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

Via Videoconference
July 2, 2024
Commencing at 2 p.m.

Tiffany Felts, CVR
Court Reporter

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APPEARANCES

BOARD MEMBERS:

Emily Beauregard, TAC Chair

Miranda Brown

Melanie Tyner-Wilson

Arthur Campbell

Brenda Mannino

Christy Hardin (Not present).

1 MS. BICKERS: I should also know that
2 off the top of my head. You guys normally
3 do.

4 MS. BEAUREGARD: Yeah, it was kind of
5 unusual, but I think that we didn't is my
6 recollection.

7 MS. BICKERS: You did not.

8 MS. BEAUREGARD: Okay, so we need to
9 approve minutes from February and April; is
10 that right?

11 MS. BICKERS: Yes, ma'am.

12 MS. BEAUREGARD: Yeah, okay, thanks.

13 MS. BICKERS: And it's not quite two
14 o'clock and the waiting room is still kind
15 of clearing out, so we'll give it just a
16 second before we get started.

17 MS. BEAUREGARD: Great. Hi, Arthur,
18 good to see you.

19 MR. CAMPBELL: Hi, I'm sorry I wasn't
20 able to meet last time.

21 MS. BEAUREGARD: Arthur was sorry
22 that he couldn't meet last time?

23 MR. CAMPBELL: Yeah.

24 MS. BEAUREGARD: Right, okay. Yeah,
25 I understand, Arthur. I think you weren't

1 feeling well, and, you know, that happens,
2 so I'm glad to see you here today.

3 MS. TYNER WILSON: Hello.

4 MS. BEAUREGARD: Hi, Melanie, good to
5 see you. I was looking back at some
6 minutes, I wanted to make sure I had the
7 right thing pulled up.

8 MS. TYNER WILSON: Oh, and I'm
9 sitting in my car outside of a pool, so
10 please forgive me. I'm with my son, so.

11 MS. BEAUREGARD: Well, that sounds
12 like a fun day. I'm glad you could join us.

13 MS. BICKERS: Emily, it's
14 two o'clock, and your waiting room is
15 cleared if you would like to begin. I saw
16 everyone but you and Christy, but I'll scan
17 just to make sure I didn't miss her coming
18 in with a big group.

19 MS. BEAUREGARD: So is Miranda on as
20 well?

21 MS. BICKERS: Yes.

22 MS. BROWN: I'm here.

23 MS. BEAUREGARD: Oh, great. Hey,
24 Miranda. Oh, now I see you. Good. I'm
25 glad this time ended up working for

1 everybody. Thank you for helping us find a
2 time to reschedule. And I'm just taking a
3 couple notes. It's nice to see everybody,
4 happy July.

5 MS. TYNER WILSON: Happy July.

6 MS. BEAUREGARD: I'm Emily
7 Beauregard, I'm the director of Kentucky
8 Voices for Health and the chair of the
9 consumer TAC. And I'll just ask all of our
10 members to briefly introduce yourself:
11 Brenda, Arthur, Melanie, and Miranda.

12 MS. MANNINO: Hi, I'm Brenda Mannino;
13 I am representing AARP.

14 MR. CAMPBELL: I am Arthur Campbell,
15 and I am representing P & A.

16 MS. BEAUREGARD: Great, thank you.
17 Melanie and Miranda?

18 MS. TYNER WILSON: Oh, I'm Melanie
19 Tyner Wilson, and I'm representing the ARC
20 of Kentucky.

21 MS. BEAUREGARD: Great.

22 MS. BROWN: Hi, I'm Miranda Brown,
23 and I am representing Kentucky Equal Justice
24 Center.

25 MS. BEAUREGARD: All right. We do

1 have a quorum present, so we can conduct
2 business and vote. The first order of
3 business is to approve minutes, and we'll
4 need to approve our minutes from February,
5 and as well as April. We didn't have a
6 quorum at our last meeting, so we weren't
7 able to approve February. So I'll take a
8 motion to approve our minutes.

9 MS. TYNER WILSON: I move to approve
10 the minutes. Oh, sorry.

11 MS. BEAUREGARD: A second?

12 MS. MANNINO: I second.

13 MS. BEAUREGARD: All right. Thank
14 you, Brenda. All in favor, say aye.

15 (Aye).

16 MS. BEAUREGARD: Great. And opposed?

17 (No response).

18 MS. BEAUREGARD: All right. Motion
19 carries, our minutes are approved. Thank
20 you, all.

21 And the next item here is our old
22 business just topics that we've discussed on
23 previous calls. We're looking for updates.
24 The first is always our standing data
25 requests, so is someone on from DMS who can

1 tell us about enrollment in our various
2 types of Medicaid coverage?

3 MS. GRIFFIN: Yes, good afternoon.
4 This is Jiordan Griffin with DMS, and I can
5 present some of the numbers as far as our
6 current enrollments. So for presumptive
7 eligibility -- and these are as of July 1st,
8 for presumptive eligibility we have 1,677
9 individuals. For emergency time-limited
10 Medicaid we have 176 individuals currently.
11 In traditional Medicaid we have 145,696
12 individuals. In our MCO we have 1,303,955
13 individuals. The current enrollment is
14 sitting at 1,449,651.

15 MS. BEAUREGARD: All right, thank
16 you. That's really helpful, and that is a
17 pretty big dip in enrollment from about a
18 year ago, but we also expected some of that
19 because of Medicaid renewals, which is, of
20 course, the next question here -- the next
21 data request. Can you just, kind of, give
22 us a sense of how many adults have completed
23 the unwinding renewal process? I know all
24 of -- you know, as far as I understand, the
25 process has at least started for all adults,

1 but there may be some that are, kind of,
2 pending or awaiting some further action.

3 MS. CECIL: Hey, Emily, it's Veronica
4 Judy Cecil with Medicaid.

5 MS. BEAUREGARD: Yeah, good to see
6 you, Veronica.

7 MS. CECIL: Good to see everyone.
8 I'll take this one, Jiordan. So we -- I
9 will say, over the course of the entire
10 unwinding, we had 1,037,363 individuals go
11 through a renewal. Whoa, right? That's a
12 lot of people.

13 MS. TYNER WILSON: That's a lot.

14 MS. CECIL: And we still have about
15 15 percent of those that are in one way or
16 another making their way through the
17 extensions or pending cases, so there's
18 still a bucket of folks that we call the
19 public health emergency unwinding renewals.
20 That's that first renewal post the end of
21 the public health emergency. So about
22 15 percent of those are still, sort of, kind
23 of, going through the flexibilities and may
24 be extended.

25 And so --

1 MS. BEAUREGARD: And those are all
2 adults, right?

3 MS. CECIL: That's right. Mm-hmm.

4 MS. BEAUREGARD: Yeah.

5 MS. CECIL: Yep, yeah. A total of
6 across the unwinding renewals, 74 percent of
7 those were approved, which I think is
8 amazing as well. And then, you know,
9 unfortunately, you know, over 60 percent of
10 the terminations were for procedural
11 reasons. So, you know, those are folks that
12 weren't actually determined ineligible, they
13 just didn't respond to the notice.

14 I will say, so we're working on the
15 June renewals, you know, we just closed
16 those. And I do want to note that in May
17 and June, we had a little bit of a higher
18 number of terminations, and related to
19 procedural terminations. And the reason for
20 that is because, just to remind folks, we
21 reinstated, you know, about 25,000 people as
22 part of the APTC, advanced premium tax
23 credit, cascading those folks to that
24 eligibility and terminating their Medicaid.
25 Just a reminder, we reinstated a lot of

1 those folks to give them coverage, and then
2 put them through another renewal. And we
3 found out in May, about 11,000 of those
4 procedural terminations -- it's a large
5 number of them -- are those individuals,
6 they still did not respond, and so they've
7 been terminated because of lack of response.

8 We're seeing, although we're still
9 evaluating, we're going to have a large
10 number of those in June as well. The
11 majority of those are going to be due to the
12 reinstated individuals not responding to
13 that renewal. So, you know, again, and I
14 think, as you mentioned, as we're rolling
15 out of that first round of renewals, and
16 kind of, the tail end of that unwinding,
17 we're seeing, you know, a little bit larger
18 number of terminations happening as a result
19 of that.

20 The other thing I just want to alert
21 folks to is so now, in May, we had a mix of
22 PHE first renewals, and now we're into
23 second renewals. So we're now going to
24 bucket. Starting May, June, July, and as we
25 move forward, you know, all the numbers are,

1 kind of, going to be reported together at a
2 high number. We're still tracking the PHE
3 renewals, but in reporting the renewals
4 we're just going to shift because we know
5 that this has been really informative for
6 folks to know what's the status of renewals,
7 so we're going to keep reporting. CMS is
8 also requiring us to still report, but we're
9 going to keep that going and reporting all
10 renewals as we emerge out of the unwinding.

11 MS. BEAUREGARD: I think that's
12 really helpful.

13 MS. CECIL: Yeah.

14 MS. BEAUREGARD: Because renewals do
15 happen on an annual basis for folks.

16 MS. CECIL: That's right.

17 MS. BEAUREGARD: And so, you know,
18 even though we, kind of, got more -- there
19 was more attention to the whole process with
20 the unwinding, it certainly is going to be
21 ongoing. And I think it's good to really be
22 looking at the eligibility versus procedural
23 reasons.

24 MS. CECIL: Mm-hmm.

25 MS. BEAUREGARD: And hopefully, we

1 can learn something and make some
2 adjustments on how we communicate or how
3 people are able to participate in that
4 process, and over time, have less turn.

5 MS. CECIL: Yeah, that's our goal as
6 well, and one of the reasons we want to
7 continue to highlight them and the efforts.
8 You know, we are right now evaluating all of
9 the flexibilities we put into place and how
10 effective they were, and so that's something
11 else we're going to take away. Altarum is
12 doing that evaluation for us, and we want to
13 take away and really emphasize those, you
14 know, and ask for maybe some permanency to
15 some of those flexibilities that have been
16 effective.

17 And with the final rule, and I know
18 that's on the agenda later, but with the
19 eligibility enrollment final rule there are
20 some that are, you know, being implemented
21 permanently, and we're really happy to see
22 that. But going forward, like I said, we're
23 going to start, kind of, just reporting all
24 PHE and non-PHE renewals.

25 The only other thing to note, for

1 starting in May, you know, people that
2 actually enrolled for the first time in
3 Medicaid, so they're going through a first
4 renewal because they enrolled in May of
5 2023, and so they're going through a
6 renewal. So starting in May and as we move
7 forward, are brand new people going through
8 a renewal too, so not just folks that have
9 been in Medicaid for a long time and we had
10 paused their renewal, but there's some that
11 are going through a new renewal.

12 So again, outreach and education, and
13 keeping people aware is a goal of ours, and
14 we're going to keep highlighting it.

15 MS. BEAUREGARD: Great, thanks for
16 those updates.

17 MS. TYNER WILSON: This is -- Emily,
18 can I ask a question?

19 MS. BEAUREGARD: Yeah.

20 MS. TYNER WILSON: And I actually had
21 two. I wasn't quite sure what the PAG -- I
22 think that's what the initials were. And
23 then, if any of the terminations were due to
24 people that maybe were for whatever reason
25 homeless, you know? Like, maybe there was

1 an address, and then they no longer had a
2 place of residence for whatever reason.
3 Would that be a possibility?

4 MS. CECIL: Yeah, thanks for those
5 questions, Melanie.

6 MS. TYNER WILSON: Okay.

7 MS. CECIL: So for the first
8 question, it's advanced premium tax credit,
9 APTC.

10 MS. TYNER WILSON: Oh, okay.

11 MS. CECIL: Yeah, and we had,
12 starting in May of 2023, when our system
13 would go out and try to verify eligibility
14 with our trusted data sources, and we were
15 getting information that came back to say
16 that their income was over Medicaid, but
17 they were --

18 MS. TYNER WILSON: Oh.

19 MS. CECIL: -- eligible for that
20 premium assistance. We were cascading them
21 down to that eligibility and terminating
22 Medicaid.

23 Your second question: I think
24 homeless is always a struggle, the homeless
25 population in reaching them. We've got a

1 lot of different outreach efforts around
2 that population, you know, trying to find
3 ways to provide an address or a, you know,
4 responsible person that can get sent to.
5 And then, again, our providers have been
6 extremely helpful as people present for
7 services --

8 MS. TYNER WILSON: Mm-hmm.

9 MS. CECIL: -- and, you know, having
10 the providers interact and let them know
11 that maybe they're either up for a renewal
12 because they can see the renewal date, or if
13 they've been terminated, help them get
14 connected to getting their coverage
15 reinstated. So, yeah, we do struggle with
16 that population.

17 MS. TYNER WILSON: Okay, thank you.

18 MS. MANNINO: Emily, can I ask a
19 question?

20 MS. BEAUREGARD: Yeah, absolutely.

21 MS. MANNINO: I wanted to have that
22 number again about how many Kentuckians are
23 currently covered under Medicaid with all
24 the different categories. What was the
25 total?

1 MS. CECIL: Yeah, Jiordan?

2 MS. GRIFFIN: Yeah, so for -- as of
3 July 1st, the total enrollment was
4 1,449,651.

5 MS. MANNINO: Okay, thank you. And I
6 think Veronica was saying some acronym that
7 starts with a P, and I have no idea what
8 that means. PHE or P something.

9 MS. CECIL: It's that -- well, so PHE
10 is the public health emergency.

11 MS. MANNINO: Okay.

12 MS. CECIL: And I saw Miranda put
13 that in the chat --

14 MS. GRIFFIN: Thank you.

15 MS. CECIL: -- for folks, thank you.

16 MS. MANNINO: Okay, thank you.

17 MS. CECIL: Yeah, absolutely.

18 MS. BEAUREGARD: Yeah, I think this
19 is all good information to have, and, you
20 know, we're -- I think as we move forward if
21 there's communications, you know,
22 educational materials, flyers that we can
23 help to review, that would certainly be
24 something that the consumer TAC can do. And
25 I'm curious to see if the enrollment bounces

1 up a little bit. It did really dip more so
2 than in other months, like you said.

3 MS. CECIL: Yeah.

4 MS. BEAUREGARD: But this is
5 basically back to pre-pandemic; is that
6 about right?

7 MS. CECIL: Yeah, we're about
8 100,000, or a little over 100,000 more than
9 pre-pandemic. But I will also say that, you
10 know, as we track Medicaid termination, our
11 -- we are at extremely high number of
12 enrollments in qualified health plans, so we
13 hit 81,000 which is a huge increase, and
14 we're seeing that stay steady and continue
15 to increase. So as folks -- we do think
16 that folks who are ineligible for Medicaid
17 are moving over and actually enrolling in a
18 qualified health plan, which is fabulous
19 because we want to keep people covered.

20 MS. BEAUREGARD: Yeah.

21 MR. VERRY: This is a full 20,000 or
22 more than pre-pandemic as far as the QHP
23 enrollment, so we're still small. We're not
24 the solution for everyone, we're a solution.
25 If we're a marketplace, we're kind of a

1 boutique. We won't ever have --

2 MS. BEAUREGARD: I think 81,000 is
3 about what we had in 2014 if I remember. I
4 mean, we saw, you know, kind of the inverse.
5 It's going back up.

6 MR. VERRY: When we got
7 decommissioned and sent over to the feds, we
8 dropped from 100,000 --

9 MS. BEAUREGARD: Yeah.

10 MR. VERRY: -- to around 81,000 --

11 MS. BEAUREGARD: Okay, they actually
12 went higher.

13 MR. VERRY: -- and it's been a steady
14 decline ever since. And so we're clawing
15 our way back there, so it's really, really
16 encouraging. Those people who are in
17 transition, those people between jobs, the
18 pre-retirees -- I want to be a pre-retiree.
19 Anyway, people who have lost Medicaid to
20 catch them and move them on, so we're
21 already at 81,300 this morning. So, you
22 know, the second of the month, we should
23 break 82, 83.

24 I'm hoping that we sell -- that we
25 help 100,000 people this year total.

1 Because these are the active enrollments,
2 and we constantly have turn. So something
3 good is happening, and thank you, all, to
4 everyone on the call for all the hard work
5 you're doing because it certainly isn't
6 anything I'm doing. So appreciate it.

7 MS. BEAUREGARD: Yeah, thank you,
8 David. And this is not a question that I
9 had, like, intended to ask, but I've been,
10 you know, thinking about the implementation
11 of the Omnibus bill --

12 MR. VERRY: Yep.

13 MS. BEAUREGARD: -- of course, which
14 passed during the legislative session, and
15 the -- specifically the SEP, the special
16 enrollment period for pregnancy.

17 MR. VERRY: Yep.

18 MS. BEAUREGARD: Have you been able
19 to estimate about how many pregnant people
20 will likely be eligible for the SEP?

21 MR. VERRY: No, but a very educated
22 guess is small.

23 MS. BEAUREGARD: Yeah.

24 MR. VERRY: Most Kentuckians when
25 they become pregnant become eligible for

1 KCHIP or Medicaid, which is great, or are
2 already enrolled through ESI, the military,
3 whatever it might be. So if we're a small
4 group, this is an even smaller group, but
5 the great news is it goes backwards to any
6 time during the person's pregnancy.

7 MS. BEAUREGARD: Right.

8 MR. VERRY: Now, beginning
9 January 1st. This year, we won't go around
10 the corner, but in future years, you could
11 even enroll in a plan year before it existed
12 for a November or December pregnancy.

13 MS. BEAUREGARD: But that really --
14 it really does fill a gap for those lower
15 income --

16 MR. VERRY: It does, it does.

17 MS. BEAUREGARD: -- Kentuckians who
18 are just over the line for, you know, that
19 KCHIP 218 percent.

20 MR. VERRY: Yep. And hopefully that
21 will mean that there's no pregnant people
22 who are not covered.

23 MS. BEAUREGARD: Right, exactly.

24 MR. VERRY: This will be the last of
25 it. And DACA, of course, is coming up as

1 well, so it's lots of exciting news on our
2 side.

3 MS. BEAUREGARD: Yeah, well, thanks
4 for those updates. Does anybody have any
5 questions for Veronica or for David?

6 MR. VERRY: I have one more update.
7 There was a question there I saw it, it was
8 on the agenda, nothing about the looking for
9 kynectors who speak foreign languages. The
10 good news is the search engine is working.
11 The bad news is we don't have a lot of
12 kynectors who speak foreign languages right
13 now. We're working on that from every side
14 that we can, but the search engine does
15 work. There's just not a lot of people
16 there right now.

17 MS. BROWN: Hi, David. So, I mean,
18 this -- which search engine because on the
19 public facing kynect website --

20 MR. VERRY: Uh-huh.

21 MS. BROWN: -- if you go to "find a
22 connector agent," there's no place to enter
23 in language.

24 MR. VERRY: Yeah, there is.

25 MS. BROWN: Not at the link that I am

1 currently at.

2 MR. VERRY: Okay.

3 MS. BEAUREGARD: Are you able to
4 share your screen? Are we able to do that,
5 share a screen? Or that's -- that works
6 too, sharing the link.

7 MR. VERRY: Yeah, who wants to do it?

8 MS. BEAUREGARD: The link is fine.
9 It looks like Miranda's already dropped it
10 in the chat.

11 MR. VERRY: Right in the chat you
12 said? Okay, so, Miranda, hit, like, "find
13 kynector" on that screen, and then hit
14 "search" -- don't put anything in there.
15 And you're searching for -- oh, here we go,
16 yay.

17 MS. BICKERS: Can you see it now?
18 Sorry --

19 MR. VERRY: I can, yes.

20 MS. BICKERS: -- my screen was --
21 okay.

22 MR. VERRY: Yeah, perfectly.

23 MS. BEAUREGARD: Thanks, Erin.

24 MR. VERRY: So scroll down and hit
25 "find a kynector." Yep. And then hit

1 "search." No, don't put anything in there,
2 hit "search," please.

3 MS. BEAUREGARD: So are you saying
4 that information comes up when you search,
5 but then it --

6 MR. VERRY: When you search, then in
7 the box you can pick languages. Scroll down
8 a little bit. There they are: Languages.

9 MS. BEAUREGARD: Okay.

10 MR. VERRY: So for -- unfortunately,
11 for contracted, you know, non-private, we
12 have only someone who speaks German. If you
13 selected German, we could find Priscilla.
14 If you -- on the qualifications, if you
15 chose for private and public, or
16 facility-based, and public to private, you
17 could find yourself Miranda, so -- in
18 Spanish. So this is where you go.

19 MS. BEAUREGARD: Can you select
20 Spanish just out of curiosity? I want to
21 see because I feel like it should be Miranda
22 and maybe Suraya, too, from the KEJC --

23 MR. VERRY: Oh, yeah, yeah, yeah. I
24 wasn't trying to be --

25 MS. BEAUREGARD: -- but I'm just

1 curious to see if there's anything else
2 there. Spanish isn't there.

3 MR. VERRY: Spanish is at the top.

4 MS. BEAUREGARD: Spanish is at the
5 top.

6 MR. VERRY: Yeah.

7 MS. BEAUREGARD: Spanish is at the
8 top --

9 MS. BICKERS: Okay, thank you. I was
10 --

11 MS. BEAUREGARD: -- it's not in alpha
12 order, I just realized that now. That was
13 confusing.

14 MS. BICKERS: I was starting to think
15 I couldn't spell today.

16 MR. VERRY: It's alpha order except
17 for Spanish. Alpha order except for
18 Spanish.

19 MS. BEAUREGARD: English and Spanish
20 are at the top, yeah.

21 MR. VERRY: And then on the
22 qualifications, you have to choose public or
23 whatever it is.

24 MS. BEAUREGARD: They have to --

25 MR. VERRY: And private and facility

1 based, both of them. We don't have any that
2 are public right now, so it is zero. Go
3 back to qualifications, if you don't mind.

4 MS. BICKERS: Oh.

5 MR. VERRY: And then facility-based.

6 MS. BEAUREGARD: What does
7 facility-based mean to people?

8 MR. VERRY: Private.

9 MS. BEAUREGARD: Private is
10 different.

11 MR. VERRY: I mean, this is private,
12 and what people would do is everyone wants a
13 private kynector. And so our brothers and
14 sisters in the hospitals were getting
15 inundated with requests from people. So I
16 don't know --

17 MS. BEAUREGARD: Well, I would put
18 hospital kynector then. I just -- public
19 and facility-based doesn't -- from a public
20 viewpoint --

21 MR. VERRY: Yeah.

22 MS. BEAUREGARD: -- I'm sure, if that
23 would help. And then, I don't consider
24 Miranda and Suraya working at a
25 facility-based, but maybe you all did want

1 some limits on who was reaching out to you.
2 It's just, I wonder if this is -- if people
3 will be able to understand how to make that
4 -- the right selections. Miranda, do you
5 have any suggestions on how that could work
6 better?

7 MS. BROWN: Thank you for walking --

8 MR. VERRY: We have around 120
9 kynectors who are, like, contracted, and
10 then hundreds more that work in various
11 facilities, some of them are in hospitals,
12 some of them are in clinics and other
13 things.

14 MS. BROWN: Yeah --

15 MR. VERRY: So we're always open to
16 suggestions if there's a better way to go
17 back to the different methods or whatever
18 so.

19 MS. BROWN: So I really appreciate --
20 like, this is a huge step forward. Like, I
21 really appreciate that now kynectors are
22 able to enter that they speak more than one
23 language on their end --

24 MR. VERRY: Mm-hmm.

25 MS. BROWN: -- and then consumers are

1 able to search for it. But there are
2 definitely more kynectors that speak Spanish
3 than just Suraya and me, and so I think a
4 lot of kynectors still don't know that they
5 can enter in that they speak more than one
6 language. Because there should be at least
7 a handful more --

8 MR. VERRY: Yeah.

9 MS. BROWN: -- on this page if not
10 many.

11 MR. VERRY: That's -- no, that's good
12 to know, and always when we know what we
13 don't know, and for me that's a lot. We now
14 have a monthly meeting with all of our
15 orgadmin heads, I call it the all hands
16 meeting. We also have a monthly meeting
17 with any kynector out there who wants to
18 come meet with us, and so this sounds like a
19 great topic for that. And I think we have a
20 -- we may not have a one-pager. We'll
21 definitely put it in this Friday's Friday
22 Facts as well. So then if people think they
23 speak Spanish and don't know how to make it
24 so here, they can reach out to us, and we
25 can walk them through it.

1 MS. BROWN: Yeah, I know there are
2 kynectros at Health First Bluegrass that
3 speak Spanish and probably others, so --

4 MR. VERRY: Yeah.

5 MS. BROWN: -- spreading the word, I
6 think, would be really helpful. Thank you.

7 MR. VERRY: No, that's a fabulous
8 point. And then, any times people out
9 there, if you see something on our website
10 or whatever that is confusing, or could be
11 worded better, or anything like that, we're
12 always open, at least we try to be.

13 MS. BEAUREGARD: So, David, you said
14 that there's going to be a workgroup meeting
15 in which --

16 MR. VERRY: Every month.

17 MS. BEAUREGARD: Oh, okay.

18 MR. VERRY: Every month we meet with
19 every single kynector who wants to join us.

20 MS. BEAUREGARD: So this could be
21 added to the agenda so that could be a topic
22 of discussion.

23 MR. VERRY: Oh, absolutely it will be
24 added to the agenda to make sure --

25 MS. BEAUREGARD: Okay.

1 MR. VERRY: -- there's an
2 understanding. And then when there's not,
3 we'll get the measures out.

4 MS. BEAUREGARD: Okay, I think that
5 would be helpful.

6 MR. VERRY: Yeah, awesome.

7 MS. BEAUREGARD: All right. So, I
8 think -- anything else about that, Miranda?

9 (No audible response).

10 MS. BEAUREGARD: I'm just looking at
11 the agenda, we did -- we always have one
12 other standing data request, which is around
13 Kentuckians who receive the 1915c waiver
14 services, and we want to know who's on a
15 waiver right now, and also, who's on the
16 waiting list. And --

17 MS. HOFFMANN: Hi, Emily, it's
18 Leslie. I'm going to report on that if
19 that's okay.

20 MS. BEAUREGARD: Hi, Leslie.

21 MS. HOFFMANN: Let's see, so -- and I
22 tried -- as you're aware, our numbers are,
23 kind of, fluid, so I tried to get you the
24 most current numbers I could. So we've got
25 a total of 30,547 in slots filled, and I

1 have those breakouts if you want those as
2 well. And then on the waiting list, I have
3 HCB at 1,980, Michelle P. waiver is at
4 9,142, and SCL is 3,530. So that's a total
5 of 14,652 that are on waiting lists.

6 And last time we did some
7 calculations just to see, like, who was on
8 the waiting list. Approximately 40 percent
9 of those are in other waivers, but they're
10 on waiting lists too. So if that stays
11 constant with what we've got now, then that
12 should be about 40 percent, or 5,860 that
13 are receiving services in other waivers.

14 MS. BEAUREGARD: Thanks for those
15 updates. Any questions about the waiver,
16 either the slots or the waiting lists?

17 MS. TYNER WILSON: This is Melanie,
18 and I think that they would be the
19 allocation that was included in House Bill
20 6, but there was several additional slots,
21 but that won't come into play until October;
22 is that right?

23 MS. HOFFMANN: We're currently
24 looking at slot allocation.

25 MS. TYNER WILSON: Oh.

1 MS. HOFFMANN: If you can give me a
2 short period of time, I will let you know
3 where we are with that.

4 MS. TYNER WILSON: Oh, okay.

5 MS. HOFFMANN: Currently looking now
6 in the approved waivers.

7 MS. BEAUREGARD: Can you share a
8 little bit about your process, Leslie? And
9 also, how -- I know there's a report that's
10 due to the legislature in terms of how
11 people will be -- is it assessed for the
12 slots?

13 MS. HOFFMANN: Yeah, and we have a
14 meeting to discuss that, Emily, if that's
15 okay. Let me wait, and we actually have a
16 meeting to discuss that language and the
17 time period that that needs to occur, if
18 that's okay.

19 MS. BEAUREGARD: Okay, so we do have
20 -- because we had to reschedule our TAC
21 meeting from June to July, we have another
22 standing meeting in August, so we can put
23 this on the agenda then.

24 MS. HOFFMANN: Absolutely. Thank
25 you, Emily, appreciate it.

1 MS. BEAUREGARD: All right, thanks.
2 Anything else about those slots?

3 (No response).

4 MS. BEAUREGARD: All right. So then,
5 we do have -- this is, kind of, an awkward
6 back-and-forth, but we have an item here
7 about Medicaid renewals. So everything that
8 we talked about before was related to adult
9 renewals because the state got permission
10 from CMS to wait on starting the child
11 renewal process, which I think was really
12 helpful for a number of reasons, but at some
13 point, children's coverage will need to be
14 renewed. So just wondering if you can give
15 us any updates on that timeline, and what
16 that process will look like?

17 MS. CECIL: We are still waiting on
18 CMS to get back with us, but what we did end
19 up doing is maintaining the flexibility
20 until we're told otherwise. We did have --
21 we're going back and looking because in May
22 and June we did have some terminations, and
23 so we're checking those to determine the
24 reason and ensure the appropriateness of it.
25 Because, you know, children could still

1 terminate, but we had a larger number. So
2 we are going back, and if it turns out that
3 a child was inappropriately terminated we'll
4 reinstate, but we are maintaining the
5 flexibility.

6 MS. BEAUREGARD: I'm glad you
7 mentioned that because, of course, we had
8 heard a few of these cases. Are you seeing
9 any themes, anything in common?

10 MS. CECIL: No. We're just -- we're
11 digging into it. I don't really -- I can't
12 really speak yet to what we're seeing
13 because --

14 MS. BEAUREGARD: Okay.

15 MS. CECIL: -- we're still going back
16 and forth asking questions.

17 MS. BEAUREGARD: All right, thanks
18 for that. And then, as far as what we've
19 learned from adult renewals and coming into
20 child renewals, is there anything that
21 you're going to be doing differently?

22 MS. CECIL: Well, no, our
23 flexibilities are going to remain the same,
24 so --

25 MS. BEAUREGARD: I just mean, like,

1 lessons learned, like, just improvements --

2 MS. CECIL: Oh --

3 MS. BEAUREGARD: -- that have been --
4 yeah.

5 MS. CECIL: -- I see. That's what
6 we're evaluating is to try to see, you know,
7 how effective things are. And I know this
8 is on somewhere else, but -- and I
9 apologize, I do have to jump at three, but
10 if I could go ahead and talk to the surveys.

11 So we had surveys out in the field --
12 is it okay if I go ahead and talk about
13 that?

14 MS. BEAUREGARD: Can I just bring up
15 one other thing about child renewals --

16 MS. CECIL: Yeah, of course.

17 MS. BEAUREGARD: -- and then we can
18 --

19 MS. CECIL: Of course, yep.

20 MS. BEAUREGARD: And then we can go
21 to surveys.

22 MS. CECIL: Yeah, yep.

23 MS. BEAUREGARD: So one thing that
24 we've raised from time to time is the
25 request for birth certificates, which I

1 don't -- I don't think is a requirement by
2 any means, you know, for the Medicaid
3 application, but there are times when people
4 will get an RFI, and children, specifically,
5 will get an RFI for a birth certificate.
6 And when it is most confusing to me is when
7 that child has been born in Kentucky and
8 even covered by Medicaid at a hospital, so,
9 like, there's even claims data to prove
10 that, you know, they made their way into the
11 world here in Kentucky.

12 But we also know that the office for
13 vital statistics is within the Cabinet for
14 Health and Family Services. I had a good
15 conversation with Commissioner Lee about
16 this recently, and her interpretation, too,
17 was that shouldn't -- you know, we should be
18 able to get it directly from the office for
19 vital statistics. So my -- what I'm
20 wondering is, is there something between
21 DMS, DCBS, and the office for vital
22 statistics where there's sometimes, you
23 know, just wires crossed, miscommunication?
24 But we are seeing these RFIs, and that's
25 just one small example of something that I

1 think if we could, kind of, nip that in the
2 bud before we start child renewals, make
3 sure that's never going to be a reason that
4 a kid wouldn't, you know, have their renewal
5 approved, and not a -- you know, an RFI that
6 a family would have to respond to, and, you
7 know, get a copy of that birth certificate,
8 pay money for it, you know, mail it in, all
9 of that. I think that's just one way that
10 we could, kind of, simplify this and make
11 sure kids aren't losing coverage.

12 MS. CECIL: Yeah, happy to take that
13 back. I know Jiordan's on, we can look into
14 that a little bit more. There is a lag in
15 the data that comes from vital statistics
16 into the integrated eligibility system, so
17 that might be creating some of the problem.
18 Because I don't think it's real time, so we
19 could -- but let us take this back and dig
20 into it.

21 MS. BEAUREGARD: All right, thank
22 you.

23 MS. CECIL: Yeah.

24 MS. BEAUREGARD: But let's jump down
25 now to the surveys if you want to share

1 those updates next.

2 MS. CECIL: Yeah, just an update: So
3 we still have some in the field, especially
4 the Spanish version, and Altarum right now,
5 is going through the data. So I don't have
6 the responses or really any information to
7 share yet, but -- and then, the other thing
8 that we're doing is we're going to send out
9 -- we know we're missing folks. We really
10 wanted the member to be contacted through
11 the information that we have and directly
12 from us so that we could verify that, you
13 know, the member is actually doing the
14 response. But we are going to send out
15 another, kind of, shorter survey because we
16 think we're missing some folks, and we want
17 to be able to get it out there more publicly
18 to give an opportunity for members to
19 provide.

20 And then, that also means members
21 that have lost eligibility, so we're about
22 to go through that and get that out probably
23 in the next week or so to give a little bit
24 additional time. Because we want
25 information that we can use, and I think

1 we're concerned that we don't have enough.

2 MS. BEAUREGARD: I think it's a smart
3 strategy to wrap that around if you haven't
4 gotten as many responses as you were hoping
5 for. And I'm assuming this is something
6 that we can all help promote if it's public?

7 MS. CECIL: Oh, yes, absolutely.

8 MS. BEAUREGARD: Okay.

9 MS. CECIL: We hope you will, yes.

10 MS. BEAUREGARD: Yes, okay, great.
11 Yeah, happy to do that.

12 MS. CECIL: Great.

13 MS. BEAUREGARD: And the Spanish
14 survey is also in the field, right?

15 MS. CECIL: It is in the field, yeah.

16 MS. BEAUREGARD: Okay, great.
17 Anything else about that before we move on?

18 MS. CECIL: Nope, so sorry, I don't
19 really have numbers for you yet, but we
20 absolutely plan to do a presentation on it
21 when we have more information that we can
22 share.

23 MS. BEAUREGARD: Okay, that sounds
24 really nice. We'll look forward to it.

25 Let's see, if we hop back up, I think

1 we skipped HCBS waivers and rate study. Is
2 that something that, Leslie, you can give us
3 an update on?

4 MS. HOFFMANN: Yeah, one thing I was
5 going to do is just the PDS rate increase,
6 just that -- that sentence there. I was
7 just going to go back and just remind
8 everybody that participant has the right to
9 increase their PDS employees' pay up to the
10 maximum reimbursement. Discussions about
11 pay increases, of course, should not involve
12 the employee. They should come from the
13 participants and the PDS representatives,
14 and that's not going to mean that everybody
15 is going to get an increase in pay. Pay has
16 to -- must or needs to depend -- be able to
17 depend upon years of experience, additional
18 training, specialties, and other factors,
19 and things like that.

20 As far as the corrective action plan,
21 we have not received anything back from CMS,
22 but we will gladly share when we get that,
23 Emily.

24 MS. BEAUREGARD: Okay, thanks. Is
25 that something -- when you say, "nothing

1 back from CMS," is that in what you've
2 proposed to CMS?

3 MS. HOFFMANN: Yes, so as soon as I
4 get some information back on that, I'll let
5 you know.

6 MS. BEAUREGARD: Okay, thanks.
7 Arthur, or anyone -- any other TAC member,
8 do you have questions about this?

9 (No response).

10 MS. BEAUREGARD: Is the rate increase
11 something that you want to keep on the
12 agenda, Arthur? Is there anything more
13 specific in terms of the rate increase that
14 you're interested in knowing about when we
15 have these meetings every other month?

16 MR. CAMPBELL: I will keep it on.

17 MS. BEAUREGARD: Okay.

18 MR. CAMPBELL: And if we don't have
19 anything, we can --

20 MS. BEAUREGARD: Skip it.

21 MR. CAMPBELL: -- skip over it.

22 MS. BEAUREGARD: Okay, yeah. I'm
23 happy to keep it on here, I just want to
24 make sure that we're not missing any, you
25 know, specific request that you want to make

1 for more information, so -- and it sounds
2 like we might have --

3 MR. CAMPBELL: I do, but I have to
4 write it out.

5 MS. BEAUREGARD: Okay, yep, we can do
6 that for the August agenda, Arthur.

7 MR. CAMPBELL: Okay.

8 MS. BEAUREGARD: Okay.

9 MS. TYNER WILSON: And, Emily, this
10 is Melanie. The one thing that recently
11 came out, which I thought was exciting from
12 CMS, is that 80 or 85 percent of the new
13 rate, it needs to go to the direct --
14 directly to the individual that provides the
15 direct service, so --

16 MS. BEAUREGARD: 80 percent, right?

17 MS. TYNER WILSON: Yeah, and I think
18 that's a really very positive move in terms
19 of the workforce in our state.

20 MS. BEAUREGARD: Yes. I think
21 what's -- and what -- if I'm understanding
22 this right, I don't know if DMS is able to
23 track, or if they do keep track of how many
24 waiver participants are using PDS, and what
25 they are paying their employees more

1 specifically; is that right? Leslie, do you
2 collect information on what rates PDS
3 employees are being paid?

4 MS. HOFFMANN: So I'll have to double
5 check. So, of course, I can tell you how
6 many people get -- or utilize PDS services
7 fairly easily. There might be -- there
8 might be a way to see what they're paying.
9 We would have to go into probably each
10 individualized plan, which that's not
11 probably feasible, but I might -- let me --
12 I'll ask about that. There may be a way --

13 MS. BEAUREGARD: Even as maybe a spot
14 check --

15 MS. HOFFMANN: Yeah.

16 MS. BEAUREGARD: -- and I'm just
17 curious, like, if -- if the rule is that,
18 you know, you have to pay 80 percent
19 directly to the employee, then how is that
20 being, sort of, monitored and enforced?

21 MS. HOFFMANN: Let's see, hang on --

22 MS. BEAUREGARD: Is it claims or is
23 it --

24 MS. HOFFMANN: -- Alisha's chiming in
25 too. Sorry, I saw that Alisha was chiming

1 in in the chat.

2 MS. BEAUREGARD: Oh, I didn't notice.

3 MS. HOFFMANN: I'm sorry.

4 MS. CLARK: Sorry, I was just going
5 to say --

6 MS. HOFFMANN: Yes, thank you,
7 Alisha.

8 MS. CLARK: -- that -- can you all
9 hear me?

10 MS. BEAUREGARD: Yeah.

11 MS. CLARK: Okay, sorry, I had my
12 microphone up above my head. So the
13 85 percent or whatever, you know, that would
14 be traditional providers. So when a PDS
15 employee has a contract that total amount,
16 you know, would go through to them. Whereas
17 with the traditional, you know, they do have
18 overhead and stuff like that, so just wanted
19 to make that distinction there.

20 MS. BEAUREGARD: Great, okay. So the
21 rule change is at risk -- oh, through
22 Friday's SCOTUS ruling, the Supreme Court.
23 Can you explain a little bit more about
24 that, Justin?

25 MR. JETER: Yes. About the SCOTUS or

1 the implementation?

2 MS. BEAUREGARD: Well, I guess both
3 perhaps. I -- yeah, both.

4 MR. JETER: Well, it doesn't
5 initially block the ruling, but it leaves it
6 open to being blocked by judges very easily.

7 MS. BEAUREGARD: Are we talking about
8 the Chevron ruling?

9 MR. JETER: Yes.

10 MS. BEAUREGARD: Yeah, okay. Which
11 really limits administrative -- the
12 authority of the executive branch.

13 MR. JETER: And I'm not very clear on
14 the second portion of what I wrote. I had
15 spoken to a couple of the provider
16 associations who were saying that the
17 85 percent as written in the access rule
18 does not implement as clearly as it's saying
19 on paper. I'd have to get back to you to,
20 kind of, explain more though.

21 MS. BEAUREGARD: Okay, that would be
22 great. Thank you.

23 MR. JETER: Of course.

24 MS. BEAUREGARD: All right. Anything
25 else related to that before we move on?

1 (No response).

2 MS. BEAUREGARD: Our next item here
3 is the 1915i and 1115c waivers for support
4 of -- supported housing and employment for
5 people with SMI, with serious mental
6 illness.

7 MS. HOFFMANN: I can give you a
8 little bit of an update, Emily. We've got
9 -- on the 1915i, which is a state plan
10 amendment -- I keep reminding everybody. So
11 the 1915i is a state plan amendment, and we
12 had received an informal request for
13 information, and we have turned that around
14 and sent it back to CMS on 6/28.

15 We are currently in informal, and I'd
16 like to keep us there. Once you get to
17 formal, it takes longer to go back and
18 forth, so I kind of feel like this is the
19 best time for us to be in our negotiation
20 phase with CMS to get it approved quicker.
21 So our informal will end on September the
22 3rd, so that's kind of where we are with
23 that. So very excited.

24 On our companion SMI side that we
25 have an 1115 waiver for SMI, and it had

1 increased days of stay for IMD not to be
2 more than 30 days average stay in Kentucky.
3 And then we have the recuperative care
4 piece, which we're very excited about, that
5 allows somebody a safe place to heal before
6 or after a surgery or a medical procedure.
7 Those that are homeless don't have to go
8 back to the street, we can provide them with
9 a place to stay. So recuperative care will
10 also be in that one.

11 The 1115 SMI, we are hoping that it
12 will be approved by CMS by September the
13 30th. Which they are trying to align all of
14 our 1115s to one so that our budget
15 neutrality, and all of our reporting, all of
16 our quality measures -- we call them
17 standard terms and conditions on that side,
18 but all those will be more aligned. So we
19 are hoping to have approval by September the
20 30th. If it's approved on September the
21 30th -- remember, 1115s are different.
22 That's a demonstration, and we have to have
23 90 to 120 days to write an implementation
24 plan that they approve, and also, we have to
25 do a monitoring plan for them, and as well

1 as get set up for the standard terms and
2 conditions that they have requested. Some
3 of those will be state-specific, and others
4 will be specific to what CMS requires of us.

5 MS. BEAUREGARD: Okay, that's good to
6 know. And I don't know why I keep putting
7 the C and the --

8 MS. HOFFMANN: No, everybody -- it's
9 fine. It's fine.

10 MS. BEAUREGARD: I think it's because
11 right above it is the 1915c's, but anyway --

12 MS. HOFFMANN: Totally fine.

13 MS. BEAUREGARD: -- it's to confuse
14 everybody. Thanks for clarifying all that.
15 Any questions there? It's good to hear that
16 you might -- I mean, assuming that there is
17 no other request for information, you're
18 expecting a decision from CMS --

19 MS. HOFFMANN: Yes.

20 MS. BEAUREGARD: -- by
21 September 30th.

22 MS. HOFFMANN: Yeah, on the 1115.
23 Now, I could get -- I could actually get a
24 day quicker on the 1959i.

25 MS. BEAUREGARD: On the SPA, okay.

1 MS. HOFFMANN: I've been trying to
2 really figure out -- I want to make sure --
3 if you remember, these are companions to
4 each other, and for the full continuum, you
5 know -- and folks have to get used to it,
6 and have to trust the process, and we have
7 to get providers on. I'm trying to figure
8 out, like, how we really want to roll that
9 out because the 1115 side will take a tad
10 bit longer. It will take a tad bit longer
11 because there's all these other requirements
12 as a demonstration, the implementation plan,
13 that's a 90 to 120 days right -- just that.

14 So trying to figure out how all
15 that's going to roll out, but, yeah, we're
16 very excited. We're thinking we're getting
17 close to approvals for both of them.

18 MS. BEAUREGARD: Okay. Are you
19 considering an advisory structure like
20 you've done -- like you're currently doing
21 for ACRES, the -- well, I like to call it
22 the reentry waiver. I know it's got a
23 longer name, but.

24 MS. HOFFMANN: That's fine. Yeah,
25 we've discussed -- I don't know if it will

1 quite look like reentries because reentries
2 is so intense with the reinvestment plan,
3 and all the pieces that are even outside of
4 our cabinet with DOC and DJJ and all of our
5 sister agencies --

6 MS. BEAUREGARD: Right.

7 MS. HOFFMANN: -- there's a lot.
8 That's the biggest -- I think it's going to
9 be the most complex 1115 we've probably
10 worked on in quite some time.

11 Now, with that being said, I think
12 the 1915i is pretty complex in itself as
13 well because we've given a full range or
14 scope of needed services. So that's what I
15 was talking about with the continuum. I
16 think any decisions we make; I want to make
17 sure that it flows out to the public, we
18 communicate, we have plenty of time to
19 communicate with everybody, build provider
20 capacity if needed. I just want it to be
21 smooth and for everybody to trust the
22 process.

23 MS. BEAUREGARD: All right. Thanks
24 for those updates --

25 MS. HOFFMANN: Yes.

1 MS. BEAUREGARD: -- and we'll hope
2 that you hear by September 30th, if not
3 sooner. Everybody's been eagerly
4 anticipating that news for sure.

5 So the next thing we have here is the
6 end of Appendix K for the HCBS waivers,
7 which is probably something you'll be able
8 to update us on as well.

9 MS. HOFFMANN: As far as -- and I was
10 looking at that sentence, "The end of
11 Appendix K for HCBS."

12 MS. BEAUREGARD: The flexibilities I
13 should have said.

14 MS. HOFFMANN: Yeah --

15 MS. BEAUREGARD: Yeah.

16 MS. HOFFMANN: -- the Appendix K
17 ended April the 30th, and then the new
18 waivers were effective on 5/1 of '24.
19 There's all kinds of information out there
20 as far as -- and I can share that with you.
21 There's -- you know, there's webinars, and
22 recordings, and provider letters, so I'm not
23 sure exactly how to answer that question.

24 MS. BEAUREGARD: I think that's just
25 been a standing --

1 MS. HOFFMANN: Oh.

2 MS. BEAUREGARD: -- update that Pam's
3 provided --

4 MS. HOFFMANN: Okay.

5 MS. BEAUREGARD: -- in terms of what
6 flexibilities were ending, what
7 flexibilities were continuing, what was
8 becoming permanent.

9 MS. HOFFMANN: Let me see if I can --
10 I'll try to put this in just for your
11 information, Emily --

12 MS. BEAUREGARD: Okay.

13 MS. HOFFMANN: -- and you probably
14 already have this, but I'll go ahead and put
15 it in the chat if I can.

16 MS. BEAUREGARD: And I know that this
17 is something that you've recently taken
18 over, so if you want to wait until August to
19 give us more of an update.

20 MS. HOFFMANN: Oh, that'll be fine
21 too.

22 MS. BEAUREGARD: Yeah. Next up we
23 have an update on any housing meetings that
24 have happened between DMS and the Kentucky
25 Housing Corporation.

1 MS. HOFFMANN: Oh, I didn't even -- I
2 didn't see that one, so I believe that's
3 going to be me then. Sorry, I missed that
4 one. So we currently have a regular
5 standing meeting with the secretary, and we
6 call it our health and housing
7 collaborative. And it really started when
8 we were thinking about how to come up with a
9 housing component, like, kind of, like, what
10 we've added into the 1915i, and we just,
11 kind of, continued forward with that.

12 Since that time period, our
13 collaborations have gotten stronger.
14 They've written additional grants that can
15 support Kentucky. We've given support
16 letters to help them along the way. DBH has
17 also, you know, supported them in their
18 grant opportunities that they've applied
19 for. We just recently also, with all of our
20 collaborations, were able to get 25
21 additional HUD slots for MFP, and I don't
22 think we've had those for quite a while. We
23 used to get those back when I was in Pam's
24 position a long time ago, and so we were
25 very excited to see that collaboration again

1 and get 25 slots -- or HUD vouchers, not
2 slots, for our MFP clients.

3 So as you're aware, HUD slots -- HUD
4 vouchers are hard to come by sometimes, and
5 a lot of folks are trained to get the same
6 housing. A lot of -- there's a lot of
7 competition for housing.

8 MS. BEAUREGARD: Oh, yeah. Yeah.
9 Can you tell -- what's the client -- the MMP
10 clients? What was that?

11 MS. HOFFMANN: Oh, money follows the
12 person.

13 MS. BEAUREGARD: Money -- oh, yes.

14 MS. HOFFMANN: Yeah.

15 MS. BEAUREGARD: Okay, thanks.

16 MS. HOFFMANN: Oh, and I was going to
17 mention that as well, Emily, you and I have
18 talked about this before. There is a
19 possibility now that we are working on this
20 1115 SMI that once we get that waiver
21 approved, then we can go back and update the
22 operational protocol in money follows the
23 person so that that could be a population
24 that could be moved out from IMDs.

25 So we're -- this is exciting because

1 I'm not -- this has probably been 20 years
2 ago, 15 years ago at least that we asked CMS
3 if we could assist with moving folks out
4 from IMD locations. So that's, kind of,
5 interesting. That's more to come as well --

6 MS. BEAUREGARD: Okay.

7 MS. HOFFMANN: -- but we will have to
8 request an operational protocol change to
9 our MFP program.

10 MS. BEAUREGARD: Okay. Yeah, that's
11 the first I've heard of that, so thank you
12 for sharing.

13 MS. BROWN: If this is too in the
14 weeds, that's okay, but can you explain
15 money follows the person?

16 MS. HOFFMANN: Mm-hmm. Money follows
17 the person is set up to allow folks to
18 transition out of nursing facilities and
19 other types of facilities that could live
20 into the community. So money follows the
21 person can begin case management assisting
22 with rolling them out, there's special
23 funds. And I've not been in this program
24 for a while as far as financials --
25 financial information.

1 They stay under the MFP demonstration
2 grant for 1 year, through day 365, and after
3 day 365, we are required to say they have a
4 transition plan, and what that transition
5 plan can be is actually a waiver if -- but
6 we have to earmark slots. So if you've
7 heard Pam or others talking about -- talk
8 about there's 17 reserved slots for MFP and
9 ABI. And what that is, is folks that we've
10 moved out from nursing facilities or other
11 types of facilities that meet that criteria
12 they can be eligible to move into the waiver
13 after day 365. Does that make sense?

14 But we have -- we need a slot for
15 them, so we had to prove to CMS we had a
16 plan for them. To get CMS to agree to that
17 we had to show that we had a plan, so we had
18 to reserve the slots. So now we get
19 questions about why are those slots reserved
20 sometimes. But it's usually just a handful.
21 I think there's, like, 17 maybe in ABI, and
22 it's just a handful.

23 Does that make sense? And I can give
24 you more information about money follows the
25 person. It's been around a really long

1 time. Kentucky does a really good job with
2 it, and we've got statistics if -- when it
3 was new back, you know, ten years ago, folks
4 ask about it all the time.

5 MS. BROWN: Okay, thank you.

6 MS. HOFFMANN: Yes, ma'am.

7 MS. BEAUREGARD: Yeah, that's good
8 background to have. All right.

9 MS. TYNER WILSON: And, Emily?

10 MS. BEAUREGARD: Yeah.

11 MS. TYNER WILSON: There is a --
12 there was a legislative housing commission
13 created with the last session, and they had
14 their first meeting earlier this -- I think
15 this month or the last of June, and they had
16 Wendy Smith with the Kentucky Housing
17 Corporation just to come in and brief the
18 legislators, you know, about specifics
19 regarding housing and the work that they do.
20 So I think there'll be more information
21 coming forward that we might be interested
22 in following once they have additional
23 meetings.

24 MS. BEAUREGARD: Yeah, I'm glad you
25 brought that up, Melanie. I missed that

1 meeting, I was in another meeting, but it is
2 something that we're going to try to monitor
3 over the interim session.

4 And I am curious to know if DMS is
5 going to be at all involved in that. I know
6 housing is generally outside of, you know,
7 the Medicaid wheelhouse, and yet we've
8 started to see it, you know, becoming more
9 and more part of the conversation in terms
10 of being a health-related social need.
11 Obviously, with this SMI waiver, housing is
12 a component, so -- oh, and, Justin, thank
13 you. It sounds like there's going to be an
14 agenda with disability and homelessness
15 specifically on the agenda, so that's good
16 to know.

17 MS. HOFFMANN: Emily, were you
18 talking about an upcoming conference that
19 was coming up? I know --

20 MS. BEAUREGARD: No, the housing task
21 force that is --

22 MS. HOFFMANN: Oh, sorry.

23 MS. BEAUREGARD: -- yeah, the
24 legislature is holding.

25 MS. HOFFMANN: Housing has an

1 upcoming conference going on, and I know
2 Jody's been working with them in developing
3 some slides to embed into their
4 presentation.

5 MS. BEAUREGARD: Okay, thanks for
6 that. I think it'd be good to see the
7 slides, so if you all don't mind sharing
8 them whenever they're available.

9 Are we ready to move on? Is there
10 anything else that people want to discuss
11 related to housing?

12 (No response).

13 MS. BEAUREGARD: We've covered the
14 surveys, so the next item here would be the
15 network adequacy issue reporting process for
16 Medicaid members. Is there an updated draft
17 of the access to services form that we could
18 take a look at?

19 (No response).

20 MS. BEAUREGARD: That's usually been
21 something that Angie Parker shares. Is
22 Angie on? I haven't seen her yet, but I
23 haven't scrolled through the participant
24 list recently. It doesn't look like it.

25 MS. ROEHRIG: She's on. I believe

1 she's having issues with her audio and the
2 speaker, but she's trying.

3 MS. BEAUREGARD: Oh there -- I see
4 Angie there now, yeah.

5 MS. HOFFMANN: I was going to say, we
6 can get back to you if she's not able to get
7 on.

8 MS. BEAUREGARD: Yeah --

9 MS. PARKER: Can you hear me now?

10 MS. BEAUREGARD: Oh --

11 MS. PARKER: Can you hear me?

12 MS. BEAUREGARD: -- I see you now.

13 MS. HOFFMANN: Yes.

14 MS. BEAUREGARD: I think we heard
15 you, yeah.

16 MS. HOFFMANN: I heard her.

17 MS. PARKER: Can you hear me?

18 MS. BEAUREGARD: Yes.

19 MS. HOFFMANN: Yes.

20 MS. PARKER: I've got a different
21 thing on today, and apparently, I hit the
22 wrong button. Okay, so the network
23 adequacy, when we worked on it the last
24 meeting was in April, we -- you know, we,
25 kind of, did all the changes then, and then

1 it was sent back out. You all should have
2 gotten it, like, right after that last
3 meeting to see whether or not there's
4 anything else you wanted to add or change.

5 MS. BEAUREGARD: And it's been a
6 while since then. I think, was that meeting
7 right before or right after the session
8 ended?

9 MS. PARKER: I think, yeah,
10 April 16th or something like that.

11 MS. BEAUREGARD: Yeah, the day after,
12 which is great timing on our part. And was
13 it you, Angie, or Erin who sent it out?

14 MS. PARKER: Erin -- Erin, I believe
15 because -- yeah.

16 MS. BEAUREGARD: It may be good. I
17 thought that we either had, you know, gone
18 back and forth over email, or maybe I'm
19 remembering the last --

20 MS. PARKER: During the meeting, we
21 kind of -- I highlighted, and we had made --

22 MS. BEAUREGARD: I remember that too.

23 MS. PARKER: -- many changes, and
24 then sent it to Erin to send out, so
25 hopefully you got it.

1 MS. BEAUREGARD: Yeah.

2 MS. PARKER: If not, I can resend it.

3 MS. BEAUREGARD: I see something on

4 --

5 MS. BICKERS: Oh, sorry, I was
6 looking through my emails in your all's
7 folders. Is it the member --

8 MS. BEAUREGARD: I see something on
9 May 2nd.

10 MS. BICKERS: -- access service
11 draft?

12 MS. BEAUREGARD: Does that sound
13 right, May 2nd?

14 MS. BICKERS: Yeah, it would've been
15 --

16 MS. PARKER: Yeah, 'cause I had a
17 look back to see what date we did this to
18 make sure if you needed to see it again then
19 I could pull it up, but --

20 MS. BEAUREGARD: Yeah, would you mind
21 just pulling it up? We can take a quick
22 look at it. I do think that that might've
23 been something that got lost in people's
24 inboxes.

25 MS. PARKER: Okay. And, Erin, if you

1 can give me the ability to share, please,
2 ma'am.

3 MS. BICKERS: I already did.

4 MS. PARKER: All right. There we go.
5 All right, so we -- initially, I had this
6 down to, like, one sentence. We added a lot
7 more. Just to give an overview. I mean,
8 it's -- when you all sign off on it and we
9 take draft off of it, we can and you can
10 share it with whomever, and then we can work
11 on getting it on our website too for easy
12 use, but we don't have that at this point.

13 MS. BEAUREGARD: Okay, that's all
14 good to know. But, yeah, let's just scroll
15 down. I think where we had -- I think where
16 we had asked for some changes was in -- have
17 you -- oh.

18 MS. PARKER: I believe it was in the
19 first paragraph.

20 MS. BEAUREGARD: Well, yes, that
21 first paragraph, and then what provider
22 somebody's reached out to, or a little bit
23 more --

24 MS. PARKER: Yeah, I think we took
25 some --

1 MS. BEAUREGARD: -- about how they
2 described what they needed.

3 MS. PARKER: Yeah, I think we took
4 that out.

5 MS. BEAUREGARD: Okay.

6 MS. PARKER: We took that out.

7 MS. BEAUREGARD: Okay. So the
8 appointment dates offered that one I would
9 say if at -- or at least have the option of
10 none. I mean, there could be a provider
11 that says that they don't have, or they were
12 not able to get in touch with any provider.
13 Like, what if there's no psychologists in
14 their area, and, you know, they're looking
15 for a psychologist, but they haven't
16 actually been able to connect with one, just
17 as an example because I know psychologists
18 are few and far between.

19 MS. PARKER: Then say, "if yes,
20 please enter." I would say "below," but
21 it's not below. Or is this necessary?

22 MS. BEAUREGARD: I think appointments
23 dates offered is a fine question, but then
24 one of the answer options could just be "no
25 dates" or "no availability" just so that

1 it's not, you know, something that they'd
2 have to fill in and can't fill it in.

3 And then, if there's no appointment
4 date accepted by the member, I think you
5 need to provide another option for that too.
6 Just as you're thinking through how people
7 will fill this out, I want to make sure that
8 people are able to submit the form, and make
9 sure that they can, you know, complete it
10 even if they answer -- even if they don't
11 have a date that they can still submit the
12 form, so that it's not, like, a required
13 field that will stop them.

14 And I think, otherwise, it looks
15 like -- it looks ready to go to me.
16 Miranda, or others, do you have thoughts?

17 MS. BROWN: "The date of first
18 request for appointment," that means the
19 date on which you first said, "Hey, I want
20 an appointment?"

21 MS. PARKER: Mm-hmm. I mean, any of
22 this can be taken out or changed as you can
23 see.

24 MS. BROWN: Maybe I would -- I was
25 just thinking about rewording it to make it

1 more obvious that that's what you're asking
2 for. Like, date on which you or the patient
3 request -- I don't know. I don't know if
4 you can --

5 MS. BEAUREGARD: Yeah, was it when
6 somebody made a call for the appointment, or
7 when they wanted to have the appointment? I
8 guess that's a good -- "appointment
9 requested," that's much more clear.

10 MS. BROWN: I mean, I don't know if
11 it's much more clear. I would -- it makes
12 me just have the same question, appointment
13 request date.

14 MS. BEAUREGARD: Well, how about if
15 it was "when did you request the
16 appointment?"

17 MS. BROWN: Yeah.

18 MS. BEAUREGARD: "When did you first
19 request the appointment?"

20 MS. PARKER: Well, I mean, that could
21 be, "I called today, but I wanted it
22 tomorrow."

23 MS. BEAUREGARD: Well, that's a valid
24 answer. It doesn't mean -- it might not
25 meet those network adequacy standards, but

1 --

2 MS. PARKER: Do you all see these
3 green lines?

4 MS. BEAUREGARD: Or, I mean, it might
5 not mean that it's outside of network
6 adequacy standards, but.

7 MS. BROWN: Yeah, I see the green
8 lines.

9 MS. PARKER: I don't know what's
10 causing that.

11 MS. BEAUREGARD: Yeah.

12 MS. PARKER: Okay, so appointment
13 request date, when did you want appointment
14 -- we'll -- I'll work on the language on
15 that to simplify if you think it's relevant.

16 MS. BROWN: I mean, do you -- I guess
17 the question -- are you asking if it's a
18 relevant question?

19 MS. PARKER: Yes.

20 MS. BROWN: Like, do we need to know
21 that they requested an appointment?

22 MS. PARKER: Yeah.

23 MS. BEAUREGARD: Well, I think if
24 you're -- oh, this is funny.

25 MS. PARKER: What is going on? I

1 mean, I'm not doing anything.

2 MS. BEAUREGARD: Book and checks or
3 something. If you're trying to determine if
4 the appointment was requested, and then
5 dates were offered within the timeframe,
6 that would meet network adequacy, I think
7 you'd want to, you know, identify that.

8 MS. PARKER: Yeah.

9 MS. CECIL: Angie?

10 MS. BEAUREGARD: Another way to ask
11 is just, you know --

12 MS. CECIL: Angie, please stop
13 sharing.

14 MS. TYNER WILSON: Yes.

15 MS. CECIL: Okay? Thank you.

16 MS. PARKER: Yeah, that's just weird.
17 Okay, so I'll work on that, send it -- I'll
18 give it back to Erin, you all can look to
19 see whether or not that's --

20 MS. BEAUREGARD: Okay.

21 MS. PARKER: -- something that you
22 would like to -- if you like the language
23 that you -- and then we'll finalize it.

24 MS. BEAUREGARD: I think "dates you
25 attempted" is a good way to put it too,

1 because sometimes people can't get through,
2 or they, you know, didn't necessarily get a
3 specific appointment at that time. So I'm
4 good with that.

5 MS. BROWN: I like that as well, and
6 I don't think that it was sent back out
7 after the last meeting, so.

8 MS. BEAUREGARD: Well, I did see
9 something in, like, May. It's whatever
10 happened, you know, we're all -- it happens,
11 sometimes we miss things. But I'm just -- I
12 appreciate you all making some adjustments
13 to it, and I feel like we're close to having
14 something that can be shared, and I really
15 do hope that we can also have an online
16 version pretty quickly because most people
17 aren't going to fill out that form, but a
18 few will. A few who are in a really, you
19 know, difficult situation probably will.
20 And hopefully, once we have an online form,
21 we can get other people to complete it
22 without it taking too much time. So --

23 MS. PARKER: Well, I mean, at the
24 very least we might be able to put it -- if
25 we don't have a drop down, all that stuff,

1 fill it out, and then you can just email it
2 directly from there.

3 MS. BEAUREGARD: Yeah.

4 MS. BROWN: Yeah.

5 MS. PARKER: So we can look at that.

6 MS. BEAUREGARD: As long as people
7 don't have to have, like, an Adobe -- sort
8 of, an Adobe account, you know, or
9 subscription to do it, I think then it
10 shouldn't be too prohibitive, but I know
11 with some of those fillable forms, you know,
12 it just varies. So just keep that in mind
13 if you can set it up in a way that it's open
14 and people don't have to have that kind of
15 access to their own software.

16 MS. PARKER: I'll have my tech people
17 look at it. For ease of use.

18 MS. BEAUREGARD: I keep thinking back
19 to the presumptive eligibility form that you
20 all had online because that really worked
21 out very, very well. It doesn't have to be
22 anything fancier than that.

23 MS. PARKER: All right.

24 MS. BEAUREGARD: All right. So our
25 next item here is alignment of quality

1 initiatives. I know that's, kind of, a goal
2 of The Cabinet's. Just wanted to know where
3 you all are at in the process.

4 MS. PARKER: Well, I have something
5 to show you, what all the measures are, but
6 I'm afraid to share it.

7 MS. BEAUREGARD: Well,
8 understandably.

9 MS. CECIL: Angie, go ahead and give
10 it a try, and just immediately take it down
11 if we start to encounter a problem.

12 MS. PARKER: Okay.

13 MS. BEAUREGARD: I mean, it did look
14 like a kid. At least there was nothing --

15 MS. PARKER: Okay, so what I've done
16 here is two of the -- we have the HRIP, and
17 then we have the UK/U of L, and then the
18 managed care value-based purchasing program,
19 and what those measures are, and how they
20 are alike. I did have a legend on here, I
21 don't know what happened to it. But
22 basically, green looks like all three are --
23 have those particular measures. Yellow are
24 between HRIP and UK and U of L. And orange
25 is between the UK and MCOs.

1 So as far as -- oh, I don't know what
2 happened with all the colors on this, but I
3 can certainly update it for easier --

4 (Inadvertent interruption).

5 MS. PARKER: Okay. Any questions
6 about this?

7 MS. BEAUREGARD: I think I am curious
8 about the color coding. I mean, green seems
9 like it's probably doing better, but --

10 MS. PARKER: Well, no, green means
11 that all three have that same measure -- all
12 three of these --

13 MS. BEAUREGARD: Oh, I see. That's
14 why there's more of an alignment --

15 MS. PARKER: -- that same quality
16 measure. Yellow means HRIP and UK align.

17 MS. BEAUREGARD: I see.

18 MS. PARKER: And orange means UK, U
19 of L, and MCO VBP align.

20 MS. BEAUREGARD: Okay. It is nice to
21 see it all in one place. When will you
22 have, like, the actual data in terms of
23 performance?

24 MS. PARKER: Well, as far as HRIP, we
25 showed the 2022 here, right? Yes, we --

1 yes? I've shown it at some point -- oh, my
2 goodness. Okay, I'm quitting this now.

3 MS. BEAUREGARD: It's happening
4 again.

5 MS. BICKERS: I'm trying to scroll
6 through: Some of our participants have some
7 interesting names, and so I'm trying to
8 remove some people from the meeting, so I do
9 apologize. I'm -- I think something wonky
10 is going on, so I'm working on removing a
11 few people from the meeting. I'm so sorry,
12 guys.

13 MS. BEAUREGARD: Thank you, Erin.
14 And now it looks like --

15 MS. BICKERS: I'm not going to share
16 my agenda for a minute because I'm scared
17 to. So, Emily, if you want to proceed, I'm
18 going to work on removing the improper-named
19 participants.

20 MS. BEAUREGARD: Understood. Yes,
21 yes, I can handle this. Okay, our next -- I
22 don't know, Angie, did you have more to say
23 about the quality initiatives?

24 MS. PARKER: No, I don't.

25 MS. BEAUREGARD: Okay.

1 MS. PARKER: I will get that cleaned
2 up for, you know, where it's -- and have my
3 legend on there so you'll know what it's
4 talking about --

5 MS. BEAUREGARD: Okay.

6 MS. PARKER: -- and send it to Erin.

7 MS. BEAUREGARD: Yeah --

8 MS. PARKER: And then as far as
9 results --

10 MS. BEAUREGARD: Okay, well --

11 MS. PARKER: -- I'd love to just --

12 MS. BEAUREGARD: -- we didn't know --

13 MS. PARKER: -- finish the HRIP, yes.

14 MS. BEAUREGARD: You know, for every
15 measure, how many of the hospitals are
16 meeting that, how many are, you know, close
17 --

18 MS. PARKER: Okay.

19 MS. BEAUREGARD: -- working on it,
20 whatever the case is --

21 MS. PARKER: Okay, so it wasn't this
22 TAC, it was Hospital TAC's -- I need to turn
23 the chat off seeing some of those names.
24 Anyway, yes, I have that for the HRIP for
25 2022.

1 MS. BEAUREGARD: I don't think we've
2 ever had anything like this happen --

3 MS. PARKER: I can show you that --

4 MS. BEAUREGARD: -- at a TAC meeting,
5 so --

6 MS. PARKER: I can show you at the
7 next meeting, so if you want to put that on
8 the agenda.

9 MS. BEAUREGARD: Yes. Okay, HRIP
10 measure or --

11 MS. PARKER: Twenty twenty-two
12 results.

13 MS. BEAUREGARD: -- performance at
14 next August meeting.

15 MS. PARKER: Okay.

16 MS. BEAUREGARD: Great. School
17 Medicaid is our next item here. And I just
18 have to say, congratulations to DMS for
19 being selected as one of -- is it 20 states
20 for a school Medicaid grant from CMS, but
21 really, the achievement is much greater
22 because there were -- I think we were in the
23 top tier or, like, the most narrow bucket I
24 should say, right? Three states were
25 selected for the grant that Kentucky was --

1 MS. LEE: They had a total of 20
2 grants that they were going to give, and
3 they only awarded 18, so, yes, we did a
4 fantastic job and are very excited.

5 MS. BEAUREGARD: Yeah, well, we're
6 excited too because I think there's a lot of
7 interest here and a lot of opportunity to
8 provide more services to kids in schools.
9 And just really wanted to know, you know,
10 how this is going to get started, how, you
11 know, you might involve stakeholders in the
12 process?

13 MS. LEE: I think --

14 MS. BEAUREGARD: And welcome,
15 Commissioner, thanks for joining us.

16 MS. LEE: Yeah, I just, you know, had
17 heard this was a really good TAC to join.
18 So I was a little bit busy --

19 MS. BEAUREGARD: Were you here for
20 some of the -- some of the entertainment?

21 MS. LEE: Just on the tail end, and
22 that's no pun intended there. So I think,
23 Erica, I will leave it up to you to talk
24 about some of the great opportunities that
25 we have with the 2.5 million that we have

1 been awarded for the school-based services
2 grant.

3 MS. JONES: Certainly, so with that,
4 we are -- the period began July 1, so we are
5 meeting this week internally just to go over
6 the timeline and deliverables, and then we
7 will be having some really intense meetings
8 coming forward with our advisory group with
9 that grant.

10 And then, as far as where we are
11 currently for school-based services, and I
12 know, Emily, you had asked before about the
13 IEP services versus expanded access, so we
14 do have some of that information. So the
15 IEP services, those are the ones that the
16 schools are most comfortable with because
17 they've been doing them for quite a while,
18 and so our numbers are much higher. But I
19 will say, from fiscal school year, 2020
20 through 2021, so this two, three school
21 years ago, it was approximately \$2 million
22 in IEP service claims. The past school
23 year, it was over 7 million, and so that is
24 an increase of 284.4 percent for the IEP
25 services. So we're seeing that those are

1 being utilized a lot more.

2 And then for our expanded access,
3 that was rolled out for the 2020 school
4 year. Of course, we had Covid, so a lot of
5 schools weren't in session. We didn't see
6 the uptake in that as -- which was expected.
7 So the first robust -- or not robust, but
8 the first year where schools could actually
9 participate was 2021 through 2022, and we
10 only had \$93,739 in claims. The following
11 school year, we had 253 -- over 253,000, so
12 that's an increase of 170.35. We anticipate
13 for this past school year, we're pulling the
14 numbers now, so that ended June 30th, so
15 we'll have those numbers soon, but we are
16 expecting that to have grown again.

17 MS. BEAUREGARD: Okay. Yeah, it's
18 definitely going in the right direction.
19 I'm curious about IEP services. I have to
20 say, one, I would've thought that they
21 would've actually been higher than that.
22 But that growth that you shared, do you
23 attribute that more to schools billing
24 Medicaid for services that they were
25 otherwise just covering through their own

1 budgets before, or actually offering more
2 services to their students?

3 MS. JONES: That's a good question.
4 I can't really say, but that's something
5 that we can look into. Because I know that
6 there have been more IEPs and 504s that have
7 been issued for students --

8 MS. BEAUREGARD: Mm-hmm.

9 MS. JONES: -- so it could be that
10 more of those services are being identified.

11 MS. BEAUREGARD: Or requested, yeah.
12 And then I think in an email exchange we had
13 talked about the difference between, like,
14 the fee-for-service claims versus the
15 administrative, you know, payment that
16 schools get. Do you have, kind of, an
17 estimate about how much more schools are
18 bringing in if you were to combine what they
19 get fee-for-service plus the administrative
20 rate? Is it, like, 20 percent more,
21 30 percent more, what?

22 MS. JONES: I'm not sure if
23 Commissioner Lee has a better guess on --

24 MS. BEAUREGARD: Just as a ballpark,
25 I'm mean, I'm not looking for anything,

1 like, really specific.

2 MS. LEE: I'm sorry, what was the
3 question?

4 MS. JONES: On administrative claims,
5 how much more that that would bring in for
6 the schools? I wanted to say it was
7 30 percent or more, but --

8 MS. LEE: Yeah, I think it would
9 definitely depend on the level of effort
10 that the schools undertook to expand those
11 new services. I think, you know, I don't
12 know if I'd even want to ballpark, Emily,
13 but, you know, it may be, you know, under,
14 like Erica said, maybe it would definitely
15 probably be under 30 percent.

16 But again, if they undertook a lot of
17 efforts because, you know, the
18 administrative claiming is for outreach and
19 other activities related to Medicaid. And
20 it would also be dependent upon how accurate
21 they were with their Random Moment Time
22 Study.

23 MS. BEAUREGARD: Right, right, right.

24 Yeah, I figured maybe there would be a
25 range. Oh, here it comes again.

1 MS. LEE: So have we been hacked, or
2 is that -- can we tell exactly who's doing
3 that?

4 MS. BICKERS: I'm trying. I keep
5 scrolling looking for the names of people
6 that I -- that don't seem to belong, and
7 before I'm getting to them -- but I haven't
8 let anybody else into the meeting. So I'm
9 looking into that, Commissioner. I'm so
10 sorry, guys.

11 MS. LEE: And is there -- I mean,
12 this is being recorded, so if there's a way
13 that we could definitely find out who all
14 called in and where the numbers came from,
15 maybe we could find out.

16 And I would just like to state to
17 this individual that, you know, what we're
18 doing here, we're conducting official state
19 business. We are -- the topics that we're
20 talking about are very critical to improving
21 the lives of those we serve, and that's
22 1.5 million members in the department -- the
23 Department for Medicaid serves. And while I
24 appreciate, I guess, your creativity, I wish
25 you would take this just a little bit more

1 serious if you would like to participate in
2 our events that have an overall impact on
3 the health and well-being of 1.5 million
4 individuals.

5 I'm sorry, Emily, turn it back to
6 you.

7 MS. BEAUREGARD: All right, thank you
8 for that. And I think, you know, as more
9 information comes out, as you all have more
10 of a plan, opportunities for stakeholder
11 input, you know, just if you can keep us,
12 kind of, posted on that. And, you know,
13 we're just really looking forward to finding
14 ways to help spread the word about school
15 Medicaid, get more families interested, of
16 course, more schools participating too. I
17 know it's a mix of factors, right? You need
18 the workforce, you need the schools to be on
19 board, you need the Random Moment Time Study
20 and the claims to work, and then you need
21 parents to agree for their -- to have their
22 kids receive those services.

23 So thank you for all the work that
24 you all have done on that. We really
25 appreciate how you prioritize it, and --

1 MS. LEE: We'll definitely keep this
2 TAC and definitely the MAC involved in work
3 plans, and what we're doing, and activities.

4 MS. BEAUREGARD: Okay.

5 MS. LEE: Again, you know,
6 school-based services, schools are where our
7 kids are. If we can get as many services to
8 them in that setting as possible, I think
9 that will make a huge difference in the
10 lives of over half of Kentucky's children
11 that are enrolled in the Medicaid program.
12 So definitely want to have all input that we
13 can to make sure that we roll everything out
14 in a positive manner and in a way that gets
15 input from all of those that whose voices
16 really matter.

17 MS. BEAUREGARD: Yeah, thank you.
18 We're here for it.

19 So our next item here is language
20 access, which is something that we've
21 discussed the last many meetings. I know
22 that The Cabinet, you've been working on a
23 decision tree, and then there's been some
24 discussion about making some specific
25 recommendations around different populations

1 and having the supports in place for them.
2 So is there information for you to share
3 yet?

4 MS. PARKER: Well, I have a
5 one-pager, but I'm not sharing anything
6 more.

7 MS. BEAUREGARD: Uh-huh, I think at
8 this point, we've learned a lesson.

9 MS. PARKER: But regardless of that,
10 it's been a very -- just to say, it's been a
11 challenge trying to make this an easy
12 communication on how to get language
13 interpretation. You know, we've got the
14 information from the MCOs, we're going back
15 and looking at what they're doing, and how
16 they're providing that information, and how
17 we can simplify that. Because after we got
18 that and have dug into some of the
19 processes, such as calling, it's -- there's
20 not an easy -- there's not easy access that
21 way. So we're looking at how that can be
22 simplified.

23 MS. BEAUREGARD: Yeah, I feel like we
24 have at some point discussed having one call
25 in number that is, you know, a language

1 service number --

2 MS. PARKER: Mm-hmm.

3 MS. BEAUREGARD: -- that would be the
4 outback, like, it would be the inbound
5 number, it would be what the public would be
6 calling if they knew they needed language
7 access services, rather than calling DCBS or
8 the MCO first, and then being able to be
9 transferred or connected to DCBS or to, you
10 know, an MCO perhaps from the language line.
11 Is that something that you all are
12 considering?

13 MS. PARKER: We've looked into that.
14 Of course --

15 MS. BEAUREGARD: It's sort of a one
16 door is basically what I have in mind. One
17 door, one number.

18 MS. PARKER: We have looked into the
19 possibility of that. Of course, there is a
20 cost of that and how that would be, you
21 know, managed as well as far as that is
22 concerned. Like I said, it's been a little
23 bit more challenging than anticipated in
24 trying to come up with -- I agree that one
25 number would probably help a lot, but then

1 you also have to have oversight of that, and
2 as I said, pay for it.

3 But it's still a work in progress,
4 and how we can initially start something to
5 ease the process in getting language access
6 and interpreters, but we're not there yet.

7 MS. BEAUREGARD: But when people do
8 call into the DCBS line or any state line --

9 MS. PARKER: Yes, that's there.

10 MS. BEAUREGARD: -- there is still an
11 option for language access.

12 MS. PARKER: Yes, there is.

13 MS. BEAUREGARD: I mean, to me, it's
14 more of an order of things, right, going
15 directly --

16 MS. PARKER: Yes.

17 MS. BEAUREGARD: -- through language
18 access to get to The Cabinet versus going
19 through The Cabinet to get to language
20 access. So, Miranda, and, Arthur, and,
21 Brenda, I feel like we all have talked about
22 different populations that we want to make
23 some sort of recommendation around, and I
24 know you all have been giving that some
25 thought. Do you want to make any

1 recommendations around these particular
2 people who speak different languages, people
3 who are deaf or hard of hearing, speech
4 impairment, nonverbal? Are you ready for
5 that today?

6 MS. BROWN: I had drafted some
7 recommendations for regarding spoken
8 languages, but was, kind of, wanting to have
9 just a better understanding of how things
10 work before making --

11 MS. BEAUREGARD: First, mm-hmm.

12 MS. BROWN: -- them. I can -- I have
13 several, maybe I should put them in the
14 chat?

15 MS. BEAUREGARD: Well, I wonder if
16 maybe waiting on this decision tree is
17 not -- if there -- if it's complicated and
18 you're, kind of, running into the various,
19 you know, issues, Angie, maybe we could have
20 a presentation about what the language
21 access services are for these different
22 populations, whether it's from, you know,
23 DMS, from the MCO, or the provider.

24 MS. PARKER: We have -- I mean, we
25 have what the MCOs do. We know what DMS --

1 or I should say what --

2 MS. BEAUREGARD: Right.

3 MS. PARKER: -- The Cabinet does as
4 far as language access. So if I were a
5 Spanish-speaking person and I called into
6 Medicaid, I would be able to get an
7 interpreter.

8 MS. BEAUREGARD: Okay.

9 MS. PARKER: I would be able to get
10 somebody on the line, and then if, you know,
11 TTY, that's in place. And there is some --
12 and I'll use Danita Coulter's word -- there
13 are barriers to how we are able to get all
14 of this information into a decision tree or
15 a one-pager, but believe me --

16 MS. BEAUREGARD: I don't want the
17 decision tree to stop us though from
18 getting -- from the TAC from just better
19 understanding --

20 MS. PARKER: Mm-hmm.

21 MS. BEAUREGARD: -- what the current
22 process is for these four populations. So
23 maybe at our August meeting, you could just,
24 kind of, present to us, this is how it
25 currently works.

1 MS. PARKER: Okay.

2 MS. BEAUREGARD: If it is either
3 reaching out to The Cabinet, or reaching out
4 to their MCO, and then that could fill in
5 some of the gaps that I think Miranda has in
6 understanding what the process is so that we
7 can make some good recommendations. And
8 maybe we can troubleshoot, you know, this
9 decision tree one-pager by having all the
10 information, kind of, presented to us.

11 MS. PARKER: It'd be very helpful,
12 Miranda, if you can, kind of, give me or
13 send me your ideas of the language issues
14 that you're talking about. I think we could
15 look into -- maybe we might be able to
16 address some of that with this discussion in
17 August too before then if I can --

18 MS. BROWN: I mean, essentially what
19 I have heard on the ground is that sometimes
20 patients are told that they need to
21 coordinate getting an interpreter themselves
22 through their MCO rather than their medical
23 provider providing that for them, which
24 doesn't seem right --

25 MS. PARKER: Well --

1 MS. BROWN: -- and then, yeah.

2 MS. PARKER: -- medical providers are
3 federally required to have interpreters --

4 MS. BROWN: Right.

5 MS. PARKER: -- as you know. So --
6 but there are with -- within the MCOs, they
7 also have that assistance that you can call
8 into their member services line, or the
9 provider can call in as well --

10 MS. BEAUREGARD: I think --

11 MS. PARKER: -- to get assistance.

12 MS. BEAUREGARD: You know, I think
13 the onus is on the provider to offer it.
14 Now, I understand from a provider
15 perspective, too, that it's cost prohibitive
16 at times. But even if the MCO is offering
17 some sort of assistance, I think the onus
18 should be on the provider to coordinate
19 that, not for the individual, and to do it
20 in, you know, a timely manner so that it's
21 not, like, a delay in care.

22 MS. PARKER: And that is one of the
23 things -- there's a couple of MCOs, they
24 have a form that the provider can fill out,
25 or the member for that matter, and -- but

1 they have to get it to them a few days ahead
2 of time if they want that person with them
3 at the doctor's appointment. So they can
4 offer those services. There are a few MCOs
5 that offer those services that they can have
6 an interpreter there with them in the
7 doctor's office, but they need some lead
8 time.

9 MS. BEAUREGARD: Right.

10 MS. PARKER: So it could be the
11 provider filling out that form if they know
12 that, you know, ahead of time, or the member
13 could do that. They know it, you know?

14 MS. BROWN: So when we had brought
15 this up before one of the things that we
16 talked about -- I think someone from DMS,
17 maybe Veronica had said that that there
18 would be a letter sent to providers to
19 clarify their provider's responsibility to
20 offer interpretive services for spoken
21 languages or sign language. And so I don't
22 know if that's already been done, 'cause
23 that was one of the first recommendations on
24 my list.

25 MS. PARKER: Oh, okay. I don't -- I

1 don't remember that. It might -- I don't --
2 I'm pretty sure that hasn't been done.

3 MS. BROWN: Maybe that's a
4 recommendation we can go ahead and make
5 then.

6 MS. BEAUREGARD: Uh-huh. A letter to
7 providers clarifying --

8 MS. BROWN: Their responsibility to
9 offer interpretive -- or to provide -- offer
10 and provide interpretive services for spoken
11 or sign language.

12 MS. BEAUREGARD: Offer, coordinate,
13 and provide.

14 MS. BROWN: There we go.

15 MS. TYNER WILSON: And if -- and this
16 is Melanie -- if possible, too, to have it
17 done in plain language so that a wide range
18 of individuals would be able to understand.

19 MS. BEAUREGARD: Yes, that's a very
20 good point.

21 MS. PARKER: Well, I mean, and it has
22 to be somebody that can interpret medical.

23 MS. BEAUREGARD: Oh, yeah, I mean, it
24 should be --

25 MS. PARKER: A certified person.

1 MS. BEAUREGARD: It should be a
2 qualified interpreter --

3 MS. PARKER: Yes.

4 MS. BEAUREGARD: -- through -- or --

5 MS. PARKER: I mean, I may be able to
6 speak language -- I mean, Spanish -- well, I
7 can't, but if I could, that doesn't mean I
8 can actually effectively --

9 MS. BEAUREGARD: A qualified medical
10 interpreter --

11 MS. PARKER: -- effectively interpret
12 medical terms in Spanish.

13 MS. BROWN: Melanie, were you talking
14 about the interpretation itself or the
15 notice to providers?

16 MS. BEAUREGARD: The notice.

17 MS. TYNER WILSON: I would say --
18 well, both to be honest. I mean, because
19 it's help -- it's just putting things out
20 there so that people understand what the
21 expectations are.

22 Because I remember I had -- when I
23 worked at UK Developmental Peds there were
24 some amazing interpreters, and we always
25 were responsible for, kind of, helping to

1 facilitate that individual to be present,
2 but oftentimes, after the initial
3 appointment, it would be my job to work with
4 the, you know, interpreters to make sure
5 that they were there. And I always felt
6 like I -- we had a good system, but I always
7 wished that there was information being put
8 out there that was helping the patient to
9 understand things that can sometimes be a
10 conflict -- complicated process. And having
11 things in plain language is -- and granted,
12 I worked with a very different population of
13 individuals, but it just helped to make sure
14 that people truly did understand.

15 MS. BEAUREGARD: Yeah. Now, I think
16 -- I know we're not at recommendations yet,
17 but I think we can say something to the
18 effect of, "That DMS send a letter to
19 providers clarifying their responsibility to
20 offer, coordinate, and provide, language
21 access services via a qualified medical
22 interpreter, and that providers should
23 communicate the availability of language
24 services to their patients in plain
25 language." But we can get back to that.

1 I think that's a good next step, and
2 then, Angie, if you can just do a
3 presentation for us at the next meeting
4 where you help us see how the process
5 currently works for those different
6 populations, I think that would be helpful.

7 MS. BROWN: Yes, that'd be really
8 helpful.

9 MS. BEAUREGARD: Okay. So then our
10 new business, that's where we're at now on
11 the agenda, would be -- well, three things,
12 I'll start with the first: New federal
13 rules for managed care and for eligibility
14 and enrollment. So these are CMS rules
15 that, you know, will make some changes to
16 how Kentucky is, I think, operating
17 managed-care, overseeing managed-care, and
18 then also, eligibility and enrollment.

19 Is there anything just high level
20 that you all are, kind of, planning for or
21 working on in terms of changes based on
22 these new rules?

23 MS. PARKER: Well, they -- they're --
24 I don't know who's on here. I don't know if
25 anybody higher up than me is on here or not,

1 but I do know that we know about these final
2 rules, and that they are being evaluated --

3 MS. BEAUREGARD: Okay.

4 MS. PARKER: -- and to see, you know,
5 looking at the timeline for those and how to
6 make sure that we are implementing them
7 timely.

8 MS. BEAUREGARD: Okay. Maybe this
9 can be, you know, an August update too, but
10 two things that stood out to me -- I mean,
11 there's a lot in them and I didn't read them
12 word for word. I definitely looked at some
13 cliff notes, but one thing was around
14 network adequacy, and one area where I think
15 CMS is really trying to improve how
16 managed-care is operating and making sure
17 that we have adequate networks.

18 And, you know, the thing that I keep
19 coming back to is how we're measuring our
20 networks to begin with, and just really
21 looking at the capacity of the providers who
22 are, you know, participating in Medicaid and
23 are also, you know, serving different
24 regions of the state. And just being able
25 to better measure how -- what their capacity

1 is, how many patients they're seeing.

2 I know you all have been looking at
3 claims data, what's being billed, but if we
4 can, you know, really, kind of, continue
5 working in that area. And then, of course,
6 you don't have the claims data for the areas
7 that don't have, you know, providers
8 billing, and that's a whole other way that
9 we need to be measuring network adequacy
10 where there are gaps. But that's just one
11 thing that stood out, that there's quite a
12 bit around network adequacy.

13 And then I saw something around bad
14 addresses too, or, you know, essentially
15 returned mail that could either lead to
16 coverage being suspended or terminated. And
17 one of the options that CMS seems to be
18 giving states is that rather than spending,
19 rather than terminating, that an individual
20 or that household could be transitioned to
21 fee-for-service so that you're not
22 continuing to pay a per member, per month
23 while you're trying to find, you know, a
24 better address for the individual, but that
25 their coverage isn't cut off either.

1 And I'm curious to know if that's
2 something that you all are considering, and
3 also would just encourage it because I think
4 it could be helpful for some amount of time,
5 not indefinitely, but, you know, as an
6 opportunity to get a better address for that
7 household?

8 MS. PARKER: Like I said, there's
9 a -- as you -- and as you know, you read
10 little cliff notes, and there is a lot with
11 the planned rules, and we will be looking at
12 each and every one of them and how -- and
13 how to implement them.

14 You mentioned network adequacy, of
15 course, you know, that's in my area. I've
16 looked a little bit in depth at that one
17 myself, and as you already know, we are
18 trying to ensure that what is being reported
19 is actually an adequate network. We also
20 know there are challenges with the network
21 in general in certain areas, and how --
22 because they don't have people or providers
23 in that area, then how do we address that?

24 MS. BEAUREGARD: Yeah.

25 MS. PARKER: One of the challenges

1 that I've noticed with the planned rule is
2 getting -- being able to get an appointment
3 within ten days, whereas -- for a regular
4 appointment, which now, it's 30 days.
5 That's going to be a challenge. So, you
6 know, again, we are reviewing the plan
7 rules, the final rules, and figuring out,
8 and, you know, we have a timeline. We've
9 got to see what is due when, but I don't
10 think we --

11 MS. HOFFMANN: This is Leslie.

12 MS. PARKER: We don't have anything
13 definitive at this moment.

14 MS. HOFFMANN: Angie, I just would
15 offer this up too: So we're taking this
16 very serious, it can affect several areas.
17 Commissioner Lee is taking it on to ensure
18 that we have someone to help us, to ensure
19 that we meet all the timelines in all the
20 areas that are going to be changes, it's not
21 just going to be one area. So I just wanted
22 to share that with you.

23 Commissioner Lee did just recently
24 share, you know, with CMS about, you know,
25 what things would help states, because all

1 of the states are in a very similar
2 situation. We've all got lots of 1115s,
3 1915i's, and all other kinds of initiatives
4 coming out of Covid, and then add upon this
5 many federal rules. So she had suggested
6 that maybe they could help, you know,
7 develop templates and things like that that
8 could help assist states --

9 MS. BEAUREGARD: Mm-hmm.

10 MS. HOFFMANN: -- in ensuring that we
11 had all the checkoffs, if that makes sense.
12 So I think --

13 MS. BEAUREGARD: Yeah, it was a lot
14 back-to-back I have to say.

15 MS. HOFFMANN: It is, and we weren't
16 -- we participated in the last Southern NAMI
17 Conference and all the states sounded just
18 like us. From us to the Virgin Islands,
19 we're all sounding just like us, like, how
20 can we get all this done? We want to make
21 sure that we do it correctly. We want to
22 make sure we do it efficiently and not have
23 to redo things.

24 And so she had made that suggestion.
25 As you're aware, she's the NAMI President,

1 and made the suggestion for some templates
2 or some checkoff boxes to ensure that we
3 don't miss anything.

4 MS. BEAUREGARD: Mm-hmm. Yeah, that
5 does sound helpful. All right. Well, we
6 can revisit this as, you know, we go with
7 our meetings and see where you all are at
8 with making some of those changes. But if
9 there is an opportunity to have input into
10 certain changes, I think that would be
11 helpful too.

12 The next item here is one that we've
13 been sort of waiting on. So, Arthur, are
14 you ready to -- I think you said you
15 actually were going to have a guest come to
16 talk about a proposal to overhaul the
17 Michelle P. waiver and other waivers. Is
18 that something you want to keep on the
19 agenda, or do you have your guest here
20 today?

21 MR. CAMPBELL: They keep putting him
22 off. You can either keep it on --

23 MS. BEAUREGARD: We can keep it on
24 the agenda, yeah.

25 MR. CAMPBELL: -- or take it off.

1 MS. BEAUREGARD: Okay. Yeah, there's
2 really no problem with keeping it on the
3 agenda, so just let me know --

4 MR. CAMPBELL: Yeah.

5 MS. BEAUREGARD: -- when you have a
6 guest that's ready to speak on it. And if
7 there's nothing else on that topic for
8 today, our next one is dental services data
9 request, which I had sent to Erin maybe a
10 couple weeks ago. So I'm not sure if you
11 all have had a chance to pull that data yet,
12 but just wanted to ask if there was anything
13 you could share today?

14 MS. BICKERS: I have submitted that,
15 Emily. This is Erin, sorry. I have
16 submitted that. It's due back to me next
17 week, and once I get it, I send it up to
18 upper management for review before sending
19 it out to the TAC. Typically, with data
20 requests, we ask for 90 days to make sure we
21 can have time take gather everything, have
22 it reviewed and get it to you, but it
23 typically doesn't take 90 days. But you
24 should have it, hopefully in the next few
25 weeks.

1 MS. BEAUREGARD: Okay, thank you.

2 That's good to know.

3 And then, we're onto general
4 discussion, is there anything that we
5 haven't touched on yet that people want to
6 raise in this meeting: Questions or
7 concerns, thoughts?

8 (No response).

9 MS. BEAUREGARD: We can go ahead and
10 make our recommendations. I have the
11 recommendation that we discussed previously
12 about providing a letter to providers about
13 language access. So I'll read that again
14 and ask for any -- you know, any changes to
15 it, and then we can also go ahead and get a
16 motion to approve if people are happy with
17 the language.

18 So the recommendation would be that
19 "DMS send a letter to providers clarifying
20 their responsibility to offer, coordinate,
21 and provide language access services via a
22 qualified medical interpreter. Providers
23 should communicate the availability of
24 language services to their patients in plain
25 language." I guess it should say, "and that

1 provider should communicate." Any changes
2 to that language?

3 MS. TYNER WILSON: It sounds good.

4 MS. BEAUREGARD: Okay, thanks. I'll
5 take a motion then to approve that
6 recommendation.

7 MS. BROWN: Motion.

8 MS. BEAUREGARD: Is that you,
9 Miranda?

10 (No audible response).

11 MS. TYNER WILSON: Second.

12 MS. BEAUREGARD: And then Melanie,
13 okay.

14 MS. TYNER WILSON: Second.

15 MS. BEAUREGARD: Thank you. I saw
16 your little boxes line up, but I couldn't
17 tell who was first and second. All right,
18 all in favor, say aye.

19 (Aye).

20 MS. BEAUREGARD: Any opposed?

21 (No response).

22 MS. BEAUREGARD: All right, motion
23 carries. Thank you, all. And then, I had a
24 recommendation to, kind of, run by you all
25 related to the birth certificate issue. And

1 that recommendation would be that "DMS work
2 with the DCBS and the office for vital
3 statistics to clarify that Kentucky birth
4 certificate should be acquired internally
5 and not require action on the part of the
6 household or individual." Does that sound
7 like the clear language?

8 MS. MANNINO: Sounds good.

9 MS. BEAUREGARD: Okay.

10 MS. BROWN: Yes.

11 MS. BEAUREGARD: Then I'll ask for a
12 motion to approve that recommendation.

13 MR. CAMPBELL: I'll motion.

14 MS. BEAUREGARD: Thank you, Arthur.
15 And a second?

16 MS. TYNER WILSON: Second.

17 MS. BEAUREGARD: Thanks, Melanie.
18 All in favor, say aye.

19 (Aye).

20 MS. BEAUREGARD: Any opposed?

21 (No response).

22 MS. BEAUREGARD: All right, motion
23 carries. Thank you, all. Miranda, did you
24 want to do a recommendation around kynector
25 language search, or do you want to, kind of,

1 think on that?

2 MS. BROWN: Yeah --

3 MS. BEAUREGARD: I know there could
4 -- it could be addressed on the monthly
5 meeting, too, that David mentioned.

6 MS. BROWN: Yeah, he mentioned the
7 monthly meeting and the Friday -- whatever
8 the Friday email that goes out to kynectors
9 is called; I'm blanking.

10 MR. VERRY: The Friday Facts.

11 MS. BROWN: Thank you, yes, the
12 alliterative Friday Facts, so that's great.
13 I do not have further -- I mean, I think it
14 should be -- granted I haven't gone back to
15 look at what the onboarding kynector
16 materials say about putting in your language
17 or not. If it's not in there it should be,
18 but I haven't looked.

19 MR. VERRY: Oh, yeah, we're going to
20 develop a one-page cheat sheet that we can
21 send out to people. I know I would need
22 one, so.

23 MS. BROWN: I mean, something that's
24 part of the onboarding packet for kynectors.

25 MR. VERRY: Yeah, yeah.

1 MS. BROWN: Okay.

2 MR. VERRY: Absolutely. Yes, ma'am.

3 MS. BEAUREGARD: Well, Miranda, do
4 you want to give it some more thought and we
5 can revisit in August?

6 MS. BROWN: Sure.

7 MS. BEAUREGARD: Okay. And then I
8 have one other that I've been, kind of,
9 kicking around, and I don't know if it's
10 premature to do this or not, but my
11 recommendation would be related to the bad
12 address policy. "That DMS update their bad
13 address policy to move individuals or
14 households that are nonresponsive to
15 fee-for-service for up to six months or
16 until an updated address is received." The
17 current process is that people are suspended
18 and then terminated -- or just terminated,
19 but in any event, can't use that coverage.
20 And we know how often people move and, you
21 know, their addresses just, kind of, lag in
22 terms of getting updated. This has, kind
23 of, been a chronic problem.

24 MS. MANNINO: Yeah, I think that's a
25 good idea.

1 MS. TYNER WILSON: Yeah, thank you.

2 MS. BROWN: So you said to move --

3 MS. BEAUREGARD: Was that you,

4 Brenda?

5 MS. MANNINO: Yeah.

6 MS. BEAUREGARD: Yeah. Miranda, were
7 you asking a question?

8 MS. BROWN: Yeah, so just to clarify
9 to make sure I heard it right, so you said
10 to move them to fee-for-service for six
11 months or until a new address is received.

12 MS. BEAUREGARD: Yeah, up to six
13 months. I mean, I don't think it has to be,
14 like, always a solid six months, but
15 obviously you can't keep somebody on
16 indefinitely. But I think up to six months
17 or until a new address is received.

18 MS. BROWN: Thanks, sounds good.

19 MS. BEAUREGARD: Okay.

20 MS. MANNINO: Yeah.

21 MS. BEAUREGARD: And, you know, we'll
22 see what DMS says about it, but I think it's
23 knowing this is something that CMS allows
24 for, I think it's something worth exploring.

25 So I'll just read it again, and then

1 ask for a motion. "DMS must update their
2 bad address policy to move individuals or
3 households that are nonresponsive to
4 fee-for-service for up to six months or
5 until an updated address is received." I'll
6 ask for a motion to approve that
7 recommendation.

8 MS. MANNINO: So moved.

9 MS. BEAUREGARD: Thank you, Brenda.
10 And a second?

11 MS. BROWN: Second.

12 MS. TYNER WILSON: Second.

13 MS. BEAUREGARD: I think Miranda
14 might've beat you.

15 MS. TYNER WILSON: Yeah, I think so.

16 MS. BEAUREGARD: All right. All in
17 favor, say aye.

18 (Aye).

19 MS. BEAUREGARD: Any opposed?

20 (No response).

21 MS. BEAUREGARD: Motion carries. All
22 right. Any other recommendations that you
23 all would like to put forward?

24 (No response).

25 MS. BEAUREGARD: Okay, hearing none,

1 I'm going to assume that we can, you know,
2 revisit some of the things that we've talked
3 about today. I know you have some -- were
4 giving some thought to certain topics, and
5 maybe we can make those recommendations next
6 month.

7 Our next -- I'll be the person to
8 represent our TAC at the MAC meeting, and
9 then our next TAC meeting will be on
10 August 20th at 1:30.

11 And with that, do I ever take a
12 motion to adjourn, or do we adjourn by
13 acclamation? We'll adjourn by acclamation.

14 MS. TYNER WILSON: Okay.

15 MS. BEAUREGARD: I think given
16 today's antics, that's acceptable. So all
17 right. Well, good to see everybody. I'm
18 glad we were able to conduct business with
19 all the things that were going on, and,
20 Erin, appreciate your help with all of that
21 too.

22 MS. TYNER WILSON: Thank you.

23 MS. BEAUREGARD: Thank you for --

24 MS. BICKERS: I apologize, and --

25 MS. BEAUREGARD: Well, you kept the

1 meeting on track.

2 MS. TYNER WILSON: Yeah, you were
3 amazing.

4 MS. BICKERS: Well, I'm flustered
5 over here on this side, and so thank you.
6 We will get to the bottom of trying to
7 figure out what's going on and try to keep
8 some of those things from happening in the
9 future. That was a first for me, you know?

10 MS. BEAUREGARD: Yeah, same here.

11 MS. BICKERS: I will monitor names
12 better as well, so anything that looks odd,
13 you just -- if your name's not on there, you
14 might not be getting into the meetings
15 moving forward.

16 MS. BEAUREGARD: Yeah, I often wonder
17 about numbers but --

18 MS. MANNINO: Bye.

19 MS. BEAUREGARD: -- we were able to
20 get through the agenda, and I appreciate
21 everybody for being here. So thank you very
22 much, and we'll see you next month.

23 (Meeting adjourned at 3:49 p.m.)

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CERTIFICATE

I, Tiffany Felts, CVR,
Certified Verbatim Reporter and Registered
Professional Reporter, do hereby certify that the
foregoing typewritten pages are a true and accurate
transcript of the proceedings to the best of my
ability.

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

Dated this 9th day of July, 2024

Tiffany Felts, CVR _____

Tiffany Felts, CVR