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CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID
CONSUMER RIGHTS AND CLIENT NEEDS
TECHNICAL ADVISORY COMMITTEE MEETING

Via Videoconference
April 16, 2024
Commencing at 1:40 p.m.

Shana W. Spencer, RPR, CRR
Court Reporter

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APPEARANCES

BOARD MEMBERS:

Emily Beauregard, TAC Chair
Miranda Brown
Arthur Campbell, Jr. (not present)
Brenda Mannino
Melanie Tyner-Wilson (not present)
Christy Hardin (not present)

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

2 CHAIR BEAUREGARD: Welcome,
3 everyone. Sorry it's taken us a few minutes
4 to get things started today and happy
5 post-sine die if anybody has been working on
6 the legislative session. Very nice to have
7 that behind us for the rest of the year.

8 So why don't we start with
9 introductions. I'm Emily Beauregard. I'm
10 the director of Kentucky Voices For Health
11 and the chair of the Consumer TAC.

12 And I believe that Miranda and Brenda
13 are the other two TAC members that we have
14 with us right now. So why don't you two go
15 ahead and introduce ourselves.

16 MS. BROWN: Hello. I am Miranda
17 Brown, and I am a representative from
18 Kentucky Equal Justice Center as a member of
19 the TAC.

20 MS. MANNINO: I'm Brenda Mannino,
21 and I'm a representative of the AARP
22 organization.

23 CHAIR BEAUREGARD: Great.

24 And, Erin, if you could let me know if
25 Arthur is able to join us. Then we can make

1 sure that he's able to introduce himself. At
2 the moment, with three TAC members, we don't
3 have a quorum. But if Arthur does join, we
4 will revisit that part of the agenda. And
5 without a quorum, we're not going to go
6 and -- go over the minutes or ask for those
7 to be approved.

8 We can start with the standing data
9 requests.

10 MS. GRIFFIN: This is Jiordan
11 Griffin with the Department For Medicaid
12 Services Eligibility and Enrollment Branch,
13 and I can -- I have a slideshow to present
14 here. Give me just a second. Can everybody
15 see the slideshow?

16 MS. MANNINO: Yes.

17 MS. GRIFFIN: Okay. All right. So
18 for our current enrollments, we have 1,506
19 members in presumptive eligibility, 274
20 members in emergency time-limited Medicaid
21 right now. Our traditional Medicaid, or
22 fee-for-service, numbers are 172,097. And
23 then we have 1,389,304 members in managed
24 care for a total enrollment of 1,561,401.

25 And then I think we wanted to talk a

1 little bit about some of our SSI termination
2 enhancements. All of our SSIR terminations
3 were paused as of February 16th, 2024.
4 Members will continue to receive SSI Medicaid
5 while the terminations are on hold. We're
6 shifting our approach to members losing
7 eligibility, and it's going to be a
8 two-phased approach.

9 So Phase 1 beginning April 26th, 2024,
10 our prepopulated Medicaid renewal forms will
11 be sent. The member will be given two months
12 of ex parte eligibility, expanding their
13 eligibility period to other termination
14 codes. So, normally, they would only get
15 ex parte for specific termination codes.
16 We're extending that to most all codes unless
17 it's something like the member is deceased,
18 or they're now an out-of-state resident.

19 Redetermination will be completed based
20 on submitted information, and Notice of
21 Eligibility will be sent. The member -- if
22 they don't respond by the 15th of the second
23 month, they will be terminated, and
24 reapplication in self-service portal will be
25 permitted in the Phase 1 approach.

1 Phase 2 beginning July 19th, 2024.
2 Processing of eligibility based on verified
3 information and returned renewal packet will
4 follow normal renewal procedures and adverse
5 action rules, potentially terminating the
6 member before the end of their ex parte
7 period. We're also going to add a new sales
8 force nudge campaign for these terminations.

9 And just as a note at the bottom, our
10 SSI members whose terminations were paused
11 will be sent the prepopulated form sometime
12 after April 26th to complete that
13 redetermination process.

14 On this next slide, this is just an
15 example of some of the new notices that are
16 going out. This first one is going to be the
17 front page of the renewal packet, you know,
18 saying we need information from you. This is
19 just the first page and then it would be the
20 renewal form for the rest of the pages.

21 This second renewal is just the reminder
22 that's going to go out if we haven't received
23 their renewal and -- just as a reminder that
24 we've sent them a renewal packet and their
25 due date, or else their benefits may

1 terminate.

2 Any questions about the SSI changes?

3 CHAIR BEAUREGARD: Yeah. Thank you
4 for this update, Jiordan --

5 MS. GRIFFIN: Sure.

6 CHAIR BEAUREGARD: -- and for all
7 the work that you've been doing on this
8 issue.

9 Could you go back to the previous slide?
10 So just to make sure I understand these two
11 phases, right now, the terminations are on
12 hold. Is that what will go back into place
13 on July 19th? Terminations in Phase 2 will
14 be active again?

15 MS. GRIFFIN: I'm not sure if we've
16 set a specific date for the terminations to
17 go back into play, but I'm assuming it's
18 going to be whenever we start the
19 prepopulated renewal form.

20 CHAIR BEAUREGARD: Okay. When I
21 read "will follow normal renewal procedures,"
22 I thought that meant, you know, kind of back
23 to normal, but maybe that's not what you
24 intended there.

25 MS. GRIFFIN: It could be that they

1 mean to do that. I'll have to double-check
2 with our systems people, but that makes
3 sense, that it would be July 19th if that's
4 when we're implementing Phase 2.

5 CHAIR BEAUREGARD: But for now,
6 terminations are on hold --

7 MS. GRIFFIN: Correct.

8 CHAIR BEAUREGARD: -- and you're
9 giving people more time to complete the
10 renewal packet. And moving forward,
11 everyone -- this is ongoing. Everyone will
12 get a renewal packet before they ever receive
13 a termination notice; is that right?

14 MS. GRIFFIN: They will get a --
15 yes. So if they get a renewal packet -- I
16 think the only reason we wouldn't send one
17 again is if we've gotten notification that
18 they're deceased --

19 CHAIR BEAUREGARD: Right.

20 MS. GRIFFIN: -- or if they've
21 moved out of state. Actually, we may still
22 send one for out of state because they
23 could -- it could be something systems
24 related. If we received information from our
25 systems, we need to give them the opportunity

1 to -- to rebut that if it's not accurate.

2 So -- but probably just for the ones who
3 we get notification that they're deceased, we
4 would not send the renewal packet. But for
5 everyone else, prior to termination, they
6 should get the opportunity to return the
7 renewal packet and have their eligibility
8 redetermined on all bases.

9 CHAIR BEAUREGARD: Okay. That's
10 really helpful.

11 And then one question that I've had --
12 and I know you've been doing a lot of work in
13 this area, and you even helped recently with
14 a case that had come to us. It was a child
15 with SSI that was terminated, and the rest of
16 the family -- or at least that child's
17 siblings were Medicaid eligible or KCHIP
18 eligible. But the child got a discontinuance
19 notice before, you know, any household
20 information was used to determine
21 eligibility.

22 In those cases, I realize that with SSI,
23 you all get a file from, you know, the Social
24 Security Administration. And you use that to
25 determine eligibility, and it is a separate

1 process. But when -- when you are aware of
2 someone living in a household with others and
3 you have all of their household information,
4 is there any way to link that together so
5 that in those cases -- like, for this
6 particular child, you know, all of their
7 other household information could have been
8 used to determine their eligibility before it
9 went to discontinuance?

10 MS. GRIFFIN: I think the issue is
11 that the member has to re-request benefits in
12 their case. So, like, in that situation, the
13 mother is the head of household. They have
14 their children on the case. They would have
15 to reach out to us and request that their
16 benefits be re-established in their separate
17 Medicaid case.

18 I'm not sure systematically if linking
19 that way is necessarily possible, but they
20 are linked by a specific individual ID. And
21 so any information we have for one case is
22 stored for that member for -- if they're in
23 another case.

24 So that's something I can take to our
25 systems people and see if there's any -- any

1 way to do that automatically.

2 CHAIR BEAUREGARD: Yeah. I
3 would -- I would appreciate you all looking
4 into it. I feel like, you know, there are
5 certainly the cases in which -- we've
6 discussed this on previous calls where you
7 don't have all the information necessary to
8 determine eligibility. And that's when a
9 renewal packet is, you know, the right next
10 step.

11 But in this case, technically, you did
12 have access to all that information. It just
13 wasn't necessarily in the same -- you know,
14 it wasn't in the SSI part of the system. But
15 if there's a way to link it and to first go
16 to the household information on file, you
17 know, that could really reduce administrative
18 work, of course, but also any unnecessary
19 churn or requests of the family.

20 MS. GRIFFIN: Sure. Absolutely.
21 Yeah. That's something I'll take back and
22 see if that's something that's possible.

23 CHAIR BEAUREGARD: Yeah. I
24 appreciate that.

25 MS. MANNINO: Could I ask you to go

1 back to the second slide?

2 MS. GRIFFIN: Sure.

3 MS. MANNINO: Current enrollments.
4 I just want to be sure I understand this. So
5 only 172,097 are on traditional Medicaid
6 right now?

7 MS. GRIFFIN: That's correct. Yes.

8 MS. MANNINO: It seems like a very
9 low number.

10 MS. GRIFFIN: The majority of our
11 individuals are subject to managed care.
12 Normally, they're only exempt managed care if
13 they are receiving long-term supports or if
14 they fit into, like, the emergency
15 time-limited Medicaid category. So this is
16 kind of our usual. We hang around this
17 number.

18 MS. MANNINO: So that was the same
19 number during COVID with the expanded
20 Medicaid?

21 MS. GRIFFIN: Are you -- which one
22 are you talking about? Are you talking about
23 the same number for the managed care?

24 MS. MANNINO: The traditional
25 Medicaid number.

1 MS. GRIFFIN: It varies. I think
2 last month, it was around a hundred and -- I
3 don't know. I can't remember what it -- it
4 varies month to month depending on people's
5 circumstances and who we have and what kind
6 of services they need to receive.

7 MS. MANNINO: So --

8 MS. GRIFFIN: I can't tell you -- I
9 don't have the numbers up to compare to COVID
10 numbers at the moment, so I can't tell you
11 exactly what they were during COVID.

12 MS. MANNINO: So this two months'
13 extended eligibility should help several
14 other people -- numbers to go up on the -- to
15 actually increase those traditional Medicaid
16 numbers?

17 CHAIR BEAUREGARD: You're thinking
18 about people with SSI and who have the two
19 months of ex parte coverage, Brenda?

20 MS. MANNINO: Yeah.

21 CHAIR BEAUREGARD: Is that what
22 you're thinking about? Yeah.

23 MS. GRIFFIN: Well, SSI is tricky
24 because it can be both managed care or
25 fee-for-service. So, again, it just depends

1 on that individual's circumstances, whether
2 or not they're going to fit into the
3 traditional Medicaid bucket or managed care.

4 MS. MANNINO: I see. That's what's
5 confusing.

6 CHAIR BEAUREGARD: Generally
7 speaking -- and you mentioned long-term care
8 supports, Jiordan. Waivers -- the 1915C home
9 and community-based waivers are generally
10 traditional Medicaid as well; is that right?

11 MS. GRIFFIN: Yes. Absolutely,
12 yeah.

13 CHAIR BEAUREGARD: And then people
14 in long-term care, nursing homes, that kind
15 of thing.

16 MS. GRIFFIN: They would be.

17 And I also wanted to mention that we do
18 have a specific notice going out to
19 individuals who have their SSI terminated
20 regarding the needs to get a disability
21 determination to keep the correct type of
22 Medicaid for waiver services. I just don't
23 have it posted in this PowerPoint. But we do
24 have a notice written out that's going to go
25 with the SSI renewal packet to let them know

1 of that process, so they can be aware ahead
2 of time and get it started, if needed.

3 CHAIR BEAUREGARD: Yeah. That's
4 going to be helpful.

5 MS. MANNINO: Thank you.

6 MS. GRIFFIN: Yeah. Absolutely.

7 CHAIR BEAUREGARD: Something else
8 that came to mind when you asked that
9 question, Brenda. DMS has a really nice page
10 on their website that -- it's basically
11 called statistics or data, and you can go
12 there and look at every month, you know, the
13 number of people enrolled in these different
14 categories.

15 And if somebody at DMS can put that link
16 in the chat. I know the website was
17 reorganized recently, so some of the links
18 that I have may have changed. But I go there
19 often to look at, you know, what the
20 enrollment numbers look like, and you can go
21 back to, you know, the pandemic era reports
22 to even see what those numbers looked like
23 then.

24 MS. MANNINO: Okay. Thank you.

25 CHAIR BEAUREGARD: Yeah.

1 MS. GRIFFIN: Just put it in chat
2 for you.

3 CHAIR BEAUREGARD: Thanks, Jiordan.

4 MS. GRIFFIN: You're very welcome.

5 CHAIR BEAUREGARD: Any other
6 questions related to our enrollment numbers
7 or SSI?

8 (No response.)

9 MS. GRIFFIN: All right. Hearing
10 none, we'll move on to our APTC renewal
11 process enhancements. This is another
12 project we've been working on. I'll move
13 that out of the way.

14 So some Medicaid members with renewals
15 from May 2023 to January 2024 cascaded into
16 APTC eligibility and were sent Notice of
17 Eligibility that their Medicaid was
18 terminated. Members who did not enroll in a
19 Qualified Health Plan or return to Medicaid
20 since their termination will be reinstated to
21 traditional Medicaid (fee-for-service) back
22 to their termination date. They will be sent
23 a renewal form to complete a second renewal
24 to maintain eligibility. And these renewals
25 will be split between May and June of this

1 year.

2 For members who did end up -- they lost
3 Medicaid and then got reenrolled into
4 Medicaid later but they have kind of a gap of
5 maybe a few months in between, they will be
6 reinstated to traditional Medicaid to fill
7 any gap between their original termination
8 date and their re-enrollment date. And they
9 do not have to complete another renewal since
10 they've already been determined eligible
11 through their re-enrollment.

12 And with this, we have a couple of
13 notices. So we have two different notices
14 for two different populations. So we have
15 the individuals who are going to be subject
16 to a renewal, to see if they can be
17 determined eligible for ongoing Medicaid in
18 addition to their reinstatement.

19 And then the second notice on the
20 right-hand side, notice for members who are
21 not subject to the second renewal, just
22 letting them know that we've reinstated a
23 period of time retroactively from where they
24 transitioned from Medicaid to APTC.

25 Anybody have questions about this APTC

1 renewal process?

2 MS. BROWN: When -- did these
3 notices already go out, or when were they --
4 when are they doing to?

5 MS. GRIFFIN: So they have gone
6 out. I actually talked to a member who
7 received one of these notices already. And
8 she was like, oh, my gosh. I got my Medicaid
9 back. I was like, yeah. So I didn't realize
10 that anybody was going to already be calling
11 and asking questions, but they are. So these
12 have already gone out.

13 CHAIR BEAUREGARD: I'm glad to hear
14 that people are getting the notices and
15 calling.

16 MS. GRIFFIN: Yes.

17 CHAIR BEAUREGARD: This is -- I
18 don't think you mentioned it, Jiordan, just
19 now. But I think in a previous maybe email
20 that we got, it sounds like 29,000 people are
21 receiving these notices. So it's also good
22 for us just as advocates and, you know,
23 anybody working kind of direct services to
24 let people know to be on the lookout if they
25 lost their Medicaid coverage and had some

1 question about their eligibility.

2 But we definitely want people to respond
3 to that and take advantage of the opportunity
4 to get their coverage reinstated. And for
5 some individuals, I think they probably
6 assume they're no longer eligible, and so
7 they'll need some encouragement to know that
8 maybe the notice you received a few months
9 ago may not have had -- they didn't have all
10 the information that they needed to make that
11 determination. And you should try again.

12 MS. GRIFFIN: Yeah. It never hurts
13 to just return the form and see what happens.
14 It's not going to -- you know, there's not
15 going to be anything adverse that happens.
16 It's just all -- you know, we need to make
17 sure that we -- that you were terminated
18 correctly and that you're not still eligible.
19 So that's kind of what we're doing as a
20 mitigation to that.

21 CHAIR BEAUREGARD: And, Miranda, I
22 think you had a couple of these cases where
23 people got the notice that they were eligible
24 for a QHP without having gotten the RFP -- or
25 an RFP in there with the RFI.

1 MS. BROWN: Yes. So I've already
2 seen one person who had her coverage
3 reinstated. The question I have is, I
4 understand that these notices are not visible
5 in Kinect; right? So how -- are you somehow
6 notifying connectors of which clients they
7 have that may be affected?

8 MR. VERRY: I can answer that.

9 MS. GRIFFIN: Yeah. Go ahead,
10 David.

11 MR. VERRY: Yeah. We have a data
12 pull that's on the way. And once we get
13 those, that information will go out hopefully
14 for next week. It could be this week.

15 MS. BROWN: Thank you.

16 MR. VERRY: Yeah.

17 MS. GRIFFIN: All right. Any other
18 questions related to this?

19 CHAIR BEAUREGARD: Anyone have
20 other questions? I think we can move on,
21 Jiordan.

22 MS. GRIFFIN: Okay. So next we
23 have our unwinding report updates. These are
24 based on our monthly reporting to CMS. This
25 just kind of gives a breakdown month by

1 month. This is -- over here on the left is
2 our -- what we originally reported. And then
3 on the right, we've recently been required to
4 submit updated monthly reports showing the
5 outcome of any pending cases after the 90-day
6 reconsideration period.

7 So the one on -- the table on the left
8 shows what we originally reported. The table
9 on the right is showing the outcome of those
10 pending renewals. So if you see -- like, for
11 December, we had two pending renewals. And
12 then after the 90 days, they're no longer
13 pending. So that's just kind of an overview
14 of the unwinding so far.

15 And then on the next slide, we have our
16 current renewals. So for January, February,
17 and March, individuals procedurally
18 terminated on their renewal due date are
19 given 90 days to respond and provide
20 requested information. If they are
21 determined eligible, coverage is reinstated
22 back to their termination date. Months that
23 are still within the 90-day window and are
24 still processing are included below.

25 So you'll see in March, we had 97,962

1 individual renewals. 70,000 of those were
2 approved. 6,000 were terminated. We had 72
3 pending. Almost 20,000 were extended out to
4 a later due date and then we've had 432
5 individuals reinstated as of the end of
6 March.

7 Any questions about these numbers?

8 CHAIR BEAUREGARD: I don't have
9 any.

10 MS. MANNINO: No.

11 MS. GRIFFIN: All right. And then
12 just as a note down here, March and April
13 renewals are still in process. We don't have
14 the figures yet for April.

15 Here's some helpful links to our PHE
16 unwinding website where we publish all of
17 these numbers and any updates related to
18 unwinding. We have our on -- or our ongoing
19 stakeholder meetings. They're every third
20 Tuesday at 11:00 and then we have several
21 reports that are also posted there.

22 Any questions about anything?

23 CHAIR BEAUREGARD: No. That's all
24 really good information to have. Thank you.
25 And I like the slide deck that you're

1 sharing.

2 MS. GRIFFIN: Well, I can't take
3 full credit for it. I can't take full credit
4 for that, but it is very nice.

5 CHAIR BEAUREGARD: Some of it is
6 probably doing double duty with your
7 stakeholder updates.

8 MS. GRIFFIN: It is.

9 CHAIR BEAUREGARD: But it's nice to
10 have the numbers in front of us. So thank
11 you for that.

12 MS. GRIFFIN: You're very welcome.
13 Thank you all.

14 CHAIR BEAUREGARD: Erin, would --
15 it looks like you were just pulling up the
16 agenda again. That's what I was going to
17 ask. Thank you. Oh, it went away.

18 MS. BICKERS: It's thinking about
19 it. There we go.

20 CHAIR BEAUREGARD: I see it now.

21 So we covered a number of those initial
22 items there, and I think that you probably
23 even covered a few more things than we had
24 under one and two, or A and B.

25 But the next item that we have here yet

1 to cover is the HCBS rate study and the PDS
2 rate increase. Is Pam on?

3 MS. SMITH: I'm here, yeah. I'm
4 sorry. My headset was doing some -- it kept
5 turning mute on and off.

6 Do you want me, Emily, to go back first
7 and talk about the people -- the number of
8 people on -- that are getting waivers that --
9 No. 2 under A that are getting waiver
10 services and the wait list?

11 CHAIR BEAUREGARD: Yeah. That
12 would be great. And, also, if you want to
13 go in -- in whatever order makes sense to
14 you. And I know we have a number of
15 different items --

16 MS. SMITH: Okay. I can -- I'll
17 pick through.

18 CHAIR BEAUREGARD: -- on the agenda
19 that you probably are going to report on.

20 MS. SMITH: Yeah. I'll pick
21 through all of my things and then we can
22 circle back.

23 So right now -- or as of I should say.
24 It was as of the 31st of March, there are
25 30,981 individuals receiving services in --

1 across the six waivers. And, you know,
2 Jiordan made it really hard to follow with
3 that awesome PowerPoint, so I will -- I will
4 get you all these numbers out in written form
5 so that you all don't have to try to remember
6 what I'm saying. But -- so 30,981
7 individuals receiving waiver services.

8 We do have four waivers that currently
9 have a wait list. ABI long-term care, there
10 are six individuals on that wait list. Three
11 of them are currently receiving services in
12 another waiver.

13 For SCL, there are 3,479 on the wait
14 list. None in the emergent category or in
15 the emergency category, 70 in the urgent
16 category. 2,069 of those individuals are
17 receiving services right now.

18 For Michelle P waiver, there are 9,056
19 individuals on the wait list. 2,511 are
20 currently receiving services in another
21 waiver.

22 And our home and community-based waiver,
23 there are now 1,979 individuals on that
24 waiting list, and none of those individuals
25 are receiving services in another waiver.

1 CHAIR BEAUREGARD: Speaking of the
2 waiting list, there's some good news from the
3 legislative session, which is that a lot of
4 new HCBS waiver slots were funded. And I
5 know it's probably too soon to say that you
6 have, like, a full plan to, you know, fill
7 those slots, but I was curious to know if
8 there's anything you can share today.

9 MS. SMITH: So I can stay step
10 one -- and this is regardless of, you know --
11 of waiver or, you know, how the new slots are
12 given, is that we will have to do waiver
13 amendments to get the -- CMS the
14 corresponding federal funding.

15 The good news is that as part of doing
16 the implementing -- you know, the full rate
17 study methodology as well as, you know, other
18 things that we've been -- you know, that we
19 are changing as far as redesign is that we're
20 going to be doing another waiver amendment
21 very soon because we'll have to do that to
22 implement the -- you know, to implement the
23 permanent rates that are going to be based
24 out of the rate study. So it is on our radar
25 to do that sooner versus later so that we can

1 get those slots.

2 The other thing with HCB is we're -- you
3 know, it will -- well, with all of the
4 waivers, we, you know, are reallocating the
5 slots now when individuals unfortunately pass
6 away, so they -- they lose the slot. We have
7 been allocating those.

8 We do have -- much like we do in SCL
9 where we reserve slots for emergencies for
10 both Michelle P and HCB, there are some
11 available slots right now. I don't have
12 those numbers right in front of me, but we
13 use -- we retain those for an HCB for
14 individuals that have lost their slot for no
15 fault of their own.

16 For example, they may have lost SSI, so
17 we don't want them -- so they've lost their
18 Medicaid eligibility, and they're working to
19 get that back. We don't want them to have to
20 go on the wait list because of that, so we
21 retain a few slots.

22 So it's less than 50 that we retain for
23 that reason so that we have those slots that
24 we can give to those individuals that are --
25 are waiting because -- and they're working

1 through issues that were no fault of their
2 own.

3 Or, say, for example, they -- you know,
4 they fell, and they broke a hip. And they
5 were out of services for a period of time,
6 you know, longer than a normal period of
7 time. We want to make sure that they're able
8 to return to services.

9 And then Michelle P -- so BHDID who
10 administers that waiver for us, they are
11 actually allocating slots every month.
12 They've been allocating a number of slots,
13 and they still are continuing to do that with
14 Michelle P individuals.

15 It's just -- it's a very interesting
16 thing, to have that many individuals on the
17 wait list. Each time we allocate slots, only
18 about 50 percent of them end up getting used.
19 So we either can't find the individual, or
20 they say, you know what, I don't want that.
21 I don't know why I signed up for it.

22 And so we end up then -- you know,
23 we -- those go back in that -- you know, go
24 back in that available bucket, and we
25 reallocate them again. So -- but it's a

1 pretty consistent phenomenon, that 50 percent
2 of the slots that we allocate on Michelle P,
3 each time, we end up putting back in the
4 bucket to allocate again.

5 CHAIR BEAUREGARD: Yeah. That --
6 that's a high number.

7 MS. SMITH: So --

8 CHAIR BEAUREGARD: One other part
9 of that budget language I was going to ask
10 you about, Pam -- and I didn't follow this as
11 closely as some people, so it may have been
12 fixed by the end of the session. But there
13 was some language that was requiring DMS to
14 do some sort of assessment of the waiting
15 list. Can you tell us how that's --

16 MS. SMITH: I will be fully
17 transparent in that I have not seen all of
18 the final language. And so we will be -- you
19 know, we'll have to respond to that, but I am
20 not prepared to give any kind of -- you know,
21 to discuss that or give any kind of response
22 to it.

23 We did -- you know, we did review all of
24 that as well. And, you know, in addition to
25 what is in the budget, you know, we're also

1 following the access rule that -- with CMS
2 because there's a lot of language around wait
3 lists in the access rule and things that we
4 will have to do to be compliant with that.
5 So we are also watching that with CMS and
6 when that becomes final and what the orig- --
7 what the language will be in that.

8 But there is a lot of -- there's a lot
9 of language about waiting lists versus
10 interest lists and reporting that you have to
11 do both federally and that you have to make,
12 you know, available to the public. So I
13 think a lot coming on the topic of wait
14 lists.

15 CHAIR BEAUREGARD: Yeah. I was
16 going to say, our next -- in two months, when
17 we have our next meeting, that might be a
18 good time to do more of an update on --

19 MS. SMITH: Right. We can have
20 more -- we likely will have a whole lot more
21 information at that point in time.

22 CHAIR BEAUREGARD: All right.
23 Thank you.

24 MS. SMITH: Okay. So the rate
25 study and the PDS rate increase. So rate

1 study, we -- I can tell you are looking at --
2 you know, now that there was funding that was
3 allocated for that. So it is in, I believe,
4 final review processes with people who are
5 way more important than me. So I don't have
6 much of an update other than it is really --
7 you know, now, at this point, it's being
8 looked at.

9 We also have to consider the
10 implementation of the rates. In addition to,
11 you know, the 20 percent increase that was
12 done through the ARPA spending plan, what we
13 can change while we are still spending
14 through that money. So there's a lot of
15 moving parts with implementing the final
16 rates. In addition to -- we'll have to, of
17 course, update the waivers again, which means
18 they also will go back out for public comment
19 when all of that happens.

20 So lots more communication to come -- to
21 come on the rates and what that looks like
22 and how that's going to happen and, you know,
23 when the -- when it'll be out there for
24 public review.

25 The PDS rate increase. Does anyone

1 know -- I mean, that right -- at this point
2 in time, the PDS rates are the same as the --
3 as the traditional rates. And PDS
4 individuals are able at any point in time to
5 request a change to their rates. That can be
6 any change.

7 You know, that's if I want to increase
8 my rates, or, you know, we have some
9 individuals who have really thought about
10 their plans and have realized that if they
11 pay a lower rate, they're able to get more
12 hours in HCB, for example.

13 So they've been able to use -- you know,
14 have more than that 45 hours because they pay
15 their employees. It's still a good -- you
16 know, a rate that's agreed upon between them,
17 but they're able to have more hours. But
18 it's truly up to the participant, and the
19 participant -- or with the help of a
20 representative, if they need the help to do
21 that, to manage their PDS program. They are
22 in the driver's seat for that plan of care
23 and any modifications.

24 So if you know of anyone that's having
25 trouble getting that done, just if they reach

1 out to us, let us know, and we will help.
2 Dale can -- as Dale administers those
3 services, they can work with the agencies and
4 work with the individual to find out what the
5 problem is.

6 MS. MANNINO: Could you remind me
7 what the PDS stands for?

8 MS. SMITH: Participant directed
9 services. So it is where the participant is
10 the actual employer for their services. So
11 instead of it being a traditional agency that
12 provides the employees, the participant
13 actually hires and manages their own
14 employees and then they're reimbursed or paid
15 through a financial management agency that is
16 a provider with Medicaid.

17 MS. MANNINO: Thank you.

18 MS. SMITH: You're welcome. I
19 forget, Brenda. We speak in alphabet soup
20 and so...

21 CHAIR BEAUREGARD: Pam, I was just
22 looking at the participant list to see if
23 Arthur had hopped on, and he hasn't.

24 MS. SMITH: Oh.

25 CHAIR BEAUREGARD: But I think he'd

1 be the person to, you know, know how well
2 this is working or if it's not working for
3 anyone. But we can -- you know, we have had
4 this as a standing item so --

5 MS. SMITH: Okay. And he knows --
6 he's got my -- he has my email address and my
7 contact information, so he knows how to get
8 ahold of me.

9 Let me see. I'm going to jump down --
10 before I do 1915(i), I'm going to talk about
11 a couple of the other things and then I'll
12 come back to 1915(i) so that, then, the other
13 behavioral health updates can follow that.

14 End of Appendix K for the HCBS waivers.
15 So all of our waivers, with the exception of
16 Model II -- which Model II was effective --
17 actually, it was January or February. It was
18 earlier in the year that we got the approval
19 on Model II. The other five waivers, we
20 received our official CMS approval with an
21 effective date of May 1st.

22 The webinars. We recorded both a
23 participant and a provider webinar, and so
24 those decks and those webinars are out on our
25 website. And I'll get -- before we're done,

1 I will get the link to those and post it in
2 the chat -- that go through what continued,
3 so what's been made permanent from Appendix K
4 versus the services that were -- that we
5 decided not to continue beyond April 30th.

6 So we've been reaching out to case
7 managers. So we've identified, for example,
8 some of the people that were getting the
9 higher limit of home-delivered meals or
10 needed to change their home-delivered meal
11 provider from maybe an adult daycare to one
12 of the certified home-delivered meal
13 providers.

14 Or individuals that had been getting --
15 maybe over time, we've had individuals
16 reaching out to those case managers to talk
17 to them and work with them on getting those
18 plans of cares modified so that we didn't --
19 you know, that didn't go down to the very
20 last minute of May 1st and there not be a
21 plan in place of, you know, what the change
22 was going to be to the plan of care.

23 So we've been answering -- had a few
24 good questions that we received from
25 individuals that have watched the webinar, a

1 few from individuals that we've redirected
2 that maybe they should watch the webinar or
3 listen to the webinar and -- but we, you
4 know, are here always to answer any questions
5 about that. But we're very excited when we
6 received the approval from CMS on those
7 remaining five for that effective date of May
8 1st.

9 The most important thing, of course,
10 that I think most providers were looking at
11 that continued was the rates, so the rates
12 that are in play right now are the rates that
13 will remain in effect until we implement the
14 rates that come out of the rate study.

15 The EVV provider change from Netsmart to
16 Therap. So communication is starting to go
17 out to the providers that are part of the
18 PCS, or personal care services, that are
19 using Netsmart right now. We have a meeting
20 with some providers that are going to be our
21 change champions.

22 So they are individuals that have been
23 with us from the very beginning, that have
24 used EVV from the very beginning and have
25 really worked -- worked closely with us. So

1 they're going to help us to review, you know,
2 training materials, to review communications,
3 to maybe help us think of things that, you
4 know, we sitting -- I always like to say, you
5 know, I can sit behind the desk and think
6 something sounds, oh, in theory, that's going
7 to work great. But when you go out to put
8 that in practice, you're like, you're crazy.
9 That does not work the way you thought it was
10 going to sitting behind your desk.

11 So, you know, really getting that on the
12 boots -- the boots-on-the-ground perspective
13 of how -- how things work and to make sure we
14 get it right from the beginning. So lots of
15 communication that is just beginning on
16 that -- on that change.

17 The home health implementation we
18 implemented the very end of December. It was
19 mandatory as of January and has went very
20 well with Therap. We've had some hiccups
21 which, I think, is going to be expected in
22 any implementation that you have, but we've
23 been able to work through them very quickly,
24 have had great provider adoption. So I'm
25 excited to see how it goes with PCS but am

1 very positive about how it's going to go.

2 Again, people have problems. They have
3 questions. They know how to get ahold of us.
4 And we're -- you know, we'll work through all
5 of those. But I think -- very positive about
6 where we're going.

7 So I will -- before I go to SMI, any --
8 or the 1915(i), any questions on either of
9 those?

10 CHAIR BEAUREGARD: I don't have
11 any. Brenda or Miranda, do you?

12 MS. MANNINO: No.

13 MS. SMITH: And I'll say EVV is
14 electronic visit verification so -- for
15 anybody that didn't know that acronym.

16 MS. BROWN: Electronic visit
17 verification. And what was the other acronym
18 you said? Was it PTS?

19 MS. SMITH: PCS. It's personal
20 care services.

21 CHAIR BEAUREGARD: I think that may
22 have been an update that Melanie wanted, so
23 it's good that we have a recording. She can
24 review that when she's got a chance.

25 MS. SMITH: Okay. And she knows

1 how to get ahold of me, too, so if she has
2 any -- you can let her know if she has any
3 specific questions, just to reach out.

4 CHAIR BEAUREGARD: Okay.

5 MS. SMITH: Okay. So my last
6 portion of updates before I'm going to turn
7 it over to Leslie. The 1915(i) for -- that's
8 select services for individuals with serious
9 mental illness and some services for
10 substance use disorder, is we had planned or
11 had hoped that we already would have been
12 able to submit to CMS. We ran into a few
13 roadblocks. We received a ton of public
14 comments right at the very end. So it's
15 taken us a little bit longer to get through
16 reviewing all of the public comments and
17 getting the responses out.

18 We are targeted to have that review done
19 by the end of this week, and we also are
20 meeting with CMS on Friday to discuss the
21 waiver with our new target date to submit the
22 waiver to CMS by April the 30th. And I do
23 not see any barriers in us meeting -- meeting
24 that.

25 So public comment will -- responses to

1 public comment will be posted very soon. And
2 then after we meet with CMS on Friday,
3 barring them asking us to change anything or
4 them giving us any different guidance, our
5 target is by April 30th. So two weeks from
6 today that we will be submitting the 1915(i)
7 to CMS for their review.

8 CHAIR BEAUREGARD: All right.
9 Thanks. We'll look forward to seeing the
10 responses to the comments.

11 MS. HOFFMANN: Okay. And I'll go
12 on to the next one. And just -- you all
13 know, but I'm very excited and very proud of
14 everybody that's made all this happen. We've
15 got the 1915(i) State Plan Amendment and then
16 we have the companion SMI 1115 -- I'm sorry.
17 Sorry. Yes, sorry. SMI 1115. And so I just
18 wanted to give you an update about that.

19 We've got -- I've got too many going on
20 right now, Emily, and I was like: Is that
21 the right one?

22 CHAIR BEAUREGARD: I do the same
23 thing.

24 MS. HOFFMANN: Yeah. We sent it
25 in -- oh, and I was going to make -- just a

1 reminder on D on your -- I'll just remind
2 everybody that the (i) is a State Plan
3 Amendment, and the C is not -- is a waiver,
4 but it's not a C. It's just 1115. Everybody
5 gets those confused. I just wanted to update
6 that. So it's 1915(i) and 1115.

7 CHAIR BEAUREGARD: You're right. I
8 put the C on there, and that's --

9 MS. HOFFMANN: No. It's fine.
10 Most of the time, people still put the C, you
11 know, on the 15 because it's what we know;
12 right?

13 CHAIR BEAUREGARD: It's 1915C.
14 Yes. I know. See, it happens to us all.

15 MS. HOFFMANN: No. It's fine. We
16 had one the other day that somebody had done
17 something similar.

18 So the SMI 1115, we sent that in in May.
19 We did have some reach-out, and I think I may
20 have told you this maybe even on another
21 call. We did have reach-out from CMS to
22 start having conversations because we have
23 lots of things at CMS right now. The biggest
24 of what we have there is our largest
25 component or umbrella called Team Kentucky,

1 and it was time to extend that.

2 So instead of a renewal, they call it an
3 extension because it's a demonstration. So
4 we have that with CMS and then you have all
5 these components off of it that we have sent
6 in, and we're kind of waiting to get all
7 those approved along.

8 It's my understanding that CMS is really
9 trying to figure out how to streamline states
10 that have many of those, like, connecting
11 just like we do because during COVID, they
12 all kind of got behind. And they had over 50
13 at the end of last year to still review
14 before they were ready to talk to us.

15 CMS did ask us, as part of the
16 negotiation phase, to start completing an
17 assessment, the landscape of available
18 services in Kentucky and -- for providers for
19 mental health treatment. So that's kind of
20 what we're working on right now. You may
21 hear from us. It's not, like, this huge, big
22 endeavor. It's kind of like being proactive
23 for the implementation plan that's coming.

24 So remember, any time we do an 1115, it
25 also includes an implementation plan. So

1 even if CMS approves our 1115, then starts
2 the clock. I think they give us, like, 90
3 days to complete an implementation plan and
4 then they have a time frame that they can
5 complete that one.

6 So, unfortunately, the last one, which
7 was SUD, which I don't figure that this would
8 take this long, took almost a year to get
9 that one approved from CMS, but I'm hoping
10 that this one will be quite a bit quicker.

11 We actually anticipate that we will have
12 an approval any way, shape, or form, or
13 whatever we have to do, by third quarter of
14 the calendar year, so what is that? July --
15 yeah, July through September-ish. So I'm
16 thinking maybe -- like, the latest would be
17 September, but I hope to have it before then.

18 So, again, these are companions. We're
19 very excited about it. Both the (i) and the
20 1115 make reference to each other as
21 companions, so CMS is aware of that.

22 And did you have other things for me?
23 Let me see.

24 CHAIR BEAUREGARD: I think the
25 housing meetings may be something that you're

1 familiar with --

2 MS. HOFFMANN: Oh. Was that old or
3 new?

4 CHAIR BEAUREGARD: -- but that may
5 also be Angie. That's an item that we've had
6 on the agenda before, and Melanie had
7 requested that we keep it on the agenda just
8 for any updates that you may have.

9 MS. HOFFMANN: Okay. So if it's
10 the housing meeting that the Cabinet and DMS
11 has with KHC, we actually -- those all
12 started based on -- we had participated in a
13 federal collaborative, but it was very much
14 about SUD in housing. So we realized that we
15 needed to have a larger scope so then we
16 started reaching out to our partners. About
17 the same time, KHC had reached out to the
18 secretary's office.

19 So we started what we call a housing and
20 health collaborative, and so we've continued
21 that. That's been going on probably for the
22 last couple of years. So we continue to
23 partner with them on housing initiatives and
24 opportunities across Kentucky.

25 I thought maybe this might be -- you

1 might have recently seen a NOFO opportunity
2 that KHC has applied for, and we supported
3 them as a Cabinet. So we got support -- we
4 sent in support letters to support them on
5 this opportunity as well.

6 The collaborative's focus really started
7 out more about the housing supports, the
8 homeless supports, and the 1915(i) that Pam
9 just spoke about. Because, originally, we
10 thought that was going to be in the 1115 and
11 then, based on all the pieces that we need,
12 we had to end up writing an (i) and an 1115.
13 And I know that's all very confusing.

14 Upcoming discussions with KHC. We're
15 trying to figure out how to align our systems
16 better. And I don't know if you are aware,
17 but we -- DMS for the first time ever is an
18 approved HMIS, which is from KHC, a Homeless
19 Management Information System user. So we've
20 never had that before, so we can now match up
21 data.

22 Now, mind you, all homeless folks are
23 not in the system, but we're at least able to
24 start connecting our folks with those folks
25 that are homeless and try to pair them up.

1 So that's been a very positive thing for us.

2 And I think I've mentioned this actually
3 all started from the original collaborative,
4 so I don't know how much you knew about the
5 housing. I thought maybe folks might have
6 seen the recent NOFO that we were partnering
7 with them on.

8 CHAIR BEAUREGARD: No. But -- I
9 don't recall it. Of course, it may be that
10 it's come up, but I appreciate you sharing
11 that information. So you're calling it a
12 housing and health collaborative?

13 MS. HOFFMANN: That is correct.

14 CHAIR BEAUREGARD: And you're
15 looking for new partners to participate?

16 MS. HOFFMANN: So this actually
17 just started specifically with them trying to
18 figure out how we could partner on some
19 initiatives, and that's what we had worked on
20 for the (i). We ended up placing those
21 things in the (i), the 1915(i).

22 So there's a homeless -- there's a
23 social determinants of health component
24 within the (i) that talk about, you know,
25 like, employment and education and housing

1 so...

2 And it covers more than just SMI. So
3 when Pam mentions that there's additional
4 supports other than SMI, it includes
5 additional folks of eligibility populations.

6 MS. BROWN: And, Leslie, what is a
7 NOFO?

8 MS. HOFFMANN: A notice of
9 opportunity, like, for funding. Sorry.
10 That's probably not the exact -- but it's a
11 Notice of Funding Opportunity. How about
12 that?

13 So there was a governmental -- not us.
14 There was a governmental opportunity that
15 housing wanted to apply for, KHC wanted to
16 apply for. And so they asked us to support
17 them in the endeavor. And we got, like,
18 letters of support for them and sent that in
19 with their application. I don't think
20 they've heard back from it yet, but I just
21 wanted to share that with you all.

22 CHAIR BEAUREGARD: That is a health
23 and housing related notice?

24 MS. HOFFMANN: Yes.

25 CHAIR BEAUREGARD: Opportunity.

1 Okay. Good.

2 MS. HOFFMANN: They had -- I think
3 they put out something publicly that they
4 were partnering with us, and so folks have
5 been asking me about it.

6 CHAIR BEAUREGARD: Okay. Yeah.
7 That's helpful. And, you know, all of this
8 work to really kind of align the needs of
9 people who -- obviously, the healthcare
10 needs, but there's a housing-related need
11 there as well, I think, is so important.

12 And all of that -- kind of the new
13 opportunities that we've discussed on some of
14 these previous calls related to -- you know,
15 I think they're calling it health-related
16 social needs.

17 MS. HOFFMANN: Yeah.

18 CHAIR BEAUREGARD: And you
19 mentioned social determinants of health.

20 MS. HOFFMANN: Same thing.

21 CHAIR BEAUREGARD: They're very
22 closely related but looking at how we can use
23 more Medicaid funding to support some of
24 those needs.

25 MS. HOFFMANN: And being able to

1 query reports on the homeless population and
2 trying to figure out what groups that we have
3 out there that are homeless, how much
4 percentage may be in the SMI population, how
5 many might be in the SUD, how many may be
6 co-occurring. Those kinds of things have
7 been extremely important for -- to leverage
8 that information for services that we're
9 requesting from CMS.

10 CHAIR BEAUREGARD: Any other
11 questions related to that?

12 (No response.)

13 CHAIR BEAUREGARD: Leslie, are
14 there other items that you were planning on
15 presenting on?

16 MS. HOFFMANN: I think Angie is
17 actually going to speak later in new -- you
18 had some new -- if you have any questions
19 related to new business on the SDoH screening
20 referral and leveraging social determinants
21 of health. She may be speaking later, Angie
22 Parker.

23 CHAIR BEAUREGARD: Okay. Great.

24 MS. HOFFMANN: We did -- oh, one
25 other thing, Emily. We did start -- if you

1 want to -- you might want to know this. We
2 are getting ready to start our kickoff of
3 ACCRES for -- the advisory group for our
4 reentry population, so that's very exciting.
5 I think -- I believe your name is --
6 CHAIR BEAUREGARD: Tomorrow; right?
7 MS. HOFFMANN: Yeah. So I'll see
8 you then.
9 CHAIR BEAUREGARD: Yeah. I've got
10 it on my calendar.
11 MS. HOFFMANN: I'm so excited about
12 that. Like, it's finally happening.
13 CHAIR BEAUREGARD: I'm looking
14 forward to it. Yeah. No. I think that's
15 great. And, of course, we're still
16 anticipating the approval of the waiver but
17 glad that you're getting a head start on
18 things.
19 Let's see. I'm trying to make sure that
20 we're not -- I know we've kind of skipped
21 back and forth on some of these items, and I
22 want to make sure that we're covering it all.
23 The next item here, DMS surveys of
24 Medicaid members and stakeholders that we
25 need to cover. Now, I did see an email -- I

1 think it was just earlier today -- with the
2 stakeholder survey. So that's gone out to at
3 least some list serves that you all have, and
4 I was excited to see that.

5 Is there any other update that you all
6 can share about the member survey?

7 MS. FISHER: I can share a brief
8 update, I mean, basically what you said,
9 Emily. Oh, hi. This is Beth Fisher. I'm
10 the communications staff assistant for the
11 department.

12 And, yes, to confirm, some surveys went
13 out yesterday and this morning to Medicaid
14 members who had completed that request for
15 information seeking their feedback related to
16 their return of member renewals and their
17 experience and also members that did not
18 complete an RFI and were terminated.

19 So far, we're getting a pretty good
20 response. We'll continue to promote those
21 throughout the month and keep reminding our
22 members to respond to that survey. But so
23 far, we're pretty happy with the response
24 we're getting.

25 And another survey went out to

1 stakeholders, so a lot of our providers and
2 advocacy community received that one today
3 also seeking input related to member renewals
4 and the unwinding process.

5 CHAIR BEAUREGARD: Yeah. That's
6 great. Now, with these surveys, I'm assuming
7 that they are not -- like, they're not
8 specifically being sent to somebody with a
9 unique link in which, you know, only that
10 individual can click on the link and respond.
11 Is it one link that can be shared far and
12 wide?

13 MS. FISHER: That is correct. It's
14 one link. And so for the stakeholder survey,
15 we will share that with other groups and ask
16 that our partners share that message out as
17 well.

18 For the member survey, DMS is sharing
19 that directly with our members, so it doesn't
20 go to people who -- you know, to avoid
21 getting feedback from anyone who may not be a
22 Medicaid member who just, you know, wants to
23 respond to the survey for whatever reason.

24 But the stakeholder survey we'll promote
25 through other channels and on our social

1 media as well.

2 CHAIR BEAUREGARD: Yeah. And I do
3 understand not wanting to spread the member
4 survey far and wide on the one hand. At the
5 same time, I feel like not every Medicaid --
6 well, I would assume that DMS doesn't have
7 good contact information, whether that -- I
8 guess it's primarily an email address or a
9 cell phone number that you're sending --
10 you're texting the survey to. And in those
11 cases, you'd be kind of missing out on people
12 who would otherwise take the survey.

13 So are you thinking about social media
14 or some other way of getting, you know, the
15 information to them?

16 MS. FISHER: Yes. We will use
17 social media, and so the message on socials
18 will be a little bit different targeting our
19 members. It will be more of an, hey, you're
20 going to receive an email and text message
21 seeking member input for this survey kind of
22 message, and it won't actually have that link
23 in it.

24 But yes, we do see a need to definitely
25 raise awareness that when people receive

1 these emails, that it's a legit survey and
2 please don't ignore it kind of message. But
3 yeah, I know. I understand the concern
4 about -- you know, people's email addresses
5 change frequently. Their phone numbers
6 change frequently. And the information we
7 have on record may not be the member's
8 contact that they're using now. It is the
9 contact they provided to us for the renewal
10 process. So hopefully we'll get a good
11 survey response.

12 But yeah, we do just really see the need
13 to make sure that -- you know, we want to
14 avoid getting survey -- the member survey
15 responses from people who aren't members.
16 That's really the main concern there and why
17 we're doing it that way.

18 CHAIR BEAUREGARD: And can you
19 remind me if this is also going out in
20 Spanish, to Spanish-speaking members?

21 MS. FISHER: That is on the --
22 yeah. This is a goal. We don't have the
23 Spanish version ready yet. It hasn't gone
24 out yet.

25 CHAIR BEAUREGARD: Okay.

1 All right. Well, if you could update us when
2 that's happened, that would be good. And
3 does anybody have any questions about that?
4 Hopefully, Miranda and Brenda, you've
5 received at least a stakeholder survey.

6 MS. BROWN: I'm going to be honest,
7 I've been on sabbatical and haven't checked
8 my email.

9 CHAIR BEAUREGARD: That's a good
10 reason not to check your email.

11 We'll be sharing the stakeholder survey
12 from KBH definitely far and wide, so I'm
13 looking forward to seeing what kind of
14 response you all get.

15 MS. FISHER: Thank you. We are,
16 too, very excited. Or maybe excited is not
17 the right word but just very -- very
18 interested to hear what our members have to
19 say and to, you know, just open up this line
20 of communication.

21 CHAIR BEAUREGARD: Yeah. This is
22 the first I remember of DMS doing something
23 like this, and I appreciate that.

24 Anything else about that before I move
25 on?

1 (No response.)

2 CHAIR BEAUREGARD: The next item
3 here is network adequacy issue reporting
4 process and reviewing the revised draft of
5 the Access to Services form. I will say, I
6 think, Erin, you sent it out maybe yesterday,
7 and it was the last day of the legislative
8 session. I have not had a chance to look at
9 it. I don't know if anybody else has, but I
10 was hoping that we could use today's -- you
11 know, the time on today's call to just pull
12 it up and review it together.

13 And then if we do need more time, of
14 course, we can -- we can take some more time
15 to pull together any thoughts and feedback.
16 But would you mind pulling that form up?

17 MS. PARKER: Do you want me to pull
18 it up?

19 CHAIR BEAUREGARD: Yeah. Or, yeah,
20 Angie, if you could do it. Thank you.

21 MS. PARKER: Or, Erin, do you want
22 to pull it up?

23 CHAIR BEAUREGARD: Whichever has it
24 handy.

25 MS. PARKER: Erin, if you can give

1 me access, I've got it.

2 MS. BICKERS: Yeah. Give me just a
3 second. Thank you. I couldn't get myself
4 off mute.

5 MS. PARKER: Yes. I just sent this
6 to Erin yesterday so, you know, there's no
7 big problem that you haven't had a chance to
8 review it yet.

9 CHAIR BEAUREGARD: I was happy to
10 see it come through. I was just -- you know,
11 but it's been digging out of the last couple
12 of months.

13 MS. PARKER: Are you -- okay.
14 Let's see. All right. Are you seeing it?
15 Are you seeing my --

16 CHAIR BEAUREGARD: Yeah. Yeah. We
17 can see it.

18 MS. PARKER: Okay.

19 MS. MANNINO: We can see it.

20 MS. PARKER: I don't like Zoom, or
21 maybe I'm just not used to it. This is Angie
22 Parker. I'm the Director of Quality and
23 Population Health, and I -- are you still
24 seeing it?

25 CHAIR BEAUREGARD: No. Now we just

1 see a blue screen.

2 MS. MANNINO: It went away.

3 MS. PARKER: Okay. I'm going to
4 move it back to where it was and maybe you'll
5 see it.

6 CHAIR BEAUREGARD: Yeah. If you
7 have two different screens, sometimes it gets
8 kind of wonky.

9 MS. PARKER: Well, I'm wonky
10 apparently. I'm going to stop sharing and
11 then try it again.

12 MS. BICKERS: Angie, I pulled it up
13 if you continue to have a hard time.

14 MS. PARKER: Okay. Now are we up?
15 Do you have it now?

16 MS. BROWN: Yes. I can see it.

17 MS. PARKER: Okay. So I did get
18 your -- look through your email and your
19 comments. Obviously, this is a work in
20 progress in trying to make it understandable
21 and what we're trying to do with this and how
22 we're going to do this.

23 Right now, it's -- you can use this
24 form, if you wanted to, to email it to us or
25 mail it to us. But, obviously, it's still in

1 draft form. We do want to get it on our
2 website and have that capability to click and
3 click and fill it in and it go -- you know,
4 magic, it goes somewhere. But that is not in
5 place, and that'll take a little bit longer.

6 But this is -- I want to confirm because
7 I know it has been talked about problems with
8 having an in-network provider and having to
9 go to an out-of-network provider that a lot
10 of the members are having issues with. But I
11 wanted to confirm that this would be -- they
12 were unable to access any provider.

13 CHAIR BEAUREGARD: Well, I think,
14 ideally, we want people to have enough
15 in-network providers that that's, you know,
16 the provider that they would go to. So I
17 think access an in-network provider is
18 correct in this particular case.

19 You know, there are times when if
20 there's not a provider in network, then we
21 would want the MCO to provide, you know, an
22 out-of-network provider.

23 MS. PARKER: We have -- you know,
24 it's twofold. We have a problem with them
25 getting into an in-network provider.

1 CHAIR BEAUREGARD: Right.

2 MS. PARKER: Then there may be
3 other in-network providers. So we want to
4 know if they're having problem getting into
5 their primary care as well, not just, you
6 know, being able to go see a specialist that
7 may or may not be --

8 CHAIR BEAUREGARD: Yes. I mean, so
9 provider is broad in that sense, that it
10 would cover, you know, primary care,
11 specialist, behavioral health --

12 MS. PARKER: Right.

13 CHAIR BEAUREGARD: -- oral health,
14 you know, all of that. So I think that's the
15 right term unless, Miranda or Brenda, you
16 think that we should do something different
17 there. In-network provider is the goal here.

18 MS. BROWN: Yeah.

19 MS. PARKER: All right. The
20 department wants to make sure you receive
21 timely health care, and we did a little bit
22 more in depth on what that means as far as
23 urgent or nonurgent type appointments.

24 And, of course, if it's an emergency, we
25 don't take the time to fill this out and to

1 either call 911 or 988. And, you know,
2 identifying that helps us resolve provider
3 network issues. And to assist, you may be
4 contacted by DMS or your managed care, and
5 it's important to complete the information
6 below as much as possible. I know -- go
7 ahead.

8 CHAIR BEAUREGARD: I think all of
9 that is good information. Before we go into
10 the form, you know, where you have the
11 parentheses, the -- in terms of the timely
12 standards, I think that's also a nice way to
13 kind of boil it down, to distill it.

14 I would, after that last parentheses,
15 say, and make sure you receive timely health
16 care in a reasonable distance from your home.
17 And then in parentheses put, you know, the
18 30-mile --

19 MS. PARKER: Okay.

20 CHAIR BEAUREGARD: 30 minutes or
21 40 -- whatever it is in urban and rural
22 areas.

23 MS. PARKER: Okay.

24 CHAIR BEAUREGARD: And to maybe put
25 and a reasonable distance, or something like

1 that, from your home.

2 MS. PARKER: I'll just highlight
3 this because I'll have to get all the
4 specific --

5 CHAIR BEAUREGARD: But that's the
6 only thing I see missing from the top there.

7 I think, Miranda, your feedback on the
8 last call was to kind of get into what those
9 standards are. Do you think this is getting
10 at that?

11 MS. BROWN: Yeah. I thought, when
12 I read this, that it was just a lot clearer
13 as to what the member would use this for and
14 what they might get out of it if they submit
15 it, so I appreciated that.

16 I noticed that in the third sentence
17 from the end of the paragraph, you say,
18 "Completing this form will help DMS identify
19 resolve." I guess you mean identify and
20 resolve so --

21 MS. PARKER: Yes. Thank you.

22 MS. BROWN: -- small typo, yeah.

23 MS. PARKER: I am not a good editor
24 of my own.

25 MS. BROWN: None of us are.

1 CHAIR BEAUREGARD: And you actually
2 have got -- the piece that you have here
3 about identifying and helping to resolve any
4 network issues, I think, is really, really
5 helpful.

6 Hopefully, you know, once you start to
7 get some of these responses, you'll have a
8 better sense of, you know, how well we can do
9 that in terms of resolving network issues.
10 But it's good that people know that they
11 can -- you know, they can expect to hear from
12 DMS or the MCO.

13 MS. PARKER: Anything else you
14 think needs to be added to the top? I mean,
15 obviously, if you think about something after
16 this meeting but -- you can go ahead and
17 contact me.

18 MS. BROWN: No. My only other
19 comment is for the very middle of the form.

20 MS. PARKER: Which part?

21 MS. BROWN: So the last question in
22 Section 1: Was the MCO contacted first? I
23 feel like if I were a Medicaid member, I
24 might misinterpret that question, and so I
25 was just thinking of possible ways to

1 rephrase it. Like, have you or your
2 healthcare provider already contacted your
3 MCO about this issue? I feel like clarifying
4 that it's about this specifically and --

5 CHAIR BEAUREGARD: Right. And that
6 the contact would primarily come from the
7 member, but I think you're right. Sometimes
8 the provider -- I think that's a good
9 recommendation.

10 MS. BROWN: Yeah. I put a
11 suggestion for how you might reword it but...

12 MS. PARKER: That's fine. You can
13 email me.

14 CHAIR BEAUREGARD: Now, on the
15 referral and appointment information where it
16 says "provider name," I think -- you know,
17 there are some people, they might not have a
18 particular -- they might be looking for a
19 provider, and they're kind of calling around
20 and trying to find somebody. They might not
21 have a particular provider, you know, that
22 they are trying to see.

23 Yeah, maybe if known. And then you have
24 type of provider you need to see, which I
25 think is really the critical part.

1 MS. PARKER: I was wondering
2 whether or not I needed to put heart doctor
3 instead of cardiologist, but I think most
4 people know what a cardiologist is. But I
5 will defer to you all.

6 CHAIR BEAUREGARD: I think
7 cardiologist is okay. And you put, you know,
8 et cetera, so hopefully people will fill out
9 whatever. If they write heart doctor, then
10 you all can interpret that.

11 MS. BROWN: I agree.

12 MS. PARKER: Basically, that's it.
13 I have this information down here. We'll
14 have a phone number as well.

15 CHAIR BEAUREGARD: I might have one
16 more box where you could just have an
17 open-ended, anything else kind of box.
18 Because it looks like with the appointment
19 date and times, the dates offered and
20 accepted, you're going to -- you're looking
21 for a specific entry. It's not going to be,
22 like, an open field where people can say they
23 didn't give me a date. They said they had
24 nothing.

25 So I have a feeling you're going to get

1 people who want to say there was no
2 appointment available, and that's not going
3 to be capturable here.

4 MS. PARKER: Okay.

5 CHAIR BEAUREGARD: Yeah. I think
6 that's good.

7 MS. PARKER: Might switch those
8 two.

9 CHAIR BEAUREGARD: Yeah.

10 MS. PARKER: The appointment day,
11 yeah.

12 CHAIR BEAUREGARD: I would put the
13 additional comments after the accepted.

14 MS. PARKER: Yeah.

15 CHAIR BEAUREGARD: I know what
16 you're getting at there.

17 Angie, thank you for your work on this
18 form. And I think with these edits, it
19 should be -- you know, we can see how it
20 works. And maybe -- you know, if it seems
21 like there's something that isn't working, we
22 can revisit it and make, you know, more
23 revisions to it.

24 But I feel like we're getting close to
25 something that I would feel ready to put out.

1 You know, I think you had said that this is
2 something that people could fill out, like,
3 PDF form, or it's going to be, like, a
4 fillable form online.

5 MS. PARKER: Yeah, hopefully at
6 some point. That's the ultimate -- that's
7 how we want it to be completed, but it may
8 take a little bit more time. That's a little
9 more technical for me to work on so -- and
10 get availability to do it.

11 CHAIR BEAUREGARD: I really -- I
12 really liked the -- when you were doing
13 presumptive eligibility, when DMS was doing
14 it directly, that form that people filled out
15 was really easy. If it could -- if it could
16 be similar to that, I think it would be
17 something that -- it would be easy for us to
18 share. It would be easy for people to
19 complete.

20 What do you think, Miranda? I know you
21 had experience with that form.

22 MS. BROWN: Yeah. Yeah. It was
23 super easy.

24 MS. PARKER: I will find out who
25 knows all about that one. I'll check on

1 that. Thank you.

2 CHAIR BEAUREGARD: Yeah. Anything
3 else related to that?

4 MS. PARKER: We're -- as far as
5 network adequacy, we are -- we just -- we
6 should be getting our first report from the
7 MCOs in May regarding providers who haven't
8 billed a claim in over a year and finding out
9 what's going on with those and if they're
10 truly, you know, on the rolls and available
11 for our Medicaid members. But more to come
12 on that.

13 CHAIR BEAUREGARD: Yeah. That
14 would be interesting to see. I know you were
15 kind of mapping that out as well, and knowing
16 which providers are actually taking patients
17 is always helpful.

18 All right. Well, thank you. Looking
19 forward to seeing the completed form. Tell
20 us if there's more that you need from us, you
21 know, based on today's conversation.

22 It looks like our next item here is the
23 MAC and TAC orientation packet, and I know
24 that that was also something that was sent
25 out to us to review.

1 Kelli -- is Kelli, on?

2 MS. SHEETS: Yeah.

3 CHAIR BEAUREGARD: I know, Erin,

4 you -- you're on right now.

5 MS. SHEETS: I'm here, and I have

6 made all the changes, the suggestions that

7 you sent back the last time. You said that

8 the links weren't working for you, but

9 they --

10 CHAIR BEAUREGARD: Yeah.

11 MS. SHEETS: -- worked for me fine

12 so --

13 CHAIR BEAUREGARD: Okay. It may

14 have been -- yeah. I don't --

15 MS. SHEETS: Sometimes you have to

16 hit the control button and then hover over

17 the link to --

18 CHAIR BEAUREGARD: Oh, that

19 doesn't -- that's not normally how my

20 PowerPoints work, and I wonder if that would

21 work for other people but --

22 MS. SHEETS: Everybody that I've

23 tested it with in DMS said that the links

24 worked for them so...

25 CHAIR BEAUREGARD: It's worked.

1 Okay. Good.

2 MS. SHEETS: So, anyway, I just
3 wanted to tell you that I anticipate
4 leadership approving that as is with your
5 edits. I just haven't had a chance to talk
6 to Veronica about it.

7 CHAIR BEAUREGARD: Okay.

8 MS. SHEETS: Hopefully, I will be
9 able to do that in the next few days and get
10 that out to everyone.

11 CHAIR BEAUREGARD: Yeah. They were
12 pretty minor. I mean, what you had put
13 together --

14 MS. SHEETS: Absolutely.

15 CHAIR BEAUREGARD: -- looked great,
16 so thank you for your work on it.

17 MS. SHEETS: Yeah, very, very
18 minor. No problem.

19 CHAIR BEAUREGARD: I was going to
20 ask you: Did you get my email? Because I --
21 in, my, mind, I was like: Did I actually
22 press send, or did I just draft that email?
23 Because that's the way the last couple of
24 weeks have been for me.

25 MS. SHEETS: No. I got it.

1 CHAIR BEAUREGARD: Anything else
2 related to the orientation packet that people
3 want to discuss?

4 (No response.)

5 CHAIR BEAUREGARD: Okay. Why don't
6 we move on, then, to language access. And I
7 know this is an issue we've talked about
8 quite a bit, and I'm sorry that Melanie and
9 Arthur can't be here for the conversation
10 today because they had some other kind of
11 specific concerns that they wanted to talk
12 about. So we probably will keep this on the
13 agenda for our next meeting.

14 But as far as, you know, other
15 languages, spoken languages, you know, that's
16 something that, Miranda, you've really been
17 working on. And maybe we can focus on spoken
18 languages today.

19 MS. PARKER: Well, if I can give
20 you just a little, short --

21 CHAIR BEAUREGARD: And did you see
22 that Brenda is having to hop off? Okay.
23 Maybe Brenda has already left but...

24 MS. PARKER: If I can give just a
25 short -- just to let you know -- you may or

1 may not know. The Disparity TAC has asked us
2 about language access and how to do, like, an
3 algorithm on how providers and members can
4 utilize that as well as the MAC. And we are
5 working on that with our communications
6 person, Beth Fisher, who spoke earlier.

7 But, you know, I think this is helpful,
8 just seeing it on your agenda to make sure
9 that we are addressing all these different
10 points. I think we are, but there's -- we're
11 currently working on that, and hopefully
12 we'll have something by May. But I don't --
13 I can't guarantee that.

14 But just as an FYI, we are working on
15 this to hopefully -- to be able to provide in
16 the very near future. And, of course, we'll
17 give you -- we'll probably have you all edit
18 it for us as well so -- to make sure that we
19 are addressing all these things.

20 CHAIR BEAUREGARD: Miranda, is
21 there anything that you want to bring up now?
22 I mean, we -- obviously, we'll have a meeting
23 in June, and maybe that's the better time for
24 us to discuss it more in depth but -- but as
25 they're working on things between now and

1 May, if there's anything you want to sort of
2 flag for them.

3 MS. BROWN: Sure. Yeah. I'm
4 trying to remember what I had brought up
5 before and what I noted to bring up today,
6 the difference between the two. Yeah. I'm
7 glad to hear another TAC is bringing up
8 issues.

9 One of the things that's front to my
10 mind right now is I was really excited to
11 hear David's news recently -- I guess maybe
12 it was the last TAC -- of -- or maybe it was
13 a KHBE meeting -- about connectors being able
14 to input the information that they speak more
15 than one language.

16 But on the consumer end, like, when I go
17 to Kinect still and I search for a connector,
18 I can't put in a different language. I can't
19 search for a connector who speaks a different
20 language. And still -- that's still not
21 quite making the connection for it to be a
22 reasonable -- or not reasonable -- useful
23 information for the consumer.

24 MR. VERRY: Miranda, we'll look
25 into it.

1 MS. BROWN: Thanks.

2 MR. VERRY: Just a --

3 MS. BROWN: All right. It sounded
4 like you got cut off there, David. Were you
5 going to say something?

6 MR. VERRY: No, yeah. We'll look
7 into it. Yes, ma'am.

8 MS. BROWN: Okay. Just making
9 sure.

10 Okay. And then let's see. I think we
11 talked about these things that are on my
12 list. We talked about a decision tree --
13 okay -- and clarifying to providers their
14 responsibility to offer interpretive
15 services. Yeah.

16 CHAIR BEAUREGARD: And it sounded
17 to me, if I recall, either our last call or a
18 call before that, we had talked about a
19 decision tree. And it sounded to me like
20 somebody at DMS was going to draft something
21 for us to sort of, you know, take a look at
22 and then make some suggestions.

23 Is that -- is that part of what Beth is
24 working on? Or, Beth, is that part of what
25 you're working on?

1 MS. FISHER: Sorry. I was having a
2 really hard time un-muting myself.

3 Yes. That is what we are working on,
4 and we're very much in the
5 information-gathering phase now. Like Angie
6 said, we do hope to have something to you
7 guys by mid-May. And it may very much still
8 be kind of a work in progress at that point.

9 It's a lot of information once you get
10 into it. It gets pretty complicated. And,
11 you know, we want to make sure that we're on
12 the right track and that we're putting
13 together something that's going to be useful
14 for members.

15 So definitely look forward to being able
16 to share something with you and getting your
17 feedback and working together to come up with
18 a -- you know, a useful material.

19 CHAIR BEAUREGARD: Okay. Yeah.
20 No. That sounds good. I'm glad you're
21 working on it, and we'll keep this on the
22 agenda for June so that we can review it
23 then.

24 If you're -- as part of your information
25 gathering, you know, if you have questions

1 about certain types of language access,
2 whether it's interpreters or translations,
3 and it would be helpful, you know, for us to
4 connect you with anyone we can. I mean,
5 Miranda is a good resource, I think, herself,
6 but then I'm thinking about interpreters that
7 work at federally qualified health centers
8 and others that I think could be really good
9 resources.

10 MS. PARKER: Danita Coulter, who is
11 our Equity and Determinants of Health branch
12 manager -- I believe she's on here -- she's
13 been working with Beth and others on getting
14 this information. So I'm sure we can also
15 reach out to Miranda as well.

16 MS. BROWN: Absolutely. Yeah. And
17 I'd be really excited to hear if -- just if
18 there are any updates to some of the items we
19 have listed here, like CHFS recruitment or
20 anything now or in June.

21 MS. PARKER: That, I don't know. I
22 don't -- about the recruitment of bilingual
23 staff but -- and I'm pretty sure that's not
24 part of what we're working on. But we'll see
25 if we can find somebody who might know what

1 that is about or what's being done or not.

2 CHAIR BEAUREGARD: Yeah. And
3 perhaps that was more on the KHBE side. I
4 recall that being part of the conversation.

5 MS. BROWN: Yeah. I agree. It was
6 more related to KHBE connectors and the call
7 service workers, yep.

8 CHAIR BEAUREGARD: All right. So
9 why don't we move on to new business, and the
10 school Medicaid updates would be the first
11 item. I know that there was a lot of --
12 there was a survey recently of schools and
13 was curious to know about, you know, when
14 that data would be released or in what -- you
15 know, sort of what form we would be able to
16 see what schools are saying in terms of
17 whether they're participating, the services
18 they're providing, that kind of thing, and
19 then any information you can share about the
20 pending grant proposal to CMS.

21 MS. JONES: Hi, Emily. This is
22 Erica. So the data that we collected from
23 the schools, we are still compiling that, but
24 I can give you a little bit of information on
25 that.

1 We had approximately 70 surveys that
2 were completed start to finish, and the
3 results indicated that the districts that
4 have not implemented expanded access, it was
5 due to them not having staff to administer
6 the program or not being familiar with
7 expanded access. So for that reason, we are
8 putting together some more materials to make
9 sure that all school districts are familiar
10 with what is covered under expanded access.

11 And, also, the materials that we already
12 have available, reviewing those and making
13 sure that if there is a lot of staff
14 turnover, that training new staff isn't
15 incredibly burdensome. So just making sure
16 that all the materials that we do have as of
17 now are easily digestible.

18 Also included in that survey was a
19 competency self-assessment, and that also
20 indicated that district staff were not
21 familiar with the covered services as well.
22 So preparing training materials covering the
23 expanded access is a top priority right now.

24 Additionally, from the survey, we found
25 that districts were using several different

1 methods to deliver services to students. So
2 some were hiring staff, so they were becoming
3 school district staff to do the services.
4 Others were contracting out. And the billing
5 was different as well.

6 And so we are wanting to make sure that
7 we have materials out there for school
8 districts so that they're able to know the
9 different options that they have and
10 determine which is best for their school
11 district in meeting their students' and
12 budgets' and resources' needs.

13 And -- let's see. And then the update
14 on the grant proposal. We have submitted it.
15 We haven't heard back, but we -- we are
16 optimistic that we will be funded. We will
17 let you know as soon as we know. But the
18 funds are to be released to states on July 1.

19 CHAIR BEAUREGARD: July 1. Okay.
20 And when do you know -- when are awards
21 announced?

22 MS. JONES: It was, like, late
23 June, I think, so it was going to be, like,
24 almost simultaneous. So it -- yeah.

25 CHAIR BEAUREGARD: Okay. Yeah. We

1 have to wait a while.

2 MS. JONES: Yes.

3 CHAIR BEAUREGARD: All right. It
4 was a short turnaround for a CMS grant.

5 MS. JONES: It was less than 60
6 days.

7 CHAIR BEAUREGARD: And in the
8 middle of the legislative session. I
9 didn't -- yeah. But we really appreciate you
10 all putting that together.

11 And I think I shared this in a different
12 meeting, Erica, but the Kentucky Health
13 Center Network is also doing a survey. And I
14 thought it would be something that -- you all
15 might be interested in just getting their
16 data and seeing how it might, you know, sort
17 of complement the data that you've collected,
18 you know, maybe add in some new information
19 that you don't have. So I asked if they
20 would be willing to share, and they said yes.

21 MS. JONES: That would be helpful
22 because we do know that there were three,
23 maybe four surveys that all had a similar
24 theme that were out around the same time.
25 And so we thought perhaps that is why we

1 didn't get the results that we anticipated,
2 was, you know, if you see something, you're
3 like, oh, I've already completed that one.
4 So -- I mean, that's a probability. But if
5 any others would share their data, that would
6 be great.

7 CHAIR BEAUREGARD: Yeah. Okay.
8 And I'm not sure when it'll be available, but
9 I'll -- I'll keep you posted.

10 I don't have anything else there unless
11 anyone else does. I guess, Miranda,
12 you're -- it's just the two of us now holding
13 it down.

14 The next item, we'll continue to carry
15 this forward until Arthur and whoever his
16 guest is that he's going to have speak to
17 this issue, the Michelle P waiver, are
18 available to speak to it. So we'll just bump
19 that for June.

20 And then the last item that we have is
21 the alignment of quality initiatives,
22 something that I think was brought up a
23 couple of meetings ago when Veronica was with
24 us. And I don't know if there's much more to
25 share in terms of engaging stakeholders in

1 this alignment initiative.

2 Something more specific that I wanted to
3 ask about was the social determinants of
4 health screenings as well and the referrals.

5 MS. PARKER: What do you want to
6 know?

7 CHAIR BEAUREGARD: Well, I guess
8 the two parts.

9 MS. PARKER: Well, the first
10 part --

11 CHAIR BEAUREGARD: The engaging
12 stakeholders in aligning, you know, quality
13 initiatives. That was one thing that I know
14 was kind of like on the -- you know, sort of
15 on the agenda for this year at some point.
16 It's a priority --

17 MS. PARKER: Yes. It's still on
18 the agenda for this year.

19 CHAIR BEAUREGARD: -- to do that
20 work. Okay.

21 MS. PARKER: It's still on the
22 agenda for this issue.

23 CHAIR BEAUREGARD: Okay. But --

24 MS. PARKER: I thought I had my
25 video on. Sorry.

1 It's a work in progress. Let me put it
2 that way. And, also, you know, regarding the
3 SDoH screenings and referrals, we've --
4 working with our Managed Care Organizations
5 and getting them set up with Kynect and those
6 SDoH screenings that are available on Kynect
7 and driving members there and hope -- you
8 know, and get data from that as well on those
9 types of screenings and who -- are they
10 filling this information out? Who are they
11 being referred to? And trying to do a
12 closed-loop referral system through that.

13 Leveraging Medicaid reimbursements for
14 health-related social needs through the 1115
15 waiver versus lieu of services. That's still
16 being talked about and thought about and
17 figuring out which direction to go with that.

18 CHAIR BEAUREGARD: Okay. You know,
19 to go back to the screenings and referrals
20 for social determinants of health. I know
21 one organization that was interested I think
22 you already have a meeting scheduled with,
23 which is ZeroV, talking about, you know, how
24 their domestic violence shelters can
25 participate in this process and what they

1 need to know and, you know, what happens when
2 there's a referral that can't be -- you know,
3 that is either not something that they're
4 able to -- to take care of themselves. Or,
5 you know, they're just unable -- they don't
6 have the capacity for it. Or maybe it's an
7 inappropriate referral for them, and they
8 need to, you know, hand it off to someone
9 else.

10 I think those are some of the questions
11 that we're getting. You know, as far as --
12 the screening is great. When the referrals
13 are made, you know, what does that network
14 look like, and how do we ensure that people
15 are getting the services that they need? Is
16 there a responsibility on the part of the
17 referring agency to make sure it's a closed
18 referral, that they either respond to you or
19 pass it on to someone else?

20 MS. PARKER: No. The short answer
21 is no. You know, it could be -- we do have a
22 meeting tomorrow at 4:00, and I think she
23 invited you, Emily, to that as well. You
24 know, that's why we need to talk about the
25 unintended consequences to these things, to

1 make sure that people aren't put into a
2 situation such as that and how to best
3 address those when those referrals may come
4 around.

5 So it's something that we just need to
6 talk through, and I think it'll be good to
7 understand where Olivia and her group are
8 coming from and how we can ensure those
9 things are addressed.

10 CHAIR BEAUREGARD: Yeah. And I
11 guess, too, you know, having the MCOs
12 involved in this, I think it makes a lot of
13 sense. I know hospitals are doing the
14 screenings as well. And just, you know,
15 who's responsible ultimately, though, to make
16 sure that the referral, you know, either gets
17 done or gets closed or -- you know, whatever
18 the case may be.

19 MS. PARKER: Well, I mean,
20 ultimately, the responsibility is the person
21 who needs the -- you know, they're filling
22 this out. They're getting this
23 recommendation. All we can do or an MCO or
24 the connector can do is encourage and, you
25 know, provide the information. Obviously, if

1 the person is in case management via the MCO,
2 they would have more contact with them. Or
3 they may be through this referral system that
4 they need to be in case management if they're
5 not already.

6 So there's opportunities there. It's
7 just how to bring it all together. I
8 understand the concern with that and making
9 sure that people are getting the assistance
10 they need.

11 CHAIR BEAUREGARD: Well, it sounds
12 like there's some learning as we go which --
13 always the case to some degree. But I'm also
14 curious to know if there's any state that's
15 doing this really well, and I haven't taken
16 the time to look into it. But thank you for
17 making time to talk with ZeroV tomorrow.

18 MS. PARKER: We have talked to Iowa
19 on SDoH screenings and developing a dashboard
20 as well, so we have done some preliminary
21 review of this in other states. So it's a
22 work in progress. There's a whole lot of
23 things that we're doing.

24 CHAIR BEAUREGARD: Aside from, you
25 know, helping the individuals and being able

1 to be responsive to their needs, of course,
2 we also want to know just generally speaking
3 as we're collecting data, you know, from the
4 screening and then from the referrals what
5 services are available out there and which
6 services aren't available so that there can
7 be more targeted sort of focus on building
8 those up.

9 MS. PARKER: Absolutely. Know
10 where the holes are.

11 CHAIR BEAUREGARD: Yeah. Miranda,
12 do you have any questions related to this?
13 Okay.

14 MS. BROWN: No. Thank you.

15 CHAIR BEAUREGARD: Any other things
16 that you want to discuss, issues? Questions,
17 suggestions?

18 Okay. Well, then, I think we'll forego
19 recommendations. We don't have a quorum, so
20 we'll come back in June and hopefully have
21 more members present with us so that we can
22 take care of the minutes and also have some
23 recommendations to put forward.

24 But until then, I will be the person
25 representing us at the next MAC meeting,

1 which is going to be in May. I didn't put
2 that on there, the date, but it'll be in May.
3 And then our next Consumer TAC meeting is
4 going to be at 1:30 on June 18th. And so we
5 will continue to address some of these items,
6 especially the ones that we didn't touch on
7 too much today. And, of course, I'll reach
8 out for any other items beforehand.

9 And one thing I wanted to ask Erin. As
10 far as the structure of the agenda, I think
11 we've been using this kind of structure for
12 probably at least a year now. I find it --
13 you know, we do a lot of jumping around
14 between old and new business, and some of the
15 similar topics kind of get split between
16 those two items.

17 I'm wondering if I can make the agenda
18 more topical, like have everything about
19 waivers in one section and just have old
20 business and then new business and then
21 everything about Medicaid renewals, old
22 business, new business. Does that make
23 sense? Could we do it that way?

24 MS. BICKERS: It's your agenda.

25 CHAIR BEAUREGARD: Okay.

1 MS. BICKERS: So if you would like
2 to structure it that way, it's fine with me.

3 CHAIR BEAUREGARD: Okay. Great. I
4 think this was a template that --

5 MS. BICKERS: It might actually
6 help me keep up with where we're at.

7 CHAIR BEAUREGARD: This was a
8 template that DMS had given us. And so I was
9 trying to follow the template, but I felt
10 like maybe I could just make a few
11 adjustments to it. So I'll do that for the
12 next meeting, and we'll see if we like it
13 better.

14 MS. BICKERS: I think a template
15 was started because there were some TACs that
16 were asking for one, or they had new chairs
17 and didn't have, you know, a copy of their
18 previous ones. So we put one together to try
19 to give a little guidance and -- but yeah,
20 it's your agenda if you need to structure
21 it --

22 CHAIR BEAUREGARD: Okay.

23 MS. BICKERS: Because not all TACs
24 use it this way so...

25 CHAIR BEAUREGARD: Gotcha. Okay.

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All right. Well, I'll work on that, then,
but thank you. And thanks, everybody, for
your time today, and I think we'll adjourn.
Have a good afternoon.

MS. BROWN: Have a good afternoon.
(Meeting concluded at 3:10 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 1st day of May, 2024.
16
17

18 /s/ Shana W. Spencer

19 Shana Spencer, RPR, CRR
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