

DEPARTMENT OF MEDICAID SERVICES  
CONSUMER RIGHTS AND CLIENT NEED  
TECHNICAL ADVISORY COMMITTEE

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Tuesday, May 13, 2025  
1:30 P.M.

Stefanie Sweet, CVR, RCP-M  
Certified Verbatim Reporter

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A P P E A R A N C E S

**TAC Members:**

Emily Beauregard, Chair  
Miranda Brown  
Melanie Tyner-Wilson  
Arthur Campbell  
Brenda Mannino  
Christy Hardin

1 MS. BICKERS: Good afternoon.  
2 This is Erin with the Department of  
3 Medicaid. It is not quite 1:30 and we are  
4 still clearing the waiting room. We will  
5 give it just a few minutes before we get  
6 started.  
7 MS. BEAUREGARD: Hi, everyone.  
8 MS. BROWN: Good afternoon.  
9 MS. BEAUREGARD: There was a  
10 plane going over my head I wasn't sure if  
11 you could hear that.  
12 It is good to see you, Miranda  
13 and Arthur. Do we have any other members  
14 on? Not yet.  
15 MS. BICKERS: Not yet, but it is  
16 not quite 1:30 and we are still clearing  
17 the waiting room so we will give a just a  
18 couple of minutes.  
19 MS. BEAUREGARD: Erin, have you  
20 gotten an email from Brenda, by any  
21 chance?  
22 MS. BICKERS: It just came  
23 through. Give me just a second. As soon  
24 as I get the waiting room clear, I can get  
25 into my calendar and send it to her.

1                   Melanie is currently logging in,  
2                   so I will get it to her just as soon as I  
3                   can.

4                   Emily, I just got it to her and  
5                   the waiting room is clear. It is 1:31 and  
6                   you can begin, and I can let you know when  
7                   Brenda joins, but you do have a quorum.

8                   MS. BEAUREGARD: Thank you very  
9                   much.

10                  Good afternoon, everyone. I  
11                  hope everyone is doing well. It is good  
12                  to see you and thank you for making time  
13                  to attend this meeting which was  
14                  rescheduled from April.

15                  I guess we will wait for Brenda  
16                  to do introductions, but it is good to  
17                  know that we've got a quorum established.

18                  Arthur, did you have something  
19                  to say?

20                  MR. CAMPBELL: My name is Arthur  
21                  Campbell, Jr. and I represent PNA.

22                  MS. BEAUREGARD: Great. Thanks,  
23                  Arthur. Glad you can be here.

24                  I see Melanie now.

25                  Miranda, are you able to unmute?

1 MS. BROWN: Yes.

2 MS. BEAUREGARD: Would you like  
3 to introduce yourself?

4 MS. BROWN: I'm Miranda Brown.  
5 I am a Medicaid consumer and I'm here  
6 representing Kentucky Equal Justice  
7 Center.

8 MS. BICKERS: Emily, it looks  
9 like Brenda was able to log in. You might  
10 just give her a moment to get her audio  
11 going and everything.

12 MS. BEAUREGARD: There you are  
13 again.

14 MS. MANNINO: Hello, I am here.

15 MS. BEAUREGARD: Great.  
16 Melanie, would you mind  
17 introducing yourself?

18 MS. TYNER-WILSON: Sure. I  
19 wasn't sure if it was my turn or not.

20 My name is Melanie Tyner Wilson  
21 and I am here representing -- I was asked  
22 by the ARC of Kentucky, but I am also a  
23 member of the ARC of Central Kentucky and  
24 the Autism Society of the Bluegrass, and I  
25 am a parent/caregiver of a young man I

1           care very much about. So that is, I  
2           guess, I wear too many hats.

3                   MS. BICKERS: Emily, I think you  
4           are freezing a little bit. I think you  
5           are freezing, Emily.

6                   MS. BEAUREGARD: Brenda, if you  
7           wouldn't mind introducing yourself. I'm  
8           sorry. I didn't realize I'm having  
9           connection issues.

10                   MS. MANNINO: I am Brenda  
11          Mannino and I am on the commission to  
12          represent AARP.

13                   MS. BEAUREGARD: As we usually  
14          do with approval of our minutes from the  
15          previous meeting -- am I still freezing,  
16          Erin? Are you having trouble?

17                   MS. BICKERS: You are coming in  
18          and out, but I believe you said that you  
19          were ready to approve the minutes.

20                   MS. BEAUREGARD: Yes, I know  
21          that we need to be on camera when we vote,  
22          but maybe this will help if I am off  
23          camera when we are just discussing. Is  
24          this any better?

25                   MS. BICKERS: Yes, ma'am. I can

1           hear you. It may be when we go to vote  
2           you can just raise your hand if your  
3           microphone isn't working when you are on  
4           camera.

5                       MS. BROWN: This is Miranda. I  
6           will move to approve the minutes from the  
7           February meeting.

8                       MS. TYNER-WILSON: This is  
9           Melanie. I will second.

10                      MS. BICKERS: With Emily frozen,  
11           I will say if Emily can turn her camera  
12           on, and all in favor, if you will say,  
13           "aye."

14                      I will try to help her along  
15           while she is frozen.

16                      TAC MEMBERS: Aye.

17                      MS. BICKERS: Emily, you are  
18           smiling, so I will take that as a hand  
19           raised. Your minutes passed.

20                      MS. BROWN: Emily, if you are  
21           speaking, I cannot hear you.

22                      MS. MANNINO: I can't hear her  
23           either.

24                      MS. BICKERS: I believe she is  
25           frozen and then she just fell off my

1 screen. Let me see if she is logged back  
2 in.

3 MS. BEAUREGARD: I am back now.

4 MS. BICKERS: Oh, there you are.

5 MS. BEAUREGARD: Hopefully I  
6 will stay here.

7 How is this?

8 MS. BICKERS: That's better. We  
9 can hear you at the moment. If you get  
10 frozen, would you like me to continue  
11 through the agenda?

12 MS. BEAUREGARD: Yes, thank you.

13 I do have my hotspot on now so  
14 hopefully we are good.

15 What I was saying when I dropped  
16 was we can go through the standard data  
17 requests. The number of Kentuckians  
18 currently covered under the different  
19 types of Medicaid.

20 MR. VERRY: I can present this.  
21 We have a total of 1,450,151 persons  
22 enrolled in Medicaid total right now;  
23 150,530 are traditional fee-for-service;  
24 and 466,729 are in the expanded  
25 population. A slight dip down to 295 in



1 emergency time limited; and 1,749 are  
2 presumptive eligibility.

3 We currently have 572,184  
4 children in MAGI Medicaid, with 25,936 in  
5 non-MAGI. I will put those stats in the  
6 chat for everyone if you want them.

7 MS. BEAUREGARD: Thank you.

8 Any questions about our  
9 enrollment data? All right.

10 Our next item here is the number  
11 of Kentuckians receiving waiver services  
12 or on the waiting list.

13 DR. HOFFMAN: Emily, this is  
14 Leslie Hoffman, and I wanted to introduce  
15 Carmen Hancock to you today, if you have  
16 not met her already. She is our new  
17 duly-appointed, governor-appointed  
18 Director for our Long-term Services and  
19 Supports and she is going to jump right in  
20 today. She is going to give you the  
21 information related to the c waivers  
22 today.

23 MS. BEAUREGARD: Wonderful. And  
24 welcome, Carmen.

25 MS. HANCOCK: Thank you, Emily.

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Thank you, Leslie.

Okay. In terms of the 1915(c) waivers, our ABI acute waiver has 269 participants; ABI long-term care is at 426. Neither of those currently have anybody on the waiting list.

The Home and Community-based waiver is 16,862. The waitlist there is 4,286; model II, we have 15 participants, no waiting list; the Michelle P. waiver has 9,933 participants with another 9,473 on the waiting list.

And then finally, SCL, 4,980 active participants with 3,610 on that waiting list.

MS. BEAUREGARD: Appreciate those numbers.

I did actually want to ask a question about the Michelle P. waiver. I guess the approval process -- the renewal process -- I know that on an annual basis, participants do go through a renewal and have to be assessed for their -- what is the term that we use there -- level of care.

1 MS. HANCOCK: Level of care,  
2 yes.

3 MS. BEAUREGARD: It has been in  
4 the news. I'm sure that you are more than  
5 aware that there are some families saying  
6 that their children have lost those waiver  
7 slots and their level of care assessment  
8 came back as having changed, while the  
9 parents would say that there has been no  
10 change.

11 Has their been a change in  
12 criteria? Is there a change in the  
13 process for how that is evaluated?

14 MS. HANCOCK: No, ma'am. And  
15 like you said, Emily, we are aware of  
16 those news stories, and we have been made  
17 aware of sort of an increase in those  
18 denials at recertification.

19 Like you said, any one who is in  
20 those waiver programs does have to do an  
21 annual recertification program for  
22 assessment and just to continue their  
23 eligibility.

24 We have not changed any of those  
25 waiver policies or eligibility

1 requirements, so those things have not  
2 changed.

3 Obviously, with those annual  
4 reassessments, medical circumstances,  
5 level of need, that could change over  
6 time, so in the event if someone does  
7 receive a denial at their reassessment,  
8 they can always request a hearing to  
9 appeal that decision and services will  
10 continue as long as the request is made in  
11 a timely manner and services will continue  
12 during that process.

13 MS. BEAUREGARD: How many of  
14 those appeals have been requested  
15 recently? Has there been an uptick in  
16 denials that has resulted in appeals?

17 MS. HANCOCK: We have seen an  
18 increase. I don't have the number right  
19 here, Emily, but I can certainly get that  
20 for you.

21 DR. HOFFMAN: Emily, I will just  
22 mention that a lot of the concerns that we  
23 received are not actually for the Michelle  
24 P. waiver, they are actually for the HCB  
25 waiver and that is children that have

1           happened to get on to the HCBS waiver  
2           itself.

3                   MS. BEAUREGARD: And so, do you  
4           think that the criteria for HCBS is just  
5           not as good a fit and they should just be  
6           under the Michelle P. waiver?

7                   DR. HOFFMAN: I won't speak to  
8           that today because we are doing daily  
9           research right now, and Carmen is going  
10          through every single one that is coming  
11          in -- not just by complaint -- but we are  
12          going through every single one that is  
13          being evaluated and denied, and she has  
14          overturned a handful that meet the  
15          criteria, so I won't speak to that today.  
16          We've gotten lots of questions. The main  
17          thing to know is we've not changed  
18          anything -- I want you to know that we  
19          have not changed anything.

20                   Some of these children -- not  
21          all -- obtained the waiver during COVID,  
22          and maybe would have been evaluated during  
23          the COVID period where we would not have  
24          let any child or any adult go without  
25          services during COVID, so they could have

1           been extended.

2                   More to come on that.

3                   And, like I said, Carmen has  
4           been doing daily work. She has been doing  
5           intense work related to this research.

6                   MS. BEAUREGARD: I am glad to  
7           hear that. It looks like Melanie has a  
8           question.

9                   MS. TYNER-WILSON: Thank you.  
10          Thank you. Welcome, Carmen. We  
11          appreciate you being part.

12                   I have a question. Has the  
13          federal poverty eligibility for the  
14          different waivers, has that changed from  
15          100 percent of the federal poverty level  
16          to 300 percent?

17                   I remember reading something  
18          that that had changed, and I didn't know  
19          if that is in relation to the Home and  
20          Community-based waiver or if that was  
21          influencing why there had been so many  
22          people that had no longer met the criteria  
23          to be eligible.

24                   MS. HANCOCK: No, ma'am, that  
25          hasn't changed recently. I do recall the

1 article that you are talking about, and  
2 that specifically had to do with patient  
3 liability, which has not changed either.  
4 So no, those eligibility requirements have  
5 not changed.

6 MS. TYNER-WILSON: Thank you.  
7 Thank you.

8 MS. BEAUREGARD: This may be a  
9 simple question to answer, or maybe  
10 something for our next meeting, I don't  
11 actually understand each of these waivers  
12 in detail very well, so I will just put it  
13 out there. That is my ignorance. I know  
14 that it is very complicated at times.

15 It does leave me to wonder that  
16 the criteria for HCBS, whether that is  
17 less of a good fit for some of these  
18 children, but if the waiting list issue  
19 perhaps is part of the issue for the HCBS  
20 versus a Michelle P., and whether there is  
21 a way for us to resolve how families are  
22 getting waiver services and making sure  
23 that they are really in the right waiver  
24 program for their child.

25 Is that a simple thing to answer

1 or is that something that we should put on  
2 the next agenda?

3 DR. HOFFMAN: Emily, really  
4 quick because I've been doing this for a  
5 long time, and what I noticed before  
6 Carmen came back is that Michelle P. has  
7 PDS services as well as HCBS.

8 The HCB waiver is typically for  
9 the elderly and disabled. We've always  
10 had a handful of children in there that  
11 were truly physically challenged, but just  
12 a handful usually.

13 We did start seeing is once the  
14 Michelle P. waiver filled up, we did have  
15 children that probably in the past would  
16 not have applied for the HCB waiver, they  
17 did start applying.

18 I just wanted to mention that.  
19 The HCB waiver is the first waiver in the  
20 state of Kentucky and so we had a large  
21 amount of slots, because it was the only  
22 waiver we had in Kentucky. I think at one  
23 time is up to 17,050 or something like  
24 that, but it never filled up. The  
25 majority of the folks that were on that



1 waiver were elderly or disabled.

2 I did notice that it started

3 filling up after Michelle P. filled up a

4 while back, and you are aware in fiscal

5 year 2025, we allocated new slots, and we

6 are starting to see more children on the

7 waiting list for this one than we have had

8 in the past as well, so I think it is just

9 a series of events that has led to this

10 situation.

11 MS. BEAUREGARD: Thank you.

12 That is helpful.

13 Any other questions about the

14 enrollment numbers, the waitlist numbers,

15 or some of the families that have recently

16 had their waiver slots denied?

17 Melanie, I saw you came off

18 mute?

19 MS. TYNER-WILSON: I had an

20 opportunity to serve on the children's

21 group that was trying to figure out -- and

22 I know that it has been morphed into a

23 bigger effort -- is that something that is

24 still moving forward now?

25 MS. BEAUREGARD: There was a

1 waiver, I think, that was sort of in  
2 development specifically for children  
3 maybe with emotional --

4 MS. TYNER-WILSON: Emotional,  
5 mental health, autism --

6 DR. HOFFMAN: I can speak to  
7 that, Emily.

8 In the last budget for fiscal  
9 year 2026, it allotted for what they  
10 called a 1915(c) child's waiver.

11 The secretary has a much  
12 larger -- I that I actually presented to  
13 you all on this before -- a much larger  
14 vision for the state of Kentucky to assist  
15 with children that are in crisis. So that  
16 C waiver is going to become part of a  
17 multi-year, multi-phased-in approach, and  
18 you all will hear more about that soon.

19 So a year or so ago, even before  
20 we had the funds, I think Pam Smith's  
21 group went out and did some feasibility  
22 studies for children's services; we did  
23 some town halls and workgroups with  
24 stakeholders.

25 Melanie, you may been a part of

1           that, if I remember correctly.

2                       We have all of that information,  
3           we gathered all of that information, and  
4           Myers & Stauffer, who is a contractor of  
5           ours, is currently assisting us so the C  
6           waiver will just become part of this  
7           multifaceted process that we are working  
8           through, and it is called Families First  
9           now. So it is a much larger initiative.

10                   Emily, we have talked about this  
11           before. It even includes things like when  
12           we applied for the school-based services  
13           grant; where we applied for the Cares  
14           grant for that are confined. So all of  
15           those pieces will eventually come together  
16           in what we are calling the Families First  
17           Initiative, which is a wonderful  
18           opportunity for us to develop a continuum  
19           of care for Kentucky to help with the  
20           children who are in crisis.

21                   So you will hear more about that  
22           as well, Melanie.

23                   MS. TYNER-WILSON: Thank you.

24                   MS. MANNINO: Emily, can I ask a  
25           question?

1 MS. BEAUREGARD: Absolutely.

2 MS. MANNINO: This is to David  
3 who gave us the Medicaid data. Under  
4 children eligibility, what does the MAGI  
5 stand for?

6 MR. VERRY: MAGI is modified  
7 adjusted gross income.

8 MS. MANNINO: Excuse me?

9 MR. VERRY: Modified adjusted  
10 gross income. It is the financial method  
11 that most Medicaid is used.

12 MS. MANNINO: And then you have  
13 the non?

14 MR. VERRY: Non-MAGI would be  
15 the non-MCO. So they are not going to be  
16 enrolling in an MCO. They are going to be  
17 enrolling in other disabled, or that kind  
18 of thing.

19 MS. MANNINO: Thank you.

20 MR. VERRY: Sorry about that. I  
21 will define my acronyms better next time.

22 MS. BEAUREGARD: Yeah. Brenda,  
23 MAGI is generally a much simpler way of  
24 proving your income eligibility and that  
25 was part of the Affordable Care Act.

1 MS. MANNINO: Non is for  
2 disabled who are not necessarily income  
3 eligible, right?

4 MR. VERRY: There are income  
5 requirements, but it tends to be means  
6 tested, so resources, they may be duly  
7 eligible or that kind of thing.

8 MS. MANNINO: Thank you.

9 MR. VERRY: I can get you a  
10 facts here, better than that answer, on  
11 top of the chat.

12 MS. MANNINO: Okay. Thanks.

13 MS. BEAUREGARD: That was a good  
14 question, Brenda.

15 Any other questions related to  
16 the HCBS waivers?

17 I guess the next items that we  
18 have here includes any updates that we  
19 have around the federal final rules on the  
20 implication of new rates.

21 MS. HANCOCK: I can speak to  
22 some of that, Emily.

23 We did submit amended waiver  
24 applications for the Home and  
25 Community-based waiver and Model II on May

1 1st so those have gone in.

2 Waiting on discussion and  
3 approval from DMS as to next steps, and we  
4 did implement new rates. They were  
5 implemented January 1st, and we can drop  
6 in the chat the new fee schedule, so you  
7 can all look at those.

8 MS. BEAUREGARD: And everything  
9 is kind of going well, nothing more in  
10 terms of implementation with the new  
11 rates?

12 DR. HOFFMAN: Not at this time,  
13 Emily. We have done everything we are  
14 supposed to do as of January.

15 I was just going to mention at  
16 the federal final rules, of course, that  
17 is a huge undertaking. There is like 29,  
18 we have collapsed them into 9.

19 For Kentucky, there are like  
20 four that will be related to HCBS and  
21 there is like two for behavioral health.

22 We have a contractor that is  
23 assisting with that, and we are kind of  
24 going through each one of those as they  
25 are coming up, and some of those are going

1 faster than others, so you are aware of  
2 the MAC and the BAC that we are working  
3 on, so those had to be first -- and we had  
4 to work on those first -- but we have  
5 weekly meetings two or three times a week  
6 based on which elements that we are  
7 working on and we are just trying to move  
8 forward the best we can to meet timelines  
9 and requirements.

10 MS. BEAUREGARD: As those final  
11 rules are implemented or in process to be  
12 implements, if you could just update us on  
13 what to expect, what changes will be  
14 taking place, that would be helpful.

15 And then just back to the new  
16 rates, I think that that includes PDS, if  
17 I am not mistaken, Participant Directed  
18 Services. Am I right about that?

19 MS. HANCOCK: That's correct  
20 yes. There were updates to all of the  
21 waivers including PDS.

22 MS. BEAUREGARD: And I know that  
23 we have had this on the agenda, because  
24 that has been a concern of Arthur's, so I  
25 just wanted to ask Arthur if there is

1 anything related to these new rates that  
2 you wanted to raise or if we should take  
3 this off the agenda moving forward.

4 MR. CAMPBELL: No. I don't have  
5 anything. We can take it off if something  
6 comes up --

7 MS. BEAUREGARD: We can re-add  
8 it if something comes up. Absolutely.

9 Thank you, Arthur. I'm glad to  
10 hear there isn't anything new with it.  
11 That's good news.

12 All right. Any other questions  
13 about waivers or the federal rules before  
14 we move forward?

15 Our final waiver question here  
16 is just getting an update on the 1915(i)  
17 SPA, the state plan amendment, and the  
18 1115 waiver that was combined to provide  
19 supportive housing and unemployment  
20 services for people with SMI.

21 And I know that was approved.  
22 That was very good news that we got  
23 recently. So I'm excited about that  
24 getting in to the implementation phase.

25 But I will hand it over to you,



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Dr. Hoffman.

DR. HOFFMAN: Tanya Dickinson is going to give the update on the 1915(i) state plan amendment.

Of course, you are aware that DBH is administering that for us and this is a partnership.

And Tanya, I will let you give your update and then I will go back to the 1115.

MS. DICKINSON: Cool. Glad to be here. Thank you for inviting us and having us.

Just a quick overview or update, I guess, about the 1915(i) and where we are at with it. As you know, it was approved the end of March. The 1915(i) RISE initiative is designed for adults with a serious mental illness, primary diagnosis and they may have a co-occurring disorder diagnosis also and they will provide services statewide.

For those of us who talk in acronyms all day, I always forget -- RISE stands for Recovery Independent Support

1 and Engagement, and it will be going live  
2 throughout the summer in phases. We are  
3 getting ready to start interview staff, so  
4 we will be bringing staff on and then we  
5 will be bringing on providers and finally  
6 we will be bringing on participants as  
7 those systems come in place to serve them.

8 The process itself, for the  
9 individuals who participate, begin with a  
10 referral to the program, and then they  
11 will have an assessment done to see which  
12 services are most appropriate, if they  
13 qualify for this particular initiative,  
14 etc. And then they will create a  
15 person-centered service plan with the case  
16 manager of who the individual chooses and  
17 that case manager will help them identify  
18 other providers that will match up with  
19 their service plan.

20 The providers will be listed on  
21 the departments' webpage. There is a  
22 provider search now for the waiver  
23 providers. It will be very similar to  
24 that, so folks can go on and look and see  
25 who is available for what.

1                   There are ten services  
2                   available -- and you would think that I  
3                   would have those memorized by now, but I  
4                   don't.

5                   You will have supervised  
6                   residential care, in-home independent  
7                   living, housing and tenancy supports,  
8                   supported employment and education,  
9                   non-medical transportation, medication  
10                  management, planned respite for  
11                  caregivers, assistive technology, and the  
12                  case management that I mentioned.

13                  All these services are designed  
14                  to empower individuals to live  
15                  independently and successfully within  
16                  their communities, avoiding unnecessary  
17                  hospital stays, and other disruptions in  
18                  their lives.

19                  As we continue to work on  
20                  bringing those systems in place, we have  
21                  regs, Kentucky administrative regulations  
22                  that are in process. They've had their  
23                  public comments and so they are continuing  
24                  through that process, and they should be  
25                  in place by this summer. We are also

1           working on the various IT systems that we  
2           will have to support all of these  
3           activities, so be sure to keep an eye out  
4           for coming communications from us,  
5           probably next month -- mid or late next  
6           month -- about how you can learn more, how  
7           folks can access these things, and how  
8           referrals can be made.

9                   And we already have email boxes  
10          in place for folks who are interested in  
11          being providers, as well as just a general  
12          email box, and right now it is mostly  
13          collecting folks' names to include on any  
14          kind of email distributions that we make  
15          in the future.

16                 We also have a webpage, URL in  
17          place, so when that is ready to go up, it  
18          will be posted, and I think that is about  
19          it for us. I will post the email  
20          addresses and the regs, the web link in  
21          the chat when we are done, so those are  
22          the highlights that we have unless you all  
23          have questions.

24                   MS. BEAUREGARD: Thank you very  
25          much, Tanya.

1                   One question that I had was  
2                   about the criteria for once the assessment  
3                   is completed, what criteria will be used  
4                   to approve someone for services. Is that  
5                   something that you are still developing,  
6                   or do you have it already in place?

7                   We don't have it in a  
8                   publishable form, but the absolute basic  
9                   threshold is: Is the person receiving  
10                  Medicaid or qualified to receive Medicaid  
11                  services? And then, do they have a  
12                  diagnosis of serious mental illness as  
13                  defined in KRS?

14                 So those are the two major  
15                 thresholds. And then, as far as each  
16                 individual service, it depends on that  
17                 individual's needs. If they already have  
18                 a stable housing situation, they are not  
19                 going to receive the residential component  
20                 or service if they are thoroughly  
21                 successful and don't need it, they  
22                 wouldn't need housing and tenancy  
23                 supports. But if they need some  
24                 assistance with paying bills or maybe  
25                 working with a landlord to apprise them of

1 a situation and keep an eviction from  
2 happening, that kind of thing.

3 So each of the services varies a  
4 little bit, but those major thresholds,  
5 Medicaid qualification and diagnosis.  
6 That is very helpful. There was a  
7 question in the chat about the when the  
8 state will begin taking referrals. I know  
9 you said there would be more information  
10 next month.

11 MS. DICKINSON: The participant  
12 referrals will be late summer, I would say  
13 end of August, 1st of September. We  
14 should be looking at starting -- we have  
15 already started receiving inquiries for  
16 potential providers, and we will start  
17 working with them on 7/1, thereabouts, or  
18 maybe a little after, once we get some of  
19 the training components or documentation  
20 components in order, and that follows  
21 after we get the staff to finalize some of  
22 those things. It is a 1-2-3.

23 DR. HOFFMAN: I have mentioned  
24 before that our go-live for this project  
25 is a Kentucky go-live which will be

1 providers first. We just wanted to make  
2 sure that we are able to get started by  
3 7-1 but it will probably be the providers  
4 first and then later it will be the rest.  
5 All of the things that we need to  
6 implement across Kentucky, which will, of  
7 course, take some time.

8 MS. DICKINSON: And we will  
9 bring providers on continuously. They  
10 bring on providers, regularly new ones to  
11 the waiver programs, just like that, we  
12 will continue to do outreach.

13 There will be this initial push  
14 and we will probably take a minute, take a  
15 step back, assess what has worked and what  
16 hasn't, and we will continue always  
17 seeking new providers. So you if you have  
18 anybody who would like to provide  
19 services, have them get in contact with  
20 us.

21 DR. HOFFMAN: Absolutely. Get  
22 the word out, Emily.

23 MS. BEAUREGARD: Well, we are  
24 excited about this. We are definitely  
25 spreading the word and just happy to hear

1           that you have an implementation plan in  
2           place.

3                       MS. DICKINSON: I am flipping  
4           through the chat and I only saw the one  
5           question about the time.

6                       We will let folks know as things  
7           develop. Like I said, we have a website  
8           and we will make announcements there, so  
9           folks can follow when we are ready to  
10          start taking on participants.

11                      MS. BEAUREGARD: That sounds  
12          great. Are there any questions from other  
13          Consumer TAC members?

14                      MS. DICKINSON: People are  
15          welcome to get in touch with me whenever  
16          they need.

17                      MS. BEAUREGARD: That is really  
18          good news and I'm glad to see moving  
19          forward.

20                      The next item that we have here  
21          is something that we have just been  
22          keeping on the agenda. Anytime there are  
23          updates around permanent supportive  
24          housing or continuum of care alliance, we  
25          love to get those updates and know what



1           you all are working on.

2                       DR. HOFFMAN:   Emily, I can't  
3           remember who usually answers that  
4           question, but we still continue our  
5           partnership with Kentucky Housing  
6           Corporation and we are now working with  
7           the other folks in the state -- I think  
8           Louisville, Lexington, as well. We still  
9           have a regular meeting with them. I think  
10          twice -- we have two meetings in housing  
11          related to different efforts and  
12          initiatives and things going on, so we can  
13          work closely together.

14                      KHC has actually been an  
15          integral part in some of the work that we  
16          have done for the 1915(i) SMI, and we are  
17          so lucky to have a partner like that.

18                      So if that is the kinds of  
19          things that we are looking for, we are  
20          continuing that. I don't know that we  
21          have anything for you today, but Kentucky  
22          Housing Organization was able to get us --  
23          if you remember the Money Follows the  
24          Person program that we did a presentation  
25          on. They were able to get us some

1 additional vouchers for that group, some  
2 HUD vouchers.

3 As you know, housing is limited  
4 across Kentucky and we are all kind of  
5 looking for that same apartment or that  
6 same housing complex so we were very lucky  
7 to get -- I think it was 35 additional  
8 housing vouchers last fiscal year, so I am  
9 very happy to have gotten those.

10 If I may, Emily, I want to give  
11 you an update back on the 1115 for the  
12 SMI, so as a companion to the 1915(i) SMI,  
13 we also have the 1115 SMI, and it only has  
14 two services, if you remember, we were  
15 trying to meet the needs of the bill, and  
16 it has recuperative care and it has an  
17 expansion on the IMD days of stay for up  
18 to 30 days, the average for Kentucky.

19 I wanted to mention to you, you  
20 know that these 1115's have these  
21 multilevel components that we have to  
22 complete. Even after we were approved,  
23 because we have been approved for quite  
24 some time, and we had to go through all  
25 these different phases.

1                   So Jodi was just recently able  
2                   to submit the SMI recent implementation  
3                   and we are waiting for an approval on that  
4                   from CMS.

5                   Because the recuperative care  
6                   CMS felt like it was a health-related  
7                   social need, they developed a new ARM for  
8                   us, actually removed that out of the SMI  
9                   ARM, and now we have a health-related  
10                  social needs ARM where that recuperative  
11                  care will lie.

12                  Because it was a health-related  
13                  social need, we had two different tasks  
14                  that we had to complete for that. One was  
15                  called a maintenance of effort that has  
16                  been submitted, and the other was an  
17                  implementation plan that is not due until  
18                  September, but we have already completed  
19                  the maintenance of effort.

20                  I just wanted to let you know.  
21                  These 1115s are so complex, and they have  
22                  so many different levels, so I just wanted  
23                  to throw that out as that companion that  
24                  goes along with the 1915(i) is still  
25                  moving fine. It's moving fine.

1 MS. BEAUREGARD: That is now a  
2 health-related social need, and so --

3 DR. HOFFMAN: The recuperative  
4 care, yes, ma'am.

5 MS. BEAUREGARD: Good to know.

6 Any questions there before we  
7 move on?

8 We've got child renewals on the  
9 agenda, just for updates. I know that you  
10 have put together a toolkit and you have a  
11 plan. Is there anything new since we last  
12 met?

13 MS. JUDY-CECIL: No. That's it.  
14 I did prepare a slide, but I don't have to  
15 show it. I also have the typical renewal  
16 update, but happy to just send that on. I  
17 know you've got, kind of, a packed agenda.  
18 I am just going to show the one --

19 MS. BEAUREGARD: I would say go  
20 ahead and prepare what shared, Veronica.

21 MS. JUDY-CECIL: Okay. Very  
22 quickly, every meeting we do like to talk  
23 about the flexibilities that we have put  
24 in place for the unwinding of the public  
25 health emergency. This is kind of

1 on-topic with childhood renewals, because  
2 the flexibilities are going to end on June  
3 30th, which means that the ones that we  
4 have maintained will all end, except for  
5 the ones that are required by CMS to make  
6 permanent.

7 One of those flexibilities was  
8 our ability to automatically extend  
9 children's renewals when it was time for  
10 renewals. So they were automatically  
11 extended and they didn't have to go  
12 through an actual redetermination, and  
13 that is what we are talking about, making  
14 sure that folks understand -- families,  
15 guardians, everyone -- understands that  
16 those children will start to have those  
17 redeterminations starting with July  
18 renewals, which means that they will start  
19 getting those notices in early June. So  
20 coming up very soon.

21 Just a note, a couple of others,  
22 very quickly, because there are a few that  
23 are very concerning to us that are going  
24 to end and those are those automatic  
25 extensions of one month up to three months

1           if a member did not return that renewal  
2           packet.

3                       So currently we have been able  
4           to extend everyone if they didn't return  
5           their renewal packet by the due date. We  
6           could extend them for one month, and for  
7           1915(c) and long-term care members, we  
8           were able to extend them up to three  
9           months.

10                      So for every month they didn't  
11           submit that renewal packet, we could  
12           automatically extend their eligibility  
13           that ends on June 30th, so that is going  
14           to be very important for those members to  
15           return that renewal packet, so lots of  
16           work that will go around communicating  
17           with those folks, following up with them  
18           to make sure that they know that they have  
19           to return it within the timeline.

20                      We do not want to see an  
21           increase in our procedural terminations,  
22           but I think that we can all expect that  
23           that is likely to happen. We are just  
24           going to do our best to make that as small  
25           as possible for make those changes.

1 MS. BEAUREGARD: Just to put  
2 that in context with how renewals have  
3 been going, about what percentage, would  
4 you say, of households got that extension?

5 MS. JUDY-CECIL: We actually  
6 have that on a slide here, that shows who  
7 is in that extended bucket, so that  
8 actually is actual numbers of each month  
9 that show how many were extended, so we  
10 will get to that, if that is okay.

11 MS. BEAUREGARD: Sure.

12 MS. JUDY-CECIL: So a critical  
13 piece that we have talked about all  
14 throughout the unwinding and the restart  
15 of renewals is please keep the contact  
16 information updated. We really need to  
17 know your address, your phone number, an  
18 email if possible, so that we can even get  
19 a hold of you if the mail doesn't reach  
20 you.

21 We are doing outreach. We are  
22 trying to call, text, and email folks just  
23 to make them aware that there is a renewal  
24 that they have to go through.

25 We ask providers, when somebody

1 comes in, when a Medicaid member comes in  
2 and reports an address change, just ask  
3 the question: Did you change it with the  
4 state Medicaid agency? If it is changed  
5 for the provider, it is probably changed  
6 for us. So really important to keep that  
7 information updated.

8 Our Medicaid enrollment trend is  
9 staying kind of steady at that 1,450,000,  
10 so we are maintaining that.

11 Just again, a reminder to folks  
12 that renewals have restarted and it is  
13 going on monthly. We are going to  
14 continue the monthly CMS reporting, so we  
15 will continue to provide that beyond June  
16 30th, but just asking folks to stay  
17 engaged with helping support members going  
18 through that renewal.

19 This is -- this doesn't have it.  
20 I apologize.

21 Our monthly report on the  
22 left-hand side, here, is that original  
23 report. On our website, those original  
24 reports do show the members that are  
25 extended. I forgot we collapsed this just



1 to show the pending, so apologies for  
2 that. We do track that.

3 I would say that it can vary, it  
4 can be 1 percent or 5 percent.

5 It is not an enormous number,  
6 but it is still concerning, because we do  
7 not want those folks to be put into the  
8 termination column as a result of their  
9 lack of response, so we can get those  
10 numbers to you.

11 Just looking at April, the most  
12 recent 75,162 individuals went through  
13 renewal, we are still having a very large  
14 approval rate, so that is fantastic. We  
15 want to keep that up.

16 This does show the extended  
17 bucket for the past three months, so this  
18 is where I was talking. That is the  
19 number -- it very much varies from  
20 month-to-month, but those are the number  
21 of individuals that have been extended.

22 Then, on this far right is the  
23 tracking of those reinstatements.

24 Another flexibility going away  
25 is our ability to reinstate someone

1 automatically 90 days from their  
2 termination date. So again, if somebody  
3 gets terminated, and they come in within  
4 those 90 days starting July 1, we cannot  
5 automatically reinstate them. They will  
6 have to take additional action, and it  
7 will be treated like a new application.

8 MS. BEAUREGARD: So it looks  
9 like that is 11 percent of 75,000 that  
10 were extended in April, so that is a  
11 pretty significant number of households  
12 that could be in a similar position with  
13 child renewals, so those children's  
14 coverage would be terminated, because you  
15 are no longer doing the extension.

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

17 MS. BEAUREGARD: So you are  
18 right. That is something that we will  
19 have to put more emphasis on.

20 MS. JUDY-CECIL: Absolutely.

21 Keep in mind, what we do see --  
22 and the data doesn't show it here -- we  
23 did see a large number actually respond in  
24 the extended period, which is good. I  
25 don't have the number at the top of my

1 head, but it was the majority of them  
2 responding within that period of time,  
3 however, we just don't want them to have  
4 to go through the termination, and we  
5 certainly want to avoid that.

6 We talked about children  
7 renewals, and this is an example of the  
8 different communication flyers that we  
9 have out there. We have an actual  
10 toolkit, it is an FAQ document on our  
11 website.

12 Please, we encourage everyone to  
13 go and pull it down, share it, post them  
14 and remind folks that this is happening.  
15 We just need to get the word out.

16 Some of the ways that we are  
17 doing that is we do have some social  
18 campaigns going on. We have partnered  
19 with FRYSCky to get the information into  
20 the hands of FRYSCky at each school and  
21 into the hands of parents and guardians  
22 and others in the schools to make sure the  
23 communication is being shared that way.

24 We are trying to get every  
25 possible outlet that we can and talking

1 about it in any meeting that we have.

2 So please share them and if you  
3 think that there is something additional  
4 needed, we are happy to create something  
5 to meet that need.

6 Any questions about that?

7 MS. BEAUREGARD: It looks like  
8 Melanie has a question.

9 MS. JUDY-CECIL: Yeah.

10 MS. TYNER-WILSON: Thank you.  
11 This is really helpful.

12 I have two questions. One, what  
13 if a family is homeless and doesn't  
14 receive mail and has limited ability on  
15 their phones, because I am a  
16 techno-peasant.

17 And is there somebody officially  
18 within the school environment that can  
19 reach out directly to these children and  
20 their parents to help them become aware of  
21 this being a resource?

22 MS. JUDY-CECIL: So part of --  
23 in the FAQs, and what we are saying to  
24 FRYSCky is how to connect families to  
25 kynectors as a resource to somebody who

1 can help navigate the renewal and be by  
2 their side through the entire thing.

3 We have tried to emphasize  
4 that -- and I appreciate you bringing that  
5 up -- for community-based organizations,  
6 homeless centers, all of those, knowing  
7 where you go to help somebody and support  
8 somebody through the renewal.

9 And it is really the kynectors  
10 connecting them to a kynector who can  
11 connect help and be with them through the  
12 entire process.

13 MS. TYNER-WILSON: If somebody  
14 has the ability to present the  
15 information -- because it is kind of  
16 complicated -- are they able to present  
17 information in plain language, so that if  
18 you are not savvy to this world, then you  
19 would maybe be able to understand?

20 MS. JUDY-CECIL: Our FAQs tried  
21 to put it at a sixth grade reading  
22 level -- I think it may be just above  
23 sixth grade -- but we are always trying to  
24 do that, include the information that is  
25 required under the federal law on

1 information that we have to provide to a  
2 member who is going through a renewal.

3 We have done our best, but we  
4 are not perfect. If somebody wants to  
5 suggest additional language, we did,  
6 again, try to run these through a sixth  
7 grade reading level, which isn't always  
8 appropriate for everyone, so certainly  
9 open if you think that there is a better  
10 way to communicate that information.

11 MS. TYNER-WILSON: I know in  
12 Fayette County they have several schools  
13 that have help clinics within the school  
14 and I love that idea. I think that is  
15 wonderful.

16 MS. JUDY-CECIL: We have  
17 kynectors go to school kickoff events --

18 MS. TYNER-WILSON: Oh, cool.

19 MS. JUDY-CECIL: -- and then  
20 various school events throughout the year,  
21 so we do have kynectors scheduled for  
22 back-to-school events during the summer  
23 and at the beginning of the school year.

24 MS. TYNER-WILSON: If a family  
25 doesn't -- can they go from the current

1 school that their child is registered in,  
2 to another school that has a health-based  
3 clinic there? Is that allowed? Can they  
4 travel?

5 MS. JUDY-CECIL: Now you're  
6 talking about school-based clinic  
7 services, which is a little bit different,  
8 because if it is in Fayette County, that  
9 is probably so, because that is the county  
10 that has the contract to deliver these  
11 school-based services.

12 Within the county, that is  
13 probably likely so. If it is the county  
14 level, or if it's the city level, they  
15 probably do have the capability of having  
16 the kids go to various schools where there  
17 is a clinic is available.

18 MS. TYNER-WILSON: Thank you.

19 MS. JUDY-CECIL: Yes. Great  
20 questions. I appreciate them.

21 MS. BEAUREGARD: I think this is  
22 part of the messaging that DMS is doing  
23 already, but I think it is a good thing to  
24 raise here.

25 Income eligibility is different

1           for children, and I think that that really  
2           needs to be emphasized, particularly for  
3           the families where the other adult members  
4           of the family lost coverage in the  
5           unwinding, and their income increased, or  
6           some other circumstances, and they are no  
7           longer income eligible, but their kids  
8           probably are for KCHIP.

9                       I think that just we need to  
10          continue to remind people and give  
11          examples of what that income bracket looks  
12          like for kids.

13                     MS. JUDY-CECIL: Absolutely.  
14          And we do address that in the FAQs as to  
15          why -- go ahead and have your kid complete  
16          that renewal, because the requirements are  
17          different, and that is part of our social  
18          campaign as well as making sure parents  
19          understand your income level is not the  
20          same as a child's for eligibility.

21                     In terms of the number, we can  
22          take that back, but I always get nervous  
23          about putting out the income levels,  
24          because it is very different for folks in  
25          how that is calculated, but let us take



1           that back and see if we can find a way to  
2           share that information.

3                   MS. BEAUREGARD: Or maybe a  
4           range, if it is a household tier.

5                   MS. JUDY-CECIL: Okay.

6                   MS. BEAUREGARD: I appreciate  
7           all of this and I think that the materials  
8           are going to be very helpful. We are all  
9           going to have to be sharing this with our  
10          networks, and just reminding families that  
11          this is happening. Did you have more to  
12          share?

13                   MS. JUDY-CECIL: This is just  
14          the website and I wanted to make sure that  
15          folks took that down as to where you can  
16          find all of that information and including  
17          those CMS monthly reports.

18                   MS. BEAUREGARD: Thank you.

19                   I think the next thing on our  
20          agenda is actually the school Medicaid  
21          grant implementation.

22                   So I think that ties in well to  
23          some of the questions that Brenda had --  
24          or Melanie had.

25                   MS. JONES: Good afternoon.

1 Erica Jones, Assistant Director for  
2 Healthcare Policy. And we do have a few  
3 slides on the school-based services grant.  
4 Erin, if you don't mind, going  
5 to the next slide.  
6 MS. BICKERS: Just a second. I  
7 apologize. It switched screens on me.  
8 Can you see the presentation and  
9 not the agenda?  
10 MS. JONES: Yes.  
11 MS. BICKERS: Perfect. Sorry  
12 about the delay.  
13 MS. JONES: No problem. Since  
14 we live in a world of acronyms, SHINE  
15 Kentucky is the name of the project and  
16 that acronym stands for Strengthening  
17 Health Integration in Education for  
18 Kentucky students.  
19 Our mission with the project is  
20 to make sure that all students have access  
21 to comprehensive, high-quality healthcare  
22 services within the school setting. And  
23 our primary goals include reducing  
24 healthcare disparities, increasing the  
25 number of services provided, as well as

1 the students served, and supporting the  
2 long-term sustainability of school-based  
3 services.

4 The SHINE Kentucky grant  
5 basically consists of a short phase I, and  
6 a longer phase II. Phase I is complete  
7 and included completion of the  
8 programmatic and infrastructure needs  
9 assessments, in accordance with the grant  
10 requirements.

11 The final needs assessment was  
12 informed through various stakeholder  
13 engagement initiatives, like our survey of  
14 parents and conducting focus groups.

15 We have now moved into phase II,  
16 which will consist of developing and  
17 implementing, as well as evaluating  
18 different initiatives to enhance the  
19 current array of school-based services and  
20 addressing the barriers that have been  
21 identified through the needs assessment.

22 We are preparing to conduct  
23 strategic planning sessions with key  
24 informants, also to inform phase II, and  
25 we are going to go over those enhancement

1 initiatives just a little bit later.

2 We will also conduct ongoing

3 monitoring and reporting activities

4 throughout the grant period, as well as

5 develop a sustainability plan for when the

6 grant has ended.

7 Next slide. This slide is

8 showing the timeline for phase I and

9 resources that were used to complete the

10 final needs assessment.

11 We are now strategically

12 planning the development, implementation,

13 and evaluation of those enhancement

14 initiatives.

15 MS. BEAUREGARD: Erica, I think

16 we may have skipped a slide.

17 MS. JONES: I think so too.

18 And it is ready for the next one

19 now. Sorry about that. Let me get caught

20 up. I think we have gone back a little

21 bit too far. It's okay. I will just

22 start here.

23 We recognize that the voices of

24 parents and guardians were important to

25 the needs assessment as well as developing

1 the enhancement initiatives.

2 We sent a parent survey through  
3 the family resource and youth services  
4 centers, the FRYSCky in each county, and  
5 we also shared that survey on our social  
6 media sites. We have received over 5,000  
7 responses.

8 We launched a brief survey to  
9 parents with children enrolled in Kentucky  
10 schools to assess the level of awareness  
11 of available school-based services, gather  
12 perceptions of school-based services among  
13 parents, and also any barriers to  
14 accessing those services.

15 Understand any challenges of  
16 obtaining parental consent, and then  
17 collect parents' response to certain  
18 solutions for increasing access to  
19 school-based services.

20 Okay. Next slide.

21 From the parent survey, we found  
22 that there is a significant of percentage  
23 of parents who are unaware of what health  
24 services are available in their child's  
25 school, but more than three-fourths

1 believe that it is important for schools  
2 to provide health services, and it's  
3 important for evaluations to determine  
4 where students may need additional  
5 support. And I know that this font is  
6 really small, but you may be provided this  
7 PowerPoint as well.

8 Next slide. We also leverage  
9 existing work groups to inform the final  
10 needs assessment and will continue to  
11 leverage those workgroups for the  
12 implementation strategies.

13 These existing workgroups  
14 include various technical advisory  
15 committees as well as student-focused  
16 collaborations.

17 There are some examples there of  
18 the technical advisory committees that we  
19 have used.

20 Next slide. The findings of the  
21 needs assessment. Some of the highlights  
22 include a need for physical spaces and  
23 technology for school districts to offer  
24 health services, including via Telehealth;  
25 making sure that any initiatives that are

1 and limited are monitored for  
2 effectiveness; and the ability to  
3 replicate. If someone is working well in  
4 one county, we want to make sure that we  
5 are able to replicate that in similar  
6 counties across the state.

7 A need to reduce the stigma in  
8 accessing behavioral health services and  
9 school-based health services in general.

10 A parents-need engagement and  
11 understanding for consent of services. We  
12 don't want them to think that if their  
13 child gets services in the school setting  
14 that that would automatically keep that  
15 child from getting services in the  
16 community setting.

17 Billing processes can be  
18 administratively burdensome and  
19 reimbursements are perceived as inadequate  
20 for some services. School districts  
21 struggle in recruiting and retaining  
22 providers and administrative staff.

23 Next slide. Now that we have  
24 finished completing the final needs  
25 assessment and the stakeholder input and

1 submitted that to the Center of Medicaid  
2 Services, we have started this strategic  
3 planning for the enhancement initiatives.

4 This will focus on provider  
5 capacity, building or upgrading  
6 infrastructure, reducing barriers in the  
7 billing process and community engagement.

8 These initiatives are designed  
9 to expand access to behavioral and  
10 physical health services for all students,  
11 with a focus on underserved and rural  
12 areas; establish dedicated school-based  
13 service program coordinators in each  
14 district to oversee and manage the  
15 delivery of health services; address the  
16 shortage of healthcare providers in  
17 schools, particularly in rural and  
18 underserved areas, and implement  
19 strategies to retain existing staff;  
20 modernize the technology and physical  
21 infrastructure; streamline Medicaid  
22 billing processes to increase efficiency  
23 and maximize reimbursements; increase  
24 awareness and utilization for school-based  
25 services and targeted outreach and



1 communication efforts; and any additional  
2 needs like cultural competency, parental  
3 engagement, policy and regulatory support,  
4 and also mental health interventions.

5 We will be conducting in-depth  
6 focus group sessions and working with this  
7 group to design and refine these  
8 strategies and tactics.

9 Next slide. We have developed a  
10 detailed project plan to guide all of the  
11 grant activities. This slide is just a  
12 very high-level summary that includes the  
13 major activities we reviewed today as well  
14 as what's ahead in future years.

15 The grant period for this grant  
16 began July 1, which is different than some  
17 other federal grants that followed the  
18 federal fiscal year and began in October.

19 So being that it started July 1,  
20 we are currently in quarter 2 of 2025.

21 And then the final slide is just  
22 an opportunity for any questions you may  
23 have, and I thank you for your time this  
24 afternoon.

25 MS. BEAUREGARD: Thank you,

1 Erica. I can tell that you all have been  
2 putting a lot of work into that, and it is  
3 great to see what you are learning through  
4 the assessment phase.

5 One question that I have -- this  
6 is a joint initiative between education  
7 and Medicaid. With changes, obviously  
8 there are federal changes on both sides,  
9 but with the education department, are you  
10 anticipating anything that will slow this  
11 down or just impede the process?

12 MS. JONES: We do not foresee  
13 any barriers or anything coming. We are  
14 full speed ahead.

15 MS. BEAUREGARD: That is good to  
16 know. Are there any opportunities for  
17 advocacy or for stakeholder input?

18 MS. JONES: Absolutely. We have  
19 an internal meeting -- a Medicaid  
20 meeting -- next week to plan the planning  
21 stage. We will be reaching out to various  
22 stakeholders and forming focus groups and  
23 other stakeholder engagement projects and  
24 that should occur within the next few  
25 weeks or so.

1 MS. BEAUREGARD: Okay, great.

2 Any other questions about the  
3 SHINE program?

4 MS. BROWN: I'm sorry, Erica,  
5 can you say what SHINE stands for again?

6 MS. JONES: Strengthening Health  
7 Integration in Education for Kentucky  
8 students.

9 MS. BEAUREGARD: Erica, I know  
10 one of the things that you all were  
11 working on early on was looking at which  
12 schools had Medicaid services, what type  
13 of services they provided, and then the  
14 school-based clinics that were being  
15 operated by federally qualified health  
16 centers, or maybe a contract with  
17 community providers. Are you still  
18 mapping that out and trying to have a more  
19 comprehensive database of where services  
20 are being provided and what model they are  
21 using?

22 MS. JONES: Yes, we are.

23 Capri, are you on the call?

24 CAPRI: I am. And I am just  
25 shaking my head excited that that was a

1 question.

2 MS. BEAUREGARD: It's something,  
3 I mean, I just think it would help us so  
4 much.

5 CAPRI: Yeah, Emily, one of the  
6 things that we are doing, a project right  
7 now that we have been looking into and  
8 mapping out: What do these schools look  
9 like? How are they supported? Is it a  
10 combo, is it maybe some school nurse with  
11 some community partners FQHCs, other  
12 community organizations. Is it  
13 100 percent all external? Is there a  
14 little hybrid also? You bring public  
15 health services into the schools as well,  
16 or is it just 100 percent the provider is  
17 in the school all of the time, right?

18 So we are looking at those four  
19 different types of models, is what we are  
20 calling it, and from there we are starting  
21 to dig in how we are billing for those  
22 school-based services, as well as those  
23 expanded enhanced school-based services  
24 that this grant also looks at.

25 So we have started kind of

1 narrowing down some schools to actually do  
2 some additional outreach with to  
3 understand how they are doing it, how it  
4 is working, get some of the information so  
5 we can better support their training and  
6 capacity building as well.

7 But yes, we are literally right  
8 in the middle of that right now, and hope  
9 to have that sealed up before the school,  
10 this coming school year right now. But,  
11 yes, we are.

12 MS. BEAUREGARD: All right.  
13 Well, maybe that is something we can get  
14 more information about or see a demo of at  
15 our next meeting.

16 CAPRI: Absolutely, we would  
17 love to.

18 MS. BEAUREGARD: Thanks. Other  
19 questions?

20 Our next item on the agenda is  
21 language access, which we have, of course,  
22 discussed for at least probably for the  
23 last year at this point. I just wanted to  
24 get an update on where the informational  
25 materials are at, and if you had anything

1 else that you wanted to show us.

2 We appreciated what you put  
3 together before, and I know made some  
4 recommendations, and I just wanted to see  
5 what progress has been made.

6 MS. PARKER: Hi Emily, it's  
7 Angie Parker, Director of Quality and  
8 Population Health.

9 Yes. We've gone around the bend  
10 with this. And correct me if I am wrong,  
11 but I thought the last meeting we provided  
12 the document, and if there were any other  
13 questions or additions for that, you all  
14 were to send, either to Erin or myself,  
15 any potential changes.

16 I can show what we have again,  
17 if you want me to do that, or if there  
18 were any other comments --

19 MS. BEAUREGARD: Angie, you are  
20 jogging my memory. It may be that we had  
21 said -- I think, Miranda, maybe you had  
22 said that you were going to take a crack  
23 at it, and some of our feedback was just  
24 adding in information on what to do if you  
25 couldn't find services, or language line

1 numbers.

2 But Miranda, did you have  
3 anything else that you wanted to see  
4 changed on the materials?

5 MS. BROWN: I think I did. And  
6 forgive me, I had not sent anything and  
7 I'm having trouble finding the materials.  
8 I think it is between not being in KJC  
9 anymore, and I just can't find them  
10 anywhere.

11 MS. PARKER: I apologize if you  
12 did send something and I missed it. So  
13 that's why I wanted to make sure that  
14 there wasn't anything that I missed, too,  
15 but I can certainly resend this to Erin  
16 and get it back out to you, Miranda. It's  
17 not a problem.

18 I can show it briefly here if  
19 you want me to, or just go ahead and send  
20 it back, if you want to save some time,  
21 however, you want to do it.

22 MS. BEAUREGARD: Miranda, what  
23 is your preference? Do you want to  
24 discuss it now or just take a look  
25 whenever we get it in an email.

1 MS. BROWN: I would rather take  
2 a look later.

3 MS. BEAUREGARD: Okay.

4 Erin, can you just resend it to  
5 all of us? It has been two or three  
6 months now, so I think it would probably  
7 be good for everybody to take another peek  
8 at it.

9 MS. BICKERS: Yes.

10 And I was going to offer,  
11 Miranda, I will go back through the past  
12 few months and send you some emails to  
13 your home email address so that way you  
14 have everything over the past few months  
15 that we are continuing to talk about.

16 MS. BROWN: Thank you, Erin.

17 MS. BEAUREGARD: All right. We  
18 will plan to do that over email and if  
19 there is anymore to discuss, we can add  
20 that to the next agenda.

21 We are now to new business on  
22 our agenda, and I really do want us to  
23 have some time to talk about the proposed  
24 federal cuts, what Congress is currently  
25 considering as far as cuts and other



1 changes to Medicaid funding and  
2 eligibility.

3 Is there anyone from DMS that  
4 can share just a little bit of an update  
5 there? I know that the language that came  
6 out just this week is relatively new and  
7 you probably don't have a full analysis.

8 MS. JUDY-CECIL: Sure. I am  
9 happy to, Emily.

10 We are still evaluating, and let  
11 me say that we saw three different  
12 versions from Friday to Sunday, so every  
13 time it was something almost completely  
14 new, or a little bit of a change in  
15 nuance, and I want to make sure that folks  
16 understand.

17 What is happening is the House,  
18 energy, and Congress committee, the US  
19 House of Representatives, is marking up  
20 what is called a budget reconciliation to  
21 try to meet the President's requirements  
22 for a reduction in costs. So energy and  
23 commerce has taken a look at the different  
24 aspects of the Medicaid program and are  
25 proposing what they could do to try to

1 meet some of that cost reduction.

2 It is very important to  
3 understand that they did release something  
4 on Sunday. It is starting to be marked up  
5 at 2 o'clock today, so the official markup  
6 is happening as we speak. What ends up  
7 coming out could still end up being  
8 completely different.

9 Anybody can go out and see the  
10 proposed reconciliation that was released  
11 on Sunday, and it does include several  
12 impacts to eligibility. Some of them are  
13 probably a little less impactful than  
14 others such as address verification, the  
15 use of the Social Security Administration  
16 death match file. And several things we  
17 are already doing. We had implemented a  
18 couple of the requirements already.

19 So I think the ones that we are  
20 closely monitoring include things like a  
21 redetermination for expansion populations  
22 every six months. That would be a change.  
23 We currently do that annually. Potential  
24 cost sharing for expansion population over  
25 100 percent of the poverty level, that

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will be an absolute shift.

As some of you may remember, we really worked hard to remove cost sharing for the entire Medicaid population, so certainly having to reimpose those will be a new change.

In a community engagement requirement for those between the age of 19 and 64, there are numerous exemptions listed in the draft that was released, and it would have to be required verification both upon enrollment and annually.

We were kind of surprised at some of the exemptions that were in there. We were happy to see them, and we will just have to see what ends up coming out, but there is the 80-hour requirement, and it could be education, so full-time students would be excluded. It could be volunteer work. So there are several things that could qualify.

But again, the details of those are not known and without that level of detail, it is really hard to determine how many of the members in Kentucky Medicaid

1           could potentially be impacted with those  
2           changes.

3                     Just maybe a couple of others  
4           that could affect our overall Medicaid  
5           program, and that has to do with provider  
6           taxes.

7                     We do utilize provider taxes to  
8           pay the state match for services. You  
9           probably have heard us talk about that  
10          with hospitals, with ambulance services,  
11          there is a lot of discussion around  
12          provider TACs. However, with what we  
13          understand currently in the current  
14          version, is if it is already established  
15          then they are likely not going to change  
16          those, so Kentucky has ours established so  
17          we may not see many changes to those.

18                    A couple of other -- kind of the  
19          rest of them are process- or  
20          administrative-related, so I don't think  
21          it will have a major impact on the  
22          Medicaid member, but certainly, again, we  
23          are going to be monitoring what ultimately  
24          comes out.

25                    I would like to also make it

1           very clear, this is the House version. It  
2           has to go and be reconciled with the  
3           Senate. There is already separate  
4           conversation going on about what the  
5           Senate is going to approve or not approve,  
6           so we are a long way away from  
7           understanding what the real impacts are  
8           going to be for the program.

9                       We are trying to evaluate them  
10           as quickly as they are coming, but we are  
11           going to want to do a really thoughtful  
12           review of what does ultimately come out,  
13           and understand that that is just Congress'  
14           legislation.

15                      CMS -- the Center for Medicaid  
16           and Medicaid Services, will have to offer  
17           guidance to the states of what does the  
18           implementation look like.

19                      So even after whatever comes out  
20           from Congress, it is very possible that we  
21           are looking at CMS implementation and  
22           interpretation of that and how that will  
23           affect each state.

24                      I am happy to take questions. I  
25           just don't have a lot that I can probably

1 say more than that.

2 MS. BEAUREGARD: I think that is  
3 a helpful summary. And I am very much,  
4 you're point taken, that this is just a  
5 proposal, it's the House's version, there  
6 is a lot that will absolutely change  
7 between now and whenever they take  
8 something to the floor for a vote.

9 The House is likely to move  
10 pretty quickly, but once it gets to the  
11 Senate side --

12 I do want to flag just a few  
13 things that I think are important, just  
14 for context. The CBO, the Congressional  
15 Budget Office has conservatively estimated  
16 that 8.6 million Americans will lose  
17 coverage -- will lose Medicaid coverage --  
18 I should say.

19 Additionally, another 5 million  
20 would probably lose their Marketplace  
21 plans, because they could no longer afford  
22 them with the enhanced subsidies going  
23 away or expiring at the end of the year.

24 These are estimates, again,  
25 based on the proposal on the table. We

1           could be seeing about 14 million Americans  
2           being uninsured, and we don't have  
3           state-level data just quite yet on how  
4           many Kentuckians are estimated to be  
5           uninsured, but if you think about the  
6           success that we have had with ACA  
7           implementation with expanding Medicaid  
8           with kynect, our success means that we are  
9           disproportionally going to be impacted by  
10          these changes as well, because we have  
11          more people that are enrolled in Medicaid  
12          expansion that are taking advantage of  
13          these advanced subsidies, and we had the  
14          second highest enrollment in kynect just  
15          this year. So we will see a lot of people  
16          losing coverage if this goes through.

17                 This is also one of those things  
18          where the implementation dates are years  
19          out. The work requirement, for instance,  
20          the implementation in this instance, is  
21          2029. So we will also see a real delay  
22          there, potentially.

23                 My biggest concern, Veronica,  
24          with the way that work reporting  
25          requirement is currently drafted, is that

1 individuals would have to prove that for  
2 the month before they apply and enroll in  
3 Medicaid or renew their coverage, they  
4 would have to satisfy that work  
5 requirement or satisfy the exemption.

6 While there may be times when  
7 having an SSDI, or just having  
8 something -- I guess SSI -- that would  
9 prove that you fall into a category, maybe  
10 something the state already has a data  
11 source for and can do automatically, but I  
12 think in a lot of cases, including a lot  
13 of people with disabilities or a  
14 substance-use disorder, or some other  
15 condition, even caregivers, there is an  
16 exemption for parents of children. But  
17 what happens with informal adult  
18 relationships and other caregivers in the  
19 household that may not be the official  
20 head of household.

21 I think all of those are the  
22 places where people fall through the  
23 cracks and may never be able to satisfy  
24 that requirement in order to enroll or  
25 renew. So that is something that I want



1 to look at really closely and I feel like  
2 people often think that an exemption gives  
3 us comfort, we feel like there is already  
4 a process in place for this so the people  
5 who are most vulnerable won't be impacted  
6 by this, but the exemption process itself  
7 can be complicated.

8 One other thing that I wanted to  
9 just raise, as far as what we know of for  
10 the proposal so far, and a question for  
11 you, Veronica. With provider taxes, I  
12 know that hospitals have been  
13 grandfathered in for their hospital rate  
14 improvement program, and I'm sure that has  
15 been a big relief for them, but any future  
16 provider taxes would be frozen, I believe.

17 There was a bill passed just  
18 this last session from ambulances. Is  
19 that still in process or has that already  
20 been approved? Will there be any provider  
21 taxes that can change for other providers  
22 outside of the hospitals?

23 MS. JUDY-CECIL: We have  
24 submitted it, but it has not been approved  
25 so that is going to be a question for CMS.

1 I'm afraid we are just not sure. It is  
2 going to be in that gray area.

3 MS. BEAUREGARD: Okay. And do  
4 long-term care providers have any provider  
5 taxes?

6 MS. JUDY-CECIL: There is a  
7 nursing facility provider tax.

8 MS. BEAUREGARD: I thought there  
9 was. Okay.

10 MS. JUDY-CECIL: Again, I think  
11 Kentucky as is, you know, I think we are  
12 fairly safe when it comes to the provider  
13 taxes and the state-directed payments.  
14 That can always change, because Congress  
15 can make different changes.

16 My understanding is the Senate  
17 would like to see more changes in those  
18 particular areas, so we are going to have  
19 to wait and see.

20 MS. BEAUREGARD: That is good to  
21 know.

22 Any questions about the House's  
23 version of this proposal of  
24 reconciliation?

25 Kentucky Voices for Health, of

1 course, is doing a lot of work here. So  
2 just an aside, if anyone wants to connect  
3 more, we are having a lot of calls about  
4 this, and getting into the details, so  
5 feel free to reach out to me.

6 The next item here is the impact  
7 of Medicaid-related legislation that was  
8 passed during the 2025 General Assembly.  
9 So primarily, House Bill 695, but there  
10 were also some other bills including -- is  
11 it 495?

12 MS. JUDY-CECIL: Yes, 495,  
13 although 495 was also amended by 501. A  
14 lot of people didn't catch that.

15 MS. BEAUREGARD: That's right.  
16 Well, even 695 was amended at the last  
17 minute.

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

19 MS. BEAUREGARD: Because the MCO  
20 contracts or the RFP that was originally  
21 sent -- I think it was required to have a  
22 new contract in place by 2027, that was  
23 removed at the last minute.

24 As far as the impact of this  
25 legislation and what next steps are being

1           taken, could you just give us a little bit  
2           of an update there, Veronica?

3                   MS. JUDY-CECIL: This is, again,  
4           kind of a challenging area as the  
5           Governor, I think, navigates  
6           implementation.

7                   So let me say, at least for  
8           House Bill 695, which is kind of our big  
9           lift, that is a whole bunch of additional  
10          reporting that is going to be required.  
11          Approval, so for folks who are not  
12          familiar with the legislation, any change  
13          in eligibility services or coverage, we  
14          will have to express General Assembly  
15          authority for, and approval, except if it  
16          is federally required. If it is federally  
17          required, it goes down a little bit of a  
18          different path, but anything that we file,  
19          any state plan amendment, any waiver, does  
20          have to concurrently be set to LRC, the  
21          legislative research commission and  
22          various committees at the time that we  
23          submit it to the federal agency, so that  
24          is kind of a change and we are having to  
25          track.

1                   There is a fiscal impact  
2                   analysis that is required for us and we  
3                   have to look two years for cost savings  
4                   for any changes in eligibility services or  
5                   coverage, so I am probably distilling it a  
6                   little too easily, because I can assure  
7                   you that it is going to be a major lift  
8                   for us to stay in compliance for all of  
9                   that.

10                  The legislation is the creation  
11                  of a new Medicaid Oversight Advisory  
12                  Board, MOAB. We understand that the  
13                  legislative research commission is pulling  
14                  that together, but we have not been given  
15                  any information about when it is going to  
16                  start to meet or who those members are  
17                  going to be. There are a lot of  
18                  appointees by the General Assembly on that  
19                  board, so we are just kind of waiting to  
20                  see about that implementation.

21                  And then sort of a last  
22                  different piece to it is the requirement  
23                  of a behavioral health scorecard. Our  
24                  Department for Behavioral Health is  
25                  working with us and some other agencies in

1 the cabinet about the creation of that  
2 behavioral health scorecard that has to be  
3 in place by the end of the year.

4 So we are just starting the  
5 initial work on that.

6 MS. BEAUREGARD: Thank you. The  
7 behavioral health prior authorizations are  
8 also being reinstated, so related to that  
9 scorecard.

10 And I know on a separate call,  
11 we had been told that -- I think it was  
12 you that had shared that the MCOs would be  
13 doing trainings or having one-on-one  
14 support. Is there any update on when some  
15 of that will be happening?

16 MS. JUDY-CECIL: Several of the  
17 MCOs have already sent out their notices  
18 to providers. I think we are  
19 collecting -- I think we have one or  
20 possibly two that we are collecting the  
21 information about when their particular  
22 training is going to be, and we are going  
23 to send that out and share that widely to  
24 make sure that providers know how to  
25 navigate that and the restart.

1                   We fully understand that there  
2                   are providers that have never had to do a  
3                   prior authorization in the behavioral  
4                   health space because they are brand-new,  
5                   but we are here to try to help them  
6                   navigate to the best that we can and be in  
7                   compliance with the legislation.

8                   Just know that we have pressed  
9                   upon the MCOs to also be very  
10                  understanding with providers having to  
11                  navigate that -- going back to navigating  
12                  that.

13                  We are going to be monitoring it  
14                  very closely, too.

15                  MS. BEAUREGARD: Glad to hear  
16                  that.

17                  I know that the providers are  
18                  getting this information. Will consumers  
19                  or the Medicaid beneficiaries be hearing  
20                  from their providers that they need to go  
21                  through this process to, you know, get a  
22                  prior authorization for maybe a medication  
23                  or a service? Or will they be hearing  
24                  from the MCO or both?

25                  MS. JUDY-CECIL: That's a really

1 great question, Emily. I believe there is  
2 communication to the members as well, but  
3 let me double check that.

4 MS. BEAUREGARD: Great. Thanks.  
5 Does anyone have any questions about the  
6 implementation that Veronica spoke of?

7 One other question that I have,  
8 and if other folks have questions, I will  
9 come back. The 1115 waiver for community  
10 engagement, I know that you had shared  
11 some dates in which, today, I think was  
12 the day that the draft was going to be  
13 submitted to CMS, and there would be, of  
14 course, two public hearings, a public  
15 comment period. Do you have an update on  
16 where things are at with that draft?

17 DR. HOFFMAN: I do. We are on  
18 target, Emily.

19 MS. BEAUREGARD: Wow.

20 DR. HOFFMAN: I have a very  
21 simple PowerPoint, and I am not going to  
22 go over it all with you, because I know we  
23 are at time, but I will send it so that  
24 you can distribute it and then we can say  
25 that we have given you the information



1                   today, if that is okay.

2                   MS. BEAUREGARD: Dr. Hoffman, if  
3                   you have the time, I don't mind if you  
4                   want to just go ahead, because our  
5                   meetings are actually scheduled to be two  
6                   hours. I know that is long, but if you  
7                   have a hard stop at three o'clock, we can  
8                   also just get it in our email.

9                   DR. HOFFMAN: I think I have a  
10                  CMS call, but just a second.

11                  Let me tell them I am going to  
12                  be late. It won't take me any time to go  
13                  over this. I will just tell them that I  
14                  am going to be running late.

15                  MS. JUDY-CECIL: There is a lot  
16                  going on during this meeting. The other  
17                  thing that happened during this meeting  
18                  was the posting of the waiver.

19                  MS. BEAUREGARD: Wow. Okay.

20                  DR. HOFFMAN: Emily, we posted  
21                  it. I am not ready to give them the link  
22                  just yet, if you don't mind, because I am  
23                  correcting. I want to make sure that we  
24                  have access on several different sites  
25                  that people might go to. The general

1 public doesn't understand 1115 authorities  
2 and won't know where to go to find an 1115  
3 authority, so I do have the posting and we  
4 are planning on getting all of this out  
5 before 4 o'clock today. So I wanted to  
6 let you know that it is coming today.

7 Let me go over this with you  
8 really quick. I need to share screen.

9 MS. BICKERS: You are a cohost,  
10 Leslie.

11 DR. HOFFMAN: Thank you, you are  
12 wonderful.

13 Can you see my screen?

14 MS. BICKERS: We can see it,  
15 Leslie.

16 DR. HOFFMAN: This is just a  
17 very simple, Emily. It is coming out  
18 today. You will have a lot more and I  
19 wasn't sure what time we were going to be  
20 able to get this done for you today.

21 So just very simple, for our  
22 community engagement, which is our  
23 initiative.

24 What is community engagement?

25 In 2025, Kentucky House passed House Bill

1           695 which we just discussed. The law  
2           instructs the Cabinet for Health and  
3           Family Services to start a community  
4           engagement program.

5                     With this new program, our  
6           cabinet will automatically refer certain  
7           Medicaid individuals to the Department of  
8           Workforce Development for job coaching and  
9           support and assistance.

10                    With workforce development, they  
11           will reach out to the members about the  
12           assistance.

13                    The bill also called for what  
14           individuals that this might apply for. It  
15           is for our Medicaid expansion eligibility  
16           group who have been enrolled in Medicaid  
17           for 12 months, who are between the ages of  
18           19 and 60 years of age, are physically and  
19           mental able to work, which is defined by  
20           the cabinet, and are not caregivers of  
21           dependent children under 18 or dependent,  
22           disabled adult relatives.

23                    But that is the big pieces.  
24           There is that big piece, of course, that  
25           will come out above all of the exclusions.

1 I know that you said that you were worried  
2 about all of the exceptions. A lot of  
3 those were cross-referenced, and I was  
4 pleased to see what already cross  
5 references in our SNAP system, which is a  
6 lot, so I was very pleased with that.

7 Just as a reminder to everybody  
8 that this is an 1115, so once it is  
9 approved and when it is approved, we don't  
10 know, but once it is approved, there is  
11 this huge process that we have to go  
12 through, okay?

13 This is just a little bit of the  
14 road that I could get on one page for you  
15 today. It's just like everything else.  
16 We get it approved, we have implementation  
17 plans, we have monitoring plans, we have  
18 all of these different phases.

19 This one will also require a  
20 federal comment period after the federal  
21 comment period that we are in right now.  
22 So that is another 30 days.

23 So I just want to let you know  
24 that even when this is approved, it is  
25 such a long process before we get to an

1 implementation phase.

2 So implementation plan is about  
3 90 to 120 days. The monitoring protocol  
4 that I just mentioned is 120 to 150 days  
5 post-approval. The evaluation design is  
6 between 120 to 180 days. There is a  
7 midpoint assessment that is due 90 days  
8 after the third year, and of course, the  
9 final report and assessment and report.

10 And you have all heard me talk  
11 about also having an independent assessor  
12 hired to do an independent, outside of our  
13 realm assessment of this program as they  
14 do with all other 1115s.

15 So your time frame right now is  
16 April the 4th to May the 13th, that we  
17 develop the waiver very quickly. We are  
18 very proud of the team that pulled  
19 together to get this done. May the 13th  
20 through June the 12th will be the public  
21 comment period.

22 If everything works out, we  
23 should have the links out and on all of  
24 the list serves before 4 o'clock today and  
25 all of the TACs, as well as the MAC

1           ombudsman's office, lots of people on the  
2           list to make sure we get this out today.

3                   And then resubmit the actual  
4           waiver to CMS with all of the public  
5           comments, the Q&A that we did and  
6           completed, and also there will be two  
7           forms and I will share that with you, and  
8           we will submit all of that to CMS on the  
9           25th.

10                   As I said before, we are on  
11           target, I've had regular meetings with CMS  
12           and they know that this is coming.

13                   There are a lot of processes  
14           with CMS to ensure that our applications  
15           are complete.

16                   They said that we are looking  
17           good for completeness.

18                   Again, we are sending out the  
19           public comment today on May the 13th. We  
20           will conduct the public forums on May  
21           the 22nd.

22                   Emily, one will be virtual only  
23           and that will be the MAC meeting.

24                   Everybody who is on this call, I'm sure  
25           that most of you participate on the MAC.

1 We will be having that from 10 o'clock  
2 to 11 o'clock during the MAC meeting. The  
3 meeting starts at 9:30 and we will just be  
4 part of the meeting doing a public  
5 announcement.

6 And then we will also have on  
7 the 23rd, which you should be getting  
8 today, an in-person only at the  
9 Transportation Auditorium here in  
10 Frankfort, and that will be on the 23rd  
11 and our tentative time right now is still  
12 ten to eleven.

13 Again, we are planning on  
14 submitting this demonstration application  
15 June the 25th.

16 If you need additional  
17 information, Emily, you know that you can  
18 reach out to me at any time, I am fine  
19 with that. Mark it high priority if it  
20 needs to be, but you should be getting all  
21 of the information today.

22 MS. BEAUREGARD: Thank you.

23 DR. HOFFMAN: Yes, ma'am.

24 MS. BEAUREGARD: It is  
25 impressive that you all have been able to

1 do this in such a short time frame.

2 I do just want to encourage the  
3 TAC members, everyone on this call, to  
4 review the waiver application and  
5 participate in the public comment period.

6 I am sure that KVH will be  
7 putting something out relatively soon, but  
8 we will be promoting these forums as well.

9 Any questions about the waiver  
10 right now?

11 Thanks at Leslie.

12 DR. HOFFMAN: I am going to hop.  
13 Thank you very much.

14 MS. BEAUREGARD: Thanks for  
15 staying on for a few extra minutes.

16 DR. HOFFMAN: Yes, ma'am.

17 MS. BEAUREGARD: Our next item  
18 is one that we are excited about, the  
19 Beneficiary Advisory Council. That was  
20 something that CMS is required states to  
21 do, but they may or may not stick with  
22 that, and I think that Kentucky is moving  
23 forward one way or the other and I am  
24 excited to see how this develops.

25 Veronica, do you have updates to



1 share there?

2 MS. JUDY-CECIL: I sure do. Let  
3 me share and I will try not to take too  
4 much time.

5 As Emily mentioned, there was a  
6 change in federal rule and that has  
7 prompted us to have to make changes to the  
8 current Advisory Council for Medical  
9 Assistance that has referred to the MAC,  
10 but it has required us to create a new  
11 Medicaid Advisory Committee that will also  
12 called the MAC, as well as a Beneficiary  
13 Advisory Council.

14 So I just wanted to walk  
15 through -- we did try to propose  
16 legislation in the 2025 general assembly,  
17 but we could not get that passed. We have  
18 drafted some regulations, but we don't  
19 have the date that that is going to be  
20 filed yet, so we did make the decision on  
21 April 28th to go ahead and launch the  
22 changes to be in compliance with the  
23 federal rule.

24 Because we couldn't get the  
25 state statute changed that currently

1 covers the current advisory council, all  
2 we are doing is folding in the federal  
3 requirements that are not in the state  
4 law, and the other pieces that make us  
5 compliant.

6 So the new Beneficiary Advisory  
7 Council. It is going to be 15 members, 10  
8 of the members are going to be current or  
9 former Medicaid members, and 5 are going  
10 to represent parents, guardians, or  
11 caregivers, and those caregivers could be  
12 paid or unpaid.

13 The federal rule requires a  
14 certain number of the BAC members to be on  
15 the Medicaid Advisory Committee. It is up  
16 to 25 percent by a certain year, but  
17 Kentucky is going to go ahead and  
18 implement the 25 percent as we launch.

19 So that means with the number of  
20 members that are on the Medicaid Advisory  
21 Committee, we are going to need seven  
22 numbers from the Beneficiary Advisory  
23 Council that will have to be on the MAC.

24 There are already three Medicaid  
25 members represented on the current

1 advisory council so the plan is to keep  
2 those three positions and then add four  
3 others, so there will be a total of seven.

4 We are staggering. As with any  
5 time that you launch a new board or  
6 committee, you don't want to have to  
7 reappoint everybody at the same time, so  
8 we are going to stagger the terms to  
9 either two years, three years, or four  
10 years, and we are going to do that across  
11 each of these terms, so we are not  
12 reappointing everybody in those positions  
13 at the same time.

14 Members cannot serve back to  
15 back terms. This is a requirement in the  
16 federal law, but you can be reappointed  
17 after a period of time. After four years,  
18 which is what the term is going to be  
19 after the staggered terms, and every  
20 member will have a four-year term and they  
21 can be reappointed after that four-year  
22 term.

23 We are looking for members  
24 across the state that represent all of the  
25 various populations that make up the

1 Kentucky Medicaid program.

2 We are really going to be  
3 focused on making sure the managed-care  
4 program members are in; the  
5 fee-for-service members, nursing facility,  
6 1915(c) community and home-based waiver  
7 members are represented. And we really  
8 want them from all over the state both in  
9 urban and rural areas, so that we are  
10 really getting to be able to see how the  
11 population is impacted for the Medicaid  
12 program across the state. It is very  
13 different depending on where you live and  
14 we want to make sure that you are  
15 collecting that and gaining from that  
16 experience.

17 We have launched the  
18 applications. We've got a new website and  
19 I will post that. The QR code -- we are  
20 trying to get fancy here -- if you have  
21 your camera you can point to the QR code  
22 and go to it on your phone, but we will  
23 post the new Beneficiary Advisory Council  
24 website. The application is on there.

25 We really want folks to

1 understand this that there are multiple  
2 ways that you can apply. We have an  
3 online application where you can fill it  
4 in online, hit send, and it comes to us.

5 There is a PDF fillable  
6 application, so you can go in and fill in  
7 those different sections, and then you can  
8 print it off and mail it. You can take a  
9 picture of it and send it to us. You can  
10 call and we will help you fill out the  
11 application.

12 We really want our  
13 beneficiaries, our Medicaid members, to  
14 make this as easy as possible for them to  
15 apply, and we really just hope -- we are  
16 recruiting right now.

17 If you all have networks, we  
18 would really appreciate if you would send  
19 this out through your networks. We are  
20 asking the managed-care organizations to  
21 send it to their beneficiary advisory  
22 committees as well, but we are really  
23 hoping to get those 15 members that are  
24 across the state that can help us really  
25 implement this successfully.

1                   A successful implementation is  
2                   making sure the beneficiaries feel  
3                   listened to, that we can help them  
4                   navigate it. Part of this, we are going  
5                   to find out what a person's needs may be  
6                   to participate and try to help them  
7                   overcome any barriers to that, any  
8                   challenges, anything that might prevent  
9                   them from being able to participate, like  
10                  travel.

11                  Personal assistance, maybe  
12                  someone needs personal assistance to  
13                  navigate it.

14                  I also want to make sure that  
15                  folks understand that our engagement or  
16                  interaction with Medicaid members, or  
17                  anyone on the Beneficiary Advisory  
18                  Council, we will be calling them and  
19                  supporting them making sure that a meeting  
20                  is coming up. Finding out if they  
21                  understand the material that is being  
22                  shared, do they need some help in  
23                  understanding it?

24                  Language access. Do they need  
25                  interpretations? Just whatever we can do

1 to try to help that person really  
2 successfully be a participant on the  
3 Beneficiary Advisory Council.

4 I have a special request for the  
5 TAC members today, and that is that most  
6 of you all likely would qualify in one of  
7 those two positions, either as a current  
8 or former Medicaid member, or as a parent  
9 or guardian and caregiver. So please  
10 consider applying.

11 We could use your experience,  
12 the expertise that you have developed in  
13 being on a committee, so we really  
14 encourage the current Consumer Rights TAC  
15 members to please apply.

16 If we can do something to help  
17 with that, we are happy to. If you want  
18 us to reach out to you and have a  
19 conversation, or help you fill out the  
20 application, we can do that. We are  
21 hoping that everybody shares this far and  
22 wide.

23 So that is the BAC. I will  
24 pause for a moment.

25 I would like to just talk about

1 the MAC briefly too, for a moment, if that  
2 is okay.

3 MS. BEAUREGARD: I think go  
4 ahead and talk about the MAC and then we  
5 can get to any questions that people have.

6 MS. JUDY-CECIL: As I mentioned,  
7 we are also making changes to the current  
8 advisory council to become the new  
9 Medicaid Advisory Committee.

10 We are taking the membership  
11 that is in the state statute, KRS 205.540,  
12 and we are using that for the membership  
13 for the new MAC.

14 There are a couple of changes  
15 because there are some requirements in the  
16 federal rule that are not in the state  
17 law, and that includes a representative  
18 from a current Medicaid managed-care  
19 organization, so we have added the  
20 Kentucky Association of Health Plans,  
21 which is the association that represents  
22 the managed-care organizations as a  
23 nominating organization, so they can  
24 nominate somebody.

25 And then there are also four new



1           what we call a non-voting -- they are  
2           called ex officio, but basically what they  
3           are, are commissioners for the different  
4           departments in Medicaid.

5                     The federal rule recommends that  
6           a state agency that interacts with the  
7           Medicaid population is on the committee as  
8           well, so the Department for Public Health,  
9           Department for Behavioral Health,  
10          Department for Community-based Services  
11          and the Department for Medicaid Services  
12          will be named on there.

13                    The current state statute has  
14          the secretary of the cabinet as the ex  
15          officio, so there will also be an  
16          appointee from the secretary's office. So  
17          there will be a total of five.

18                    Like I said, with the  
19          beneficiary advisory committee, the  
20          additional requirement that is not in the  
21          state statute will be those seven new  
22          members that are appointed from the BAC.

23                    We will also be staggering the  
24          new terms for the MAC as well, so that we  
25          don't have everyone reappointed at the

1 same time.

2 There will be two-year,  
3 three-year, or four-year terms that as  
4 appointees are -- as the commissioner  
5 appoints those new folks, they will be  
6 given a new term.

7 We do have current advisory  
8 council members who are currently serving  
9 that are going to be appointed to the new  
10 MAC, and the reason for that is because  
11 they have a term that doesn't expire, so  
12 we are going to continue their term, but  
13 we are just going to change it to that new  
14 staggered term.

15 I know this is getting a little  
16 confusing, and I apologize for that. We  
17 are trying to figure how to best message  
18 it.

19 On the current advisory council,  
20 there are members that will cross over  
21 July 9th and still have a term, so we have  
22 decided to keep them and give them a new  
23 term on the MAC.

24 For everyone whose term is  
25 expired, or there is a current vacancy

1 through July 8th, they can go and ask  
2 their nominating organization to  
3 renominate them, because we are accepting  
4 new applications for those folks.

5 For the ones that have  
6 vacancies, or their term ends, we will  
7 hope to fill that. And I will show you  
8 what those are shortly.

9 With the MAC, I would like to  
10 see a diverse population across the state.  
11 We do have those applications open, so  
12 they are on the Medicaid Advisory  
13 Committee website, which we will share and  
14 we are taking those applications. The  
15 applications have to be submitted by May  
16 29th.

17 If it's a nominating  
18 organization, the application has to go to  
19 the nominating organization, because that  
20 organization has to nominate the person to  
21 be on the MAC.

22 One big difference with this  
23 process, too, with the BAC and the MAC, is  
24 the commissioner will appoint. In the  
25 state statute, the government appoints,

1 but under the federal rule, the  
2 commissioner has to appoint, so that is  
3 just another major change as well.

4 So looking at where we are  
5 accepting applications, the organizations  
6 on the left will have a vacancy or expired  
7 term, and we will have to fit those  
8 positions.

9 Please understand that these  
10 organizations generally will appoint  
11 someone who is a member of their  
12 association or who is affiliated with the  
13 association.

14 Example, the Kentucky Nurses  
15 Association is going to nominate a nurse.  
16 If you are listening, and you are  
17 interested in filling one of those  
18 positions, and you think you qualify under  
19 that association, then you will need to  
20 contact that association and their contact  
21 information is on our website.

22 On the right-hand side, if you  
23 are interested in serving, either on  
24 behalf of someone returning to society  
25 from incarceration, or if you want to

1 represent women, you can send that MAC  
2 application directly to us, and that does  
3 not have to go through a nominating  
4 organization.

5 That was a lot. But happy to  
6 take questions.

7 MS. BEAUREGARD: Any questions?

8 I do just want to echo what  
9 Veronica said and encourage everyone to  
10 apply or to share with your networks.

11 One thing that I think we  
12 need -- and we have discussed this  
13 previously, the Consumer TAC and the BAC  
14 are going to be, essentially, serving a  
15 very similar purpose, so while the  
16 Consumer TAC is still in statute and will  
17 remain that way unless there is action  
18 taken in a future session, I think that it  
19 probably makes the most sense for us, once  
20 the BAC is up and running, to suspend our  
21 meetings and to look at the BAC as being  
22 the new advisory council for consumer  
23 involvement and input, and if anything  
24 happens with the BAC, like it is no longer  
25 operating, or is a change in

1 administration that is going to decide  
2 that that is not the direction that they  
3 want to go, or if the legislature were to  
4 make a change in the coming session, we  
5 could go back to the Consumer TAC and  
6 continue to have meetings.

7 Does anybody have any reaction  
8 to that? Does that make sense? Is that  
9 something that people want to explore a  
10 little more?

11 Hearing nothing, I am going to  
12 assume that everybody is on board with the  
13 idea of suspending the Consumer TAC once  
14 the BAC, the Beneficiary Advisory Council,  
15 is up and running.

16 I think the first meeting will  
17 be in July. Is that right, Veronica?

18 MS. JUDY-CECIL: Likely  
19 September.

20 MS. BEAUREGARD: September.

21 MS. JUDY-CECIL: We will appoint  
22 by July 9th, but the other critical piece  
23 here is we are going to ask the members  
24 who are appointed what date works for the  
25 meetings.

1 MS. BEAUREGARD: Which is the  
2 appropriate thing to do.

3 MS. JUDY-CECIL: So we are going  
4 to have a training for them to help them  
5 understand what the BAC is, and what  
6 resources are available, so we wanted to  
7 give enough time to do that. So probably  
8 September would be the first meeting of  
9 the BAC.

10 MS. BEAUREGARD: Then I would  
11 anticipate, unless anybody feels  
12 differently, that we would have our June  
13 and August meetings, and then we will see  
14 what happens with the BAC at that point  
15 and if they begin to meet and remain  
16 active, we can just suspend the Consumer  
17 TAC.

18 Definitely visit those web pages  
19 and share that information out. The  
20 amount of time that we have to nominate  
21 ourselves, or others, or encourage others  
22 to apply is very short. It has to be by  
23 May 29th. So definitely don't wait too  
24 long.

25 Our next item here is autism

1 therapy, and this is something that  
2 Melanie wanted me to add to the agenda.

3 MS. TYNER-WILSON: And thank  
4 you.

5 In terms of the BAC, I was  
6 struggling because I didn't see how this  
7 segment of the population was meaningfully  
8 included. So I have to think about it a  
9 little bit more.

10 The thing that I had shared with  
11 Emily was there was an article from  
12 Henderson, Kentucky, and it might go along  
13 with what is happening where the different  
14 Medicaid waivers, like the Home and  
15 Community-based waiver and Michelle P.,  
16 they are having individuals that are not  
17 meeting the level of care, and correct me  
18 if I am wrong -- I have known to be wrong  
19 quite a few times -- but it sounds like  
20 the cost for covering different kinds of  
21 interventions or therapies that are  
22 specific to autism, that Medicaid doesn't  
23 automatically cover all of the costs to to  
24 have that be able to be provided to a  
25 young child.



1                   It is usually individuals who  
2                   have a medical diagnosis of, I will call  
3                   it level 3 autism. They go through that  
4                   process for assessments and there are  
5                   recommendations made by the developmental  
6                   pediatrician, and oftentimes the therapy  
7                   the applied behavioral analysis, is  
8                   recommended at that point in time.

9                   It coincides with what is  
10                  happening at the Medicaid waiver place  
11                  where the children and youth are not  
12                  meeting the level of care and not getting  
13                  their waiver services. They are losing  
14                  their spot, for lack of a better way to  
15                  put it.

16                 With the growing incidence of  
17                 what came out with them most recently is  
18                 now the incidence rate is like 1 in 31 of  
19                 individuals who have some aspect of  
20                 autism. I don't know quite what is going  
21                 on, but when I read the article, I shared  
22                 it with Emily, because I had some concerns  
23                 about it, and I don't know that -- I asked  
24                 to have that put on the agenda so there  
25                 can be some additional discussion about

1                   that in the future. What is going on?

2                   These are children and youth  
3                   that have received the Medicaid waiver --  
4                   the 1915(c) waivers -- for several years,  
5                   and then all of a sudden, out of the blue,  
6                   they no longer meet the level of care. So  
7                   it just raised a big question mark for me  
8                   and that is what prompted me to pass the  
9                   information on to Emily. Does that make  
10                  sense?

11                  And I don't have an answer. In  
12                  seeing it, made me kind of wonder, it made  
13                  me say, "Hmm, what is going on?"

14                  MS. BEAUREGARD: Veronica, you  
15                  are on mute.

16                  MS. JUDY-CECIL: I think that is  
17                  a fair question, and part of what it is,  
18                  and I think Carmen alluded to it and  
19                  Dr. Hoffman as well, we are closely -- not  
20                  just closely monitoring, but looking at  
21                  every single denial for a child. Every  
22                  single one.

23                  We have gone back and looked  
24                  through from January 1 to present. As  
25                  soon as we get the notice of a denial, we

1           are taking a look at it and to ensure that  
2           it is appropriate.

3                   We have overturned some -- not  
4           very many, I will be honest -- but we have  
5           overturned some and we have been working  
6           with members and encouraging them to  
7           appeal so they get that right to get it  
8           reviewed outside of the department.

9                   And certainly -- that is the  
10          first thing that I say to folks. Reserve  
11          your appeal rights, file that appeal,  
12          because if they do within ten days, they  
13          can ask for a continuation of services, so  
14          we really try to catch them and say, "Go  
15          ahead and file the appeal and ask for  
16          continuation services," and that gives us  
17          all time to really look to ensure that it  
18          was appropriate.

19                   I wasn't sure at first if this  
20          was just going to ask us to present on  
21          what kind of services are available for  
22          autism, but it sounds like you are more  
23          focused on the recertification denials  
24          that are happening -- the level of care  
25          denials that are happening.

1 MS. TYNER-WILSON: And thank  
2 you. I swear I am not trying to cause  
3 problems, but I am seeing families that  
4 have children with pretty significant  
5 needs in regards to their child, and my  
6 loved one is an adult now, but I remember  
7 those days, so I get it.

8 I want to be respectful to what  
9 their needs are, and years ago, I helped  
10 him be a part of a group that got -- way  
11 back when, those kinds of therapies were  
12 not even approved years ago, so that is  
13 kind of how things happened.

14 But what I am worried about, and  
15 what I am seeing -- and these are families  
16 that got the waiver, and I am not sure  
17 which one -- and they were on it for  
18 several years and then all of the sudden,  
19 nothing really changed over the time,  
20 other than the child was older. And all  
21 of a sudden, for some reason, the level of  
22 care -- they didn't meet the criteria, so  
23 that is what prompted me to send it to  
24 Emily and say, "What is going on about all  
25 of this?"

1                   Because there is always a new  
2                   group of young children and youth that are  
3                   coming through the pike that have pretty  
4                   significant needs. And granted, autism is  
5                   a spectrum and I want to be very  
6                   respectful, but everybody falls in  
7                   different places, and there are different  
8                   interventions and therapies that are  
9                   covered that can really provide help.

10                  And schools are really being  
11                  more inclusive in terms of the  
12                  interventions that they are providing, but  
13                  what I worry about is maybe a single  
14                  parent or a family that doesn't have a lot  
15                  of resources that was dependent upon the  
16                  services that the Medicaid waiver could  
17                  provide, and all of a sudden kind of out  
18                  of the blue, they no longer meet the level  
19                  of care.

20                  And that breaks my heart,  
21                  because I want them to have successes with  
22                  their loved one. And I am not asking for  
23                  justification or an answer on this, but I  
24                  would really, really, really love to have  
25                  some ongoing conversation about it, and I

1                   would be glad to meet with anybody.

2                   I am concerned as a caregiver,  
3                   as a parent, as an advocate in the state,  
4                   that if there is a way that we can help,  
5                   whether it is through this group or  
6                   through the BAC, that would be my prayer.

7                   MS. JUDY-CECIL: I think it is  
8                   difficult, because every case is  
9                   different. We always try to remind folks  
10                  that there are plenty that are getting  
11                  approved, but you don't hear about those  
12                  because they got approved.

13                  Hopefully, everyone knows that  
14                  Governor Beshear and Secretary Friedlander  
15                  and Commissioner Lee and our entire team  
16                  are all about ensuring services and trying  
17                  to keep people covered and give them  
18                  access to the services that they need, so  
19                  we completely understand that concern,  
20                  which is why we are just closely reviewing  
21                  to make sure that they are appropriate.

22                  I think the challenge is just to  
23                  be candid and is that is really hard to  
24                  convey to folks to understand that,  
25                  because all they hear is somebody with

1 autism or Down syndrome have been kicked  
2 off of the waiver and there is so much  
3 more to that in making sure that it is  
4 appropriate.

5 We still have to -- there is a  
6 criteria that has to be applied and we are  
7 still required by CMS to ensure that that  
8 is appropriately applied, and that folks  
9 are truly eligible for those very  
10 competitive slots, because we have  
11 waitlists and that makes it incredibly  
12 important for us to ensure that the folks  
13 that are eligible are accessing the  
14 services and the slot.

15 MS. TYNER-WILSON: I wish there  
16 was -- it is a challenging scenario and I  
17 respect your response.

18 The information that I received  
19 was coming from the lens of a  
20 caregiver/parent, that side of things, so  
21 obviously they want their loved one to  
22 have a quality life just like all of us.

23 MS. JUDY-CECIL: Absolutely.  
24 And they deserve that quality of life.

25 MS. TYNER-WILSON: And I don't

1 know the answer, because these are things  
2 that cost money, and also you have to have  
3 professionals and providers within the  
4 state that can provide it.

5 So it really is a conundrum, but  
6 my prayer would be that this conversation  
7 could continue, because I don't know that  
8 I am the expert that should be at the  
9 table with this, but I do think, to be  
10 respectful of the people who live all  
11 throughout the state of Kentucky who  
12 happen to have a similar medical diagnosis  
13 as someone I care about has, the journey  
14 is challenging, and just trying to find a  
15 way to help them, help that loved one to  
16 have a good of life as possible.

17 MS. JUDY-CECIL: Thank you.

18 MS. TYNER-WILSON: That wasn't  
19 very well said, but just know that I am  
20 very willing to do whatever could maybe  
21 help.

22 MS. BEAUREGARD: Melanie, I  
23 really appreciate you bringing this to the  
24 TAC. I think it is an important topic for  
25 us to continue and keep on the agenda for



1 now.

2 I know that we are just over  
3 time, so I am sorry that we haven't had as  
4 much time for discussion on this as I had  
5 hoped, but I will include it on the next  
6 agenda.

7 If you have specific questions  
8 that you want to get answered, or if more  
9 education would be helpful like a  
10 presentation, we could request that.  
11 Those are just some thoughts.

12 I will plan it with you and  
13 then, whenever I circulate the agenda for  
14 the next one, you can let me know exactly  
15 what you want to include.

16 As far as general discussion, I  
17 think that we can skip over that.

18 Recommendations, I don't have  
19 any. Does anybody else?

20 I know I am speeding things up a  
21 bit, but I want to respect everyone's  
22 time.

23 I will be representing the  
24 Consumer TAC at our upcoming MAC meeting,  
25 which is next week, and you see the

1           schedule for our remaining meetings. We  
2           will at least be meeting -- June and  
3           August will be the two meetings we have  
4           before the BAC would actually become  
5           active.

6                       With that in mind, we can  
7           absolutely continue some of these  
8           conversations for the next two meetings.

9                       Anything before we adjourn?

10                      All right. Thank you all again  
11           for your time. It is good to see  
12           everyone. And I will see you all in June,  
13           if not sooner.

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C E R T I F I C A T E

I, STEFANIE SWEET, Certified  
Verbatim Reporter and Registered CART  
Provider - Master, hereby certify that the  
foregoing record represents the original  
record of the Technical Advisory Committee  
meeting; the record is an accurate and  
complete recording of the proceeding; and  
a transcript of this record has been  
produced and delivered to the Department  
of Medicaid Services.

Dated this 15th day of May, 2025.

/s/ Stefanie L. Sweet

Stefanie L. Sweet, CVR, RCP-M