yet, but we are still continuing to
21 move forward right now.
22 The -- as far as our implementation
23 goes, we are very, very busy in lots of
24 individual group meetings, contract meetings,
25 policy meetings. We've completed all of our

1 individual meetings, I believe, with the
2 CMHCs and the CCBHCs, and we met with them
3 first as a safety net.
4 We've started individual meetings with
5 our MCOs. We have regular weekly cadence
6 meetings with our MCOs now, and we are
7 working through lots of things that have to
8 be done ahead of time. So we're working
9 through contracts and policies and
10 expectations and timelines and things like
11 that.
12 We've drafted policy guidelines,
13 Dr. Schuster -- this is important -- for
14 services, and those will be coming out -- I
15 think they're finished today, but we don't
16 have them completely approved. So within
17 probably a week or two, if not sooner, you'll
18 see an all-provider letter that goes out
19 talking about some more in-depth policy
20 guidance about the services that mobile
21 crisis -- that you can provide through mobile
22 crisis.
23 And then I also would like to say the
24 community co-response grantees -- if you
25 remember, we had six in our cohort one, and

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1 I've been very proud of them. We've got
2 Boyle County Fiscal Court, Christian County
3 Fiscal Court, Cynthiana Police Department,
4 Lexington-Fayette Urban County Government.
5 And then we had Maysville Police, the Perry
6 County Ambulance, and the Warren County
7 Sheriff's Office.
8 So we've been very proud of them for
9 stepping up to the plate to try to help us
10 with this epidemic that we have across
11 Kentucky as well as other states. We have --
12 they have received their first planning grant
13 allotment, and DMS hosted the first
14 in-person -- we did allow for it to be
15 hybrid, but it was exciting having all of
16 them together in person in a meeting in
17 Frankfort this week and then -- I just
18 thought it was a great kickoff.
19 So you'll probably see some social media
20 coming out about that very soon. Our plans
21 right now are still to have a second round in
22 the fall, a second cohort.
23 CHAIR SCHUSTER: And the
24 implementation date for the mobile crisis
25 is --

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1 MS. HOFFMANN: Currently right now,
2 we're looking at June.
3 CHAIR SCHUSTER: This June?
4 MS. HOFFMANN: This June, yep.
5 That's what we're looking at.
6 CHAIR SCHUSTER: Wow.
7 MS. HOFFMANN: Yeah. We've already
8 started conversations. We've actually had
9 several CMHCs and I think at least two of the
10 CCBHCs that are stepping up to the plate, and
11 they're like, we're ready to go. So
12 hopefully we can get more on. They continue
13 to work -- I can't give this to you today,
14 but I want to be able to provide you with a
15 heat map fairly soon of kind of where --
16 probably closer to June, though -- of where
17 we know we're ready to go.
18 So we will -- we will be working with
19 the CMHCs, the CCBHCs, the BHSOs. We have a
20 couple that are already providing some mobile
21 services and then we'll go out to all
22 interested providers that can meet the
23 provider type.
24 And I can give you more information
25 about that later, but everything so far is

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1 moving along. So we're very excited about
2 it.
3 CHAIR SCHUSTER: Okay. Any
4 questions from anyone about mobile crisis?
5 (No response.)
6 CHAIR SCHUSTER: And we don't know
7 what the impact of the budget cuts will be.
8 It is true we don't have a final budget but
9 not a good sign that it wasn't in either the
10 house or the senate budget, I think.
11 All right.
12 MS. HOFFMANN: Dr. Schuster --
13 CHAIR SCHUSTER: Yes.
14 MS. HOFFMANN: Patty had
15 put -- Patty put a question in the chat, and
16 it's about the CIT training. Let me get back
17 to you on that, Patty. We met -- when we met
18 with the co-response group this week, we
19 specifically had EMS asking about: Is the
20 CIT training something that we need to do, or
21 what type of training should we do? Because
22 so much of it is around law enforcement;
23 right? So we just took that question back
24 just, like, two days ago, so let me get back
25 to you.

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1 CHAIR SCHUSTER: Okay. Thank you.
2 All right. Status of Medicaid unwinding
3 and recertifications.
4 MS. JUDY-CECIL: Good afternoon.
5 CHAIR SCHUSTER: Good afternoon.
6 MS. JUDY-CECIL: This is Veronica
7 Judy-Cecil. My favorite topic.
8 CHAIR SCHUSTER: Your favorite
9 topic.
10 MS. JUDY-CECIL: I --
11 CHAIR SCHUSTER: I hope it's your
12 favorite since you keep having to report on
13 it so...
14 MS. JUDY-CECIL: It is, and
15 sometimes people look at me strangely because
16 I'm too excited about it.
17 Okay. Just to throw out a couple of
18 numbers -- and let me go ahead and put a plug
19 in for our stakeholder meeting which is next
20 Thursday. And if you're unable to attend,
21 you certainly can go online to our website
22 afterwards and find the recording, because we
23 record it, and share the slides following the
24 meeting.
25 So just here is -- here is the newest

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1 information, updated information. The slide
2 looks a little crazy, so let me walk through
3 it a little bit. On the left-hand side are
4 the original CMS monthly reports that we're
5 required to file with CMS to let them know of
6 each month of renewal and the approvals and
7 terminations in various buckets in the
8 pending.
9 On the right-hand side, we are now
10 required to update those CMS monthly reports
11 with the activities that occurred around the
12 pending cases. So if you see a pending case
13 on the left side -- let's take May, for
14 example. We reported 2,698 pending cases in
15 that CMS monthly report. We processed within
16 a 90-day period following May 2,659 renewals,
17 and so we report on the right-hand side in
18 the updated monthly report what the outcome
19 of that pending processing was.
20 So you notice the numbers change as you
21 move from left to right for each month
22 because we're putting in the pending outcome
23 in the appropriate bucket of approval or
24 termination.
25 We still have some pending, and

1 sometimes that occurs because of the
2 complexity of the case. You know, there
3 might be a lot of requests for information
4 that's going back and forth and just trying
5 to get the redetermination correct. So there
6 are still some pending, but they are
7 prioritized by age. So we do stay up on
8 those to make sure that they're getting
9 processed appropriately.
10 So I won't walk through these numbers.
11 You'll get these slides. We'll also post it
12 to the -- the TAC website, but it'll be sent
13 out to the members. But as you can see, I
14 mean, I think what's always great to see is
15 the approval number go up even if it's small.
16 But that's what we're tracking, is trying to,
17 you know, appropriately determine people
18 eligible and keep them covered during this
19 period of time.
20 CHAIR SCHUSTER: Veronica.
21 MS. JUDY-CECIL: Yeah.
22 CHAIR SCHUSTER: Can you -- why are
23 the pending numbers -- why have they dropped
24 so precipitously from the early numbers? You
25 know, you're in the thousands through August

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1 and then you get to September and October,
2 and you're down to 16 and 15.
3 MS. JUDY-CECIL: Very observant of
4 you, Sheila.
5 What we started to do in September is
6 redistribute some cases. A couple of things
7 happened. So one was the child flexibility
8 was put into place, so we automatically
9 renewed children, which means we did have
10 less cases that may pend. So, you know, we
11 moved all the child cases each month
12 automatically.
13 We also attempted ex parte or passive
14 renewal on the population. And if we were
15 unable to approve them, we then moved them or
16 redistributed them. We did some of that for
17 workforce, to try to help with the workforce.
18 So that resulted in less pending cases
19 because we were able to either proactively --
20 and you see our approval numbers. That sort
21 of bears out in the approval numbers. They
22 are also higher because we did have less
23 people that were terminated for procedural
24 reasons.
25 CHAIR SCHUSTER: Okay. So that's

1 called good news.
2 MS. JUDY-CECIL: Yep. Absolutely.
3 CHAIR SCHUSTER: Yeah. Great.
4 Thank you.
5 MS. JUDY-CECIL: Yeah. Absolutely.
6 MR. SHANNON: Sheila, I have a
7 question.
8 MS. JUDY-CECIL: Yep.
9 MR. SHANNON: Is this impacting
10 folks, Veronica, in waivers as well? Because
11 I get questions about folks who are losing
12 eligibility for their waiver.
13 MS. JUDY-CECIL: So only if their
14 Medicaid -- if their Medicaid eligibility --
15 so they do go through a renewal and -- the
16 majority of them. So there are some cases
17 where if they're SSI or -- but if they are --
18 if they're Medicaid eligibility in the
19 waiver, we do do a renewal on them. So they
20 are subject to renewal and have a renewal and
21 so --
22 MR. SHANNON: But they're not part
23 of unwinding necessarily; right?
24 MS. JUDY-CECIL: They are. Yep.
25 They are.

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1 MR. SHANNON: Okay.
2 MS. JUDY-CECIL: They have an
3 annual renewal just like anybody else.
4 MR. SHANNON: Right, right. Yeah.
5 MS. JUDY-CECIL: Yep. And I say
6 just like anybody else. There are exceptions
7 to that, of course, because this is Medicaid.
8 If somebody is categorically eligible -- say
9 there's a child in the welfare program.
10 They're out of home. Then that -- you know,
11 they get granted Medicaid as a result of
12 that, and they don't go through an annual
13 renewal. As long as they're still in the
14 welfare program, then they maintain their
15 eligibility, and that doesn't change until
16 they are no longer in the welfare program.
17 Same thing for, let's say, pregnant
18 women. You know, they -- they are granted
19 that categorical eligibility based on being
20 pregnant, meeting our income requirements.
21 But once they lose the pregnant -- they are
22 no longer pregnant, then that's a categoric
23 eligibility that they're no longer qualified
24 for. So -- so those are folks who don't have
25 an annual renewal, but everybody else does.

1 So even those in waiver --
2 MR. SHANNON: Right. If you're in
3 the SCL, you have an annual; right?
4 MS. JUDY-CECIL: Uh-huh.
5 MR. SHANNON: Your situation hasn't
6 changed. I've been hearing that they're
7 losing their Medicaid but not their SCL.
8 MS. JUDY-CECIL: If you lose
9 Medicaid --
10 MR. SHANNON: I thought those two
11 were linked.
12 MS. JUDY-CECIL: Yep. They are.
13 Yep. So that would be -- that would be
14 unusual and would like to see some examples.
15 MR. SHANNON: Yeah. No. That's
16 what people are -- you know, I've heard that
17 from a couple of different folks. That's the
18 fear they're having, that they --
19 MS. JUDY-CECIL: Sure.
20 MR. SHANNON: -- lose that
21 eligibil- -- the Medicaid, you know, really
22 for the physical health piece, but they have
23 no information on whether they're -- their
24 waiver status.
25 MS. JUDY-CECIL: No. They're tied

1 together. You can't be in a waiver without
2 being medically -- Medicaid eligible.
3 MR. SHANNON: Right.
4 MS. JUDY-CECIL: That's correct.
5 The eligibility requirements are different
6 for somebody that is determined -- their
7 level of care. There's some different
8 eligibility requirements for them, but they
9 still have to be Medicaid eligible.
10 So -- so yes, it is -- we are seeing
11 long-term care and 1915C waiver members drop
12 as well and including not responding to a
13 notice. It's a smaller population, but it is
14 happening because there's a lot of support
15 and outreach going to those individuals. You
16 know, we're working with the case managers
17 and the providers to make sure that they know
18 that they're going through a renewal, and
19 they have to respond to that renewal packet.
20 And so, you know, they -- if they don't
21 respond, they will get terminated.
22 Now, it has been -- there's a level of
23 care, you know, that's tied to their
24 eligibility. And that -- as you all may
25 remember, I think we had some issues where we

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1 were extending the member's eligibility but
2 not extending the level of care. Those are,
3 you know, just some of the nuances to the
4 eligibility and the complexity, to be honest
5 with you, of the eligibility both in
6 long-term care and 1915C that we've had to
7 try to navigate.
8 MS. HOFFMANN: Veronica, you may
9 have mentioned this already, but a couple of
10 cases that Pam and I have been trying to,
11 like, do some individual -- like trying to
12 figure out what's going on were people who we
13 carried through the COVID period, and they
14 became adults. But we were still carrying
15 them, and so they had additional
16 determinations they had to do as adults.
17 MS. JUDY-CECIL: Yeah.
18 MS. HOFFMANN: And so that's one of
19 the things that we've been seeing.
20 MS. JUDY-CECIL: Yeah. And, you
21 know, we know -- we have people that came in
22 under the three years of the Public Health
23 Emergency. They've maintained their
24 eligibility through that and now are -- you
25 know, their circumstances have changed, which

1 is the reason for the states having to go
2 back to doing an annual renewal. So, you
3 know, we're just -- it's true. And so we're
4 really trying to identify those individuals
5 and provide them as much support as we can to
6 understand.
7 For example, if somebody turns 18, they
8 have to go apply for Social Security. You
9 know, whereas, under 18, their disability
10 determination was different. The process was
11 different.
12 So just helping folks understand how to
13 navigate that, you know, is really why we've
14 tried to do our best to make sure everyone,
15 all stakeholders know what's going on and can
16 help us with that member moving through the
17 process.
18 So numbers. Obviously, the most recent
19 is February. And what we're looking at, we
20 had 93,000 individuals go through a February
21 renewal. We had 64,789 approvals, 10,105
22 terminations.
23 The extended bucket is high because we
24 are granting that one month to everyone, up
25 to three months to long-term care and 1915C

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1 members, to try to -- to try to complete that
2 renewal packet and get it back to us, doing
3 what we can to, you know, help them with
4 providing additional time for them to
5 respond.
6 And then tracking restatements here on
7 the right. We already have 963 that have
8 come back in for February, so that's great.
9 But we are tracking those numbers because,
10 you know, we want to -- there's a 90-day
11 reinstatement period following a member's
12 termination.
13 And if they just reach out during that
14 period of time, we can automatically, without
15 them having to request it or take any
16 additional action -- if we can determine them
17 eligible, we can automatically reinstate them
18 back to their termination date with no gap in
19 coverage.
20 Any questions about --
21 MR. HENSLEY: Would that be the
22 same for people that have been incarcerated?
23 MS. JUDY-CECIL: So incarcerated
24 individuals who reenter, their Medicaid is
25 suspended. So as soon as they are released,

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1 their Medicaid should kick back in unless
2 they've had a change in circumstance, which
3 doesn't really happen too much for those
4 individuals. So their -- their coverage
5 would kick back in. They would eventually
6 have a renewal, and so they have to, you
7 know, make sure that they're watching for
8 that. But hopefully I answered your
9 question. Okay.
10 MR. HENSLEY: Yes. Thank you.
11 MS. JUDY-CECIL: Okay. You're
12 welcome.
13 MS. HOFFMANN: This is Leslie.
14 I'll just mention one more thing. So if you
15 have an individual -- I just wanted to
16 mention this because people reach out to me
17 all the time. If you have an individual that
18 you're having trouble getting going after
19 they have left incarceration, just let me
20 know. We have a person, Jiordan, she's just
21 absolutely wonderful and has been helping me
22 through all those cases.
23 But they've definitely slowed down. I
24 used to -- I think I mentioned this before.
25 I used to probably have six a month, and now

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1 I'm probably down to, like, six a quarter.
2 But just in the last couple of weeks, I've
3 had three. So if you all have somebody
4 that's having trouble getting out of the
5 suspension category, just let me know, and
6 I'll work on those for you.
7 MR. HENSLEY: Fantastic. Thank
8 you.
9 MS. HOFFMANN: Hi, Tim. How are
10 you? Sorry. I didn't see your face.
11 MR. HENSLEY: I'm hanging in there.
12 MS. JUDY-CECIL: Yeah. And to
13 Leslie's point. So each of the jails and
14 state correctional facilities are in sort of
15 different places in terms of the support that
16 they can provide to somebody who is being
17 released. Some are really on top of it and
18 make sure that person is covered, you know,
19 before they walk out the door. Others don't
20 have the capacity to really provide that
21 support.
22 So we definitely want to help folks
23 coming out to make sure that they have that
24 coverage immediately, so they can get
25 connected to services. And with the reentry

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1 waiver, that will work so much better.
2 Any -- any questions about this slide?
3 MR. SHANNON: Reentry TAC is eager
4 for the reentry waiver.
5 MS. JUDY-CECIL: I'm certain,
6 Steve. Thank you.
7 We all touched on this a little bit with
8 the -- in talking about the waivers, that
9 we're anticipating final approval from CMS
10 for a May 1st effective date. As Alisha
11 noted, there are -- there's separate
12 communications going on around this and how
13 it impacts the flexibilities that were
14 implemented under Appendix K.
15 So if you have questions, you know,
16 there's lots of information out there. We
17 are trying to keep it updated as much as
18 possible, but we do have this email address
19 or phone number. If you have a particular
20 situation that you have a question about,
21 please feel free to reach out. We know this
22 is a difficult thing to navigate, and we
23 don't want people to go without answers to
24 their questions.
25 CHAIR SCHUSTER: That's very

1 helpful, to have an email address and a phone
2 number, I think, Veronica.
3 MS. JUDY-CECIL: Absolutely.
4 CHAIR SCHUSTER: I appreciate that.
5 MS. JUDY-CECIL: You're welcome.
6 That's Pam and her team.
7 CHAIR SCHUSTER: Pam and her team.
8 Yeah.
9 MS. JUDY-CECIL: They're doing --
10 yep. They're really trying to -- yeah.
11 CHAIR SCHUSTER: Because those
12 questions come up all the time, and I'm not
13 sure I realized that there was an email
14 address and a phone number particularly,
15 especially for them.
16 MS. JUDY-CECIL: Absolutely. We'll
17 do our best to answer those questions.
18 And then just a reminder to everyone,
19 regardless of where you are -- if you're a
20 family member, if you're a member, if you're
21 an advocate, if you're a provider, we've got
22 a lot of resources out there to help try to
23 fill in the gap of information in -- on
24 various topics.
25 The most recent one, I think November

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1 last year, we did one on ID proofing because
2 we had a lot of people tell us that members
3 were having trouble navigating how to create
4 their account on Kynect and running into some
5 problems, so we offered some tips on what you
6 can do and where you can go if you're having
7 trouble. So lots of information.
8 We're always encouraging people to post
9 this. If you're a provider or an advocate
10 and you have members come in or you're
11 interacting with them in any way, to share
12 the tip sheet or the flyer to help people
13 understand what's going on.
14 And also a reminder to providers. So in
15 KYHealth-Net, you have access to the member's
16 redetermination date. If there isn't a date
17 on there, they're one of those categorically
18 eligible individuals. They don't have an
19 annual renewal, so just remember that.
20 If you're long-term care, you can get
21 that information out of the Kentucky Level of
22 Care System, KLOCs. Or if you're a 1915C
23 waiver provider, you can get that out of the
24 MWMA.
25 And just our website. So just making

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1 sure everybody has it, but lots of robust
2 information on it to help keep people
3 informed about what's going on in Kentucky.
4 I did the shameless plug for the
5 stakeholder meeting next week already, but I
6 do want to just ask -- I say it all the
7 time -- if you're not following us on one of
8 the social media platforms, Facebook,
9 Twitter, or Instagram -- Twitter is X, of
10 course -- then, you know, just like or follow
11 us on one of them.
12 You don't have to do all three. We
13 share the same information across all the
14 platforms, but it is the quickest and easiest
15 way to find out what's going on in unwinding.
16 If we have news alerts that we need to send
17 out or just to keep people updated on what's
18 happening, we're using those resources.
19 So I will stop sharing there and take
20 any additional questions.
21 CHAIR SCHUSTER: Very good. And
22 you'll send the slide to Erin to get them
23 out?
24 MS. JUDY-CECIL: Absolutely.
25 CHAIR SCHUSTER: Will you,

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1 Veronica? Thank you.
2 Any questions for Veronica? She wants
3 to talk some more about her favorite thing,
4 so this is the time to ask. Anybody?
5 (No response.)
6 CHAIR SCHUSTER: Okay. And where
7 do people get those flyers? Is there a link
8 on the PowerPoint that you're sending out,
9 Veronica?
10 MS. JUDY-CECIL: So the -- yeah.
11 The link goes to our website, and our website
12 has a place for communications. So you can
13 go directly down to where the flyers are.
14 CHAIR SCHUSTER: Okay. Because I
15 do get that question from time to time. And
16 you have them in English and Spanish at this
17 point?
18 MS. JUDY-CECIL: That's correct.
19 Yep.
20 CHAIR SCHUSTER: Wonderful. Okay.
21 Great. Thank you very much.
22 MS. JUDY-CECIL: You're welcome.
23 CHAIR SCHUSTER: Update on tracking
24 Medicaid billing for mental health services
25 to students. And if Justin is not on -- I

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1 think he's typically the one that reports on
2 this.
3 MS. JUDY-CECIL: Yeah. And,
4 Sheila, let me apologize. So he is
5 testifying today --
6 CHAIR SCHUSTER: Oh.
7 MS. JUDY-CECIL: -- and it has
8 taken more time than he had anticipated. He
9 thought he'd be available for the meeting. I
10 think he might --
11 MS. BICKERS: Erica Jones is on.
12 MS. JUDY-CECIL: Great. Erica?
13 CHAIR SCHUSTER: Oh, great.
14 MS. JONES: Hi. Good afternoon.
15 Yeah. So we do have the data for the schools
16 that are -- local education agencies that are
17 doing the billing for mental health services
18 through the school-based services program.
19 And we also have the data for contracted
20 providers that are billing in the
21 school-based setting, that place of service,
22 03.
23 We have identified that there are some
24 gaps in the data based on how providers are
25 billing those contracted providers. But,

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1 again, we do have significant data. And if
2 that is something that we are -- if the TAC
3 is wanting us to share the specifics of, we
4 can do that. But we do have a method to
5 track that from now on.
6 CHAIR SCHUSTER: Oh, that's really
7 good news. So you have it -- let me see if I
8 understand this, Erica. You have it directly
9 from the schools that are billing directly
10 and then you also have it from the contracted
11 mental health providers, like the CMHCs?
12 MS. JONES: Yes. If they're using
13 that place of service for schools, yes.
14 CHAIR SCHUSTER: Okay. Yeah.
15 Wonderful. Let's have you report -- and let
16 me see how much time we need on the BH rate
17 change study because that's going to come in
18 May. So if not in May, maybe in July.
19 MS. JONES: Okay.
20 CHAIR SCHUSTER: And I will get
21 back with you. We ought to be able to get
22 some estimate of the time, but that would be
23 great.
24 MS. JONES: Okay. Sounds good.
25 CHAIR SCHUSTER: I'm sorry. I'm

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1 sorry. Were you going to say something,
2 Erica? Did I cut you off?
3 MS. JONES: Oh, no, no. You're
4 fine.
5 CHAIR SCHUSTER: Okay. All right.
6 So I think that's all we needed to know. We
7 appreciate that. That's going to be very,
8 very helpful.
9 And if Senate Bill 2 passes, there will
10 be a requirement for KDE to have that
11 information and to report it on an annual
12 basis to the State Board of Education and
13 also to the Interim Joint Committee on
14 Education.
15 So -- and I assume that you all are --
16 are you coordinating with KDE now, Erica?
17 MS. JONES: Yes, we are. There's
18 several different projects occurring. Sorry.
19 There's several different projects occurring,
20 so we're collaborating with KDE. Daily,
21 we're meeting on the different initiatives
22 and one of those being tracking the mental
23 health services.
24 CHAIR SCHUSTER: Great. Great.
25 Because that's something that the legislators

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1 and the school-based people and the advocates
2 are all very interested in. So wonderful.
3 Thank you.
4 You all probably know that the session
5 is still going on. Some of us are tired of
6 trying to decipher the budget. Let me touch
7 on a couple of things and then, Steve, if you
8 or some others want to add.
9 I mentioned Senate Bill 2. There were
10 actually two bills, House Bill 35 and now
11 Senate Bill 2, to take the School Safety and
12 Resiliency Act that was passed in 2019 and
13 then updated 2020 -- so it was Senate Bill
14 8 -- and tried to bring it alive a little bit
15 more.
16 So those districts had to release their
17 plans, but it was a one-time static thing,
18 and we've made that an annual report. We've
19 revitalized the trauma-informed team in the
20 school and asked them also to address
21 resiliency and well-being of all the
22 students, so taking a more preventative
23 approach as well as concentrating on students
24 who have a trauma history.
25 Very significantly, that bill has some

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1 excellent updates on the required suicide
2 prevention training that goes on in the
3 schools. That had not been updated, I think,
4 since it was originally passed in 2011. So
5 the school psychologists, school social
6 workers, and school counselors, those three
7 organizations came together actually a year
8 ago and wanted to have a bill to improve that
9 education in the schools.
10 And so we put it into House Bill 35 and
11 then Senator Wise incorporated it into
12 Senate Bill 2. So if that's passed, what'll
13 happen is that instead of just having one
14 training in September, early September for
15 the students, there will be a second training
16 when the students return from the holiday
17 break in December and early January because
18 the stats are that that's a very vulnerable
19 time for students coming back into the school
20 setting.
21 We will also have that training to
22 include the -- all of the staff, certified
23 and noncertified school personnel, working
24 with fourth and fifth graders.
25 Unfortunately, as you all know, we've had

1 some suicide attempts and also some completed
2 suicides among some really young kids that
3 were in fourth and fifth grade, so they're
4 taking it down.
5 And there's also a requirement that all
6 of that training has to be evidence-based.
7 And I think most of the schools were trying
8 to do that, but there were a couple of school
9 districts that were kind of handing out a
10 flyer to a kid when they got on the school
11 bus at the end of the school day. And, you
12 know, we really want to save some lives.
13 MR. SHANNON: You froze up, Sheila.
14 CHAIR SCHUSTER: I don't know.
15 Well, let me stop my video.
16 MR. SHANNON: You're good now.
17 You're good. You're back.
18 CHAIR SCHUSTER: Okay. All right.
19 Thank you. So -- oh, it says I'm unstable,
20 my Internet connection.
21 MR. SHANNON: I won't comment.
22 CHAIR SCHUSTER: So the other thing
23 is that they will be gathering all of that
24 data. They will be keeping track of the --
25 getting closer to the 1 to 250, for the

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1 mental health person in the school to the
2 student ratio. So that's an important bill.
3 The budget is House Bill 6. It just
4 passed the senate, and there were some
5 significant changes in funding. I think I
6 heard from somebody that the Medicaid funding
7 was better in the senate version than in the
8 house version. Some of the school funding is
9 not as good. They're not paying for 100
10 percent of transportation costs in the
11 senate.
12 I think there was a lot of concern that
13 there was not funding for affordable housing,
14 which is one way to address our homeless
15 concerns, and there was not sufficient
16 funding for the child care cliff that's
17 coming in September when all of the federal
18 funding runs out. I know that the school
19 superintendents wanted more money so that
20 they could give raises for teachers, and
21 neither the house nor the senate bill puts
22 that money in.
23 So stay tuned because they'll be locking
24 themselves behind closed doors here in a
25 couple of days, probably for the next six or

1 seven days, to work out the differences
2 between the house and the senate budget.
3 House Bill 56 is a mental health
4 workforce bill that has the Social Work
5 Compact and also has provisions for
6 psychologists at the master's level to be
7 able to begin practicing earlier in their
8 career. And it's due to be voted on in the
9 house. It's come out of the -- I'm sorry, in
10 the senate sometime very soon.
11 You've probably heard a lot about House
12 Bill 5, which is the Safer Kentucky Act, and
13 a lot of mental health people are very
14 concerned, particularly around the way that
15 the homeless are being treated in this.
16 They're really being criminalized. And, of
17 course, a number of people that are homeless
18 have behavioral health issues, as we know.
19 There's also concern about the way that
20 drug trafficking -- providing fentanyl, for
21 instance, to someone -- may result in people
22 being less willing to call for help if
23 somebody overdoses for fear of being
24 prosecuted. So there's lots of concerns
25 about House Bill 5.

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1 And even though this is not a behavioral
2 health issue, I will draw attention to House
3 Bill 367 that will significantly,
4 significantly make it harder for people to be
5 getting SNAP or food stamps, particularly
6 elderly. It could really do significant
7 damage to the free and reduced lunch program
8 in schools, really feels like warfare on the
9 poor.
10 Anybody have anything else? Oh, you
11 want to talk about Senate Bill 71, Steve?
12 MR. SHANNON: Yeah. That was
13 reported out of committee. Initially, that
14 bill was in the senate. They had a similar
15 bill in the house. Senate Bill 71 requires
16 residential substance use treatment providers
17 to transport individuals who voluntarily
18 leave the program. And either transport can
19 be provided direct transportation to their
20 home county, even their courthouse; provide
21 for transportation, Uber or Lyft, or even a
22 bus ticket.
23 And several things were added to it
24 today. One was a 202A provision,
25 involuntarily commitment, that would have to

1 be done within an hour. And then there was
2 an assessment. Every 10 minutes, it was five
3 percent reduction in the rate received for
4 the 202A evaluation. You know, it's not
5 really a Medicaid issue, but it's pretty
6 significant in the 202A evaluations done by
7 CMHCs.
8 We have since heard from Chairman
9 Heavrin of the committee they're going to
10 take the 202A language out of that
11 legislation, but it's -- still, the
12 transportation issue is a legitimate concern.
13 And we've met, and other folks, I'm sure,
14 have met as well on both.
15 Also, they've added a Medicaid --
16 there's some concerns some providers would
17 treat people from out of state. They come to
18 Kentucky. They become Medicaid eligible, and
19 they use that address. So they're trying to
20 address that problem.
21 But the transportation piece, I think,
22 could be an impact on access to services
23 because a residential provider may be
24 hesitant to take someone who is, you know, a
25 farther distance away than they wish to

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1 transport the person. You know, if someone
2 has a program in northern Kentucky, they may
3 be reluctant to take someone from Bowling
4 Green in Warren County because that's about
5 three and a half, four years. So they're
6 going to say no, so does that decrease
7 access?
8 The rationale for the bill is the impact
9 of some of these programs, people just
10 leaving the program. They've added recovery
11 housing to it and the drain it takes, the
12 increase on homelessness. People --
13 legislators have been told by constituents
14 increased drug use by these folks that leave
15 as well as impact on social service agencies,
16 homeless centers, food banks, and things like
17 that.
18 So we hope -- we've been told that the
19 202A language that was added this morning at
20 the 9:00 meeting will be taken out of the
21 bill and then they will still proceed as is.
22 Still have concerns about it.
23 It's -- it should be noted that the bill
24 passed the senate without a single senator
25 objecting. They were all yes votes. The

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1 bill in the house, House Bill 408, passed the
2 house without a single no vote, 98 to
3 nothing. So there's clearly an impetus from
4 local communities that this is a problem, a
5 concern.
6 Senator Wheeler from Pike County, he
7 sees it. He says he sees it in folks coming
8 from West Virginia, crossing the bridge into
9 Pike County. It impacts Somerset, Etown.
10 Elizabethtown has a huge number of folks who
11 are just kind of leaving treatment or
12 recovery housing and staying in the community
13 or recovery housing using resources.
14 So we'll see. Hopefully, we see -- it
15 would have to be a house floor amendment
16 unless they sent it back to the committee.
17 But they could do a floor amendment to take
18 that language out. Kind of interesting. You
19 know, reduce the rate, you know, by five
20 percent for every ten minutes it's not done
21 within an hour. Regulation is you have three
22 hours to do the evaluation. Now they're
23 going to put it at an hour. The payment
24 mechanism, there's not a fee. It's done that
25 way so...

1 But hopefully, this is an improvement,
2 and we're still concerned about the
3 transportation piece. And I really do think
4 that will have an impact on access. Some
5 folks are going to say, no, I don't want to
6 take someone that's three hours away so...
7 CHAIR SCHUSTER: Thank you, Steve.
8 Any questions or anybody else have any
9 behavioral health bills that are of interest
10 to them?
11 (No response.)
12 CHAIR SCHUSTER: All right. Any
13 recommendations for the MAC meeting on March
14 the 28th?
15 (No response.)
16 CHAIR SCHUSTER: Hearing none, we
17 will not make any recommendations.
18 Agenda items for the May meeting.
19 Remember, it's May 1st. We'll have the BH
20 rate change study. If we have time, we'll
21 also schedule the school mental health
22 services report. I think it would be
23 helpful, Mary, that -- I guess is the day
24 that the SPA therapy services are starting,
25 so it may be that we want to wait until the

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1 July meeting to kind of look at what's
2 happening there because that'll almost be too
3 soon to do it, but we will put that on for
4 July. Is there any --
5 MS. HASS: I agree. There will be
6 no way to know till the July meeting.
7 CHAIR SCHUSTER: Yeah. We'll put
8 it on for July. Any new business?
9 (No response.)
10 CHAIR SCHUSTER: All right.
11 MS. MUDD: I just wanted to say
12 that we've been making calls like -- like
13 crazy to -- about Tim's Law and mental health
14 and drug courts, and I'm assuming that the
15 senate hasn't even -- I mean, has it made any
16 difference that we can tell so far? Probably
17 not.
18 MR. SHANNON: I do not think so.
19 CHAIR SCHUSTER: Yeah. That's
20 unfortunate.
21 MS. MUDD: They would have to have
22 green slips this high.
23 MR. BRENZEL: I think AOT is back
24 in the senate; right, Steve?
25 MR. SHANNON: I've looked at it.

1 MR. BRENZEL: I think it is. I
2 think it did make a difference in the senate
3 version for AOT --
4 MR. SHANNON: Okay.
5 DR. SUSMAN: Yeah. It's back in.
6 MR. SHANNON: Tim's Law -- yes.
7 Tim's Law is. Correct. Right. But it's the
8 mental health drug court as well. And I
9 think the senate version of AOT was actually
10 an increase over the house; is that correct?
11 $500,000 a year. That's the Julie Raque
12 Adams initiative, I suspect.
13 DR. SUSMAN: It was a big increase.
14 CHAIR SCHUSTER: A big -- I'm
15 sorry. A big increase for the AOT for Tim's
16 Law?
17 DR. SUSMAN: Yes.
18 CHAIR SCHUSTER: What's the number
19 now? Is that David Susman that's on?
20 DR. SUSMAN: Yeah.
21 MR. SHANNON: It's two and a half
22 million in '25 and three million in '26.
23 DR. SUSMAN: That's right.
24 MS. MUDD: That's good.
25 DR. SUSMAN: Statewide

1 implementation.
2 MS. MUDD: We didn't know that.
3 DR. SUSMAN: Yes. That'll allow
4 more statewide implementations.
5 MR. BRENZEL: Yes.
6 CHAIR SCHUSTER: Yes. Oh, that's
7 Allen, too. Great. Well, that's the best
8 news I've heard today.
9 MS. MUDD: Me, too.
10 CHAIR SCHUSTER: So you can --
11 MS. MUDD: Green slips, yay.
12 CHAIR SCHUSTER: You can go back to
13 your folks, Val. I know that you all were --
14 at Participation Station and NAMI Lexington
15 were really getting that out. Several of us
16 were at the NAMI Louisville dinner on Monday
17 night.
18 MS. MUDD: Yeah.
19 CHAIR SCHUSTER: And Judge
20 Stephanie Burke --
21 MS. MUDD: Burke was doing it.
22 CHAIR SCHUSTER: -- made a strong
23 pitch there to get the word out, so I had
24 sent that out.
25 MR. SHANNON: And the house budget

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1 didn't have any for Tim's Law.
2 CHAIR SCHUSTER: Didn't have any.
3 Good. I think that the thanks go to Julie
4 Raque Adams on that.
5 MS. MUDD: Yeah. We started
6 pushing it when -- you know, when it was A&R.
7 CHAIR SCHUSTER: Yeah. But she's
8 been -- you know, she carried the bill
9 finally when it was successful, so we should
10 get some thanks out to her. Make sure that
11 the -- it stays in the budget conference.
12 MS. MUDD: Tell me again how much
13 it was.
14 MR. SHANNON: Two and a half
15 million in '25 starting July 1 of this year
16 and then three million in '26 which starts
17 July 1 of '25.
18 MS. MUDD: Okay.
19 CHAIR SCHUSTER: So five and a half
20 million over the biennium. That's great.
21 MR. SHANNON: Yeah.
22 MS. MUDD: Okay.
23 CHAIR SCHUSTER: Yeah. Wonderful.
24 Best news I've had.
25 MS. MUDD: Yay. Me, too.

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1 CHAIR SCHUSTER: Is Kathy Adams on?
2 I think you had a question, Kathy.
3 MR. SHANNON: Yeah. Her hand is
4 raised.
5 CHAIR SCHUSTER: Okay.
6 MS. ADAMS: Hi, Sheila. And I'm
7 not sure if goes under new business or --
8 yeah, or the old business related to TCM.
9 But we've discussed over the last year at
10 least concerns regarding the number of audits
11 coming from the MCOs. And our members are,
12 again, raising concerns and basically said
13 they feel like they're just being inundated
14 with audits again. They're reporting a lot
15 of pre-payment audits and post-payment audits
16 specific to targeted case management
17 services. And I can give you some examples.
18 But, also, they're reporting a
19 significant increase in the number of just
20 pre-payment audits in general. And one of
21 the things with the pre-payment audit is that
22 it appears to be a way to circumvent the fact
23 that there's no prior authorization being
24 required for behavioral health services, so
25 this seems to be a way to delay paying for

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1 services that have already been provided.
2 And it takes -- you know, folks have
3 already provided the service. They have
4 staff that they need to pay and yet the MCO
5 is saying we're not going to pay you until we
6 complete our pre-payment audit.
7 And then I'm not sure if Medicaid tracks
8 the pre-payment audits that the MCOs conduct
9 or not, but it -- again, it seems like a way
10 to keep from paying or reimbursing providers
11 for services that they've already provided.
12 Are they required -- there doesn't appear to
13 be any penalty to the MCO if they've withheld
14 these payments for months from providers if
15 no issues are found in the pre-payment
16 audits.
17 So definitely that is a concern. And,
18 again, I've collected examples from our
19 members. I'll give you just a couple of
20 quick examples, or at least I hope I can.
21 So we have one member right now that's
22 getting an audit, where an MCO is conducting
23 a pre-payment audit of all of their TCM
24 claims for the months of November and
25 December, which means they -- and then

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1 they'll put a hold on anything forward. So
2 they're not getting paid for any of the TCM
3 services that they've provided since
4 November.
5 Another example from another member is a
6 pre-payment audit of all of their intensive
7 outpatient claims, which I believe was a
8 three-month time frame that -- where they
9 were requesting audit materials.
10 And then the member that is going
11 through the TCM audit pre-payment for
12 November and December just got another
13 post-payment audit request from another MCO
14 for a full year of services for 50 members.
15 We also have another member that just
16 got a post-payment audit for TCM where
17 they're reviewing 515 claims for 49 clients.
18 And the result -- the letter from the MCO is
19 that they're going to deny all of those
20 claims as the post-payment audit. It's kind
21 of like they've extrapolated and not reviewed
22 them all but going ahead and penalizing the
23 agency and withholding -- are going to take
24 back all of that money. And then, you know,
25 if they appeal and win, then they would get

1 some of that back but...
2 So those are just a few of the examples.
3 I have more, and I just was curious if other
4 providers are seeing an increase in the
5 audits, especially for TCM, especially
6 pre-payment audits, and then also curious to
7 know if DMS has any kind of mechanism in
8 oversight of the audits that the MCOs
9 conduct, especially those pre-payment audits.
10 MR. HENSLEY: Communicare has
11 received pre-payment audits for our peer
12 support services.
13 MR. BALDWIN: Kathy, this is Bart.
14 I want to reenforce everything you said. I'm
15 hearing a lot of the same things from some of
16 our clients in terms of those audits. And I
17 think the extrapolation -- you see a few
18 claims that they may deny, but it was the
19 process of just denying every claim.
20 I think, clearly, there could be
21 examples where there's a lack of
22 documentation on one -- a few but not
23 everything that was audited, and I think
24 that's what's ratcheting it up. Just taking
25 a few and extrapolating out, that it's, you

1 know, 60 claims, you know, 60 clients or --
2 and for whole months at a time, and it's
3 having a real negative impact, especially on
4 the smaller providers.
5 So I appreciate you bringing it up, and
6 I just wanted to reiterate that we're seeing
7 the same thing. I'm hearing a lot of the
8 same.
9 MS. ADAMS: Thanks, Bart.
10 CHAIR SCHUSTER: And I see that
11 Rebecca has this from Isaiah House. We're
12 receiving numerous pre-payment audits for
13 H0038 and H2027 from one MCO in particular.
14 I know that audits are required by CMS
15 and DMS. But it's really maddening, I have
16 to say, when it comes up around targeted case
17 management so often. You know, this is what
18 started us down the road when the
19 commissioner was on -- what, Steve -- two
20 years ago, two and a half years ago.
21 MR. SHANNON: Right. It's been a
22 target of the MCOs for --
23 CHAIR SCHUSTER: For years. And we
24 did the study that showed that it really is a
25 worthwhile service and keeps people out of

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1 the hospital and actually has a lower
2 mortality rate and all kinds of things. And
3 I guess my question -- and I don't know who
4 to address it to. So if Veronica is still
5 on, if Leslie --
6 MS. JUDY-CECIL: Yeah. I'm on.
7 CHAIR SCHUSTER: You know, this
8 kind of extrapolation really bothers me. And
9 I did hear this from a hospital recently, now
10 that I'm thinking about it, where they found
11 something wrong with one of the claims and
12 threw out the whole batch of claims for
13 multiple patients.
14 MS. JUDY-CECIL: So, I guess, just
15 to address a couple of things and maybe
16 perhaps -- because I wasn't prepared to talk
17 about this today -- we could add -- we could
18 talk about pre-payment and have the MCOs talk
19 about their process, and DMS can talk about
20 what the requirements are.
21 Our contract effective January 1, 2024,
22 requires MCOs to get pre-approval from DMS
23 before they implement a pre-payment. And we
24 changed some of the requirements because we
25 were -- we were hearing a lot of complaints

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1 about it.

2 So I guess my -- we can't enforce a

3 contract when we don't have clear examples of

4 violation. And so I appreciate you, Kathy,

5 bringing up a lot of examples, but I don't

6 know -- have those been sent to us to

7 investigate? You know, that's the next step,

8 is providers need to reach out to us if they

9 believe that the MCOs are doing something

10 they shouldn't be doing, so we could actually

11 investigate it.

12 Pre-payment review does not mean that

13 they can just blatantly waive timely payment.

14 You know, there are some nuances to it, if

15 there's a back and forth to the provider to

16 get the information that's necessary.

17 They should not be extrapolating. And

18 so, you know, if there is an example of an

19 MCO extrapolating a denial from an audit,

20 then we need to know that and investigate it.

21 We understand the administrative burden that

22 comes with it.

23 The TCM in particular, I just want to

24 remind folks that HHS, the Health and Human

25 Services, federal agency investigated

1 Kentucky Medicaid for targeted case
2 management. And as part of that, based on
3 their findings -- not ours, their findings --
4 we had to enter into a corrective action plan
5 that requires this cadence of auditing that
6 you all, I understand, feel like you're under
7 scrutiny for. But we were required to do
8 that. So that's unfortunate the abrasion
9 comes down to the provider level, and I
10 promise you it's -- we're not trying to
11 create administrative burden to providers.
12 We want to get it right. You know,
13 auditing should be for a specific purpose
14 because something has been identified that
15 just needs an extra review. And whether
16 that's pre-payment or post-payment, you know,
17 there should be some underlying reason why
18 the audit is occurring.
19 So I'd love to continue the discussion
20 on it. Happy to. You know, again, we could
21 kind of walk through in a future meeting what
22 the pre-payment requirements are for Managed
23 Care Organizations and then, you know, if you
24 want to hear from each MCO about their
25 process. But please send us examples. We

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1 need to know.
2 MR. SHANNON: When did that HHS
3 investigation take place? It's the first
4 I've heard of this.
5 MS. JUDY-CECIL: In 2021.
6 MR. SHANNON: Okay.
7 MS. JUDY-CECIL: 2020.
8 MS. HOFFMANN: Veronica, this is
9 Leslie.
10 MS. JUDY-CECIL: 2021, I think.
11 MS. HOFFMANN: So when I got back
12 in 2020, a state audit had already been
13 completed, not us, the state auditors for
14 Kentucky. And that spurred the federal audit
15 and then that ended up in a rotation of three
16 states in three federal audits regarding the
17 same. And that -- one had just been
18 completed when I got back in '20.
19 MS. JUDY-CECIL: Thank you. Yeah.
20 Again, not prepared to talk about it, so I
21 don't have the -- I can't even remember what
22 I did yesterday.
23 MS. ADAMS: Totally get it.
24 MS. JUDY-CECIL: So trying to think
25 back in 2020 or 2021 but --

1 MR. SHANNON: Okay.
2 MS. JUDY-CECIL: And that's a
3 public document. Happy to share --
4 MR. SHANNON: Yeah. It would be
5 nice to see.
6 MS. JUDY-CECIL: -- that audit with
7 you all, so you all can see. I was almost
8 certain that in working -- us working with
9 providers in implementing the auditing for
10 this that there was an awareness of the audit
11 and the reason we were doing this as part of
12 our corrective action plan. So not trying to
13 be secretive or nontransparent about it. I
14 thought providers were aware. Now, providers
15 change. And if you're like me, I can't
16 remember what I did yesterday, so that could
17 be.
18 But just to try to make folks understand
19 that auditing is required. It's not meant to
20 be burdensome, but it is -- it's a necessary
21 evil that we have to navigate.
22 MR. SHANNON: Yeah. And we had
23 several conversations over targeted case
24 management previously here. And, you know,
25 we kind of looked at -- did a little analysis

1 of it, and it wasn't mentioned then. If it
2 is, I missed it. I mean, I'm just -- I'm not
3 critical. I'm just surprised, and it would
4 have -- you know, I guess, I suspect Kathy
5 Adams didn't know that had taken place
6 either; right, Kathy?
7 MS. ADAMS: Well, I can't agree
8 with you on this one, Steve. I was aware --
9 MR. SHANNON: Okay. Good.
10 MS. ADAMS: -- that there had
11 been -- that CMS had come down on Kentucky.
12 I don't remember what format where we
13 discussed it, but it's been a while since it
14 was discussed. And, you know, I think part
15 of it is you'd like to think, okay, well,
16 we're out from under that now. But
17 apparently we're not, and I'm not sure when
18 we get out from under it.
19 MR. SHANNON: Yeah. If they
20 increased recently, then why was it a
21 three-year delay from '21 to '24 for the MCOs
22 to start looking at it? You would think it
23 would end at some point.
24 MS. JUDY-CECIL: I think we've been
25 hearing about TCM audits for three years, to

1 be quite honest with you.

2 MR. BALDWIN: Yeah. I don't think

3 it's --

4 MS. ADAMS: Absolutely.

5 CHAIR SCHUSTER: I think so, too.

6 MS. HOFFMANN: I think --

7 MS. ADAMS: Veronica, to address

8 something you said in regards to sending the

9 information, I don't -- this is the first

10 I've heard about the fact that their contract

11 does -- you know, they're required to get

12 pre-approval for pre-payment audits.

13 So are you saying any of our members

14 that have gotten pre-payment audits should

15 send those in to be reviewed?

16 MS. JUDY-CECIL: If you have a

17 question about it, if you're questioning, you

18 know, the activity, the implementation of the

19 pre-payment audit, if you believe they're

20 doing something they shouldn't be doing, they

21 should -- providers should report that on up

22 to us, so we can take a look.

23 MS. ADAMS: And then a follow-up

24 question. When they do, are they provided

25 feedback? Because I feel that sometimes our

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1 members feel they're -- you know, that it's
2 just something else to do, and nothing is
3 happening as a result of taking that
4 additional action.
5 MS. JUDY-CECIL: Sure. In terms of
6 the outcome of the audit?
7 MS. ADAMS: Or hearing back from --
8 hearing back from DMS when they submit those
9 concerns, that, you know, we've looked into
10 this, and this is what we found.
11 MS. JUDY-CECIL: Oh, absolutely.
12 So there is lots of conversation. As
13 concerns are identified by providers about
14 the audits, there's lots of conversation that
15 goes on internally, just internally within
16 DMS and -- including our Division of Program
17 Integrity and then with the MCOs to talk
18 through making sure that, you know, we don't
19 want audits just for audits' sake. They need
20 to be truly -- their direction is to identify
21 fraud, waste, and abuse.
22 And so, you know, just making sure
23 that -- we have conversations all the time if
24 they're -- maybe they're auditing on
25 something that is not causing as much concern

1 as something else, for instance. So we talk
2 about, well, then, you know, is there another
3 area in the Medicaid program that needs more
4 attention for identification?
5 Because we just -- we monitor that --
6 those trends all the time, almost on a daily
7 basis, to try to -- which is a requirement
8 for our Division of Program Integrity, is to
9 continue to monitor and identify and recoup,
10 if necessary, based on federal law.
11 MR. OWEN: Yeah. This is Stuart
12 Owen with WellCare. I just want to note we
13 get -- the MCOs get letters from DMS charging
14 us with auditing specific providers for TCM
15 along with an FAQ of all the things we have
16 to check for, regulatory requirements.
17 And it goes back to the audit that the
18 senior deputy commissioner is talking about,
19 the CMS audit and the state audit. But we
20 get letters from DMS saying you need to audit
21 this provider and report back findings.
22 CHAIR SCHUSTER: What generates --
23 MR. BALDWIN: I've got a question.
24 CHAIR SCHUSTER: -- those letters,
25 Veronica?

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1 MS. JUDY-CECIL: I'm sorry?
2 CHAIR SCHUSTER: I said: What
3 generates those letters that Stuart is
4 talking about?
5 MS. JUDY-CECIL: I'm not involved
6 in that process, so I'm not a hundred percent
7 sure.
8 CHAIR SCHUSTER: Okay.
9 MR. OWEN: Yeah. I believe it
10 comes from the Division of Program Integrity.
11 MS. HOFFMANN: It comes from
12 Program Integrity along the line of the
13 audits. Then they started pulling in our
14 responsibility with the MCOs regarding
15 targeted case management as well.
16 So then -- this has been a while. Angie
17 Parker at the time was involved. And then
18 Program Integrity had to set up an approved
19 outline of how they would do regular audits
20 and how many they would pull and things like
21 that to come into compliance. So it ended up
22 being three different areas of Medicaid that
23 ended up working on these audits.
24 CHAIR SCHUSTER: Well, let's do
25 this, and I appreciate you all giving us this

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1 information with -- not knowing that this was
2 going to come up. I don't remember ever
3 hearing about the HHS discussion and, you
4 know, that kind of federal -- I remember a
5 discussion -- because we've talked about
6 audits a number of times on the BH TAC. I
7 remember a discussion where, you know, it was
8 made clear that CMS wants audits to happen,
9 and the State wants audits to happen. But I
10 don't remember --
11 But at any rate, why don't we put this
12 on the May agenda because I think this is an
13 issue that's of great concern all the way
14 around. I think we need to understand -- the
15 history would be helpful. It would be
16 helpful to know what the parameters are for
17 those pre-payment audits to be approved, and
18 I'd really like to understand from Program
19 Integrity how these letters get generated.
20 Because that feels like a very different
21 kind of target on providers, and I'm not
22 saying it's not warranted. I'm just saying
23 it feels very different than an MCO deciding
24 on its own to --
25 MS. SHEETS: Dr. Schuster, this is

1 Kelli Sheets from Medicaid.
2 CHAIR SCHUSTER: Yeah. I'm sorry?
3 MS. SHEETS: This is Kelli Sheets
4 with Medicaid.
5 CHAIR SCHUSTER: Yeah.
6 MS. SHEETS: And I just wanted to
7 let you know that I've got a message from
8 Jennifer that she did have another meeting at
9 2:30. So I'm going to make sure that she is
10 prepared for this at the May meeting.
11 CHAIR SCHUSTER: Okay. That would
12 be wonderful. Thank you.
13 MS. SHEETS: She's with Program
14 Integrity so...
15 MS. JUDY-CECIL: Jennifer Dudinskie
16 is our director for Program Integrity.
17 CHAIR SCHUSTER: Oh, yes. I
18 remember because she's been in these
19 discussion before. I know that name. Yeah.
20 MR. BALDWIN: Yeah. And, Sheila?
21 CHAIR SCHUSTER: Yeah.
22 MR. BALDWIN: Just along those
23 lines, I think that it would be helpful in
24 that discussion, from the Program Integrity,
25 is when a provider identifies -- the

1 extrapolating and identifies problems and
2 shares specific examples with them, what's a
3 reasonable process or timeline to hear back
4 on that? Because I think that we've run into
5 that and have raised these issues, but still
6 many months have gone by. And we really
7 don't hear anything back.
8 And so -- not that -- and I'm not saying
9 DMS is not working on it. I know that. I'm
10 not trying to throw you under the bus on
11 that. I know it's a bandwidth issue, and I
12 know you're working on it.
13 But I think from the provider
14 perspective, they're still kind of left
15 hanging, and what are we going to do about
16 it. So I think understanding better what the
17 process is on the Program Integrity side will
18 be helpful. So if that could be part of
19 that -- what Jennifer shares, that would -- I
20 think would be helpful, so we're compliant
21 with it.
22 CHAIR SCHUSTER: Okay. And is that
23 where the -- when you say, Veronica, let us
24 know about these problems, would it be most
25 appropriate that they go to Program Integrity

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1 from the providers?

2 MS. JUDY-CECIL: No. I recommend

3 the provider complaint process through our

4 managed care compliance.

5 MS. SHEETS: Dr. Schuster, it's

6 Kelli Sheets again. I just wanted to let you

7 know I'll be sending out information on how

8 to make those complaints as well as the forms

9 and where to send them to in the follow-up

10 email that comes after this meeting.

11 CHAIR SCHUSTER: Great. Because

12 I --

13 MR. BALDWIN: Great.

14 CHAIR SCHUSTER: Did you send those

15 out recently, Kelli? Was there a provider

16 complaint form that was circulated recently?

17 MS. SHEETS: Erin sent them to

18 another TAC. I don't believe -- I don't

19 believe it was this TAC. I think it was a

20 different TAC.

21 MS. BICKERS: Kelli, I sent an

22 email blast to all MAC and TAC members with

23 those attachments, but it's been several

24 weeks.

25 CHAIR SCHUSTER: Yeah. And it's

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1 hard to -- and I really didn't know what the
2 context was, so that's helpful.
3 Let me do this. Let me get some
4 feedback from several people that have spoken
5 up here about some of these issues, and let
6 me kind of outline what we would like to have
7 discussion about in the May meeting, and I
8 will get that to DMS.
9 And you all can disseminate it to
10 whoever you mentioned, three different
11 departments or, you know, divisions, I guess,
12 Leslie. But let me do that, and I'll get it
13 to you, Veronica.
14 MS. JUDY-CECIL: That'll be great.
15 CHAIR SCHUSTER: Okay. Let's do
16 that. So let's put that on the -- so, Erica,
17 we'll do the school data in July. We're
18 obviously not going to have time in May
19 because we've got the behavioral health rate
20 study. And then we really need to have --
21 this whole audit discussion, I think, has
22 been a vexing problem for a while. Maybe we
23 can solve it like we did the dual-eligible.
24 So thank you all very much for -- thank
25 you, Kathy, for bringing it up and for others

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1 who had concerns. And thank you very much to
2 the DMS staff in all the different areas for
3 responding.
4 Last item. Any formulary issues that
5 anybody has?
6 (No response.)
7 CHAIR SCHUSTER: I always figure no
8 news is good news.
9 MR. SHANNON: Right.
10 CHAIR SCHUSTER: Yeah. Okay.
11 So the MAC meeting, again, begins at
12 9:30, and that's in two weeks, March 28th.
13 And then remember that our next Behavioral
14 Health TAC meeting is going to be on a
15 Wednesday, and it's May 1st.
16 And as an O'Donnell, I have to wish you
17 all a very Happy St. Patrick's Day on Sunday.
18 Whether you're Irish or not, it's a great day
19 to pretend like you're Irish. So I wish you
20 lots of love and luck. That's what the Irish
21 wish.
22 So thank you all and thanks again to
23 Erin and Kelli for getting us up and running
24 today under some very difficult
25 circumstances.

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1 MS. MUDD: So are you now
2 Doctor Colonel or Colonel Doctor?
3 CHAIR SCHUSTER: Yes.
4 MS. MUDD: Which one is it, Colonel
5 Doctor or Doctor Colonel?
6 CHAIR SCHUSTER: I don't know.
7 Some of you may not know that I was surprised
8 with a Kentucky colonelship from the governor
9 at our disabilities rally so...
10 Oh, T.J., if you're still on, NAMI
11 Louisville Advocacy Day. You put something
12 in the chat.
13 MR. LITAFIK: Yes. NAMI Kentucky's
14 Advocacy Day will be next week on the 20th,
15 Wednesday, 10:00 to 11:30 in the rotunda for
16 our rally and then we're going to have lunch
17 over in the annex after that. Hope everybody
18 can attend.
19 CHAIR SCHUSTER: Yes. I'm very
20 sorry I'm going to be out of town and miss
21 it, but thank you for letting us know.
22 Yes. You don't have to call me colonel.
23 Actually, Secretary Friedlander said that I
24 was really a general and not a colonel, so I
25 don't know. We'll see.

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1 Thank you all very much and thanks for
2 that announcement, T.J., so appreciate you
3 all.
4 And let's remember our dear departed
5 friend, Mike Barry, in our prayers and
6 thoughts and his family. So I sent out --
7 the funeral information is this Saturday over
8 in New Albany.
9 So thank you all very much, and Happy
10 St. Patrick's Day. And we'll see you in May.
11 (Meeting concluded at 3:55 p.m.)
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2 C E R T I F I C A T E

3

4 I, SHANA SPENCER, Certified

5 Realtime Reporter and Registered Professional

6 Reporter, do hereby certify that the foregoing

7 typewritten pages are a true and accurate transcript

8 of the proceedings to the best of my ability.

9

10 I further certify that I am not employed

11 by, related to, nor of counsel for any of the parties

12 herein, nor otherwise interested in the outcome of

13 this action.

14

15 Dated this 17th day of April, 2024.

16

17

18 *_/s/ Shana W. Spencer_*

19 Shana Spencer, RPR, CRR

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