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

****

Via Videoconference
November 3, 2022
Commencing at 1:02 p.m.

Shana W. Spencer, RPR, CRR
Court Reporter

APPEARANCES

BOARD MEMBERS:

Dr. Sheila Schuster, Chair

Steve Shannon

Valerie Mudd

Eddie Reynolds (not present)

Mary Hass

Michael Barry

T.J. Litafik (not present)

DR. SCHUSTER: Since we have a quorum and I've got two minutes after 1:00, let me call the meeting to order. This is the Behavioral Health Technical Advisory Committee meeting of November 3rd, 2022.

And I'm Dr. Sheila Schuster, the chair of the BH TAC. And I'd like to begin, besides welcoming you all -- so this is the point at which the plane is going down the runway, and you're hoping you're on the right plane. So you're in the right Zoom, and we welcome you all.

I want to introduce a new voting member of our TAC, not a stranger to most of you who spend any time in Frankfort, and that's my good friend, Mary Hass, who has been a long, long time advocate for people with acquired brain injuries.

And Mary is representing now the Brain Injury Association of America - Kentucky Chapter. She's replacing Diane Schirmer.

So, Mary, if you're on, would you like to say hello?

MS. HASS: Good afternoon, all, and thank you for the nice welcome, Sheila. I

presume you can hear me?

DR. SCHUSTER: Yes. Uh-huh. Fine.

MS. HASS: Okay. Anyway, as you well said, I've been a long-time advocate, had both a brother and a sister suffering acquired brain injuries.

So I'm happy to be back here, hopefully to lend my voice to the issues that affect all of us -- or the issues that we all care so deeply about so thank you.

DR. SCHUSTER: Thank you very much. And let's have the other voting members of the TAC that are on -- I wasn't here when everybody came in, so if you can unmute and tell us hello.

Steve, I know you're on. I saw you.

MR. SHANNON: Steve Shannon with the mental health centers, KARP, Incorporated. Thanks.

DR. SCHUSTER: Thank you. Val, are you on?

MR. MUDD: I am. Valerie Mudd with NAMI Lexington - Participation Station. I'm here representing folks who live with mental illness.

DR. SCHUSTER: Great. Thank you very much. Eddie Reynolds.

(No response.)

DR. SCHUSTER: Eddie might not be on yet. Eddie is with the Brain Injury Association of -- or Alliance of Kentucky so hopefully will be on in a bit.

T.J. Litafik.

(No response.)

DR. SCHUSTER: T.J. is not on yet. You haven't seen him, Erin?

MS. BICKERS: No, ma'am. Eddie and T.J. were the two that I don't have logged in.

DR. SCHUSTER: Okay. And then Mike Barry who is on vacation or in a vacation spot still working; right?

MR. BARRY: You betcha. Hi, everybody. Mike Barry, People Advocating Recovery, and looking right over there at the beautiful Gulf of Mexico in Gulf Shores, Alabama.

DR. SCHUSTER: Now --

MS. HASS: Good place to be.

DR. SCHUSTER: -- Mike, I thought I

asked you not to talk about how beautiful the Gulf Coast is and how we --

MR. BARRY: Oh, I won't tell you how pretty it is and sunny and 80 and blue skies.

DR. SCHUSTER: All right. Have I forgotten anybody, voting members?

(No response.)

DR. SCHUSTER: I don't think so. So we do have a quorum, and I will ask next for the approval of the minutes of September 8th which was circulated to you all. So if one of the voting members would make a motion for their approval, that would be great.

MS. HASS: I'll so motion for you, Sheila.

DR. SCHUSTER: All right. Mary. And a second, please.

MR. MUDD: Second.

DR. SCHUSTER: And Val seconds. Thank you. Any additions, omissions, corrections that you saw?

(No response.)

DR. SCHUSTER: All right. All those in favor of approving the minutes,

signify by saying aye.

(Aye.)

DR. SCHUSTER: And opposed, like sign, and abstentions?

(No response.)

DR. SCHUSTER: Great. Thank you very much.

Okay. Most of our agenda today is kind of follow-up from issues that we've had. Some of these have been on our agenda, oh, for months and months, months and months and months.

So let's start with these: The report on which providers are reporting patient no-show data. And I appreciate the work of Leslie Hoffmann and particularly the work of Justin Dearinger who is over at Medicaid and has taken Lee Guice's position.

What we're trying to do is to get a feel for how many behavioral health providers are using the no-show data portal out of the total number of providers that are giving information on that portal.

So Justin and I have emailed quite a bit. He has sent me lots of data, even the

most recent, by MCO, which does give you some feel for what the reasons are.

What we're trying to do, of course, is twofold. One is that we really want to put some positive pressure, if we can, on behavioral health providers to use the portal. Because what it does is to be able to flag people that are having consistent problems in getting to their appointment so that the MCOs can reach out to them.

So I did get that information by MCOs. The best information I got from Justin -- and I'm really excited about this, so I'm going to read this from his email. "I'm currently working with our IT staff to create a dashboard that shows no-shows for behavioral health and the reasons for that month and for the year-to-date total," which is exactly what we're looking for. "I'm hoping it'll be ready by January and then it will be an ongoing dashboard where you can use the data and access it at any time."

And I told Justin that I was really excited about that. I think that gets us to where we need to be (audio glitch) are using

the portal, what we can do. Maybe we can hear from some that are not using it about why they're not using it, and we can get some feel for our folks. Because we know how important it is to keep our folks keeping their appointments; right? So we want to do everything we can.

Justin, I don't know if you're on.

MR. DEARINGER: Yes, ma'am. I'm here. Thank you.

DR. SCHUSTER: Well, thank you. Do you want to add anything? Did I -- did I -- was I correct in what I said?

MR. DEARINGER: Absolutely. And like you said, we're pretty excited about it, too. As you know, no-shows and the no-show portal have been big discussions with various TACs and with multiple provider types and groups. And so this isn't just going to help behavioral health providers. It will help all providers throughout the state.

But yeah, it's going to be really good, I think. It's going to give us a glimpse at any point of how many no-shows we're having, the reason for the no-shows, what provider

type are having those no-shows, and then a year-to-date total. And we'll be able to access that at any time to have that information readily available.

And one of the most important things is it's going to be viewer-friendly. So you can look at that and, you know, it'll be easy to understand and access.

And that's one of the issues, I think, we found when we pulled the information, is a lot of times, that information comes back, it's -- you know, you've got to put some time into it to find exactly what you need and want, digging through numbers and trying to figure it out. It's not something that's user-friendly.

And that's what we're working on, to provide something that anybody can look at and make it very user-friendly. So we can have that data at our fingertips and we can reach out to, you know, the providers, and we have a good idea of why they're having no-shows and encourage them to use that.

And, you know, we're looking at different ways to -- in talking to other

states all the time, about how we can decrease that, also. So we're constantly -- an area we're constantly working on.

DR. SCHUSTER: That's fabulous, and I think that's exactly what we're interested in. I think we're particularly interested, then -- it will give us the ability, I think, Justin, at our TAC meetings to get, then, reports from the MCOs about what kinds of things they're reaching out with.

Because these are -- most of these -- you know, if somebody forgets, that's one thing, or if a child is home sick. But, you know, the consistent no child care, no transportation, those kinds of things, I think, are social determinants of health and of behavioral health. So we really need to have some ongoing information from the MCOs about how they're addressing those and so forth.

Does anybody have any questions of Justin, while we have him here as a captive audience here for a moment, about what they're proposing? Any -- either the voting members or anybody else that's on the Zoom

have any questions for Justin?

(No response.)

DR. SCHUSTER: I guess you're off the hook, Justin, and I do appreciate your back and forth with me. It took me a while. I was not very clear on what it -- what I was trying to get to, and I think this last time around, it was very clear, and I was really excited that you're going to have this dashboard.

So you're thinking January -- at some point in January?

MR. DEARINGER: Yeah. Hopefully sooner, but that's the -- you know, definitely by then, we'll have it ready.

DR. SCHUSTER: And then it would be --

MR. DEARINGER: Up and running by --

DR. SCHUSTER: Will the dashboard be posted on the DMS website, then?

MR. DEARINGER: Yeah. That's the goal. We're working with our web team to make sure that that will be posted, a link that you all can access, that anybody can

access it and kind of pull up those numbers. Increase awareness, too, I think, of the issue so...

DR. SCHUSTER: Yeah. Great. All right. Thank you so much for being with us and for moving ahead with this dashboard.

MR. DEARINGER: Absolutely. Thank you.

DR. SCHUSTER: I'm really anxious for it to get up, and the fact that it will be available and useable would be a great research tool, I think also, for somebody looking at -- within behavioral health.

I know the dental folks at the MAC meeting talk all the time about how many missed appointments they have, and they, I'm sure, would be interested in looking at their -- their data as well so thank you very much. I appreciate that.

Our next thing is -- we've been talking about for, I think, Steve, 20 years probably. So update on claims payments for services to dual eligibles. And I don't know who's on from Medicaid, whether there's any input from Medicaid on this.

MS. CECIL: Hi, Dr. Schuster. It's Veronica Judy-Cecil with Kentucky Medicaid.

DR. SCHUSTER: Hi, Veronica. How are you?

MS. CECIL: Good. Good. Thank you. I'm playing the role of Leslie --

DR. SCHUSTER: Okay.

MS. CECIL: -- today, although she is hoping to join. She did have a conflict but, I think, is going to try to join.

I am scrolling through the names to see if Angie is on, because I think she generally takes that subject.

DR. SCHUSTER: She usually takes this, yeah.

MS. PARKER: Okay. Sure.

DR. SCHUSTER: There you are, Angie.

MS. PARKER: Here I am. Hi. Yes, I am here. The dual eligibles. So this is -- this has to do with the EOBs and that issue with the MCOs; correct?

DR. SCHUSTER: Right. And it has to do with both Medicaid and Medicare, although I think we've solved that with the

bypass list.

MS. PARKER: Yes.

DR. SCHUSTER: The bigger issue, and the one that we keep struggling with, is Medicaid and a private --

MS. PARKER: The commercial, the commercial side of things.

DR. SCHUSTER: Yeah. Yeah.

MS. PARKER: And it is my understanding also that the MCOs have been working on their own commercial list, and I believe a few of them have that. And so I was going to propose that the MCOs who are on this call, to let us know where they are with coming up with the commercial list.

Because as we've talked about many times, it is very challenging because of the number of commercial plans out there and knowing what they would not cover versus Medicaid. Because Medicaid does cover a lot more than the commercial plan does, as you very well know.

DR. SCHUSTER: Right. That's a great idea. So starting alphabetically, I guess. Aetna. We have somebody on from

Aetna?

MS. JONES: Hi. This is -- this is Cat with Aetna. Yes, we did have and do have a commercial bypass list. We recently made an update and added a few more codes to that, primarily H codes. But we -- but we do have a commercial bypass list.

DR. SCHUSTER: And how can providers get ahold of that, Cat?

MS. JONES: They can reach out to me. I'll put my email, or they can reach out to their provider relations rep. So I'll put my email in the chat. Or if they are already, you know, in communication with a PR rep from Aetna, they can reach out to them as well.

DR. SCHUSTER: Wonderful. Thank you so much. We appreciate that.

And how about Anthem?

MR. CROWLEY: Hello. This is David Crowley, director of behavioral health for Anthem.

DR. SCHUSTER: Hi, David.

MR. CROWLEY: Hello, Dr. Schuster. So Anthem has provided a bypass list, and

that is applicable to commercial plans as well.

DR. SCHUSTER: Okay. And how would people get it if they don't have it, David?

MR. CROWLEY: I put my email address in the chat, and we can -- I can get you connected to that.

DR. SCHUSTER: Wonderful. Thank you so much.

And Humana. I think I just saw something in the chat.

MS. STEARMAN: Hi. Yes. Hey, Dr. Schuster and the committee.

DR. SCHUSTER: Hi, Elizabeth. Yeah.

MS. STEARMAN: This is Liz Stearman from Humana Healthy Horizons in Kentucky. We do have our commercial bypass list posted on our provider communications site. I've put the direct link there but also will put the general site link. Because the site can really give you all sorts of information for providers including -- the Medicare bypass list is on there as well so...

DR. SCHUSTER: Wonderful. Okay.

MS. STEARMAN: Yep.

DR. SCHUSTER: So it's a one-stop shop. They can go and get both the commercial and the Medicare bypass list?

MS. STEARMAN: Correct. And then if there's any issues beyond that, obviously, same process. Contact their provider rep to help them try and figure out what was -- what goes on.

Sometimes there may be some issues on how it was billed or something that was on the claim that may have prevented it from hitting all of the right bypass rules. So in those instances, they can help handhold those through the process.

DR. SCHUSTER: Wonderful. Great. Thank you.

And Passport by Molina.

DR. HANNA: Passport by Molina uses the Medicare bypass list for commercial insurance, and I'll put my email in the chat. But the best place to always start is with your provider rep.

I would just like to add that, having worked on this for many years and on both

sides of the issue, that developing a comprehensive bypass list for commercial plans is very, very challenging because there are such differences in what kinds of coverage people have, that it's -- it's hard to know if you're paying for something you shouldn't or not covering something you should. So it is a real challenge.

But we use the Medicare bypass list, and if somebody needs help with that, start with their provider rep. And I'll put my contact in if that doesn't help.

DR. SCHUSTER: Thank you very much, Dr. Hanna. Good to see you.

DR. HANNA: You, too.

DR. SCHUSTER: Thank you.

And United.

MS. WATSON: Yes. Good afternoon. My name is Stacy Tunon Watson. I am the interim behavioral health executive director for Kentucky currently.

So what I do know is this is something that is being worked on. I know Greg Irby, our COO, is working on this and anticipates this being released soon. But at this time,

we do not have a commercial bypass list.

DR. SCHUSTER: Okay.

MS. WATSON: I can definitely provide some follow-up information to you. I can touch base with Greg after this call and see maybe a better time frame of when we'll have that and how providers can access it.

DR. SCHUSTER: All right. And, Stacy, if you would put your email address in the chat because I don't think I had you on my list for United when I send things out.

MS. WATSON: Oh, yeah. Absolutely. I can put that in there. And, you know, as I mentioned, I am interim, and we do have an executive director that should be starting soon to be consistent for Kentucky.

DR. SCHUSTER: Okay. Yeah. That would be -- that would be helpful. So let's stay in touch because, hopefully, your list gets done. We will meet again in January. But if it gets done between now and then, you know, it certainly would be helpful to know that and to be able to get that information out to our folks.

MS. WATSON: Absolutely. I will

provide you some follow-up.

DR. SCHUSTER: Okay. Wonderful. Thank you. And last but not least, just alphabetically, is WellCare.

MS. MCFALL: Hello. It's Paula McFall with WellCare, and we do have a bypass list as of July 1st. And we have communicated to many providers, but they can always contact me -- I'll put my address in the chat -- as well as their provider relations coordinator.

DR. SCHUSTER: Wonderful. I'm glad to hear that.

So it looks like we've got some movement here with United working on theirs, but we will -- all providers should have access to either two kinds of bypass lists, Medicaid and Medicare and Medicaid and commercial; or, in the case of Passport, a single list that is usable for both.

Let me open it up, then, and see if there are any questions either from our TAC voting members or from others on the Zoom about the whole dual-eligible issue.

MS. CECIL: Dr. Schuster, if I may.

DR. SCHUSTER: Yes.

MS. CECIL: I do want to add there's been recent conversations -- and by recent, I mean just, like, a week ago -- with the Kentucky Association of Health Plans and the six MCOs about trying to align a bypass list. So I'm not going to make any promises at all, including timeline, but it is something that we're having conversations about.

DR. SCHUSTER: Wonderful. That would certainly make everyone's life easier, not yours if you have to bring all that together and make it one list. But for the providers certainly, that would be a huge step forward so thank you for sharing that. Thank you to you and to the health plans for at least considering it and putting it on your list of things to do.

And I will say again, my biggest concern in this is -- and particularly on the commercial side and particularly as that affects kids much more than adults and, being a child psychologist still, my concern is that if it gets to be too difficult and

providers are not getting paid, that they will stop providing those services.

And it just irritates the H out of me that you can have two coverages instead of one, and you can have less access to services. It's just never made any sense to me. And as I say, Steve and I have worked on the Medicaid/Medicare side of this particularly for -- I know for 20 years.

So this is progress, and I'm glad to hear it. I'm glad that all of the MCOs are moving up with bypass lists.

And I'm particularly excited, Veronica, and appreciate your sharing that, that you all are at least looking at that as a possibility so thank you for that.

MS. CECIL: You're welcome. And one other thing. I would like to request that the MCOs consider -- for those of them not posting it in their provider portal, is to consider posting it. Because I think having it accessible, you know, to the providers and making them aware that it's on there is probably the best approach than to require providers to have to contact you to

ask questions.

DR. SCHUSTER: Yeah. I would certainly second that. Again, we -- you know, there's such small margins for most of our providers that we -- you know, and the amount of time that it takes to fight with this. So anything that can kind of streamline that process is certainly very positive.

Any other questions from any of those on Zoom?

MR. SHANNON: I just want to thank y'all. It's a big step forward. You know, we've spent a lot of time on this. And, you know, once we see the list and get operationalized, I think it'll be better for all -- mostly better for the people we serve.

DR. SCHUSTER: Right. Right. Thank you, Steve.

MS. TOLLE: I do have a question for Elizabeth with Humana Medicaid. My name is Taylor. I'm with Isaiah House, and I'm the revenue cycle manager here.

I clicked on the link that you provided in the email, and there are some substance

use codes, H codes specifically, that were included on the Medicare bypass list, but I'm not seeing them reflected on the link that you provided.

Are you all going to be looking to add any additional codes from this, or is this something that I need to speak with my provider rep about?

MS. STEARMAN: Yeah. Anything that you think is missing from the list, then yeah, absolutely please follow up with your provider rep. It should be the most updated one.

I will say there are -- that website has also all of our historic documents on there, so folks can go back and reference previous versions and things like that.

So yeah, if you are looking at one that you believe is the most recent one and it doesn't include what you need, you can follow up directly with me -- I'll put my email address here -- or with your provider rep. Either of one of us should be able to assist with that.

MS. TOLLE: Okay. Perfect. Thank

you.

MS. STEARMAN: Yeah. Absolutely.

DR. SCHUSTER: Great. Thank you. Good question.

Any other questions, comments, input on this?

(No response.)

DR. SCHUSTER: My goal is to get this off of our agenda at some point. Maybe 2023 will be the magical year.

Okay. If not -- and, again, thanks to you all for following through on this and, you know, even looking at taking it a step further so thank you for that.

For those of you who have not been on, we had a very excellent presentation in September from Kentucky Hospital Association and Verasis about their provider credentialing approach. And I think they were hoping that it was going to go live within a month or two of that, but I got confirmation from Claire Arant, who is on from KHA, that they're close and that they are thinking that they will go live in the month of November.

And, Claire, if you're on, might I ask you, as soon as it does, that you let me know, so we could let everybody know. I mean, I guess you're going to be sending that out to people generally, but we'd like to let people know through the TAC as well.

(No response.)

DR. SCHUSTER: And she may not be on right now, but we will -- you know, we're excited about that, as I think it will expedite the credentialing across MCOs. So that's the latest update on that.

I want to hear from people about the recurring issues around number and requirements for MCO audits, what's happening there. You know, I think our last discussion was that because we don't have any required prior authorizations for behavioral health services, the MCOs feel like they need to be absolutely sure that the service was medically necessary. And so they're doing that with an after-the-fact audit because they're on the hook with CMS if it turns out that they were paying for services that were not medically necessary.

So, Steve, if you have any comments from the CMHCs or BART. I don't know if Kathy Adams is on from the Children's Alliance or Michelle or any other providers with questions or comments about audits at this point.

MR. SHANNON: Sheila, Steve Shannon. I haven't heard of any decrease in audits or a discontinuation, you know. And it's not all CMHCs, not all the KARP member CMHCs. But, you know, it's the same story, that the -- a lot of records to actually provide copies of, you know. So it's still an onerous process, but I have not heard of any change in that from CMHCs, KARP members.

DR. SCHUSTER: Okay. Thank you.

MS. DUDINSKIE: This is Jennifer Dudinskie with Program Integrity with DMS.

I just wanted to chime in because I know we talked about this last time, and I did talk with my staff to make sure that there weren't any on our end specifically for -- you know, that would affect your all's providers.

In regard to the TCM audits, I know

we've discussed that. Just to clarify on the TCM audits, those are only a one-year lookback, so I know that that was a question, I think, that was posed before. So those -- those are a one-year lookback. So, initially, there was an extended lookback, but that has decreased to one year. So that should help with -- on the TCM side at least.

And then I did ask for anybody that had specifics that wanted to reach out to me and provide me with information regarding the types of audits that you're seeing. I'd be happy to look into it. I haven't received anything, that I can recall. Or if I have, I've hopefully resolved it by now.

But if you all can provide me with some specific feedback on which MCOs, what type of audit is being requested, I can kind of take a look at it on the DMS side. But without knowing some more specifics, it's really hard for me to say what -- you know, what audits may be out there.

But like I said, I did verify with my team that we don't have any that -- other than the TCM audits that would affect your

all's provider type.

DR. SCHUSTER: Great. Thank you very much, Jennifer.

Kathy.

MS. ADAMS: This is Kathy, yeah, Kathy with the Children's Alliance.

Thanks so much, Jennifer, for your follow-up. That's encouraging because it was our members that were reporting audits back longer than a year, and so that is encouraging.

We have not heard any additional concerns other than they're continuing to be a problem with the number that they're getting and, of course, the scope, so just the same concerns as before.

And then I will add that there was testimony before the Medicaid Oversight and Advisory Council specific to the burden of audits on behavioral health providers at their most recent meeting as well so thank you, Sheila.

DR. SCHUSTER: Yeah. Absolutely. So, Jennifer, am I right that I think what we've always been told -- and maybe by Angie

in the past when we've talked about this -- is that the provider could certainly ask for a longer period of time to respond to the audit. There should not be any that are, you know, less than a -- do I recall 30-day turnaround?

MS. DUDINSKIE: Right. If the time period that the provider is given is a problem for that provider, they can certainly request an extension. On TCM audits, a lot of times, those will come back to us, and we will approve those. On other types of audits, that would be at the MCOs' discretion. But generally speaking, I think that everyone generally gives some additional time if it's needed.

DR. SCHUSTER: Okay. And is the process that the provider asks the MCO directly for that and then --

MS. DUDINSKIE: Yeah. So -- correct.

DR. SCHUSTER: Okay. And then if there's any problem, it goes to you or if the MCO --

MS. DUDINSKIE: I was -- so I was

speaking to TCM specifically --

DR. SCHUSTER: Oh, okay.

MS. DUDINKSIE: -- because those are kind of initiated by us to the MCOs oftentimes. So sometimes an MCO will get back with us and ask if that's acceptable or unacceptable. So in those instances, it might end up coming to us.

But yes, the first step would be to ask, you know, directly. Whoever sent the request to the provider, that's the person they should request the extension from.

DR. SCHUSTER: Okay.

MS. DUDINSKIE: Now, I will say that if there is a situation when they're not granted an extension, you know, certainly, a provider can reach out to me for questions or issues with that. And then there may be some circumstances where time frames must be a certain way. I will say that. But, you know, generally, that would be explained.

DR. SCHUSTER: Okay.

MS. CECIL: So we did -- our expectations to the MCOs is that they work with providers, given their specific

individual situation, on needing additional time. The provider -- if the letter says 30 days and the provider says I need 90, MCOs should be granting that, for the most part, without much hassle.

And this is in particular -- you know, we went to this during the pandemic because we want providers providing services, not to be worried about responding to what is a necessary evil.

DR. SCHUSTER: Right.

MS. CECIL: But -- so, you know, as Jennifer mentioned, you know, if a provider has made a request for an extension of time, then -- and the MCOs aren't being flexible, then we do want to know about those.

MS. ADAMS: Sheila, if I may.

DR. SCHUSTER: Yeah.

MS. ADAMS: Thanks for that, Veronica. Just as an FYI, I know several of our members -- you know, I don't think it's all the MCOs, but it's at least one or two of them where they will only grant them a two-week extension at a time. So they get the request, and they know, because of the

other audits they have that they have to respond to, there's no way I'm going to get this turned around.

And so they request an extension. And they're like, well, it's just three days into the request. You need to wait till the end of the month and see where you are then and then they make them request it again and then they'll give them two weeks.

MS. CECIL: Okay.

MS. ADAMS: So that's the kind of thing that we've seen with a couple of MCOs.

MS. CECIL: I appreciate that feedback, Kathy. We will -- we will renew our expectation to the MCOs, you know, on a sufficient amount of time given to providers.

MS. ADAMS: Thank you.

MS. CECIL: Sure.

DR. SCHUSTER: Yeah. Any other questions or input from anyone in the meeting? Any other providers that have any questions? Because I certainly agree with Veronica, that we want providers to be providing services and not doing recurring paperwork. So any other issues or points

that people want to bring up?

(No response.)

DR. SCHUSTER: All right. Well, I appreciate that.

And, Jennifer, thank you very much for renewing your willingness to get specific, you know, cases that have come up with audit questions and so forth. And I think that I did not appropriately follow up with everybody afterwards to make sure that people understood that, so we will make sure that people know that. And we appreciate it.

MS. DUDINSKIE: No problem. And I did put my email address in the chat for everybody.

DR. SCHUSTER: Yes. Yeah. I see that. Thank you very much.

Veronica, this is usually Leslie's baby to take, the update on the -- should we wait on her, or do you have anything to report? There may not be much of an update.

MS. HOFFMANN: Sheila, I made it on, and I apologize for being late.

DR. SCHUSTER: Oh, you made it on.

MS. HOFFMANN: Yes. I had another

meeting. I'm sorry.

DR. SCHUSTER: Right on schedule.

MS. HOFFMANN: Just right on time. I could hear you calling me.

DR. SCHUSTER: Thank you very much.

MS. HOFFMANN: So our extension request for the 1115 demo was, of course, submitted to CMS after our public comment and then, in turn, went to a federal public comment. And I believe that ends today, like today. So I might be able to give you more information later.

As you remember, the SUD section of the 1115, CMS asked us to go ahead and add that in to the renewal or the extension request even though it wasn't quite at a five-year period, so that's all together. And that also includes the embedded incarceration amendment.

We are very hopeful that when the 1115 that is now renamed to Team Kentucky -- that was one of our requests, so it'll be Team Kentucky 1115 demonstration -- we're hoping that when that is approved, that, along with the SUD and the incarceration amendment,

would all be approved at the same time.

I cannot tell you for sure if that's going to happen or when, but I believe today is the last day in the federal public comment world.

DR. SCHUSTER: Okay. And do you know if there were any comments submitted, Leslie?

MS. HOFFMANN: The comments that -- no, I do not. I do not know about the federal public comments yet. Again, I think it ends today or tonight at midnight.

DR. SCHUSTER: Okay. So what actually is the next step on this? Let's assume that there were no untoward comments and so forth. Does CMS need, then, to approve the extension on the entire 1115 including the SUD services to incarcerated persons? That's really what we're talking about.

MS. DUDINSKIE: Yes. The biggest --

DR. SCHUSTER: So it's all one package at this point; right?

MS. HOFFMANN: Yes, ma'am.

DR. SCHUSTER: Okay.

MS. HOFFMANN: The biggest piece to this is getting that extension acceptance first --

DR. SCHUSTER: Okay.

MS. HOFFMANN: -- and then everything will trickle along with that. I don't foresee any problems with the SUD request for extension. And, again, I know -- I feel like a broken record. I say that every time. I really do think, at some point, that they are going to move forward with the incarceration amendment. So hopefully -- and how wonderful that would be, right, for all that to be approved together.

Just a reminder. We completed that extension one year prior to the actual end period of the demonstration, so they really do have the time in between to make that decision. So it would be -- we submitted on September 30th of 2022, and they have until really 2023. But I don't feel like they're going to take that time.

DR. SCHUSTER: Okay. If they -- if they approve the extension of the whole

enchilada, let's say, the whole piece, then are we ready to implement the SUD? Is that literally what happens?

MS. DUDINSKIE: Right. And that's a lot of boots on the ground. Communication plans, forums. I still have a lot of work to do, too, Dr. Schuster, related to -- we're partnering with Van Ingram's group as well as AOC to do town hall meetings with all the judge -- the judge circuits to share our vision and what we expect, how we expect this to be implemented across Kentucky and that you really do have other opportunities rather than incarceration or anything like that; right?

We want folks to understand what our vision is with this incarceration amendment. And that'll be pretrial, during incarceration. And then a big piece, Dr. Schuster, you know, was 30 days prior to release, we would embed the -- or get the MCO to connect with them to do some really intensive care coordination, social determinants of health, so they're very successful or at least have the tools they

need to be successful when they go out into the community.

So yeah, we've got a lot of work to do. Once they start -- say yes, we've got a lot of work to do. And, of course, you'll be involved.

MS. MUDD: So implementation is probably at least a year; right, at least?

MS. HOFFMANN: It will take some time. There will be -- I'm guessing they will soon be asking for an implementation plan when we get a little bit farther along, as we did with the SUD originally. So we'll have to tell them how we plan to roll this out. And I think my staff are already -- have already started working in preparations for knowing that, if we move forward, that we'll need an implementation plan.

DR. SCHUSTER: Okay. We're all still waiting with bated breath --

MS. HOFFMANN: That's correct.

DR. SCHUSTER: -- as I know you and your staff are.

MS. HOFFMANN: Me, too. Me, too. Very excited about this still.

One thing I was going to mention, Dr. Schuster, is we've been debating on whether we want to maybe take a look at that 30 days prior to release and make that a little bit longer based on conversations we've had with other states, kind of lessons learned. So we may be retaking a look at that one little piece, but that's actually a benefit; right? That's not --

DR. SCHUSTER: Yeah. Yeah. I think that would be great, and that probably makes a lot of sense.

MS. HOFFMANN: Yes.

DR. SCHUSTER: That gives everybody, including the MCOs -- because they're very much involved at that point; right?

MS. HOFFMANN: Yes. That's correct.

DR. SCHUSTER: I mean, they're brought in and connected with the person at that point. So, you know, that's a piece that -- if that doesn't happen, then the whole zeitgeist is really lost.

MS. HOFFMANN: That's right.

DR. SCHUSTER: Then the person is out of incarceration but is not still connected to services and so forth.

MS. HOFFMANN: Yeah. We're very excited. It's my understanding, the last time I talked with CMS, that there's at least 29 similar, alike, or pieces of our request from other states out there now. So I keep saying this, but they really want to make sure that they get it right with us; right? We're kind of the guinea pig --

DR. SCHUSTER: Right. Right.

MS. HOFFMANN: -- going forward first again so thank you.

DR. SCHUSTER: Yeah. Well, it's a great position to be in. So yeah, I like the idea actually of a longer ramp-up, which is what you're talking about, prior to release.

Any questions from anyone or comments for Leslie on this?

(No response.)

DR. SCHUSTER: This is another one that we will be very happy to take off the agenda. Actually, we'll leave it on in a different form because we'll want to know

what's happening with that waiver. This will be a very positive one to -- instead of an update on whether the waiver is getting approved or not but how it's being implemented and what's happening with people on the ground so --

MS. HOFFMANN: Correct. And just a reminder, Dr. Schuster. To everybody, we have the Returning to Society TAC --

DR. SCHUSTER: Right.

MS. HOFFMANN: -- that you and Steve Shannon are involved with if anybody is interested.

DR. SCHUSTER: Yeah. Let me ask -- Steve has been chairing the reentry TAC. When's your next meeting, Steve?

MR. SHANNON: Next Thursday at 9:00 a.m., the 10th at 9:00 a.m.

DR. SCHUSTER: Okay. I will put that in our follow-up.

MR. SHANNON: And we discuss this a lot at that TAC meeting.

DR. SCHUSTER: Yeah.

MR. SHANNON: It really is our primary focus; right, Leslie?

MS. HOFFMANN: That is correct.

DR. SCHUSTER: Yeah. Well, that's good timing. I will put that out and then the Zoom link and so forth so thank you for chairing that, Steve.

All right. If there's not anything else from anyone on this. Good timing, Leslie. Thank you very much.

Does anyone have any issues with Medicaid? And I keep calling it the single Medicaid formulary because that's what it is. But do we have anyone with any issues around Medicaid, access to medications, questions about how the PBM or the formulary are operating? Because we know that medications are key.

(No response.)

DR. SCHUSTER: Going once, going twice. I have not heard from anyone with any issues, so I'm going to assume that no news is good news. Because when we have one -- and, Val, sometimes you have things that you've heard or are aware of. And I've heard from some providers along the way, and Dr. Ali has been very good about responding.

So, again, we keep this on just to make sure because medications are so important to our folks.

I think, also, we've not had any prior authorization update. I think the last one maybe, Veronica, was May, I want to say, on prior auths.

MS. CECIL: I think that's correct.

DR. SCHUSTER: Yeah. And so you all have not issued anything new; right?

MS. CECIL: No, we have not. Yep.

DR. SCHUSTER: All right. New recommendations to the MAC meeting. The MAC is meeting a little bit earlier because of Thanksgiving, and they didn't want to meet on Thanksgiving. I'm not sure why, but they didn't.

So several of us on here -- Steve Shannon, Marcie Timmerman, Kathy Adams, and I -- serve on the behavioral health subcommittee of Kynect, or the Kentucky insurance exchange. And that is chaired by Martha Mather over at -- from Peace Hospital.

So they had a really good idea that was brought to them by actually an advocate, and

I thought it was a great idea. I think they're going to bring it to the attention of Medicaid, but I'd like for our MAC -- or our TAC to bring it to the MAC.

So, Erin, if you can share that MCO maternity benefit grid that I sent you, we'll let people -- now, I don't want you to panic. Erin is obviously into maternity, but the rest of us may not be. We -- I wanted to use this as an example.

Because the idea is to have the MCOs provide the same kind of information about behavioral health so that we would have a comprehensive side-by-side comparison that would be, I think, really, really helpful for our consumers first coming into Medicaid but also during open enrollment, which is going on right now, where they can choose to change their MCO.

So the recommendation is that the Behavioral Health Technical Advisory Committee recommends that Kentucky Medicaid instruct all of the operating Managed Care Organizations to prepare and submit information to DMS in the next 60 days about

their benefits, operations, and value-add additions regarding behavioral health services for the purpose of DMS creating a side-by-side comparison of behavioral health, as they've done for maternity benefits.

This would include information specific to children and to adults, also to any other delineated populations such as those on the autism spectrum; those with eating disorders, for instance; those with severe mental illness, and would describe what value adds they have such as cell phones, incentive programs that are in place, what apps they have that they offer, transportation aids, medication refill reminders, criteria for case management, communication with primary care providers and behavioral health providers, and where and how prior authorization is used.

After receipt of this information from the MCOs, DMS will prepare and post a side-by-side comparison of behavioral health benefits across all of the MCOs which would then be updated prior to open enrollment each year.

So that's my motion. If I could get a second from one of the voting members, we can have some discussion of that.

MR. SHANNON: Steve Shannon. I'll second that.

DR. SCHUSTER: Thank you very much. Obviously, this would not be in time for open enrollment this year but could be posted as people come onto Medicaid or, for other reasons, have to change their MCOs during the course of the year.

But as you look through this -- can you scroll down just a little bit, Erin, so people get -- so you have member incentives, you have healthy reward programs, and other things that the various MCOs offer. And, again, this is about maternity benefits, but it gives you some idea. And it does allow people to compare and contrast across the different six MCOs so --

MS. MCFALL: Sheila, this is Paula. The Primary Care TAC has asked for this substance use disorder, similar to this, so we can maybe combine those two with behavioral -- substance use disorder and --

DR. SCHUSTER: Okay. Yeah. I didn't know that. So they've asked for this kind of side by side --

MS. MCFALL: Yes.

DR. SCHUSTER: -- specific to --

MS. MCFALL: To substance use --

DR. SCHUSTER: -- substance use.

MS. MCFALL: -- disorders.

DR. SCHUSTER: Okay. Well, and, you know, behavioral health would include substance use.

MS. MCFALL: Uh-huh.

DR. SCHUSTER: So yes, I did not realize. Have they made that recommendation to the MAC, Paula?

MS. MCFALL: I am --

MS. BICKERS: No, ma'am. They didn't.

MS. CECIL: Yeah. Thank you, Paula, for bringing that up. They did not. We're just working with them to provide additional information that was requested as part of the TAC meeting.

DR. SCHUSTER: Okay. All right. But thank you. That shows some convergence

of good ideas hopefully.

MS. MUDD: I noticed in the email earlier when you sent this, Sheila, just as a consumer, not being pregnant and not needing these services at this moment but just looking at it, it's like, oh, my God. How do you even decide? I mean, it looks like everything is so different.

You know, how do you make a decision on which one is the most appropriate for what you need? I mean, I don't know. Maybe I just haven't read through it enough. It looks like there's so many different options on -- for each MCO. I don't know. I would -- it looks like a very difficult decision, to be honest.

DR. SCHUSTER: That's interesting. You know, I think -- I think a couple of things come to mind, Val. One is that, you know, we always say to people pick your MCO based on the providers that you need. Make sure that those providers that you need are in your MCO; right? And, obviously, you know, that's a first thing.

The basic benefits, you know, the

services that are covered should all be the same. So this is really kind of the -- I don't know how quite to describe it. It's the add-ons, in a sense. It's the things that the MCOs are offering to sweeten the pot for the consumer.

And in this case, it's -- you know, if anybody is thinking that they might need maternity services, they're going to look at that and say, you know, I think I'm going to be pregnant or I am pregnant. And so, you know, what's the best deal for me? Given that my providers are in, let's say, three of the MCOs, I'm going to start comparing and contrasting across those. And then I think it's, you know, what appeals to you, what you need, you know, what situation you and your family are in and so forth.

I think that, in some ways, if you think about what -- what I would like to see included in this -- it's a little bit different because we know that behavioral health services -- the services themselves are required by Medicaid, but we also know that there are populations. And we're always

probably mostly concerned about our folks with severe mental illness.

We know that so many families are concerned about their kids who have been diagnosed as being on the autism spectrum. We have increasing concerns about the lack of services around eating disorders. I mean, there are a number of these kinds of populations that if MCOs are working especially with those kinds of populations, I think it would be really helpful for consumers to see that and to know that.

If an MCO is offering a cell phone to anyone with an SMI diagnosis, just to be sure that they have a way to reach out in a crisis, that could be a really important benefit.

So we're looking at some operational things as well, you know. Are you sending reminders out to your folks when they need to renew their prescription or pick up their prescription? As we said, you know, time and time and time again, what's the most important thing for our folks with SMI? Access and, you know, ready -- taking of

their medications when they need it. So what's the MCO doing up front, if you will?

If transportation ends up being a huge problem -- and we'll know that from Justin's dashboard at some point more clearly about behavioral health -- are the MCOs -- are any of the MCOs up front offering transportation aid in a crisis or otherwise?

So ours is, you know, again, trying to think about what some of the needs of our particular population are and --

MS. MUDD: Quite honestly, when I think about it, it's like -- I just know from the Medicare side, from my personal experience, either Medicare or my husband's commercial insurance. One year, we chose commercial insurance, and my -- you know, of course, my needs were counseling and psychiatric services. And it was $79 a pop for my psychiatric services, and that hurt. You know, we didn't know at the time. You know, it just was not easily explained.

And then the -- I decided to use my Medicare services, and it was $35, which, you know, is still a hefty chunk, but that was

much easier than 79.

DR. SCHUSTER: Right.

MS. MUDD: You know, and even with Medicare, there are so many options, and you never know if you're making the right decision, you know. So I guess that's what I'm getting at, is, you know, there's just so many options, you just don't know what to choose.

And you see all these commercials on TV. Well, call them. We'll do a review or whatever. You know, it's like, you still don't know when you're making the right decision.

DR. SCHUSTER: Yeah. Well, and obviously, we don't want to create anxiety in people that are having to make those choices.

MS. MUDD: Yeah.

DR. SCHUSTER: But to put them out there in a way even for a Medicaid member and their provider to sit down and talk about what some of those services are and what would make some sense for the person, knowing the person as the provider does.

I'm just trying to kind of urge our MCOs

to think about some of those add-ons, some of those benefits for our people with behavioral health that may not have come to the fore and, you know, to get the information out there.

But I appreciate your feedback and some of those concerns in terms of making choices. Thank you.

MR. SHANNON: Sheila, maybe the -- this is Steve Shannon, Sheila. Maybe the recommendation could be amended that the information is shared in an accessible format, you know, some other language condition, because that is a ton of information. It can be really challenging from a mental health side or the behavioral health side.

DR. SCHUSTER: Right. So accessible format and --

MR. SHANNON: Yeah, or whatever. Use -- I don't know what the language is but some way that it's not -- you know, I'm in the process of buying health insurance, and it's never easy.

DR. SCHUSTER: Well, maybe even

larger type.

MR. SHANNON: Yeah.

MS. CECIL: So --

DR. SCHUSTER: A larger font size would be helpful.

MS. CECIL: Yeah. That specific feedback, like you just said, Dr. Schuster, a larger font, I think we need from you all -- what would be helpful to know from you all, once you take a look at it, maybe to provide us some specific feedback.

This -- because, obviously, this is -- we attempted to provide the information, and it is a lot of information. And when you start cutting out information, then you're wondering if there's value to what you're presenting because there will be other questions.

So it's that -- if you all could take a look at it and provide feedback to maybe, you know, what is the most valuable information and the most valuable format, that would be helpful for us to take back and have some direction than to just start over --

DR. SCHUSTER: Yeah.

MS. CECIL: -- because we might end up exactly where we are. And I will tell you, what we're trying to do for the SUD is almost as challenging as this side by side. Because they are all doing something very different, and you can't -- it's not a one-line, you know, or a three-word description to really understand what's being offered, and so that's a challenge that we have.

So I would ask that maybe you all could take it back and propose, you know, again, some feedback on how we might be able to make it more user friendly.

MS. MUDD: I guess what I was thinking -- and this just popped in my head -- was maybe if an MCO -- say three MCOs offered the same service, then --

MS. CECIL: Do by service.

MS. MUDD: -- maybe list it as the same service.

MS. CECIL: Do it by value added.

MS. MUDD: And then if it's different, then make that as, well, this is just this MCO that offers this service. Does

that make sense?

MS. CECIL: It does, yep.

MS. MUDD: I think that would be a little bit more user friendly. At least in my brain, that would be, to me. You know, to say, oh, well --

MS. CECIL: And that increase could follow --

MS. MUDD: -- that MCO offers that, and that's something I need. You know, so I might be more likely to pick that MCO. Does that make sense?

MS. CECIL: It does. Yep. That's really great feedback. Thank you.

DR. SCHUSTER: Yeah.

(Brief interruption.)

DR. SCHUSTER: I'm sorry. Somebody may have their mic on.

MS. BICKERS: If you're not speaking, can you please mute so that we're not getting background noise, please?

DR. SCHUSTER: Yeah. Thank you.

MS. BICKERS: Thank you.

DR. SCHUSTER: Any other -- so let me go back to the SUD thing for a second,

Veronica, because I didn't know that that was in the offing.

MS. CECIL: Yeah. Just -- so to expand on that a little bit more, there were two requests. One was to put, to the extent possible, on, like, a one or two-page, just a collapse of what of all -- what are all the SUD services that are available that are covered services by Medicaid, right, that are part of the benefit that all MCOs have to cover and -- which are in our regulation.

But I understand that the internal regulation sometimes can really hurt your head. So we have put those ASAM levels of care basically on a page. The second request -- and, of course, we're -- we got feedback on it today, and we're going -- what we'll do is share that with all the MAC and TACs, like we try to do with those things.

And then the second piece was to take any value-added -- so what additional things are MCOs doing around SUD. Some of them might provide job placement. You know, I think we would bucket that under additional, you know, assistance to folks that are in

addiction recovery. Housing. You know, just other services that MCOs may be providing to folks who are going through addiction treatment and recovery.

DR. SCHUSTER: Okay. And the idea from the Primary Care TAC was to make that information available to whom? To the providers or -- then the consumers?

MS. CECIL: To the members. To the members.

DR. SCHUSTER: To the members. Okay.

MS. CECIL: So it's part provider education, but it's also something to pull out. Like, if they're meeting with a member -- they're seeing a member and treating a member, and they can have that kind of handy to have available to them as they talk through what their needs are and what their MCO might offer, just kind of that next step in helping somebody with the social determinants mostly, I think.

DR. SCHUSTER: Okay. So I'm trying to think how we can utilize the progress you're making already on that and add mental

health, you know, as a separate piece or at least have it look somewhat the same so that it, you know, would make some sense in terms of people really understanding.

So it may not look like the maternity, you know, because it's so hard to get -- you know, when you talk about -- it's one thing to offer a cell phone. It's another thing to talk about IOP for a SUD. You know, it's not a two-word kind of thing.

MS. CECIL: Yeah. Though, again, I mean, keep in mind I think the value of these grids is really seeing what's beyond the covered service.

DR. SCHUSTER: Services, yeah.

MS. CECIL: And that's what we're really trying to focus on for these grids. Because what they were saying is it's really hard to -- if they're wanting to provide a support to their patient, you know, they would have to go out and try to find what each MCO was doing, you know.

So they just wanted something handy to say, oh, wow, if you're MCO X, then did you know that they offer job training, or do you

know they offer housing, recovery housing, or, you know, just some other supports for you.

DR. SCHUSTER: So that basic definition or description of the SUD service could also be done for mental health services, but you could still have that side-by-side, kind of, grid for those value-added things. Because, basically, that's what the maternity thing does. It doesn't describe the actual services.

MS. CECIL: Yeah. If I -- I can show you -- if I can share for just a moment, Erin, if I'm able to. She's got to add me to be able to share. Just one second. Thank you.

DR. SCHUSTER: Okay.

MS. CECIL: All right. So this is what we pulled together. So it's just -- it's two pages. I think it's two. And -- it is. It just basically has what each of the ASAM levels are, what the actual service is, and a brief description. And so they just -- instead of having to come through the regulation, you know, now they have this

available to kind of quickly glance at or even have it available to discuss with the patient about what are the levels of care. And, again, this is something that every MCO has to cover, so it just -- it's a handy tool, reference tool for them.

And so that's what we've put together. You know, we can take it back and certainly -- it's Leslie and her team -- that could see about is there something we can do for mental health as well.

DR. SCHUSTER: Yeah. Yeah. That's excellent.

MS. CECIL: Okay.

DR. SCHUSTER: And then they also are asking -- thank you for showing that. So they're also asking for a separate document that would have these value-added --

MS. CECIL: Yeah. Like our open enrollment grid.

DR. SCHUSTER: Like the open enrollment grid. Okay. So a two-part kind of thing.

MS. CECIL: Yeah.

DR. SCHUSTER: Yeah. I really like

that.

MS. TOLLE: Do the providers have access to that document that you just shared?

MS. CECIL: We showed the iteration today. Our Primary Care TAC was this morning.

DR. SCHUSTER: Oh, okay.

MS. CECIL: Yeah. So we got -- I think we got really great feedback from this. They thought that the format was appropriate, and it looked good. So we'll finalize this and then we'll send it out. Again, you know, the MAC and the TAC -- we'll share it with all the MAC and TAC members, but we'll look for a way to also get that posted.

DR. SCHUSTER: Yeah.

MS. TOLLE: Thank you so much.

DR. SCHUSTER: And then you'll start on that next piece, Veronica, in terms of the value-added piece.

MS. CECIL: Yeah. We're working on it. It just -- it's a little clumsy because we had all the MCOs send us what they're doing and -- which is fantastic stuff. But we're just trying to see how can we best

organize it so that, you know, it's not confusing and hard to get through. So that's what we're working on right now.

DR. SCHUSTER: Okay.

MS. CECIL: But your -- again, your feedback on the maternal grid is very helpful to us and something we could incorporate. And if you all think of others, if you could share it with Erin and -- or, I don't know, Leslie. I don't know who you want to share that.

DR. SCHUSTER: Right.

MS. CECIL: But you can -- you know, you can incorporate that for the future one.

DR. SCHUSTER: Yeah. Okay. Let me ask -- let me see if there are any other comments or questions from our voting members.

(No response.)

DR. SCHUSTER: Okay. Let me ask if we want to --

MS. HASS: Sheila, this is Mary.

DR. SCHUSTER: Yeah.

MS. HASS: I only had one thing to

offer when you all were talking about this. This is kind of new to me since I haven't been involved in a while. But I like the side by sides.

The thing that I'm hearing from the brain injury population is the actual -- because a lot of them are accessing telehealth for counseling, is that some of them do not have the ability to be with Spectrum or whatever just because of money constraints and everything. So if that was something that could be offered, to pay for that.

Most of them have an iPad or whatever, but a lot of them don't have access to the Wi-Fi or whatever. And so some of them are saying that they like doing telehealth and especially -- but I agree with you, is it's getting them to the doctor, getting them to partake in the counseling. And if this makes it easier for them to do with telehealth, I think we ought to put whatever measures in place we can to make that happen for them.

DR. SCHUSTER: Yeah. Yeah. In fact, as we know, there are parts of Kentucky

that don't have broadband, even if you have the money to pay for it, but we're getting there. I think more and more money is being put into that, Mary. But as a benefit, some kind of assuring access.

I think -- and, Steve, I may be wrong about this. I'm trying to think. Forget that. I was thinking of something else.

I will say that, just on the telehealth thing, Deputy Secretary Carrie Banahan was on the BH subcommittee for Kynect and said that they are working on a website that will be in the Office of the Inspector General that will list all of the providers who provide telehealth, which I think will be a huge service for both providers and members.

Because, you know, we had everybody kind of doing telehealth, and now it's gotten a little bit unclear about whether people are still doing telehealth. That's a separate piece, that I just thought I would share that with you because I thought it was such a great idea. And that will be, I think she said, updated quarterly.

MS. HASS: And that was Carrie

Banahan?

DR. SCHUSTER: Yeah. Carrie Banahan, and I don't know. They're looking to launch this in early 2023, as I recall, just to let people know, just to let consumers know, for instance, you know, if they need telehealth services.

And, certainly, for your folks, Mary, who -- where transportation in getting people to an appointment can be so difficult sometimes, that would be valuable information. Now, you still have to have broadband, and you still have to have some kind of device. So I hear what you're saying about that.

What I'm wondering, for the voting members of the TAC, is whether we want to reframe the recommendation and do it in two parts. Because I really like having the listing of the behavioral health services which is something that I don't think we've ever had.

MS. CECIL: I'll say, Dr. Schuster, that you're welcome to make it a recommendation, but it's something that we're

going to move forward and do. We're happy to do.

DR. SCHUSTER: Well, yeah. That's great, too, but what do you think? Mary? Mike? Steve?

MS. HASS: I think a recommendation would be -- would be helpful.

DR. SCHUSTER: Okay. Do you want to do it in two parts so that we have the, you know, behavioral health and the mental health services listed, like Veronica just showed us for the SUD, and then move into the side by side on these kind of extra incentives and goodies help that the MCOs are offering? Does that make sense?

MS. HASS: I agree a two-part would be most helpful. I think -- you know, I actually like the side by side, so I think a two-parter would be my request.

DR. SCHUSTER: Okay. Val, does that make sense to you? Are you still on?

MS. MUDD: Yes. That would be -- that would be fine.

DR. SCHUSTER: Yeah. Okay. All right. Let me amend my motion, then, to

say that we will recommend that Medicaid prepare a document that lists all of the mental health services that are reimbursed by Medicaid and, and as a second step, to create a side-by-side document that shows the additional incentives and other things that the MCOs offer for behavioral health -- for mental health services.

MS. HASS: I would so move.

MS. MUDD: I'll second that.

DR. SCHUSTER: Okay. So, Mary, you would move on that. And, Val, you were seconding?

MS. MUDD: Yes.

DR. SCHUSTER: Thank you. Any further discussion on that?

(No response.)

DR. SCHUSTER: All in favor, signify by saying aye.

(Aye.)

DR. SCHUSTER: And opposed?

(No response.)

DR. SCHUSTER: And abstentions. Great. Thank you very much.

I emailed out to everybody, on my list

anyway, the dates for the BH TAC in 2023 -- thanks to Erin for her tremendous help in getting those lined up -- and then the MAC dates as well, so you have those.

Our next -- the MAC meeting is coming up on the 17th and then our BH TAC meeting will be January 5th. And it will be at 2:00 so that --

MS. MUDD: I have on my calendar it was the 12th. Is that not correct? I had the 12th from 1:00 to 3:00.

DR. SCHUSTER: Yes. We had tentatively said the 12th and then I realized that I am out of town.

MS. MUDD: Okay. Okay. So just --

DR. SCHUSTER: So it is January 5th. Thank you. And it'll be at 2:00 because of the session, being in session.

I had something under old business, but I can't -- I can't remember what it was now.

We skipped -- I'm sorry. Go back up a little bit, Erin, because we skipped the interim session meetings.

Yeah. The meeting that we have -- or the task force that we have been following

most likely is what they call the EMS task force, emergency medical services. And this came out of House Bill 777. And this is something actually that, from our perspective around behavioral health, started here at the TAC about three years ago, when people started reporting that individuals were going to hospitals without a psych unit.

And they wanted psych services and needed to be transported to a hospital with psych services. And the ambulances were saying no, no, no. We don't have to transport those folks. We don't have to take those crazy people in our ambulances and terrible things like that.

So we kept bringing that up and then the hospital association and the nursing home association took a real leadership role here that we are very grateful for and brought legislation that did pass that, you know, made some changes in the way EMS is operating and put it under the Cabinet, back under the Cabinet and so forth.

So the EMS task force has been meeting, and I testified -- I believe I told you all

that -- reiterating our experience with the BH TAC in terms of people not being picked up and so forth. The preliminary recommendations were sent out, and they did have some accommodations, although it was more like, you know, let's do some training for EMS personnel, which we had recommended. Not clear exactly what the recommendations were that would directly affect the actual transport of behavioral health people.

Unfortunately, I missed their last meeting, but apparently there was a very spirited discussion, not only among the legislators but among fire and EMS and other kinds of people that were there -- so I was sorry to have missed it -- about the recommendations and about what should be done.

And I think the EMS folks still maintain that behavioral health is not a medical emergency in the same way that -- to tie up, you know, an ambulance that's full of lifesaving -- literally physically lifesaving equipment and so forth. You know, it may not be the best approach.

And, apparently, there are two states, Virginia being one and New Mexico being one, where there are arrangements made through Medicaid and through, I guess in some cases, commercial insurance to pay for behavioral health providers; in other words, facilities like, let's say, the Ridge in Lexington or Peace Hospital in Louisville, the psychiatric hospitals and maybe some of the larger clinics. Or maybe some of the CMHCs would actually have transport available with persons that are trained to work with mental health patients that are in crisis.

So we don't know what the final recommendations are going to be, but there's apparently a body of literature out there that I am going to look into that says actually it may be detrimental to someone in a mental health crisis to be transported by an ambulance. We know it's detrimental to be transported in handcuffs in the back of a sheriff's car, which is what happens to people who have a mental inquest warrant taken out, and they're being involuntarily committed to a state psychiatric hospital.

But I was not aware of being transported by an ambulance as being detrimental, so I will look into that.

They want some additional -- they're going to have one more meeting, which is unusual to have a meeting, you know, two weeks apart. But they're very concerned about getting this right and the recommendations. So I'm going to be doing a good bit of research between now and then and weighing in with the members of the task force on what we think about that.

But I don't know if anyone, either voting members or other people on the call, have any experience with ambulance versus other kinds of transportation, not law enforcement.

I do know that I knew someone who was working at a mental health center and decided that they would use their personal car to take a patient, I think, to the hospital for treatment, which seemed like a really bad idea. And the patient got so agitated that he/she -- I don't know which -- jumped out of the car, moving car in traffic. So I guess I

am concerned a little bit about, you know, going the other direction.

But does anybody have any feedback?

MS. MUDD: I remember a time that I was in crisis, and I was at the ER. And they said you can either travel by ambulance, or we can 202A. And there was -- and my mom actually was there with me, and they did not give me the option of my mom going and taking me to The Ridge. That was the options I had. 202A, or we could go by ambulance. So I don't know if it's helpful but...

DR. SCHUSTER: So you and your mom were not given that opportunity once you were at the hospital and --

MS. MUDD: That's correct.

DR. SCHUSTER: Yeah. I don't know what the hospital reaction to that is because once you're there and you're, you know, on their grounds and you're under EMTALA and so forth, I don't know liability-wise what happens at that point, and that would seem to be a question. I'll get with KHA and see if I can -- but thank you for sharing that.

MR. SHANNON: I've heard similar

stories, Sheila.

DR. SCHUSTER: Yeah. Michael Gosser. Michael, do you want to come on and tell us this?

MR. GOSSER: Sure. Can you hear me?

DR. SCHUSTER: Yes. Thank you.

MR. GOSSER: So Peace Hospital has recently purchased a Ford Explorer that we use to transport patients from facility to facility within our organization, within UofL Health. So say we have a patient in our adult outpatient program that is experiencing suicidal ideation with a plan and is voluntary. We don't need to call the ambulance. We can call our transportation department. They will come pick them up and transport to Peace Hospital with a -- you know, a trained mental health technician as the driver and another rider as a passenger.

DR. SCHUSTER: Oh, okay. And can you all bill for that, Michael?

MR. GOSSER: No. We don't bill for that.

DR. SCHUSTER: Okay. Because

that's the other piece of this that I'm trying to figure out.

MR. GOSSER: (Inaudible.)

DR. SCHUSTER: So Marcie asked: What about them breaking the windows in order to escape or so forth? You had a safety shield, I guess, between the patient and the driver and passenger.

MR. GOSSER: Correct. Yes.

DR. SCHUSTER: Is the car specially equipped?

MR. GOSSER: It is not equipped with any special safety glass in the back. The child locks are engaged, so the doors can't be opened from the inside.

DR. SCHUSTER: Oh. Okay. Okay. Yeah. One of the points that I kept making when I testified to this task force was that, you know, we're talking about voluntary patients here and not the involuntary. Because I got a lot of questions from the committee members about wildly-acting-out people and this kind of thing. And I said, you know, I guess it's possible, but I'm picturing someone who goes to the closest

hospital because that's what they know to do. And yes, they definitely want and need treatment, but they're in a voluntary state.

You're nodding your head, Val, so you agree with that kind of picture of --

MS. MUDD: Yeah. Well, I'm just thinking about the scenario I just gave you. The downside of me taking the ambulance as well was, after the hospitalization and all that business, when the bills came in, I got a 600-dollar bill for the ambulance ride which was all of, what, six miles.

DR. SCHUSTER: Wow. Yeah.

MR. GOSSER: And that was part of our purpose, is --

MS. MUDD: You know, we had no choice. Like I say, there was no choice. It was either, like I say, 202A, or you could take the ambulance. And it was a 600-dollar ambulance bill.

DR. SCHUSTER: Yeah.

MR. GOSSER: And we found that as well. That's why we -- UofL and Mary and Elizabeth emergency department, any of our emergency departments -- and get assessed by

our assessment clinicians, and we will transport you, if you're voluntary, without calling the ambulance.

DR. SCHUSTER: Okay. And that's within your system, but that's the scenario. The person ends up in one of your treatment centers or something that doesn't have the psych capability, and they need to get over to Peace Hospital and be admitted there.

MR. GOSSER: Correct.

DR. SCHUSTER: Which is really what we're talking about. So it may be -- it's within the city limits, but yeah. That's really helpful to know and really helpful, again, Val, for you to share your experience as well. Thank you for that. That's really helpful.

And I guess with kids, you're going to have parents available. Marcie, have you heard anything about kids being in this situation or parents being stuck?

MS. TIMMERMAN: I haven't recently. It's been many years since I've heard of that problem. I think most folks are willing to let a parent take a kid. That's been my

experience so far.

DR. SCHUSTER: Okay. All right. Well, I will keep you all posted. If anybody has any thoughts, you know, additional things that you've heard about. And I'm going to do, as I say -- I think New Mexico and Virginia were the two states that were mentioned at the committee hearing or the task force hearing. So I'll do a little research and see what I can come back up with. But thank you all and thanks again, Val, for sharing your lived experience. That's super helpful.

We have a number of carryover items for the agenda, our recurring themes, and we will have those.

I know what I wanted to bring up under old business, and it's very exciting. Most of you will remember that a small workgroup of this BH TAC has been working with Medicaid to pull data to look at the impact of targeted case management. So on the workgroup are Dr. Brenzel, Steve Shannon, Kathy Dobbins from Wellspring, Natalie Harris from the Louisville Coalition for the

Homeless. Mark Kelli from Pathways had been on it, but he left us to go run the licensure board for social workers, and then myself.

And I cannot praise the Medicaid staff enough for their diligence in working with us. None of us are data gurus. Dr. Brenzel is probably as close in terms of research and then Steve is always our go-to for any numbers, but in terms of, you know, trying to frame this in a way that you can pull data.

So we've been through, I guess, an additional data pull and a long conference call with them and then a secondary one where we were able to kind of hone in and pull data on about 6,000 people that met our criteria of being severely mentally ill and having targeted case management services for five out of six months and so forth.

We presented those data to Commissioner Lee, and Leslie was on there, a number of DMS staff. And they took it a step further, I'm so pleased to say, and sent it over to UK to their data analytics. And what day was that, Steve? Tuesday maybe -- no, Monday. Yeah. Monday, I guess, we got --

MR. SHANNON: It was Tuesday.

DR. SCHUSTER: It was Tuesday. Oh, all right. This week has been either so fast or so long. We had great feedback from Jeff Talbert and Kailyn Conner. And they have looked at the issue in a little bit different way, but I think we have some consensual validity here. Because I think both studies are pointing out the positive effects of targeted case management. So they have shared their data with us, which we're going to take back to our task -- our workgroup.

But in January, we are asking the UK folks to be on our TAC meeting and to present their data, and we'll present ours. And I think you all will be, I think, well-educated and very pleased with -- at least we were -- with what we've kind of known all along, which is that targeted case management is really a necessary service for people with severe mental illness. And while the costs, in some ways, go up because you get more services, good things happen to people. And that's what we're all here for.

So that's the report on old business. I

knew there was something important I needed to share with you all. So don't miss the January meeting because I think we will have some really exciting data.

And we appreciate Commissioner Lee so much because she started this whole ball rolling. If you all remember, we were arguing about targeted case management and the MCOs denying it so often, and that discussion/debate went on for, I don't know, a year and a half or so. And then Commissioner Lee came into office and, almost immediately, said, let's look at the data. Let's make decisions based on data.

So we are really excited about this, and we will be presenting that in January. Thank you, Veronica, for being on. We appreciate that.

So that's all I have. Is there any other new business that anyone would like to bring forward or any other comments for the good of the group?

MS. HASS: Sheila, since I'm kind of a new rerun on the group, I would like to bring up some things going on with the AVI

waiver. I did have a meeting several weeks back with Commissioner Lee and Pam Smith and Carrie Banahan. And one of my major concerns right now is the transitioning of the therapies in the ABI waiver over to the state plan and had asked Medicaid if they had any kind of plan for the transitioning.

Because I have some real deep concerns when we are moving people from the traditional way that they had been receiving their therapies, and we have lost a lot of the very skilled OTs and speech therapists because of this moving over to -- they have to access their therapies from the state plan first. And it's going to be the same things that we have just talked about, access, getting people to those appointments and all that.

So that's one thing of new business that I would like to maybe put on agenda, just to see, you know, what is the plan that Medicaid comes up with with this transitioning and what happens if, first of all, the person is denied the service, the therapy, and whatever. So that would be something that

I'd like to bring up.

I don't know what Diane had discussed in the previous meetings, but that's something that is of grave concern. I know I have quite a few families calling me on this, so that's something I'd like to put, you know, for future references of things, is because I'm just deeply concerned. Maybe it'll work great, but I have some grave concerns.

DR. SCHUSTER: I appreciate your bringing that up, Mary, and let's you and I talk before the next meeting because we can certainly make that an agenda item for the January meeting. And when those things go on the agenda, then, and I send that two weeks before the meeting -- I hopefully make that deadline every time -- DMS then is notified. And so they then work to get somebody -- the appropriate person from the DMS staff to be on the TAC meeting to address that issue.

MS. HASS: Okay. Sounds good.

DR. SCHUSTER: I am very happy to put that on the agenda in whatever form. Let's talk about what that -- what we really would want to get at that meeting. And if

that is going to take more time -- I'm conscious of, again, that presentation of the targeted case management data. But we could start the ball rolling in the January meeting so thank you very much for bringing that up.

MS. HASS: Okay.

DR. SCHUSTER: Yeah. So we'll put that on for January.

All right. Anything else?

(No response.)

DR. SCHUSTER: I want you all to applaud. You're getting 20 minutes of your day back.

MR. SHANNON: Amen.

MS. HASS: Thank you.

DR. SCHUSTER: Sure thing. And, Erin, if you don't have anything in terms of housekeeping and so forth, welcome to Kelli. Look forward to working with you as well, and I think that's it.

So we'll adjourn by acclimation which, unless anybody objects, means that we all think it's a good idea to end the meeting and get your 20 minutes back so thank you all. Thanks, Mary, for joining our group.

Thank you to the voting members and particularly to the DMS staff that's been on. And thank you to the MCOs for really stepping up on the dual eligibles, those bypass lists, and some of those things. Again, we'd love to move some of those nagging issues off of the agenda going forward.

So I hope you all have a great Thanksgiving and holiday season, and we will reconvene in 2023. Thank you.

(Meeting adjourned at 2:40 p.m.)

* * * * * * * * * * *

C E R T I F I C A T E

I, SHANA SPENCER, Certified Realtime Reporter and Registered Professional Reporter, do hereby certify that the foregoing typewritten pages are a true and accurate transcript of the proceedings to the best of my ability.

I further certify that I am not employed by, related to, nor of counsel for any of the parties herein, nor otherwise interested in the outcome of this action.

Dated this 10th day of November, 2022.

/s/ Shana W. Spencer

Shana Spencer, RPR, CRR