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

Via Videoconference
December 17, 2024
Commencing at 1:31 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.
Brenda Mannino
Melanie Tyner-Wilson
Christy Hardin (not present)

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

2 CHAIR BEAUREGARD: Good afternoon,
3 everyone. I know we're getting very close to
4 the holidays, so thank you for taking time to
5 join us today for our final Consumer TAC
6 meeting of 2024. It's hard to believe the
7 year is over at this point, nearly so.

8 Why don't we get started with
9 introductions. I'm Emily Beauregard. I'm
10 the Director of Kentucky Voices for Health,
11 and I chair the Consumer TAC.

12 And I'll hand it off to our other TAC
13 members to introduce themselves. Arthur,
14 Melanie, Brenda, and Miranda, if you want to
15 do it in that order.

16 MR. CAMPBELL/INTERPRETER: He said
17 he's Arthur Campbell, Jr. He said he is
18 working in -- and he's representing P&A.
19 Thank you.

20 CHAIR BEAUREGARD: Glad to have you
21 on here, Arthur. Good to see you.

22 MS. TYNER-WILSON: My name is
23 Melanie Tyner-Wilson, and I'm very honored to
24 serve on this TAC. I think it's a -- very
25 important work happens with this group. I'm

1 here representing The Arc of Kentucky, The
2 Arc of Central Kentucky, and the Autism
3 Society of the Bluegrass. So thank you very
4 much for the opportunity.

5 CHAIR BEAUREGARD: Thanks for being
6 here, Melanie. And then Brenda and Miranda.

7 MS. MANNINO: Hi, everyone. I'm
8 Brenda Mannino, and I am representing AARP.

9 MS. BROWN: Good afternoon,
10 everyone. I am Miranda Brown. I'm a
11 kynector, and I'm representing Kentucky Equal
12 Justice Center.

13 CHAIR BEAUREGARD: Good to see
14 everyone. We do have a quorum, so we can do
15 business and vote today. The first item on
16 our agenda after a quorum is to approve
17 minutes from our last meeting.

18 Has everyone had a chance to look at the
19 transcript?

20 MS. TYNER-WILSON: Yes.

21 CHAIR BEAUREGARD: Any questions or
22 anything that we need to discuss?

23 (No response.)

24 CHAIR BEAUREGARD: All right. I'll
25 ask for a motion to approve those minutes.

1 MS. TYNER-WILSON: I make a motion
2 to approve the meeting minutes from the
3 previous meeting in November.

4 CHAIR BEAUREGARD: Thank you.

5 MR. CAMPBELL: I second it.

6 CHAIR BEAUREGARD: And a second
7 from Arthur. Thank you.

8 All in favor, say aye.

9 (Aye.)

10 CHAIR BEAUREGARD: Any opposed?

11 (No response.)

12 CHAIR BEAUREGARD: All right.
13 Motion carries. The minutes are adopted.

14 We can move on to old business. We
15 always start by asking about the status of a
16 few data requests. The first is how many
17 Kentuckians are currently covered under
18 traditional, expanded, emergency time-limited
19 Medicaid, and presumptive eligibility.

20 MS. GRIFFIN: Yes. Hello. This is
21 Jiordan from DMS Eligibility and Enrollment.
22 And I can go through the numbers, and I'll
23 post them in the chat as well per usual.

24 So for presumptive eligibility, we
25 currently have 1,391 individuals receiving

1 presumptive eligibility Medicaid. For the
2 emergency time-limited Medicaid, we have 319
3 in receipt of that coverage. For traditional
4 fee-for-service members, we have 150,998.
5 For expanded Medicaid, we have 1,306,502 for
6 a total enrollment of 1,457,500 individuals.
7 I am posting this information in the chat
8 now.

9 CHAIR BEAUREGARD: Thanks, Jiordan.

10 MS. GRIFFIN: Absolutely.

11 CHAIR BEAUREGARD: Has that
12 increased slightly since last month or the
13 last time we had a meeting?

14 MS. GRIFFIN: So last -- it's
15 sitting around the same. It looks like our
16 total last month was 1,458,000, so it's --
17 maybe, like, a thousand have dropped out.

18 CHAIR BEAUREGARD: Thank you.

19 MS. GRIFFIN: It's fairly similar
20 to last month's total, yes.

21 CHAIR BEAUREGARD: Any questions
22 about that?

23 (No response.)

24 CHAIR BEAUREGARD: All right. And
25 then our next data request is around

1 Kentuckians receiving 1915C waiver services,
2 both those receiving and those on the waiting
3 list.

4 MS. HOFFMANN: Hello. It's Leslie.
5 So it looks like we've got about 32,047
6 active right now are receiving services, and
7 we've got about 13,687 unduplicated on the
8 waiting list. So we've been trying to break
9 that out a little bit more. We've got many,
10 many members who are more -- on more than one
11 waiting list or on a waiting list and in
12 another waiver actually receiving services.
13 So I know that's kind of confusing.

14 We've got 1,745 that are on more than
15 one list, and we've got 5,202 that are
16 receiving services in one waiver but on a
17 waiting list for another.

18 The three waiting lists broken out right
19 now is the home and community based waiver,
20 which is 2,544; the Michelle P waiver, which
21 is 9,365; and supports for community living
22 that is 3,523.

23 CHAIR BEAUREGARD: Thank you,
24 Leslie.

25 MS. HOFFMANN: Yes, ma'am.

1 CHAIR BEAUREGARD: Any questions
2 about that? It's good -- it's really helpful
3 when you tell us about the waiting list who's
4 on another waiver already or who's receiving
5 Medicaid services. I think that's a
6 really --

7 MS. HOFFMANN: Yeah. Last time I
8 checked, it was --

9 CHAIR BEAUREGARD: An easier way to
10 understand.

11 MS. HOFFMANN: It's 39 or 40
12 percent, last time I checked, are actually on
13 two lists or are receiving services somewhere
14 else so...

15 CHAIR BEAUREGARD: It provides some
16 good context.

17 MR. CAMPBELL/INTERPRETER: Arthur
18 want to know if she breaks them down, can
19 she -- when she breaks them down, can she
20 send it to him?

21 MS. HOFFMANN: Absolutely.

22 CHAIR BEAUREGARD: Yeah. If you
23 could email that to us, that would be
24 fantastic. Thank you.

25 All right. The next item we have here

1 is our child eligibility enrollment and
2 renewals. I know that the current plan, or
3 at least last we heard was to start renewals
4 for children midyear next year in 2025. Has
5 anything changed there?

6 MS. JUDY-CECIL: Hi. It's Veronica
7 Judy-Cecil with Medicaid, and we did -- we
8 did receive official approval from CMS, from
9 the Centers For Medicare and Medicaid
10 Services, to continue our automatic extension
11 of children. So when a child right now
12 through June of 2025 comes up for renewal,
13 we're automatically extending them for the
14 12-month. They get continuous coverage for
15 that 12 months as well.

16 However, CMS was very clear that
17 starting with renewals in July 2025, that we
18 will have to begin doing redeterminations
19 before we grant that 12 months' continuous
20 coverage. So now that we've got that
21 officially in writing, we are working on a
22 plan to communicate that, make sure folks
23 understand. Because just like, you know,
24 unwinding, where there was a three-year
25 period of not having to do anything, you

1 know, we want to make sure that -- especially
2 these are our kids. You know, we want to
3 make sure that they -- the families
4 understand that they're going to have to go
5 through a redetermination, and so it's going
6 to be very important for them to respond.

7 We're going to do a lot of messaging
8 around the fact that children eligibility has
9 a higher federal poverty level limit, you
10 know, so just making sure folks understand
11 that. So go ahead and send it in and let us
12 make that determination as to whether or not
13 they're eligible.

14 So we'll -- we're right now kind of
15 talking about that and how to message that,
16 and we'll probably start that campaign really
17 early next year.

18 CHAIR BEAUREGARD: Okay. Yeah.
19 That's good to know. And I think having
20 schools involved in that campaign will be
21 really helpful, especially with the work
22 you're doing on school Medicaid now but --

23 MS. JUDY-CECIL: Yes.

24 CHAIR BEAUREGARD: -- FRYSCkys and,
25 yeah, school staff.

1 A couple of questions. When you said
2 that between now and June of 2025, when you
3 do renewals. So you are already doing some
4 redeterminations?

5 MS. JUDY-CECIL: Uh-huh. Oh, no,
6 no, no. No. Right now, children --

7 CHAIR BEAUREGARD: They're just
8 enrolling. They're not being redetermined.
9 They're just enrolling --

10 MS. JUDY-CECIL: That's right.
11 Yep.

12 CHAIR BEAUREGARD: -- and get the
13 12 months of continuous eligibility.

14 MS. JUDY-CECIL: That's correct.
15 Yeah. Yeah.

16 CHAIR BEAUREGARD: Okay.
17 All right. And then --

18 MS. TYNER-WILSON: Emily, this is
19 Melanie. Can I ask a question before you
20 move on?

21 CHAIR BEAUREGARD: Yeah.
22 Absolutely. Sure.

23 MS. TYNER-WILSON: Ms. Judy, or
24 Veronica, do you mind to share the final
25 approved waiver application either in the

1 chat or just somewhere, so we can have an
2 opportunity to be able to review it?

3 MS. JUDY-CECIL: Sure. And it's
4 just approval of our continuing flexibility.
5 It's just a letter from CMS, but we'll send
6 that to the TAC.

7 MS. TYNER-WILSON: Oh, okay.

8 MS. JUDY-CECIL: Or emails. And
9 then we'll post it on the Consumer Rights TAC
10 web page since you all have requested it, so
11 people can go back and look it.

12 MS. TYNER-WILSON: Oh. Thank you
13 so much. I appreciate it.

14 MS. JUDY-CECIL: Yeah. We're happy
15 to do that.

16 CHAIR BEAUREGARD: That would be
17 great. I'm glad to hear that you finally got
18 approval.

19 MS. JUDY-CECIL: Me, too.

20 CHAIR BEAUREGARD: No longer
21 waiting on that. That's good.

22 My question -- oh, yes. So for the --
23 one of the things that we've, you know,
24 already kind of seen come up with some
25 children's coverage is issues around

1 residency. Is there anything that you've
2 identified with some of those cases that
3 could help us to prevent kids from being
4 disenrolled for residency when they are still
5 eligible? Is it -- is it just a matter of
6 documentation, or is there something else
7 going on or --

8 (Brief interruption.)

9 MS. JUDY-CECIL: Oh, let's see. If
10 folks could please -- thank you -- mute.

11 So we have received a couple -- well, so
12 first, let me say we did a review of renewals
13 and found a couple of kids that -- or
14 individuals that it shows an out of state.
15 But that's only because the parent or
16 guardian is out of state, but the child is in
17 state. And the difficulty is that, you know,
18 we can't catch that if that nuance isn't
19 somehow reflected in the case.

20 It really honestly can only be
21 identified, you know, through that regular --
22 we're kind of doing that regular look to see.
23 Anytime it's a kid getting disenrolled, we
24 verify the reason to make sure that it's a
25 legitimate reason.

1 So, you know, they're really -- and not
2 to put Jiordan on the spot but, you know, I
3 don't know of any other way for us to
4 identify those cases unless somebody brings
5 it forward to us and, you know, it's a
6 case-by-case situation.

7 MS. GRIFFIN: Yeah. Especially
8 during, like, our transition activities with
9 the MCOs, we were looking really closely at
10 that and saw that there were some
11 discrepancies in the head of household
12 address versus what may be the children's
13 actual address. And the only way we have to
14 correct that is to do a manual review, try to
15 make outreach as best as we can.

16 CMS has provided some guidelines as to
17 what constitutes appropriate outreach
18 attempts. It's at least two attempts
19 different times of day two different days in
20 addition to sending correspondence to the
21 address we do have on file, which, if it's
22 not the right one, ultimately, it ends up in
23 us receiving the returned mail. So we try
24 our best to make outreach and manually
25 correct those when we see them.

1 CHAIR BEAUREGARD: Well, and I can
2 imagine that this is not uncommon, that, you
3 know, when some parents are moving out of
4 state and the child is living with either
5 another parent or caregiver, relative. I
6 wonder if part of the messaging campaign
7 could be what to do if you're not getting the
8 notice and you're the caregiver, you know,
9 how to make a call to check on that case
10 because it could just be that the caregiver
11 doesn't realize that -- you know, that the
12 address on file is the other parent.

13 MS. JUDY-CECIL: I think we're open
14 to some, you know, thinking through how we
15 can try to overcome the cases that this does
16 impact. As Jiordan mentioned, as part of the
17 Anthem transition, we identified a bunch of
18 out of state. And rather than going right to
19 disenrollment, we went and contacted those
20 individuals. We tried to reach them so that
21 we could verify their address and -- because
22 we don't want to inappropriately disenroll
23 anybody, obviously.

24 And it just -- it underscores the
25 importance of keeping your address up to date

1 and accurate so that we can contact folks
2 when we need to. We're certainly happy to,
3 like, think through what kind of campaign we
4 could do or messaging around, you know, that
5 particular issue.

6 CHAIR BEAUREGARD: Yeah.

7 MS. TYNER-WILSON: I have another
8 question. Sorry.

9 CHAIR BEAUREGARD: No. Of course.
10 Go ahead.

11 MS. TYNER-WILSON: If the child is
12 in kinship care, so maybe residing with
13 another member of the family, is that
14 something that would -- you would
15 automatically be aware of?

16 MS. JUDY-CECIL: If you're --
17 Jiordan, do you know if you're updating -- so
18 if somebody updates their address in kinship,
19 we do have an integrated system. I think it
20 might update Medicaid as well.

21 But, Jiordan, do you know for certain?

22 MS. GRIFFIN: Yes. So where we
23 have that integrated system, we have two
24 different kind of address fields. We have
25 the head of household address and then we

1 have the member individual level address.
2 And so as long as in that head of household's
3 case, that it's indicated all of those
4 household members reside at that address, it
5 updates for everyone in the case including
6 those children that are in the kinship care
7 program.

8 And it would -- you know, if their
9 Medicaid was, for some reason, on a separate
10 case, it would update in that case as well.
11 So that -- that individual address that's
12 picked up from the most recent -- like, if we
13 received a new address today, it would have
14 today's date. It would pick up that most
15 recent address. It would attach it to that
16 individual and carry over to any additional
17 cases they may have.

18 MS. TYNER-WILSON: Okay.

19 Thank you.

20 CHAIR BEAUREGARD: Yeah. I would
21 just caution that that would only be for the
22 families that are formally in the kinship
23 system.

24 MS. TYNER-WILSON: Yeah. Oh, good
25 point.

1 CHAIR BEAUREGARD: So just keep
2 that in mind, Melanie.

3 MS. TYNER-WILSON: Yeah. That's a
4 really great point.

5 CHAIR BEAUREGARD: Yeah. Like, any
6 families that are more informally caring for
7 kids wouldn't necessarily be in the system
8 that way, but it's good to know that you have
9 that system integration.

10 Any other questions about child
11 eligibility enrollment and renewals?

12 (No response.)

13 CHAIR BEAUREGARD: All right. Our
14 next item here is the home and
15 community-based service waivers, the final --
16 the federal final rules, and the rate study.

17 MS. HOFFMANN: Okay. I think I'm
18 going to go over these. So good news. All
19 six 1915C home and community-based waivers
20 were submitted to CMS and approved. Five of
21 them were on the 12th, and one was on the
22 13th. So they were all approved last week so
23 good news.

24 We're currently working on drafting E
25 regulations, emergency regulations and making

1 system modifications to reflect the changes.
2 The rates will be effective January 1,
3 although some of the changes may take longer.
4 So we're working through that as quickly as
5 we can, Emily.

6 Let's see. The -- as far as the federal
7 final rules, DMS has obtained a contractor.
8 It's HealthTec with a subcontract to Mercer,
9 and they are our vendor to navigate
10 through -- DMS and our sister agencies
11 through the federal final rules.

12 So more to come on that. We're just
13 really starting to get into that.

14 CHAIR BEAUREGARD: What was the
15 name of that contractor again?

16 MS. HOFFMANN: I'm sorry.
17 HealthTec with a subcontract to Mercer.

18 CHAIR BEAUREGARD: Okay. Thanks.

19 MS. HOFFMANN: And as far as the
20 rate study goes, it was submitted along with
21 the waiver amendments, and it has been posted
22 to our website. We're currently drafting
23 communication and preparing the rates to be
24 published and hoping to have the first of two
25 letters probably coming out Friday. Don't

1 hold me to that, but we're really going to
2 try Friday of this week.

3 CHAIR BEAUREGARD: That's great.
4 Thank you.

5 MS. HOFFMANN: Yes, ma'am.

6 CHAIR BEAUREGARD: And once the
7 rate study is published, what is the next
8 step?

9 MR. CAMPBELL/INTERPRETER: Arthur
10 has a question.

11 CHAIR BEAUREGARD: Okay, Arthur.
12 Why don't we go -- go ahead with your
13 question, Arthur.

14 MR. CAMPBELL/INTERPRETER: Can she
15 email -- can she email him telling him what
16 each waiver -- oh, rate, what each waiver
17 rate is. He said: Can you email him,
18 telling him of what each waiver rate is?

19 MS. HOFFMANN: Let me get back with
20 staff, and I'll try to get that sent out
21 through Erin or Kelli.

22 MR. CAMPBELL/INTERPRETER: He said
23 thank you.

24 MS. HOFFMANN: Uh-huh.

25 CHAIR BEAUREGARD: Thanks. And,

1 Leslie, I don't know if you heard my
2 question.

3 MS. HOFFMANN: Oh, sorry.

4 CHAIR BEAUREGARD: But what are the
5 steps after the rate study is published?

6 MS. HOFFMANN: So right now, the
7 biggest thing that we're trying to work on is
8 to get the E regs established and
9 communication out, and I'm leaving out
10 something. Sorry, Emily. I just blanked.
11 Oh, system changes. That's the biggest.

12 So as soon as we get the systems
13 changes. We don't want to not have the
14 systems in place and not be correct and then
15 have to do up any cleanup work. So that
16 system is really the piece that we're working
17 on right now.

18 CHAIR BEAUREGARD: Okay. That
19 sounds good. Thanks.

20 Any other questions related to the
21 waivers or the rate study?

22 MS. TYNER-WILSON: And this is for
23 traditional providers as opposed to people
24 doing PDS; is that correct?

25 MS. HOFFMANN: Alisha, are you on?

1 That included -- did that include --

2 MS. CLARK: Trying to take myself
3 off mute.

4 MS. HOFFMANN: Sorry.

5 MS. CLARK: So the waiver
6 applications included rates for everything.

7 MS. HOFFMANN: Yeah.

8 MS. CLARK: There are some rates
9 where even if you are providing participant
10 directed services, those rates can be
11 increased. Of course, that is up to the
12 participant, not the employee.

13 But if a participant who's receiving
14 those services believes that their employee
15 needs an increased pay rate, they are able to
16 meet with the case manager, fill out the new,
17 you know, contract forms and all of that to
18 increase the rate.

19 That doesn't affect all services, but
20 there are some services. And, for example,
21 just one off the top of my head, I think, is,
22 like, respite.

23 So we will -- once we can get that
24 letter out -- like Leslie said, we have a
25 couple of different letters. The first one

1 will be a short, little letter with the --
2 the payments, what those base rates are. And
3 then there are going to have to be some
4 changes made in MWA by the case managers for
5 a few of those services. And we are working
6 on a letter to address those changes that
7 will need to be made, and we're going to get
8 that out as soon as possible.

9 MS. TYNER-WILSON: Thank you.

10 MS. CLARK: You're welcome.

11 MS. HOFFMANN: The first one that
12 you receive is probably going to be more like
13 a little memo to you all. So don't expect,
14 like, two formal letters or anything like
15 that. Sorry. I shouldn't have said two
16 letters. Two communications. How about
17 that?

18 CHAIR BEAUREGARD: That --

19 MS. HOFFMANN: Or more.

20 CHAIR BEAUREGARD: Did you have a
21 follow-up question, Melanie?

22 MS. TYNER-WILSON: No, no. But
23 thank you.

24 CHAIR BEAUREGARD: I did have one
25 other question. Thinking about some of the

1 recent legislative committee meetings that
2 I've, you know, just been watching and the
3 budget reports or the kind of budget preview
4 that DMS has given to legislators, I'm
5 assuming that the increased rates are already
6 kind of included, baked into the budget that
7 is being presented to legislators now; is
8 that right?

9 (Ms. Hoffmann nods head.)

10 CHAIR BEAUREGARD: Okay. And I'll
11 just say that there's been a lot of
12 conversation in those meetings. Legislators
13 are asking questions about, you know, why
14 rates are -- or why the Medicaid budget, more
15 broadly, is growing, where that growth is
16 coming from.

17 We know some of it is the rate increases
18 for home and community-based services, which
19 is a good thing. And we want to make sure
20 that -- you know, sometimes increased costs
21 is seen as something bad, but we sometimes
22 need to remind people what that means. It
23 means that providers are getting paid more
24 for the services that they're providing,
25 which means we have more providers who are

1 willing to participate. And that means more
2 services are going to be going to the people
3 who need them.

4 And the other source of growth, as I
5 understand it, is hospitals. They're getting
6 the average commercial rate now, so they're
7 getting more reimbursement. And that means
8 that, you know, they're able to cover more
9 costs and provide more services so -- keep
10 their doors open, all the things that we need
11 in our communities to make sure people have
12 access to care.

13 So just be aware that those questions
14 are being asked. And when you have the
15 opportunity, we need to just be educating
16 people about why there's that increased cost.

17 So the next item we have here on the
18 agenda is the Kentucky initiatives on
19 permanent supportive housing. Any -- any new
20 activities?

21 MS. HOFFMANN: Well, I think I'm
22 going to -- I think I'm going to handle that,
23 too, Emily. Ann Hollen, who is the DBH lead
24 for the 1915(i) SMI SPA.

25 CHAIR BEAUREGARD: That's a good

1 point. I'm sorry. It's 1915(i). But you
2 went right back there, so thank you.

3 MS. HOFFMANN: So -- yeah. Ann
4 wasn't available today, so I just told her I
5 would go over a couple of bullet points here
6 and confirmed with her that they were okay
7 and then I'll go back to the other one.

8 So Kentucky's 1915(i) state plan home
9 and community-based waiver services, we're
10 calling that the RISE initiative offering ten
11 support services to individuals with serious
12 mental illness or co-occurring serious mental
13 illness and SUD.

14 The ten services offered are assistive
15 technology, case management in-home,
16 independent living supports, medication
17 management, planned respite for caregivers,
18 supervised residential care, supported
19 education, supported employment, tenancy
20 supports, and transportation.

21 Currently, it is continued productive
22 work with CMS on an approval for our state
23 plan application, and we work with them every
24 week on trying to ensure that we can do this
25 as quickly as possible.

1 We are ensuring that individuals needing
2 the institutional level of care are eligible
3 for the 1915(i), value of a functional
4 assessment for eligibility and
5 person-centered planning for individualized
6 support plans as well.

7 DMS and DBH, of course, are working in
8 partnership and working closely together
9 every week to draft regulations for
10 individuals. Provider participation, we're
11 working on that. Covered services and
12 reimbursements.

13 We are still working towards a 7/1/25
14 hopeful onboarding and certification of
15 providers and beginning to conduct
16 assessments for referrals for individuals.
17 So even though we've still got a lot to do,
18 we're really, really hoping that we can still
19 start implementing -- not full implementation
20 but by July the 1st of 2025.

21 CHAIR BEAUREGARD: All right. That
22 sounds good.

23 MS. HOFFMANN: And then --

24 CHAIR BEAUREGARD: Are you
25 expecting approval within the next few weeks?

1 MS. HOFFMANN: Not sure. We're
2 working -- we're very close.

3 CHAIR BEAUREGARD: I mean, knowing
4 that you already have an implementation.

5 MS. HOFFMANN: We possibly could,
6 Emily. CMS is working as hard as we can to
7 finish things up before January, so it's --
8 and it's been extremely quick turnaround
9 times for us. So we've been working very
10 hard on those as well.

11 One thing I do -- would mention, too, is
12 the SMI 1115 that is the companion to this
13 1915(i) SMI -- and I don't know, so I'm going
14 to announce it right now. We were just
15 recently last week approved for all
16 components of Team Kentucky and all
17 components that go with it.

18 So we have had an unbelievable last
19 couple of weeks. I think we have submitted
20 maybe 14 total RAIs, maybe 15, six waiver
21 amendments, and then the 1115s, which that's
22 multiples. And I can come back and talk
23 about that later. It's the -- it's
24 continuing the SUD. It's continuing the Team
25 Kentucky, the former foster care. It's part

1 of Senate Bill 90 for residential recovery
2 support services with SUD under Senate Bill
3 90. It's also that recuperative care pilot
4 that will now be under a health-related
5 social needs arm. Kentucky is going to have
6 an arm for health-related social needs. It's
7 all very, very exciting so...

8 We were also given approval to move
9 forward with the implementation plan for
10 reentry even though we haven't received an
11 approval. They said to go ahead and move
12 forward. We were close enough to go ahead.

13 So as you're aware, we've got lots of
14 moving parts right now, good things that are
15 going on. And I can come back and talk about
16 this later, too, is reentry. I also included
17 a component of the Consolidated
18 Appropriations Act for the youth. And we
19 also have a second authority, which is, you
20 know, the Congress that has also enacted a
21 piece of the Consolidated Appropriations Act
22 as well.

23 So they're not exactly aligning with
24 each other, but Kentucky plans to go live
25 January with what we call our Kentucky

1 implementation using existing resources. So
2 we are looking at one youth development
3 center and hopefully all prisons that
4 children of a certain age and certain charges
5 may be incarcerated in prisons as well.

6 So that's very exciting and more to come
7 on that.

8 CHAIR BEAUREGARD: Yeah.

9 MS. MANNINO: I think I have a
10 couple of questions.

11 MS. HOFFMANN: Yeah. I think you
12 had one more question on here, too. Sorry.
13 I didn't mean to -- oh, we continue to work
14 with the housing -- we call it the housing
15 continuum of care organizations with our
16 sister agencies to address permanent housing,
17 supported housing needs of Kentuckians.

18 I think you've asked me before about our
19 work with KHC. We're working on State Plan
20 Amendments and preparing for system
21 alignments and implementations for services.
22 The learning collaborative has also included
23 work towards securing grant funding, securing
24 vouchers, and seeking out training
25 opportunities to learn more about funding

1 opportunities.

2 We did receive -- it's either -- I think
3 it's 25. I'll have to look. It's 25 or 35.
4 Let's just say 25 allocations for HUD
5 vouchers recently from our collaboration with
6 them for Money Follows the Person, which
7 we've not received any of those for years.
8 And so we're very excited to be partnering
9 and be able to take advantage of things like
10 that again.

11 Okay. Now, you go ahead if I've missed
12 something.

13 MS. MANNINO: Are you talking to
14 me?

15 MS. HOFFMANN: Oh. Emily, I'm
16 sorry. Who was talking?

17 CHAIR BEAUREGARD: No, Brenda. Go
18 ahead.

19 MS. HOFFMANN: Brenda. I
20 apologize, Brenda. Go ahead.

21 MS. MANNINO: For those of us who
22 don't work in this field every day, I am not
23 familiar with some of the acronyms. So what
24 is the 1915 SPA? What does that stand for?

25 MS. HOFFMANN: It's a 1915(i), and

1 it's a flexibility that CMS allows us to
2 apply for. It is a State Plan Amendment.
3 That's what SPA stands for. So although it's
4 home and community-based and looks very much
5 like a 1915C waiver that you're probably more
6 familiar with like SCL, Michelle P, the two
7 ABI waivers here in Kentucky, it looks
8 similar to that. But it's actually a State
9 Plan Amendment allowing us to incorporate
10 multiple opportunities into one. I always
11 think I as all-inclusive, but that's not
12 exactly what it stands for.

13 MS. MANNINO: And what does SMI
14 stand for?

15 MS. HOFFMANN: A severe -- serious
16 mental illness.

17 MS. MANNINO: And you had mentioned
18 something about ten support services. Is
19 there somewhere you could list those, so we
20 could see them?

21 MS. HOFFMANN: Yeah. And we should
22 be posting this fairly soon because CMS -- we
23 would have this actually already posted when
24 we went through public comment what services
25 were going to be submitted to CMS. And it's

1 assistive technology -- but I'll -- I can
2 send those to you.

3 MS. MANNINO: Could you put that in
4 the chat?

5 MS. HOFFMANN: Yes. I sure can.

6 MS. MANNINO: Thank you.

7 MS. TYNER-WILSON: And do you --
8 this is --

9 MS. BROWN: Go ahead, Melanie.

10 MS. TYNER-WILSON: I'm sorry. I
11 did have one question. If you have somebody
12 that has an SMI, significant mental illness,
13 but also has cognitive challenges, are
14 they -- when you look at supportive housing,
15 are they incorporated into what's being made
16 available?

17 MS. HOFFMANN: Melanie, right now,
18 the way that that waiver is specifically
19 written, for individuals with serious mental
20 illness diagnosis or a co-occurring with
21 serious mental illness and SUD, which is
22 substance use.

23 MS. TYNER-WILSON: Okay.

24 MS. HOFFMANN: So this is the first
25 waiver or State Plan Amendment we've had like

1 this. We've got, you know, multiple other
2 ones that are related to individuals with
3 developmental disabilities. So I'm just
4 going to share that. I don't know what the
5 future might hold, but this particular one
6 was written specifically for -- through
7 legislation for this particular initiative.

8 MS. TYNER-WILSON: So this would
9 most likely be individuals that function,
10 like, at a 70 or above in regards to
11 cognitive functioning? Would that be safe to
12 say?

13 MS. HOFFMANN: Yes. Yes.

14 MS. TYNER-WILSON: Okay.
15 Thank you.

16 MS. HOFFMANN: Melanie, I'll ask
17 about that, though. But I think I'm correct
18 when I'm telling you that.

19 MS. TYNER-WILSON: Okay. Well,
20 thank you.

21 CHAIR BEAUREGARD: Yeah. These
22 have been good questions, and it reminded me
23 that while I think these -- the State Plan
24 Amendment and the waiver proposal
25 application, whatever we call it, have been

1 posted before, it might be good if you could
2 just put -- send them in an email to our
3 group again in case anybody is interested in
4 reading through some of those details.

5 MS. BROWN: The -- when you were
6 talking, Dr. Hoffmann, about the 25
7 allocations for HUD vouchers, this is a lot
8 of stuff that I don't follow very closely,
9 and I don't -- can you explain what that
10 means?

11 MS. TYNER-WILSON: Good question.

12 MS. HOFFMANN: I just muted myself.
13 I did the opposite of what I meant to do.

14 So Kentucky has vouchers for housing
15 where the rent rate can be matched by the
16 Federal Government as part of the rent, and
17 you have to apply for HUD vouchers for
18 individuals. And so we're all kind of always
19 competing -- certain programs are competing
20 for those same HUD vouchers that the state
21 might have.

22 So this year, we were able to get 25
23 allocated to Kentucky Money Follows the
24 Person to move people out in HUD housing,
25 apartments, or houses coming out from

1 institutionalization. So we've not had that
2 for years, so it was a blessing.

3 MS. BROWN: So you mean that's 25
4 allocations specifically for the Medicaid
5 agency as opposed to other agencies?

6 MS. HOFFMANN: Vouchers for members
7 who are members in the Money Follows the
8 Person program. I don't know if you all have
9 heard about -- Money Follows the Person has
10 been around -- we call it Kentucky Transition
11 sometimes. It's been around for many, many
12 years, and it's going strong.

13 We're one of the few states that have --
14 I mean, it's a very shining program. And if
15 you want us to come back sometime, I could
16 have -- Robert Duff is the manager for that.
17 They're doing good work.

18 And we also leave -- you've probably
19 heard me say this. We reserve slots in the
20 waivers for those folks that are coming out
21 of those institutional settings through Money
22 Follows the Person. So we offer additional
23 opportunities for those members to come back
24 into the community and be successful.

25 MS. TYNER-WILSON: Places like

1 Hazelwood and Oakwood and --

2 MS. HOFFMANN: Uh-huh. Or it could
3 be a nursing facility. It could just be a
4 nursing facility.

5 MS. TYNER-WILSON: Okay.

6 CHAIR BEAUREGARD: Yeah. If other
7 people are interested, I can add that
8 presentation to our next agenda about Money
9 Follows the Person where DMS could come and
10 share more details. Thank you.

11 Any other questions before we move on?

12 (No response.)

13 CHAIR BEAUREGARD: All right. Our
14 next item here is school Medicaid grant
15 implementation. I know that there's been a
16 lot of work on the needs assessment and just
17 wondering, you know, what the status is there
18 and any future opportunities for stakeholder
19 engagement.

20 MS. JONES: Hi. Good afternoon.
21 It's Erica Jones. So part of our grant
22 application was including a preliminary needs
23 assessment, and what Kentucky is doing now is
24 a final needs assessment. Input on that
25 included a parent survey that went out via

1 FRYSCkys, some of our different community
2 partners, and also on social media. And we
3 also had four focus groups that met at the
4 end of October, early November.

5 And from all of those findings,
6 synthesizing all of that, we'll have -- a
7 final needs assessment and infrastructure
8 assessment for Kentucky is due to the Center
9 For Medicaid Services in January. So we
10 should have that available for public viewing
11 in January as well.

12 Oh, and then the second part, future
13 opportunities for stakeholder engagement.
14 After we do our needs assessment, the next
15 part would be an implementation plan. So
16 once we've determined where those needs are,
17 how are we going to fix those? And so there
18 would be many opportunities for stakeholder
19 engagement at that point.

20 We haven't determined how that's going
21 to look just yet, if that would be more focus
22 groups or if it's going to be more surveys,
23 just not sure what that's going to look like.
24 But we can share the implementation plan,
25 some of that -- the results of that the next

1 time we meet.

2 CHAIR BEAUREGARD: Yeah. Having
3 those results would be great. Let me just
4 make a note to include that on the next
5 agenda.

6 MS. TYNER-WILSON: Will those
7 opportunities for stakeholder engagement,
8 will those be listed, you know, with dates
9 and times and locations?

10 MS. JONES: Yes. We can make all
11 of that available. We haven't got to that
12 point yet because we've been focused on the
13 needs assessment. But once we get into the
14 implementation planning, definitely, we'll
15 share all of that information.

16 MS. TYNER-WILSON: That's great.
17 Thank you.

18 MS. JONES: You're welcome.

19 CHAIR BEAUREGARD: Yeah. Thanks,
20 Erica.

21 This actually reminded me. The parent
22 survey -- and, you know, I appreciate having
23 the opportunity to share it out. But we were
24 kind of, I think, scrambling at the last
25 minute to make sure that everyone had

1 received it.

2 So one thing that has occurred to me
3 with that experience and then also recently
4 with the reentry forum that happened -- was
5 that earlier this week? Last week, I guess.
6 And then the MAC and BAC meetings. There are
7 just a number of things -- oh, NEMT survey
8 that went out recently was only posted on the
9 Department of Transportation's website, and
10 we haven't seen it anywhere else.

11 I know you have so many things going on
12 at DMS, and I appreciate the amount of
13 stakeholder engagement you're trying to, you
14 know, bring in. But it feels like it's
15 inconsistent in, like, where that information
16 is sometimes being shared.

17 And so I think I'll make a
18 recommendation later on just to, you know,
19 make sure that these things are being emailed
20 out to stakeholder -- you know, email
21 distribution lists and also posted on social
22 media but, you know, more consistently so.

23 Because I think we're always finding --
24 different people are telling me that they've
25 seen something and then we're trying to get

1 it out, but it's often a last-minute scramble
2 so...

3 Not to say that you all are -- I don't
4 think that's something that was -- that's
5 intended by any means. Just it happens
6 whenever there are lots of different projects
7 going on and different people taking the lead
8 on them.

9 Any questions related to school
10 Medicaid?

11 (No response.)

12 CHAIR BEAUREGARD: And then the
13 next item here is actually another set of
14 surveys that had gone out. This was months
15 ago now. I can't remember exactly when this
16 began. To survey Medicaid members and
17 stakeholders following the renewal process.

18 I think Helen had shared that there were
19 going to be some published findings, and I
20 didn't know if those were already prepared,
21 if those were ready for, you know, public
22 view, or if they're still a work in progress.

23 MS. JUDY-CECIL: Hi. It's Veronica
24 again. They are still a work in progress.
25 We've prepared something both on the survey

1 results, and we are -- have been working on
2 some really great information to put out on
3 how Kentucky fared in the unwinding of the
4 renewals both nationally and with surrounding
5 states.

6 So we've been working on those. They're
7 just kind of going through the process that
8 it has to go through to get it approved, so
9 we can -- we can then put them out publicly.
10 So those -- they're just -- you know, on the
11 scale of priorities, they kind of have to get
12 sort of pushed back sometimes.

13 And I will say -- so we've got -- we've
14 been working on a draft because we are
15 interested in implementing permanently a
16 regular survey for folks who go through a
17 renewal, both those who are renewed and those
18 who are disenrolled. So we've drafted
19 something. We've not been able to put it
20 back on the table and take a look.

21 And then, you know, we certainly want to
22 share it and get some feedback on that before
23 we launch it. We'd certainly appreciate
24 that. So hope maybe next month possibly, or
25 the month after, have that ready for review,

1 so we can get your all's input on it. It
2 would be helpful to us.

3 CHAIR BEAUREGARD: Yeah.
4 Absolutely. I think that would be a great
5 project for the Consumer TAC.

6 Well, thank you for that update. Any
7 questions related to those surveys?

8 (No response.)

9 CHAIR BEAUREGARD: Okay. And our
10 final old business item is the Access to
11 Services Form. And I believe that it is live
12 because I saw a version of it last week. But
13 it would still be good to hear a little bit
14 more about how you're planning to promote it
15 and any sort of next steps.

16 MS. PARKER: Let me get on camera.
17 Hi. I'm Angie Parker. Yes. It is live, and
18 we haven't done any formal education about it
19 yet. We are doing a -- what you would call a
20 soft opening. It is on our Division of
21 Quality and Population Health web page.

22 There are some challenges with the
23 actual form in that you have to have a PDF in
24 order for it to send automatically. So we
25 are continuing to look into that. And I

1 know, Emily, you had asked, you know, via the
2 unwinding, and there was a way that it was
3 done. But I believe that was done through
4 Kynect, which is a different system in how
5 those are set up. So that's part of the
6 problem.

7 CHAIR BEAUREGARD: I was thinking
8 of the Presumptive Eligibility Enrollment
9 Form that was up during the early -- early,
10 you know, on in the pandemic when people
11 didn't have to log in, you know. But it was
12 a web form that you could fill out, and it
13 wasn't a PDF. It was just a simple Web page.
14 But I thought that it was really simple to
15 use. And I'm sure, Miranda, that you had
16 opportunity to use it in assisting folks,
17 too.

18 MS. BROWN: Yes. It was just a
19 public Web page that you typed information in
20 and clicked submit.

21 CHAIR BEAUREGARD: But I don't
22 remember that it was necessarily on Kynect.
23 You didn't have to go through the Kynect
24 portal. I know that for certain because
25 there was no log in.

1 MS. BROWN: No. At least not early
2 on in 2020. We didn't use Kinect for that,
3 no.

4 CHAIR BEAUREGARD: Yeah.

5 MS. PARKER: We'll continue to
6 investigate that.

7 CHAIR BEAUREGARD: Okay.

8 MS. PARKER: And if you want me to,
9 I can bring up and show everybody the form
10 and where it is.

11 CHAIR BEAUREGARD: Yeah. That
12 would be great, if you could even drop a link
13 in the chat.

14 MS. PARKER: Kelli, can you give me
15 access?

16 MS. SHEETS: I will. Give me
17 just --

18 MS. PARKER: Thank you, ma'am.

19 MS. SHEETS: You are welcome. Let
20 me stop sharing. Okay. You should be good
21 now.

22 MS. PARKER: Okay. Here is the
23 page and where -- I mentioned Division of
24 Quality and Population Health and the member
25 access. We have this over here. It

1 describes it. And then we have both English
2 and Spanish, and here is the form. And,
3 basically, we have -- you must have Adobe
4 Reader, so we did provide some information on
5 how to potentially get Adobe and then submit
6 it here. Or you can submit it via email
7 and/or mail it. Of course, we know if you
8 mail it, it's going to take longer. We would
9 prefer that not be the form that is taken
10 regarding this.

11 But even with the soft opening, we did
12 have someone who found it and did submit a
13 form via email. I believe -- they must have
14 had Adobe because that's the way it came
15 across, but we've only had one so far. But
16 like I said, we haven't done any public
17 announcement yet, per se. And we will be,
18 you know, having -- showing this to the MCOs.

19 And the one that came through was
20 regarding trying to find an eating disorder
21 provider. And it was addressed with the MCO,
22 and they were able to find the member
23 somewhere to go so...

24 CHAIR BEAUREGARD: Oh, that's
25 great. That's exactly what we need this form

1 to do. Well, thank you for that update. I
2 think having a link to this is good. And
3 while, ultimately, I'd like to see it, you
4 know, just on a more simple Web page so that
5 we don't have that PDF sort of barrier to
6 folks, I think we should go ahead and try to
7 share this out to our various networks.

8 I think a lot of it is going to, you
9 know, rest on community stakeholders and
10 advocates and also providers, making sure
11 that patients are aware that this form is out
12 there so that they can complete it when
13 they're having trouble getting a provider.

14 MS. PARKER: We were kind of
15 looking at doing, like, the formal launch in
16 the first of the year.

17 CHAIR BEAUREGARD: Okay.

18 MS. PARKER: With Anthem going
19 away, we didn't want to confuse those things
20 as well so...

21 CHAIR BEAUREGARD: Yeah. But if
22 you have --

23 MS. PARKER: We will probably do
24 the formal education on that. We will
25 definitely -- it will definitely be the first

1 of January.

2 CHAIR BEAUREGARD: That sounds
3 good. And if there's any specific
4 communications that you're planing to put out
5 that you could share, that would be great to
6 see.

7 MS. PARKER: And Rachel Roehrig who
8 just posted a comment, she's the one who
9 helped put our -- or did put this all out on
10 our website, and it's on the member page as
11 well.

12 CHAIR BEAUREGARD: Oh, great.
13 Well, thank you, Rachel.

14 MS. BROWN: So I was thinking back.
15 And when we worked on that one-pager about
16 network adequacy, can you remind me where
17 people can find that information, the general
18 information about network adequacy? Is that
19 also on the member page?

20 MS. PARKER: Oh, yeah. Now that's
21 been a while. I don't know. We've had some
22 changes to the website so --

23 CHAIR BEAUREGARD: Yeah. I think
24 it probably could be linked here. I think
25 you're right, though, Miranda, that we should

1 have them together because that's kind of a
2 supporting document obviously to explain a
3 little bit more about what network adequacy
4 requirements are.

5 MS. BROWN: Uh-huh. I was thinking
6 anywhere that the one appears, the
7 information of -- the other should appear or
8 a link to the other should appear, yeah, now
9 that we have --

10 CHAIR BEAUREGARD: That's a good
11 point.

12 MS. PARKER: Rachel, take that
13 back, and we'll look for it. It's been a
14 while. Yeah. That's a good idea, Miranda.
15 Thank you.

16 CHAIR BEAUREGARD: All right.
17 Anything else related to that form?

18 MS. PARKER: I don't have anything.

19 CHAIR BEAUREGARD: We appreciate
20 your work on it, and we're excited to start
21 sharing that out.

22 Our next item here -- hopefully, you
23 don't hear that yard work happening behind
24 me. I'm also home with a sick kid who's run
25 in here a couple of times, but so far, he's

1 been really behaving himself.

2 The next item we have here is new
3 business, and the first item is Beneficiary
4 Advisory Council. We discussed this briefly
5 on our last call, but I wanted to get a
6 little bit more into some of the details and
7 also really think through what our
8 recommendations are for a Beneficiary
9 Advisory Council, how it should operate, how
10 it should -- you know, who should be members
11 of the council and how that process for
12 identifying members and appointing them
13 should work, and then our relationship as a
14 Consumer TAC to the BAC because, obviously,
15 there's a lot of overlap there.

16 But I believe that Veronica has a few
17 slides that she's going to walk through.
18 Hopefully, everyone knows that Medicaid has
19 had one forum already -- it just happened
20 yesterday -- on the MAC and BAC. And I
21 wasn't able to do that because I had a
22 conflict. But tomorrow, I believe, is the
23 other forum. So if you weren't able to join
24 yesterday's, try to make it to tomorrow's.

25 MS. JUDY-CECIL: Okay. Can you all

1 see? It should be the slide.

2 CHAIR BEAUREGARD: Yes.

3 MS. JUDY-CECIL: Okay. Thank you,
4 Emily, for that plug, and it is true. So
5 we're hosting two virtual forums. One was
6 yesterday. The other is tomorrow. And I
7 have -- the very last slide has information
8 about that as well as the survey that we are
9 conducting in conjunction with the forums.

10 So today, I know the agenda wants to
11 focus on the Beneficiary Advisory Council and
12 appreciate that. It's brand new to Kentucky,
13 and so really, you know, we're starting from
14 scratch. But you kind of have to do talk in
15 concert with what's happening and the changes
16 to the Medicaid Advisory Committee as well
17 because they will go hand in hand.

18 The federal changes -- the final rule
19 requirements around this really is
20 contemplating that they work together. And,
21 in fact, it says they expect the BAC, the
22 Beneficiary Advisory Council, to meet before
23 the Medicaid Advisory Committee meets so that
24 the BAC is prepared, the members that will be
25 on the MAC are prepared and can, you know,

1 interact and engage in those meetings.

2 So we can't -- you know, as we talked
3 yesterday with a lot of folks that kind of
4 want to focus on what they want the MAC to
5 look like, they have to understand its impact
6 to the BAC because there will be one.

7 And in particular, there is a certain
8 percentage of the MAC that has to come from
9 the BAC. So the membership has to be made
10 up -- by 2027, has to be made up by 25
11 percent of the members of the BAC.

12 So when you -- you know, as you're
13 talking and as we discuss, like, what -- you
14 know, how many people should be on the MAC,
15 you have to remember that, you know, up to 25
16 percent of those by 2027 have to be BAC
17 members. So you're already, you know,
18 identifying people that have to be part of
19 that MAC.

20 So we -- I just put together a couple of
21 slides to help, I think, facilitate maybe the
22 conversation today, especially if you all
23 can't make it to the forum tomorrow. And
24 there are just some key components that we
25 really kind of feel like folks need to focus

1 on, and one is the membership.

2 So, you know, the BAC is only former and
3 current Medicaid members and Medicaid family
4 members and caregivers, either paid or
5 unpaid. So very, you know, prescriptive or
6 limiting in who can serve on that BAC, which
7 we think is very appropriate.

8 We're very excited to have a MAC --
9 excuse me, a BAC dedicated to those with
10 lived experience, both directly as a Medicaid
11 member but also, you know, as equally
12 important as family members who help and
13 support that member.

14 How they should be selected. The
15 selection of the BAC, they do have to be
16 selected by the commissioner, but that
17 selection process has a lot of discretion at
18 the state level on what that looks like.

19 The term. The federal law does not
20 dictate what the term of the membership is.
21 So it could be two years. It could be four
22 years. It could be six years. The current
23 MAC term is every four years.

24 But this is another kind of really
25 important thing to know, is that a member

1 cannot serve back-to-back terms. So right
2 now under the MAC, somebody could serve for,
3 like, 30 years. But on the BAC and the new
4 MAC, you will not be allowed to serve
5 consecutive terms. You could be reappointed
6 on down the road. That -- there's nothing
7 wrong with that, but you can't serve back to
8 back.

9 The frequency of the meeting. So, you
10 know, this is also, I think, up for
11 discussion. If you're going to ask the BAC,
12 these beneficiaries, to meet at a certain
13 frequency, understand that some of those are
14 going to have to also meet on the MAC at a
15 certain frequency. And so we have to really
16 take that into consideration when we're
17 setting that meeting schedule.

18 And then the format. So the federal law
19 does allow some of the meetings to be private
20 meetings of the BAC. This is, you know,
21 brand new, so, you know, trying to figure
22 out: Should all the meetings be private?
23 Should some be public? You know, kind of
24 what that looks like.

25 So I just -- I kind of prompted some

1 questions to help maybe facilitate
2 conversations. But, Emily, I certainly --
3 the other thing I really want to emphasize,
4 this isn't about us; right? The agency. We
5 could certainly tell you what we think and --
6 but we don't want it to be about that.

7 We really want all of our external
8 partners, our members, our families, our
9 advocates, our community-based organizations,
10 and our providers to be -- this is your
11 chance to create this. And so it's not about
12 what we think. It's about what you think.

13 And so we're really trying to focus on
14 that. There is no idea, you know, too small
15 or unimportant. They are all equally
16 important to us. Any feedback that we can
17 get, you know, we're really grateful for it.
18 So I will stop talking.

19 I do have one -- you know, after this, I
20 would like to show the one last slide which
21 gives information about tomorrow's forum and
22 the survey that you all can access and then
23 we'll also post it in the chat.

24 CHAIR BEAUREGARD: Perfect. Yeah.
25 Thank you. And this, I think, was really

1 helpful, just to kind of set those
2 expectations and what the opportunity is
3 here, so I appreciate that.

4 I've given this quite a bit of thought.
5 I had a couple of questions that I think need
6 to -- just to give us some more context here.
7 In terms of the terms, you can't have those
8 consecutive terms. But we do have discretion
9 here in Kentucky to say: Is it a two- or a
10 three-year term, or whatever the case may be?

11 MS. JUDY-CECIL: That's correct.

12 CHAIR BEAUREGARD: Right. Okay.
13 And then as far as the timeline goes, I knew
14 I could look back and try to find this, but I
15 thought I'd ask you instead. When would the
16 BAC start meeting? If the 10 percent is July
17 9th, are we saying June or even before June?

18 MS. JUDY-CECIL: We probably would
19 anticipate the first meeting to occur in
20 July, after July 9th.

21 CHAIR BEAUREGARD: In July.

22 MS. JUDY-CECIL: So yeah, we
23 just -- we have to have it established by
24 July 9th. And so, you know -- and I think
25 what's really important, too -- and you

1 all -- the members of the TAC know this. We
2 really try to work with the members of the
3 committee to set the meeting date. So we
4 really kind of -- we'd like to get, you know,
5 the members selected and then talk with them
6 about what's the best, you know, day and time
7 for those members. So we've not set it yet.
8 We anticipate doing that once the committee
9 is formed.

10 CHAIR BEAUREGARD: That makes
11 sense. Any questions for Veronica?

12 (No response.)

13 CHAIR BEAUREGARD: I'd love to hear
14 people's initial thoughts on this in terms of
15 membership and in terms of, you know, the
16 terms and the size of the BAC.

17 MS. TYNER-WILSON: I have a
18 question. Like, as far as your sharing of
19 interest for serving, do you do -- do you
20 share your resume'? Do you -- you know,
21 what's the appropriate way to share with the
22 powers that be that you're interested in
23 serving?

24 MS. JUDY-CECIL: So that has not
25 been established, Melanie. That's part of

1 what we're asking people to give us their
2 input on: What does that selection process
3 look like? Is it applications? Is it
4 certain organizations nominating folks?

5 Right now, I can tell you the way that
6 most TACs and the MAC work are their
7 organizations that appoint the membership.
8 For the MAC, they all have to be approved by
9 the governor. And so that'll have to go away
10 because it's the commissioner based on
11 federal law who we'll select but...

12 MS. TYNER-WILSON: Yeah.

13 MS. JUDY-CECIL: So it's kind of
14 wide open on, you know, feedback on that.

15 CHAIR BEAUREGARD: I -- so my
16 thoughts on it, I think we should have a
17 combination approach. I -- especially if --
18 and this is kind of jumping ahead. But, you
19 know, with the Consumer TAC really
20 overlapping with the BAC, I don't know that
21 it makes sense for us to continue operating
22 separately.

23 And my initial thought was for the
24 organizations that currently make up the
25 Consumer TAC, you know, that are in statute

1 as far as nominating the members of the
2 Consumer TAC, that we could include those
3 same organizations in the statute creating
4 the BAC but also provide additional
5 positions, additional seats that could be,
6 you know, open application and nomination
7 form.

8 And I think that we could potentially --
9 I'd like to recommend that the Consumer TAC
10 work with DMS on creating that form, you
11 know, what the information, you know, we'd be
12 asking, what questions to identify somebody's
13 interest but also their expertise.

14 You know, are they -- are they
15 personally a Medicaid member or have been,
16 you know, a former Medicaid member? Are they
17 a family member, caregiver? You know,
18 identifying also maybe disability status,
19 their -- we talked about people who are
20 limited English proficient and maybe speak
21 another language. I think LGBTQ could be an
22 area where we'd want to make sure there's
23 representation.

24 We could just think through some of
25 those particular types of lived experience

1 and make sure that there's at least an
2 attempt to identify people with that lived
3 experience through the process to have a good
4 balance.

5 And then another thought of mine is that
6 we should really make sure that there is a
7 formal sort of policy on both accessibility
8 and accommodations. I know there's some
9 language on the website right now that was
10 added in collaboration with the Consumer TAC
11 because this is an issue that we raised a few
12 years ago.

13 But as we recruit people to participate,
14 I think that accommodations have to be kind
15 of a front and center part of that
16 conversation. And rather than just saying,
17 like, you can -- you can request
18 accommodations and, you know, it'll be
19 determined on a case-by-case basis, I think
20 there just needs to be a little bit more
21 emphasis there.

22 MS. TYNER-WILSON: Yeah.

23 CHAIR BEAUREGARD: And then that,
24 of course, including language access but also
25 personal assistants, the other kinds of

1 things that we've talked about in the past.

2 Arthur, did you have something you
3 wanted to add there?

4 MR. CAMPBELL/INTERPRETER: He said
5 he want to thank you for what you just said.
6 We need something in writing.

7 CHAIR BEAUREGARD: Yeah.

8 MR. CAMPBELL/INTERPRETER: He said
9 thank you.

10 CHAIR BEAUREGARD: And as part of
11 the recruitment materials, I think. You
12 know, I think that would be really nice to
13 have some recruitment materials to go along
14 with whatever the form may be and -- so that
15 people understand, you know, what is the
16 role, what's being asked of me, what's the
17 opportunity here.

18 And then just logistically, too, I think
19 compensation is going to be important for
20 people's time. I know that, generally, the
21 State isn't -- I mean, I think I understand
22 that you all feel prohibited from paying
23 people for their time in that way, but I
24 don't know if there's been any -- if CMS has
25 given you any guidance on that.

1 MS. JUDY-CECIL: There has been
2 some guidance on it, and we're checking
3 around. Also, some states already have a
4 BAC, and our -- Dr. Hoffman mentioned we've
5 got a consultant, HealthTec Solutions and
6 Mercer, helping us with this. They've done a
7 lot of research about best practices.

8 CMS is kind of, you know, churning out
9 new guidance every day to try to help states
10 as they navigate this, too. But it does
11 say -- in the final rule, it discusses the
12 fact that if we pay, it is income. So it
13 counts as income. So, you know, but we --
14 not the incidentals, so travel -- you know,
15 the travel reimbursement does not. But if we
16 actually pay for someone to attend, that is
17 considered income.

18 But that's a question we are asking
19 other states on how they're navigating that,
20 and we're kind of --

21 CHAIR BEAUREGARD: Yeah.

22 MS. JUDY-CECIL: We are still
23 waiting for some more information from CMS.

24 CHAIR BEAUREGARD: Giving people
25 the option, I think, makes sense. But,

1 certainly, you don't want to put people in a
2 position where they could become income
3 ineligible because they're being paid. So
4 yeah, I do understand that that is a little
5 bit of a difficult position for certain
6 people to be in.

7 MS. TYNER-WILSON: Is there --

8 CHAIR BEAUREGARD: Arthur, did you
9 have something? Oh, Melanie. Sorry. I was
10 looking at different boxes.

11 MS. TYNER-WILSON: Sorry.

12 CHAIR BEAUREGARD: Go ahead,
13 Melanie.

14 MS. TYNER-WILSON: Oh. Is there a
15 requirement that the meeting be in person
16 versus virtual?

17 MS. JUDY-CECIL: No requirements
18 right now. So, really, we have none. So
19 we're really trying to think through, you
20 know, and hear from folks, like, what works
21 best for you. You know, is -- I know virtual
22 has allowed so much more participation from
23 folks, but that's not always the easiest to
24 navigate. And we recognize that.

25 And there was some conversation about

1 that on the forum yesterday about, you know,
2 not everyone is able to navigate that. So
3 making sure that if it is virtual, you know,
4 there are supports for the members on the
5 BAC, on accessing that.

6 CHAIR BEAUREGARD: Yeah. I think
7 it would make a lot of sense for the members
8 ultimately to decide if they want it to be a
9 virtual or hybrid meeting with in-person. I
10 think it probably makes sense to always have
11 a virtual option, but I think to give members
12 the opportunity to decide if they want an
13 in-person option as well.

14 Arthur, did you have another question or
15 comment?

16 MR. CAMPBELL/INTERPRETER: He said
17 he don't know if he -- he want to get paid --
18 he don't know if he wants to get paid for his
19 time. But he has someone like him have to --
20 he said someone like him who have to have an
21 aide -- an aide and a driver and someone to
22 translate.

23 They have to have someone sometime --
24 they have to have some kind of -- they have
25 to have some kind of money to support -- to

1 support the pay of the aide and a doctor --
2 and a driver. Sorry.

3 That's one thing. And another thing.
4 If we organize -- if we organize this, there
5 are three parties -- sorry. There are three
6 bodies of people that we are talking about,
7 and we are talking about over 160 people on
8 all of the bodies. Do you know what he
9 means?

10 MS. JUDY-CECIL: Are you talking
11 about, Arthur, the -- there are other
12 committees that have lots of people on it as
13 well? Is that what you're talking about?

14 MR. CAMPBELL/INTERPRETER: Yeah.

15 MS. JUDY-CECIL: Yeah.

16 MR. CAMPBELL/INTERPRETER: Right
17 now, the MAC has 25, and there are 17 --

18 MS. JUDY-CECIL: Yeah. Technical
19 Advisory Committees, yeah.

20 CHAIR BEAUREGARD: Veronica, you're
21 all too aware of how many.

22 MR. CAMPBELL/INTERPRETER: And
23 there's about over 100. There is about over
24 100 already, and we are going to have another
25 group of people.

1 MS. JUDY-CECIL: Yeah.

2 CHAIR BEAUREGARD: Well -- oh,
3 sorry. Go ahead, Veronica.

4 MS. JUDY-CECIL: Well, yeah. I was
5 just going to say that's why we can't really
6 talk about this as the BAC itself. Like, we
7 do have the 17 TACs, and thank you for
8 bringing that up, Arthur. And then we'll
9 have the MAC, and we don't know what the size
10 of that committee is going to be yet. You
11 know, we're taking that feedback in.

12 And so we are concerned about especially
13 members because we have members across
14 various TACs. We have members on the MAC.
15 And -- you know, and then we're going to add
16 the BAC, and so we are a little concerned
17 about -- really just being candid about it,
18 you know, about trying to support all those
19 happening.

20 And, you know, we already see a lot of
21 the same or similar agenda items across
22 TACs -- some of the TACs, not all of them but
23 some of the TACs. And so we're really trying
24 to just be open and thoughtful about: What
25 does the structure in Kentucky -- you know,

1 what does it look like?

2 We're the only state -- the only state
3 in the country that has 17 Technical Advisory
4 Committees. All other states have a MAC with
5 subcommittees, so, you know, we're the only
6 state that has that form of structure.

7 CHAIR BEAUREGARD: Veronica, I was
8 curious to know if you are still considering
9 or just if you are considering going to some
10 sort of subcommittee structure as part of
11 this -- like just part of the move toward the
12 MAC and BAC changes, also revisiting the
13 current TAC structure and finding ways to
14 create -- I would assume subcommittees for
15 things like, you know, payment, claims kinds
16 of issues, more for on the, you know, sort of
17 services side, that kind of thing. And then,
18 of course, the consumer piece of it.

19 MS. JUDY-CECIL: Right. We do --
20 in the forums, we do kind of -- we are
21 prompting the consideration of a subcommittee
22 type format, so we're soliciting feedback on
23 that as well just to see what people think.
24 Because other states -- and, again, you know,
25 our consultant has been doing a lot of

1 research about best practices. Because what
2 we want is engagement, and we want people at
3 the table working together. And we
4 understand people don't want to lose their
5 voice, and that's not the goal.

6 If other states have managed to figure
7 it out, you know, we're hoping that we can,
8 too, to try to make sure that members,
9 providers, all have a seat at the table and
10 have a way to interact, you know, with each
11 other and with us to develop the program.
12 And so, you know, we are -- we're prompting
13 that conversation and consideration as part
14 of it.

15 MR. CAMPBELL/INTERPRETER: He want
16 to ask something. If we want to do away with
17 TAC --

18 CHAIR BEAUREGARD: The Consumer
19 TAC, yeah.

20 MR. CAMPBELL/INTERPRETER: Do we
21 have to go to r-e-p -- I'm not getting that
22 word, who makes laws. What was the question
23 again? If we have to change -- if we want to
24 change the TAC -- if we want to do away with
25 the TAC -- he's asking if you guys have to

1 talk to the lawmakers.

2 CHAIR BEAUREGARD: The legislators.
3 Yeah. I -- this would take -- this would
4 require statute, statutory change.

5 MS. JUDY-CECIL: That's correct.

6 CHAIR BEAUREGARD: So my
7 understanding is that there is going to be a
8 bill in this upcoming session to create the
9 BAC and then to make changes to the MAC more
10 broadly and some of the TACs potentially. Is
11 that right, Veronica?

12 MS. JUDY-CECIL: That's correct,
13 yeah.

14 CHAIR BEAUREGARD: Yeah. So you're
15 right on track, Arthur.

16 I think, too, that, you know, it makes
17 sense to me that you're exploring a committee
18 structure. And it does feel like it's gotten
19 kind of unwieldily at this point with as many
20 TACs as you've got.

21 But -- so are you saying that, like,
22 you're revisiting even the size and the
23 current appointments to the MAC? That 25
24 that is currently there could also change.
25 It could be -- it could be a different makeup

1 in the future. So we shouldn't think of,
2 like, 25 percent of 25 and think of that as,
3 like, the BAC membership.

4 MS. JUDY-CECIL: That's right.
5 And, you know, I think the member voice on
6 the MAC is very important, so we're actually
7 very excited that at least 25 percent of it
8 is going to have to be, you know, for members
9 or family members or caregivers -- or
10 caregivers.

11 So -- but yes. That's correct. I mean,
12 you know, the -- and what we're soliciting
13 feedback on right now is: What does the MAC
14 look like? What is the size of the MAC?
15 Just like we're asking the questions about
16 the BAC. You know, what makes sense for the
17 size of the MAC?

18 And that's also something, again, the
19 research we're doing in other states about
20 how big theirs are and, you know, what's
21 worked really great for them. That doesn't
22 mean it's going to work great for us, but
23 we're just trying to learn those lessons and,
24 you know, bring some of that back to: This
25 is our opportunity to restructure, and what

1 does that look like?

2 CHAIR BEAUREGARD: Right. Other
3 thoughts? The one thing we haven't talked
4 about yet -- oh, sorry.

5 MS. JUDY-CECIL: No, no, no.
6 Just -- if I could just -- the survey is
7 going to be -- if people could fill it out,
8 it'll be helpful, especially because we're
9 focused on the BAC today, but there's a lot
10 that could change for the MAC as well, the
11 Medicaid Advisory Council.

12 So really, you know, taking the time to
13 think about and providing us feedback about,
14 you know, what do you all think that should
15 look like. I mean, you know, is it 25? Is
16 it 30? I doubt it's going to get smaller
17 but...

18 You know, and then who should be
19 represented on it would be helpful. And, you
20 know, if you do have suggestions of going to
21 the committee structure, what should those
22 committees really focus on? You know, a lot
23 of it has been eligibility and payment and
24 equity are some examples.

25 CHAIR BEAUREGARD: Yeah. Quality,

1 I think, should be another one. But -- so
2 the survey, we can put all of our
3 recommendations in the survey. I mean, I
4 feel like we can also decide as a TAC today
5 to make some recommendations, but I don't
6 think we can make, you know, as many
7 recommendations as we might all -- you know,
8 we're all still processing.

9 I did want to bring up a couple of other
10 things quickly. So staff support. I feel
11 like we see even with some of the questions
12 that we've had today, which were really good
13 questions, about some of the acronyms but
14 also some of the -- you know, what a State
15 Plan Amendment or a waiver, this Money
16 Follows the Person. There's just -- Medicaid
17 is an incredibly complicated program.
18 Eligibility is complicated. The -- all the
19 different types of services, the population
20 served.

21 And I think that it would be good to
22 have somebody who could provide some more
23 one-on-one sort of technical assistance to
24 individuals, maybe have -- you know, provide
25 some of that background in between meetings

1 so that somebody feels a little bit more
2 comfortable with whatever the topics are on
3 the agenda.

4 And the other -- and so, you know,
5 it's -- that's not the way that our current
6 TACs operate. I've had various conversations
7 with TAC members here and there, but I've
8 even been told that because we have public
9 meetings, that we're not really supposed to
10 be having conversations or doing any sort of
11 business separate from these meetings that
12 are public and recorded and, you know,
13 transcribed.

14 And so I also think that giving --
15 keeping the discretion of how the meetings,
16 whether they're public or not, is important
17 for the BAC. I would hope that the BAC would
18 want to have a certain number of public
19 meetings every year but to be able to also
20 meet whenever they need to just do some
21 education, do some meeting preparation, you
22 know, put together an agenda, ask questions.
23 I don't think that those should have to be,
24 you know, governed by open meeting laws.
25 That would be my other main recommendation.

1 MR. CAMPBELL/INTERPRETER: He said
2 he had one more question before we go on.

3 CHAIR BEAUREGARD: Yeah. Go ahead,
4 Arthur.

5 MR. CAMPBELL/INTERPRETER: He
6 wanted to know: Can anyone get on the Zoom
7 and listen on it -- on the meeting? If they
8 can, do they have to do anything to join
9 themselves, to join the meeting?

10 MS. JUDY-CECIL: So, Arthur, we are
11 asking for registration for these. But they
12 are being recorded, and they will be posted.
13 So you can go watch it at -- you know, at any
14 time and then you can then submit the survey,
15 you know, after listening to it, if that'll
16 be helpful.

17 MR. CAMPBELL/INTERPRETER: You have
18 a BCH supervisor -- oh, he has a HBC
19 supervisor who wants to listen in it.

20 CHAIR BEAUREGARD: Right.

21 MR. CAMPBELL/INTERPRETER: Does she
22 have to register, too?

23 MS. JUDY-CECIL: If they're not in
24 the room with you, yeah, they'll have to
25 register to be able to access it. And I can

1 put the link -- can email it to you, Arthur,
2 if that's helpful. Or if you can give us the
3 name and the email address, we can send it.

4 MR. CAMPBELL/INTERPRETER: He said
5 but the problem is they don't want an agency
6 that they work for to know that she's
7 doing -- that she's in the meeting.

8 MS. JUDY-CECIL: Oh, okay. I
9 gotcha.

10 CHAIR BEAUREGARD: I assume people
11 can register with their personal email
12 address and --

13 MS. JUDY-CECIL: Oh, absolutely.

14 CHAIR BEAUREGARD: You don't have
15 to be part of an agency to participate.

16 MS. JUDY-CECIL: And you don't have
17 to show your name, so you don't have to show
18 your name when you log in. You can put
19 anonymous on there, you know. Yeah.

20 CHAIR BEAUREGARD: And you don't
21 need to have your camera on.

22 MS. JUDY-CECIL: Yeah. There's no
23 cameras.

24 MR. CAMPBELL/INTERPRETER: That
25 will help him.

1 MS. JUDY-CECIL: Yeah. Absolutely.

2 MR. CAMPBELL/INTERPRETER:

3 Thank you.

4 MS. JUDY-CECIL: Yeah. So I'll put
5 in the chat the link. But if you just go to
6 the DMS main Web page, the links are on
7 there, and so you can go there and find them.

8 And then we'll -- again, we will be
9 posting both recordings. We'll post the
10 PowerPoint presentation that's being
11 delivered there.

12 We've created a one-page document, so
13 people don't have to go through the
14 PowerPoint to understand what's happening and
15 what maybe they need to be thinking about,
16 and so we'll be posting that. But we do hope
17 that you all take advantage and do provide us
18 some feedback. It would be extremely helpful
19 to us.

20 CHAIR BEAUREGARD: Thank you,
21 Veronica. Yeah. Definitely tune in if you
22 can and take the survey either way.

23 MS. BROWN: I did note that in our
24 last meeting, we were able to make one
25 recommendation regarding the BAC and then we

1 had started another recommendation, but we
2 weren't able to completely ratify it as a
3 group because Arthur had to leave. And that
4 was a recommendation about considering
5 literacy materials for the BAC members to be
6 able to fully -- diverse BAC members to be
7 able to fully participate.

8 CHAIR BEAUREGARD: Yeah. That's a
9 good reminder. Thank you, Miranda. And we
10 can consider that recommendation today, or
11 people can choose to put that in the survey.

12 Anything else related to this before we
13 move on to the language access discussion?

14 Well, I guess I do want to ask. Having
15 had this discussion now and understanding
16 sort of the role the BAC is going to play and
17 the fact that, you know, we're adding a
18 council that is going to be very similar to
19 the Consumer TAC, does everybody feel
20 comfortable with what I suggested earlier
21 about having the Consumer TAC organizations
22 be kind of included as part of the BAC but
23 then also have additional positions, seats
24 for additional BAC members that would be
25 filled through some sort of nominating

1 application process?

2 MS. TYNER-WILSON: Yes.

3 CHAIR BEAUREGARD: Okay. And I
4 don't know if everyone has -- you know, would
5 be eligible to continue participating, all of
6 the individuals who are currently serving
7 right now on the Consumer TAC. So just keep
8 in mind, you know, that it may end up being,
9 you know, the organization nominating someone
10 else or, in some cases, it could be the same
11 person depending on your relationship to
12 Medicaid.

13 Okay. I did want to kind of establish
14 some clarity around that because I think that
15 decision has to be made to move forward. And
16 then we can probably put that into a formal
17 recommendation along with anything else that
18 people would like to see.

19 Our next item here is a language access
20 presentation on just data related to -- you
21 know, we've talked a lot about Medicaid
22 members who are deaf, hard of hearing, speech
23 impaired, and nonverbal. But we don't
24 necessarily know what those -- how many
25 people that entails and just exactly, you

1 know, what kind of information Medicaid
2 already has for these populations so that we
3 can better understand what their needs are.
4 And I think we decided to kind of take a step
5 back and look at that data before we went
6 further with additional recommendations.

7 Who from Medicaid is going to be able to
8 present that data to us?

9 MS. SHEETS: Emily, this is a new
10 business item; correct?

11 CHAIR BEAUREGARD: Yes.

12 MS. SHEETS: So we could try to get
13 that data to you for the next meeting.

14 CHAIR BEAUREGARD: Oh, okay. Yep.
15 That -- I just -- I understood that it would
16 be something we would discuss today. But I
17 think, for the sake of time, it probably
18 makes sense for us to do it at the next
19 meeting.

20 And then the dental services request,
21 this is something that -- you know, I
22 submitted this request a few months ago.
23 We've gone back and forth to kind of clarify
24 the request. I just put it all there so that
25 it would be a little easier for everyone to

1 see what was submitted via email.

2 And I had a quick conversation with
3 Commissioner Lee last week, and it sounded
4 like there was some work being done to try to
5 pull this data. Is there any update there?

6 MS. SHEETS: No. We have submitted
7 the request for the data, but we don't have
8 it back yet.

9 CHAIR BEAUREGARD: Okay.
10 All right. Thanks, Kelli. And I'm sorry.
11 It sounds like you've got a hoarse voice. I
12 don't want to make you talk too much.

13 MS. SHEETS: I've had a hoarse
14 voice since June, so it's fine.

15 CHAIR BEAUREGARD: Oh, all right.
16 So we're waiting on that.

17 If we can go to the next page, I'm
18 pretty sure that was the last item aside from
19 recommendations. Well, general discussion.
20 Is there anything else that people want to
21 bring to the conversation today?

22 MS. PARKER: Well, before you get
23 to that, I might have some of the language
24 access data. Let me --

25 CHAIR BEAUREGARD: Oh, okay.

1 MS. PARKER: I have a report. Let
2 me pull it up and see if this is what you're
3 looking for. Let me get it up here first.
4 This may not be exactly what -- okay. I
5 believe -- and I'm going to have to --
6 because I remember looking into something
7 like this. And I'm going to have -- and I
8 found the email, but now I've got to find out
9 what I asked for. These -- this is -- okay.
10 So this is how people respond on the
11 application. Here are the questions that are
12 asked, and this is the responses.

13 CHAIR BEAUREGARD: So are these
14 applications, is it 265,000 because those
15 are -- that's, like, the number of
16 applications that were received in the past
17 year? What's the time frame for -- oh, I see
18 it now. 7/1/2023 to 6/30. Okay. So for one
19 year, that's how many people newly applied to
20 Medicaid?

21 MS. PARKER: That would have --
22 that we pulled this information as far as the
23 accomodation, yes.

24 CHAIR BEAUREGARD: For new
25 applications within that year, there were 266

1 (sic) maybe new applications and then 938
2 requested accommodations. Okay. All right.
3 That's helpful. Thank you.

4 MS. PARKER: Is this something what
5 you were --

6 CHAIR BEAUREGARD: Yeah. I think
7 this is really helpful. I would like to see
8 this for the entire 1.4 million people who
9 have Medicaid, but I do think that this --
10 you know, looking at the breakdown of what
11 the kind of accomodation they need is really
12 helpful to see. What do other people think?

13 MS. BROWN: Yeah. Agreed. And
14 where it says "interpreter needed," that's
15 any kind of interpreter? Sign language or
16 verbal, oral languages?

17 MS. PARKER: That's my assumption
18 being that's what's listed on the
19 application. I'm not sure if it delves down
20 to the specific type or language.

21 MS. MANNINO: I think the graph is
22 a very good visual.

23 MS. TYNER-WILSON: Yeah.

24 MS. MANNINO: Makes it easy to see.

25 MS. TYNER-WILSON: Would this be

1 something that plain language would be --
2 would that be an appropriate thing to include
3 in this list?

4 CHAIR BEAUREGARD: I think it would
5 be adding it, I think, to the application
6 probably if there were a question, I would
7 assume. Angie, is that right? Do you
8 collect other sorts of information on the
9 application related to communications or
10 plain language?

11 MS. PARKER: I don't know. I'll be
12 honest. I'm not an application expert. But
13 we can certainly look into that and see what
14 all that has. I mean, what I gathered from
15 the report that I got, these are all of the
16 selections that they can do, so my assumption
17 would be that plain language is not one of
18 those options.

19 CHAIR BEAUREGARD: Yeah. That
20 would be my assumption, too. There may be
21 some other way of looking at that, but I
22 think everyone needs plain language, to be
23 honest. I kind of think it as a universal
24 precaution.

25 MS. TYNER-WILSON: Me included,

1 yeah. I agree.

2 CHAIR BEAUREGARD: Yeah. But, you
3 know, any maybe preferred communication,
4 modes of communication. I think that there
5 are maybe questions related to, like, you
6 know, paper mail versus text or phone. But I
7 haven't looked at the application in a long
8 time. I'll be honest.

9 Well, thank you. Thank you, Angie, for
10 sharing that data. And if you could pull it
11 for the entire Medicaid population, everyone
12 who is currently enrolled in Medicaid, I
13 think that would be really helpful to see.
14 It looks like it's a relatively small number
15 of people who request those accommodations.

16 And, you know, I guess, in some ways,
17 that's good to see. I wonder if everybody,
18 you know, is looking closely at the
19 application or understanding it whenever
20 they're filling it out. But hopefully those
21 individuals are also then getting the
22 services that they need.

23 Once you get that sort of accomodation
24 request in the application, what happens with
25 that information? Is there any special

1 outreach to those individuals?

2 MS. PARKER: That's another
3 question I do not have the answer.

4 CHAIR BEAUREGARD: Okay. Well,
5 maybe that can be another follow-up.

6 MS. PARKER: I believe -- yes.
7 That would be a good follow-up. And I hate
8 to assume things, but I'm thinking that this
9 type of information if they're in an MCO
10 would be transferred over for that member so
11 that they are aware of issues, language or
12 access issues.

13 CHAIR BEAUREGARD: Yeah. And, you
14 know, for people with waivers, any case
15 management. I would hope --

16 MS. PARKER: I mean, this is
17 somewhere in the system, eligibility system.
18 Who all uses it, that would be available.

19 CHAIR BEAUREGARD: Well, and that
20 might be a recommendation we want to make in
21 the future if we realize that no -- you know,
22 that there isn't really a next step, that the
23 information isn't always getting shared with
24 the right person. We could potentially look
25 at making a recommendation there.

1 Any -- any other questions or thoughts
2 right now related to that data?

3 (No response.)

4 CHAIR BEAUREGARD: I think we're
5 going to skip over general discussion just
6 looking at the time, and I'm not sure that
7 there's anything else that people necessarily
8 want to bring up here. We don't usually have
9 any additional items.

10 As far as recommendations go, what are
11 folks' thoughts on making recommendations
12 today for the BAC? Arthur, it looks like
13 you've got something to say.

14 MR. CAMPBELL/INTERPRETER: He
15 thinks we ought to wait because we don't know
16 what we're talking about right now.

17 CHAIR BEAUREGARD: My worry about
18 what -- yeah. I feel that way often, Arthur.
19 My worry about waiting is that legislation
20 has to be put forward this legislative
21 session and, you know, approved in order for
22 the BAC to start in July. And so I don't --
23 you know, our next meeting is February.

24 MS. TYNER-WILSON: Yeah.

25 CHAIR BEAUREGARD: And I think it's

1 too late for us to wait until February. So
2 if people aren't comfortable making
3 recommendations, I would then just say -- I
4 would very strongly encourage everyone fill
5 out that survey and include your thoughts in
6 that survey.

7 And just also remember that our
8 recommendation is really just that, you know.
9 There's no requirement on Medicaid's side to
10 accept it, to follow it. We are just making
11 recommendations. So normally, I like this
12 process of, you know, making sure we're being
13 thoughtful and getting all the information
14 and being pretty certain that we've got the
15 right recommendation to put forward. I feel
16 a little bit more pressed for time today.

17 MR. CAMPBELL/INTERPRETER: What
18 will we -- what would we --

19 CHAIR BEAUREGARD: What would we
20 recommend?

21 MR. CAMPBELL/INTERPRETER: If we
22 did. What would we recommend if we did?

23 CHAIR BEAUREGARD: I mean, I could
24 come up with a number of recommendations.
25 The one that I think is kind of most crucial

1 would be that we recommend that the new
2 Beneficiary Advisory Council include the
3 current organizations that nominate the
4 Consumer TAC members as well as additional
5 seats for other Medicaid beneficiary's family
6 members and caregivers. But that we at
7 least, you know, are incorporating the
8 Consumer TAC as it is today into the
9 Beneficiary Advisory Council. It wouldn't
10 mean that all the same people, the, you know,
11 five of us are necessarily going to serve on
12 the BAC but that the organizations that are
13 nominating someone would be continuing that
14 process in the future.

15 And maybe that's not necessary. You
16 know, I think it's something we have to
17 discuss and, I think, decide on.

18 MS. TYNER-WILSON: What would be
19 the downside of recommending the consumer
20 advisory be membership -- be members of the
21 BAC?

22 MR. CAMPBELL/INTERPRETER: He said:
23 Can you say that again?

24 MS. TYNER-WILSON: What would be --
25 if there was a recommendation -- I don't know

1 if that's the right term, Emily. But if that
2 was -- if the membership of the consumer
3 advisory council representing the different
4 agencies and organizations that we represent,
5 if we were put forward as -- I don't know if
6 it's nominees or recommendation, memberships
7 to the BAC, would that be a bad thing? I
8 keep thinking that would be a good thing.

9 CHAIR BEAUREGARD: Miranda, were
10 you about to say something?

11 MS. BROWN: I was just going to say
12 if the BAC has to be Medicaid members, family
13 members, and caregivers, then some of us like
14 myself wouldn't qualify.

15 CHAIR BEAUREGARD: Right. That's
16 right. But the organization that has
17 nominated you to serve would continue to be
18 able to nominate another individual.

19 Arthur, being a waiver recipient, you
20 would qualify, but it would ultimately be up
21 to P&A to determine whether to nominate you
22 for that term or -- and, of course, once you
23 serve that term, because of the BAC rules,
24 you can't have a consecutive second term. So
25 you would then roll off, and another person

1 would be nominated.

2 MR. CAMPBELL/INTERPRETER: Even if
3 we ain't on the BAC, we are still on TAC.

4 CHAIR BEAUREGARD: The Consumer TAC
5 would no longer exist in that --

6 MR. CAMPBELL/INTERPRETER: He said
7 if he ain't wrong, TAC is still on -- going
8 to be around.

9 CHAIR BEAUREGARD: It's possible.
10 I think with the restructuring that DMS is
11 doing, their hope is that there wouldn't be a
12 Consumer TAC at the same time --

13 MS. TYNER-WILSON: Yeah.

14 CHAIR BEAUREGARD: -- as the
15 Beneficiary Advisory Council because there's
16 too much overlap.

17 MR. CAMPBELL/INTERPRETER: But if
18 we -- oh, but if we recommend that MAC do
19 away with TAC and only have --

20 CHAIR BEAUREGARD: The BAC.

21 MR. CAMPBELL/INTERPRETER: S-u-b --
22 subcommission. Oh, and only have
23 subcommission on committee, then the TAC
24 will -- the TAC will go away.

25 CHAIR BEAUREGARD: Right. The TAC

1 could go away. That's right.

2 MS. BROWN: I feel like the purpose
3 of the BAC being to more deeply integrate the
4 input of consumers into the structure of how
5 Medicaid is run makes a lot of sense and
6 could -- could make the -- a committee such
7 as the Consumer TAC that exists right now
8 just less necessary if it's more integrated
9 into the full BAC.

10 CHAIR BEAUREGARD: I -- that's the
11 conclusion that I've come to, Miranda, for
12 myself. I thought for a while maybe there
13 would be some relationship between our
14 committees. We could provide some sort of
15 support or technical assistance, but I don't
16 think so.

17 I think that we're essentially -- like,
18 the Beneficiary Advisory Council is expanding
19 upon what the Consumer TAC is supposed to be
20 now and, really, maybe doing it better, you
21 know, and really focusing more on that lived
22 experience than what is in statute for the
23 Consumer TAC as it is and having that, you
24 know, automatic required representation on
25 the MAC.

1 So I think there are a lot of benefits
2 to the Beneficiary Advisory Council. I think
3 it's a new and improved Consumer TAC in a way
4 if you want to think about it like that;
5 right? It's, like, just better than what we
6 have now.

7 But I think there's also some benefit in
8 having, you know, the experience that we
9 have, the sort of track record or, you know,
10 just sort of the fact that the Consumer TAC
11 has been around for a while and not losing
12 all of that in this transition to a BAC.

13 That was kind of my thinking behind
14 having the same organizations be part of the
15 BAC. More kind of institutional -- that
16 doesn't really sound quite right to me but
17 that institutional sort of knowledge that we
18 have that a new BAC with all new members
19 wouldn't have.

20 MS. BROWN: Right. I agree with
21 the idea of including the current
22 organizations that nominate the current
23 Consumer TAC members, kind of wrapping that
24 up into how some of the seats of the BAC are
25 decided.

1 CHAIR BEAUREGARD: Right. Okay.

2 MS. BROWN: That makes sense to me
3 as well as having additional seats.

4 CHAIR BEAUREGARD: Yeah. And I do
5 wish that we had more time for this. I'm
6 sorry that we're kind of -- we're pressed for
7 time today because our meeting ends at 3:30
8 but also because we know the legislation is
9 going to be happening quickly. I really
10 don't think we have until February to decide.

11 I'll put this recommendation forward.
12 You know, absolutely, if people don't feel
13 ready for it, you want to vote no or you want
14 to pass, I completely understand that. But
15 hopefully, we can continue the conversation.
16 I just think this is kind of an essential
17 piece that we need to at least have a
18 recommendation around before this meeting
19 ends.

20 So what I would recommend is that the
21 current Consumer TAC membership -- maybe I'll
22 say that the current Consumer TAC
23 organizational membership be included as part
24 of the Beneficiary Advisory Council in
25 addition to other seats that are -- that are

1 filled through a public application and
2 nomination process.

3 MR. CAMPBELL/INTERPRETER: But some
4 of TAC members don't get Medicaid.

5 CHAIR BEAUREGARD: Right. It would
6 be the organizations, Arthur, not the
7 individuals who you see today, not
8 necessarily myself, yourself, Miranda. It
9 would be the organizations that would be
10 nominating someone.

11 MR. CAMPBELL/INTERPRETER: You
12 ain't going to say nothing if -- nothing
13 else. Because right now, we don't know if
14 they're going to do away with TAC, or TAC
15 will become a subcommittee of MAC. We don't
16 know. We don't know that. You're going to
17 what? Oh, you're going to shut up because
18 you don't know -- because you don't know what
19 you're talking about.

20 CHAIR BEAUREGARD: I think I
21 understand what your concern is, Arthur.
22 What I understand is the kind of options on
23 the table is the Consumer TAC is probably
24 going away. We could have the organizations
25 as part of the BAC, or we could just let the

1 BAC develop totally independently. And we
2 can, of course, all individually provide
3 recommendations through the survey.

4 So those are the options that I see on
5 the table. You know, we can make this
6 recommendation to -- and it could happen with
7 or without our recommendation because DMS
8 could choose to include these -- our
9 nominating organizations on the BAC with or
10 without us. But that's why I was putting
11 forward that recommendation.

12 The other two options are to let the BAC
13 just independently develop through that
14 public nomination, application process, or
15 whatever criteria the commissioner decides to
16 use to select members. And then, of course,
17 we can all make our own recommendations.

18 So is everybody more comfortable just
19 moving forward with that plan to individually
20 make recommendations, or would we like to
21 vote on this?

22 MS. MANNINO: I suggest we vote on
23 your recommendation.

24 CHAIR BEAUREGARD: Okay. I don't
25 think I can completely repeat it word for

1 word. It is in the transcript but --

2 MS. SHEETS: Emily, I wrote it
3 down.

4 CHAIR BEAUREGARD: Ah. Thank you,
5 Kelli.

6 MS. SHEETS: You're welcome. I'll
7 read it. Okay. The recommendation is that
8 the current Consumer Rights Client Need TAC
9 organization membership be included as part
10 of the BAC in addition to other seats that
11 are included through the public nomination
12 process.

13 CHAIR BEAUREGARD: Yes. That's
14 great. Thank you.

15 MS. SHEETS: You're welcome.

16 CHAIR BEAUREGARD: So we'll ask for
17 a motion to approve that recommendation.

18 MS. MANNINO: I make a motion to
19 approve that.

20 CHAIR BEAUREGARD: Thank you,
21 Brenda. Second?

22 MS. BROWN: I second.

23 CHAIR BEAUREGARD: Thanks, Miranda.
24 All in favor, say aye.

25 (Aye.)

1 CHAIR BEAUREGARD: Any opposed or
2 pass?

3 MR. CAMPBELL/INTERPRETER: Pass.

4 CHAIR BEAUREGARD: Pass, Arthur?
5 Okay. I believe that we still -- the motion
6 will still carry based on the number of
7 people who voted yes, but thank you, Arthur.

8 And, again, I think we need to continue
9 the conversation, and this is just a
10 recommendation. I encourage everyone to take
11 that survey and put all your thoughts down
12 and, if you have the time tomorrow, to tune
13 in to the forum as well. And we'll continue
14 to give this some thought. But for the
15 legislation, that's really what I wanted to
16 make sure we discussed.

17 Does anybody want to put forward another
18 recommendation? I know that literacy was
19 something that came up last time. That could
20 also be included in what we do individually.
21 I'm just -- I don't know what people's
22 schedules are, if we need to have a hard stop
23 at 3:30. I do have another meeting that I'm
24 supposed to jump to, but I can be a few
25 minutes late.

1 MS. BROWN: Yeah. I just wrote
2 down from last time that -- the
3 recommendation that in planning for full
4 diversity of Medicaid members on the BAC,
5 that DMS consider literacy in the materials
6 so...

7 CHAIR BEAUREGARD: Let's -- I'll
8 have you put that forward as a
9 recommendation, Miranda, and I'll ask for a
10 motion. I'll make a motion because I didn't
11 put it forward. A second?

12 MS. MANNINO: I second it.

13 CHAIR BEAUREGARD: Thank you,
14 Brenda. And all in favor, say aye.

15 (Aye.)

16 CHAIR BEAUREGARD: Any opposed or
17 pass?

18 (No response.)

19 CHAIR BEAUREGARD: All right. That
20 recommendation and motion carries. And so
21 we'll have two recommendations to put forward
22 for the next MAC meeting. I will be the
23 representative there. I'll give that report.

24 And you can see our 2025 meeting
25 schedule here that we all agreed to via

1 email. That could change assuming that, you
2 know, the BAC starts in January. I don't --
3 or in July. Excuse me. It may be that we
4 don't have some of those later meetings, or
5 maybe there's some overlap for some amount of
6 time.

7 Any other questions or anything else
8 that people want to raise before we adjourn?

9 MR. CAMPBELL/INTERPRETER: He has
10 something. Can we call for a meeting if we
11 need an extra -- extra meeting?

12 CHAIR BEAUREGARD: Yes. We
13 technically can. January is going to be a
14 little busy for me. I'm going to be out of
15 the country for a couple of weeks, and our
16 next meeting would be, what is it, February
17 18th. So we can potentially do that if it's
18 early in January.

19 And if everyone agrees that you want to
20 do that, we can send around an email and look
21 for a time that we can schedule. Of course,
22 it'll also depend on DMS' availability but --
23 okay. Arthur, we can try to do that and
24 hopefully make this short. Would this be
25 specific to just the BAC?

1 MR. CAMPBELL/INTERPRETER: Yeah.

2 CHAIR BEAUREGARD: So a shorter
3 meeting. Okay. Yep.

4 MS. TYNER-WILSON: I like that
5 idea.

6 CHAIR BEAUREGARD: Okay. Great.
7 Well, then, we will look to schedule
8 something in early January, so hopefully
9 everybody is still a little bit flexible
10 then, hasn't put too many meetings on your
11 calendars just yet.

12 MS. SHEETS: Emily, I'll try to
13 send you some available dates and times
14 tomorrow.

15 CHAIR BEAUREGARD: Oh, wonderful.
16 Thanks, Kelli. That would be perfect.

17 All right. Well, thank you, everybody,
18 for your time and for hanging in there with
19 us. I appreciate the conversation today.
20 Give it some thought. Attend that forum, and
21 then, yeah, we can have another conversation
22 again in January. All right. Have a good
23 one, everyone. We'll adjourn by acclamation.
24 Bye.

25 (Meeting concluded at 3:23 p.m.)

1 * * * * *

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 3rd day of January, 2025.
16
17

18 /s/ Shana W. Spencer

19 Shana Spencer, RPR, CRR
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