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

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Via Videoconference
October 15, 2024
Commencing at 1:31 p.m.

Shana W. Spencer, RPR, CRR
Court Reporter

APPEARANCES

BOARD MEMBERS:

Emily Beauregard, TAC Chair

Miranda Brown

Arthur Campbell, Jr.

Brenda Mannino (not present)

Melanie Tyner-Wilson

Christy Hardin (not present)

P R O C E E D I N G S

MS. BICKERS: Emily, your waiting room is currently clear. I show three TAC members currently. So we could go ahead and start if you want, or if you want to give it another minute to see if we get another member, you just let me know.

CHAIR BEAUREGARD: I think that's three including me; is that right?

MS. BICKERS: Yes, ma'am.

CHAIR BEAUREGARD: That's what I was counting, too. Okay. I see Arthur and Miranda joining us currently, and hopefully we'll have another member come on so that we can have a quorum. So can't establish a quorum right now but -- or approve the minutes, but we can just get into the agenda and come back to those later.

Why don't we start with introductions. Arthur and Miranda, if you want to introduce yourselves. I'm Emily Beauregard. I'm the director of Kentucky Voices For Health and the chair of the Consumer TAC.

MS. BROWN: Hi. I'm Miranda Brown with Kentucky Equal Justice Center.

MS. BICKERS: Emily, Melanie is logging in currently, so give her just a moment. She should be on.

CHAIR BEAUREGARD: Excellent. Thank you.

Arthur, when you have a moment, if you could introduce yourself.

MR. CAMPBELL/INTERPRETER: He's asking if you said something.

CHAIR BEAUREGARD: Oh, yeah. Just -- we're doing introductions.

MR. CAMPBELL/INTERPRETER: He said he is Arthur Campbell, Jr., and he is -- and he's representing -- and he is representing P&A.

CHAIR BEAUREGARD: All right. Thanks, Arthur.

And then, Melanie, if you can hear me, we are just doing introductions now, if you can introduce yourself.

MS. TYNER-WILSON: Sure.

CHAIR BEAUREGARD: Glad to have you.

MS. TYNER-WILSON: Can you hear me?

CHAIR BEAUREGARD: Yep. We can

hear you.

MS. TYNER-WILSON: Okay. It's hard to follow "the" Arthur Campbell, but I will try. My name is Melanie Tyner-Wilson. I'm here representing the Arc of Kentucky, the Arc of Central Kentucky, and the Autism Society of the Bluegrass.

CHAIR BEAUREGARD: Great. Thank you. Glad you could join us.

Do we have any other TAC members on with us right now that I haven't seen?

MS. BICKERS: Not currently, but I'll let you know if someone joins later.

CHAIR BEAUREGARD: Well, we do have four members, which gives us a quorum, so that's fantastic. And we can go ahead and approve minutes from our previous meeting.

Any questions about the minutes before I make a motion?

(No response.)

CHAIR BEAUREGARD: Okay. I'll ask for a motion to approve the minutes from -- what was that -- our August meeting.

MS. BROWN: I motion --

MS. TYNER-WILSON: I so move. Oh,

sorry.

MS. BROWN: I second.

CHAIR BEAUREGARD: Okay. Thank you. Melanie motions, and Miranda seconds. All in favor, say aye.

(Aye.)

CHAIR BEAUREGARD: Any opposed?

(No response.)

CHAIR BEAUREGARD: All right. Motion carries.

And then rather than getting into our old business first, Deputy Commissioner Veronica Judy-Cecil will need to leave the meeting early, and so we're going to have the discussion about the Beneficiary Advisory Council first and then we'll go back to the other items on our agenda.

MS. CECIL: Hi. Good afternoon, everyone. My name is Veronica Judy-Cecil, Senior Deputy Commissioner here at Medicaid. And, Emily, I very much appreciate the deference because I really wanted to be a part of this conversation and -- because it's some major changes happening to all of us, and we're going to definitely need to work

together to get us through it.

I'm going to share my screen. I just have a couple of slides to sort of talk through some of those changes.

So what we're talking about here today is -- and if you attended a couple of other TAC meetings or the Medicaid Advisory Council, we touched on it a little bit in those as well, but there was a federal rule change. The Medicaid Access Final Rule requires changes to the structure of the Medicaid Advisory Committee and then it's requiring all states to have a Beneficiary Advisory Council.

This will be brand new to Medicaid in Kentucky, but other states already have BACs. There's a handful of states that already have what we call a BAC, a Beneficiary Advisory Council. But for us, it'll be brand new, so we're going to be navigating this together.

The purpose of this really, from the federal perspective and through the Centers for Medicare and Medicaid Services, is really to bring consistency across the states. All states have sort of implemented their

required advisory council differently; they've called them different names. And so they're trying to bring consistency.

There will be some basically, I would call, floor requirements. So there will be things that the State has to implement as part of this, but there's also some areas for discretion on a state-by-state basis. And so while they're trying to bring consistency, there will still be changes from state to state depending on what that state decides to do.

I think the really great part of this is the focus is to bring more engagement and collaboration with external partners to Medicaid. So, you know, just making sure that the right folks are around the table from state to state and that we're engaging them in conversations about what's going on with the state Medicaid program. And then really to focus on the Beneficiary Advisory Council, to bring more lived experience to the table, to participate in those conversations.

This -- you know, it really -- the focus

areas around this are what we talk about already on a regular basis, such things as eligibility and enrollment, quality of services and access, provider and beneficiary communication, and then disparities and equity and cultural competency in the program are really noted as kind of the big focus areas as part of these changes.

And as I mentioned, so the federal rule does require kind of a base of what we have to do, what the composition has to look like, and then the State can have some flexibility, and we'll continue to discuss those as we move forward.

Looking at some of those minimum requirements for the composition of the MAC and the BAC, on the left-hand side, you see here is the MAC and their requirements. And on right-hand side is the composition of the BAC.

So just to focus a little bit on the beneficiary side. It's current and former Medicaid beneficiaries, family members, and caregivers. They can, again, come from an existing group, you know, in the state or --

and then the size can actually be determined. There's some minimum qualifications or requirements, but the size can kind of be dependent on the state if there's -- if, you know, we want to expand membership.

The term is set. This is kind of a change that's coming. So the term is set, and they can't be consecutive for those members. And then that duration can be based on the state, so that's a flexibility we have, is: What is that term? What is the length of that term can be state to state.

The meetings have to be at least quarterly. It's interesting to say -- it actually says the meetings don't have to be public. I think they're -- probably one of the reasons behind that is confidentiality. You know, members may not feel comfortable being in a public forum, and that makes sense. But, you know, those are conversations that we can have about that.

And then the beneficiary council does meet prior to each Medicaid Advisory Committee. And that makes sense, again, because that's to inform what that -- what

is, you know, part of that conversation at the next MAC meeting.

And, you know, their responsibilities are basically to advise us, to be an independent adviser on our policies and how we administer the program. So that's the beneficiary side.

I just want to note a couple of things on the Medicaid Advisory Committee side. On the left hand is some of the things that we'll be talking about. One particular one is the composition of the MAC.

So the MAC has to be composed of, by July of 2025, at least 10 percent of those members that are on the Beneficiary Advisory Committee and then you see that that escalates. So in July of '26, it goes to 20 percent and then in July of '27, it goes up to 25 percent.

So regardless of how big the MAC may be, at least 25 percent of them have to be a Beneficiary -- part of the Beneficiary Advisory Committee. So that means those people are serving a dual role. They're part of the BAC and then they also serve on the

MAC. So just keep that in mind for those individuals that are going to be serving both of those groups.

I think that it's important to note, as part of that, then, when you're talking about 25 percent, when you're talking about how big you want the MAC to be, you have to make sure and ensure that we're going to have enough beneficiaries to be able to, you know, be part of that composition. 25 is quite a lot if you're talking about a committee of 20, 25, or more. So just keep that in mind.

But the term and a lot of the other conditions on the MAC are similar to the BAC, which are -- there's one term that can't be consecutive. But the duration of the term can be determined by the state. The meetings have to be at least quarterly, and at least two of those meetings have to be public.

And then, you know, again, the subject matter or the responsibilities of those who serve on the MAC are to provide input, recommendations. And there's a report that is going to be due that states are going to be required to submit starting in July of

'26.

So this is our little roadmap. What we've done today -- and this has kind of come upon us very quickly. You probably heard us mention we have nine different federal final rules to implement. They all have kind of different timelines to them, but, you know, we're just trying to get prepared for this.

And one of the ways we're doing that is we have brought on a consultant to support us. Because we have our day-to-day work going on, we wanted somebody that was laser focused on implementing these rules. So we've got a great consultant that's come onboard.

They're -- right now, they are doing a gap analysis. They're looking at: What are the requirements? When are they supposed to be implemented? Where are we right now in moving towards implementation and looking at the agency to see what is it that we need to do? Do we need to staff up?

But they're going to be, you know, doing that kind of gap analysis, and that's happening right now. They started a couple

weeks ago. They're working on that right now.

They are -- the next thing on the road is best practices, so what they're looking at -- you know, there are some states that are doing a really good job in terms of their Beneficiary Advisory Council or their Medicaid Advisory Committee. And this is our opportunity to go and look to see what are those best practices.

So they're kind of doing an environmental scan to look at other states. Who is being held up as really the standard in the way they engage their external partners, the way they engage beneficiaries? So we're also going to be looking at that.

Then we'll move into, on down the road, which will be recruitment and the development of bylaws for the BACs. So this will be very much an interactive process. We know that we need help and support from everyone across the state regardless of kind of what your position is. Maybe you're a provider. Maybe you're an advocate.

But, you know, we're going to be

reaching out to our members, to family members. We're going to be doing a lot of recruiting to try to find beneficiaries interested in participating in this.

You know, as you know, we have 17 Technical Advisory Committees and the Medicaid Advisory Committee. So we have members that are representative on those, so we're -- you know, we're going to look at that and see who already is part of participating that might fall under that Beneficiary Advisory Committee, you know, requirement and just take a look at who's already serving and where can we expand.

And then, you know, once we -- once we get those folks pulled together, then we will, you know, work with bylaws. This isn't about us telling them what to do or telling everyone what to do. This is about a collaboration, working together and developing this. So there will be lots of opportunity for engagement around creating the governance documents that are required.

We do have to submit a State Plan Amendment. You know, once we do figure out

what does the composition look like for Kentucky -- all states may be different. We've got to figure out what's best for Kentucky -- we'll submit a State Plan Amendment.

And then the one thing I didn't mention on the very first slide is that the other change to this is it does dictate that the state Medicaid director -- and in our state, that's the Medicaid commissioner, Lisa Lee, that she is the one who selects the members, which is very different than the current process, even for the MAC. So that's -- you know, that is a change that will be coming to Kentucky.

But -- so we'll pull all that together. We'll file the State Plan Amendment and then we'll then, you know, work towards moving to have everything finished by July 7th, which is 2025. That is the required implementation date for this. So we will, you know, start to get really organized with the members that have been identified and selected and then start, you know, making those changes.

So that is just a really quick,

high-level review, but I'm going to keep it on this slide for a moment and happy to answer questions.

CHAIR BEAUREGARD: Thank you, Veronica. It's really exciting to see that this is going to be a new priority and that this particular advisory council is going to be made up exclusively of beneficiaries, family members. I think that just really is the right way for Medicaid to hear what the needs are of the people that they're serving.

So thank you for that overview, and especially -- thinking about the timeline, I know one other piece of this, in addition to the State Plan Amendment, is statute changes during the upcoming legislative session. So that's the other thing that we need to keep in mind in terms of, you know, when something has to go in front of the legislature and be approved so that all of these other pieces can roll out.

And, of course, the Consumer TAC is in statute, as is almost every TAC with the exception, I think, of one, the Health Equity and Disparities TAC. And so I think we just

really need to give some thought to what the BAC means and these changes mean in terms of how the Consumer TAC operates and how the MAC operates overall.

Are there any questions from people?

MR. CAMPBELL/INTERPRETER: Can he have a copy of that document?

MS. CECIL: Absolutely, Arthur. I will be sharing it with all of the TAC members following the meeting and then we'll post it on the Consumer Rights TAC website, also.

CHAIR BEAUREGARD: Great. Thank you.

MR. CAMPBELL/INTERPRETER: He said thank you.

CHAIR BEAUREGARD: You know, one other thing that I recall from reading about this in the final rule -- it's been a while since I was looking over that. But I think there's a focus on the home and community-based service waivers. Am I right about that?

MS. CECIL: Yes. Yep. You're correct.

CHAIR BEAUREGARD: So, Arthur, that might be something to give some thought to as well. And I don't know, Veronica, if you could pull out any language related to that, not necessarily at the moment but just in any follow-up.

MS. CECIL: Yeah. Oh, absolutely. Yep. We sure can.

CHAIR BEAUREGARD: I think that would be a good thing for our Consumer TAC but also some of the other TACs to be thinking about.

And -- any other questions from our members?

MS. TYNER-WILSON: This is Melanie. Can I ask a question?

CHAIR BEAUREGARD: Yeah. Absolutely.

MS. TYNER-WILSON: Okay. What I had was -- this sounds so exciting and so thank you so much for doing this. Oftentimes -- sometimes there are family members and representatives that play -- they're on different agencies or councils and whatnot. Will you try to kind of look at all

that stuff, that additional information?

I'm trying to explain it in a way that it doesn't offend anyone. There's many times when self-advocates and family members are asked to be on different councils -- and I think that's great. I think it's important. But I also wanted to make sure that we have opportunities for all individuals to have a voice on this very important initiative that's coming forth.

MS. CECIL: Yeah. I think I understand what you're saying, Melanie. And, certainly, we will take that back. I -- as Emily mentioned, I think one of the things that we do want to ensure is that we are getting representation across the entire program, you know, and that we're not just limiting it to a particular area, you know. That we really are doing a good job of making sure that there is sort of equitable distribution across the state, across the different populations that we serve to make sure that the makeup of the BAC is really representative of those that we do serve in the program.

MS. TYNER-WILSON: Okay. Thank you.

CHAIR BEAUREGARD: Melanie, I just wanted to add to that. One, there's an opportunity for stakeholder input in that timeline that you saw. And so, you know, whenever we get to that point in the process, we'll definitely want, you know, input from the Consumer TAC members, and I assume -- and correct me if I'm wrong, Veronica -- that it's going to be more public than that, not just MAC and TAC members.

MS. CECIL: Oh, absolutely.

CHAIR BEAUREGARD: The stakeholder input? Okay.

MS. CECIL: Absolutely. Yep.

CHAIR BEAUREGARD: And then the other thing that I remember reading about how the BAC operates is that there will be at least two public comments periods a year. So whatever issues that the BAC is working on, there will be some opportunities for public comment. So it won't just be, you know, the few representatives that are actually serving as members but also trying to bring in that

larger stakeholder input.

MS. TYNER-WILSON: That's awesome.

CHAIR BEAUREGARD: All right. Any other questions there?

(No response.)

CHAIR BEAUREGARD: I think that, you know, for us, like, any information that we can get about this stakeholder involvement and when that will happen would be great, of course, as follow-up. And I've mentioned this on a few various calls, but I really feel like for consumers to feel fully engaged and to be able to participate meaningfully, having more support, more staff support from DMS outside of the meeting times could be really, really valuable, to just provide background and context for various, you know, policies.

I also think that, you know, pairing some of those BAC members up with various advocacy groups could be useful. But I just -- I really think about, like, how do we support members so that they can participate and feel like they're getting something out of it and not just, you know, attending

meetings. So that's -- that's where I've been really trying to think of the right way to design this so that it's not just another TAC.

And I think you make a good point, that we have so many TACs right now. And while it's nice that we've been able to have, you know, issue-based or provider-based TACs, I do think we need to give some thought to exactly how that is functioning and make sure that we're really setting this up in a way that it works really well for advising the Cabinet and for the Cabinet to be able to, I think, take that input and do something with it, you know, so that it feels like people really are, you know, involved -- like working in that reciprocal way with the Cabinet and not just having another meeting.

So those are some --

MS. BICKERS: I want --

CHAIR BEAUREGARD: -- things that have been on my mind.

MS. BROWN: Sorry. I was trying to formulate my thoughts. I agree with everything you just said, Emily, about

supporting TAC members -- or BAC members.

And I just want to add, too, that in the consideration of, you know, representing the diversity of the Medicaid members, I also hope that it's part of the plan to look at the languages that our Medicaid members speak. And if we can have representation from Medicaid members that speak different languages and how we might accommodate that by translating materials and having interpretation available for meetings would really -- like, I'm excited about this, but that would really put it -- I would get really excited about that.

And, like, the ability -- you know, so many of our Medicaid members are refugees or other immigrants. And it would be really -- they have an entirely different experience of these systems, like, Medicaid, than the other folks. And it's really important to have that representation.

CHAIR BEAUREGARD: I couldn't agree with you more, Miranda. I actually had on my notes -- you know, we've got -- of course, we talk about accessibility but making

accommodations for people including language access. But also in previous, you know, conversations that we had, the, you know, personal assistance, transportation assistance, whatever people need to be able to participate. And then there's the issue of compensation for people's time, and I know that's another component of this that needs to be figured out.

But we appreciate all the work that you all are doing it and look forward, I guess, to the opportunity to have more input.

You had made a comment, too, Veronica, about public meeting -- well, about whether the meetings, yeah, are public or not public. I think there may be a reason that, you know, the BAC wouldn't always want their meetings to be public.

But I think more importantly, it's the public meeting rules that can sometimes be an issue that dictate, you know, so narrowly, like, when a meeting can be had, if somebody has to turn their video on in order for their vote to count and they don't have -- you know, like, their Internet isn't stable. I

think those are the kinds of things that actually are harder when it comes to public meeting rules. Even if you -- you know, you intend for the meeting to be accessible and you allow other people to attend and then you put the recording on YouTube, you could still maybe benefit from not having to follow every single one of those public meeting rules.

I also remember a time when I think there was a -- you know, some people wanted to have a separate conversation, not because they didn't want to have it on camera. They just, you know, between two meetings wanted to have a touch base, and we were told it wasn't allowed because of public meeting rules.

So those are the things that I could imagine, you know, being a reason not to operate it quite the same way we operate all of the other TACs.

Anything else related to the BAC before we move on with other parts of our agenda?

(No response.)

CHAIR BEAUREGARD: Veronica, is there anything else that you wanted to cover

before you had to hop off? You might have to hop off right now, actually.

MS. CECIL: No. I think we've got everything else covered.

CHAIR BEAUREGARD: Okay.

MS. CECIL: Thank you so much.

CHAIR BEAUREGARD: Yeah. So we'll go back up to old business and our standing data requests. I think I saw Jiordan on here earlier.

MS. GRIFFIN: Yes. This is Jiordan from eligibility. I do have a stuffy nose so just --

MR. CAMPBELL/INTERPRETER: He said he wants to ask you guys something before that woman leaves. He said he want to ask you something before that woman leaves.

CHAIR BEAUREGARD: Oh, before Veronica leaves. Okay.

MR. CAMPBELL/INTERPRETER: He has something to say. He says this. I have issue. I am on CBH waiver, and people who are on that waiver are supposed to have certain amount of money for supplies. We used to be able to order supplies from any

company we want. But about six months ago, my broker said that the company only will let us order or buy our supplies from three companies.

And he wanted me to let you guys know that about six weeks ago, he called his broker. I was saying -- like I was saying, six weeks ago, he went on the Internet. He was trying to order himself some supplies that he normally buys. And he couldn't buy them, so he had to call the broker and see why.

And that's when they told him that they were not allowed to buy the supplies themselves. They have to call the broker, tell them what they want, and then they want to get the supplies for them. So that's what he wanted to let you guys know.

He says that they cut disabled people out -- they cut the disabled people out of the process, and that is wrong. That's what he wanted to say.

MS. CECIL: Okay. Thank you, Arthur. I know Leslie Hoffmann is on. We will take that back and try to figure out

what's going on with that and follow back up with you; okay?

MR. CAMPBELL/INTERPRETER: He said he can't use the phone, but he can use -- oh. He said he can't use the phone, but he can do that online, like, on Internet, order supplies on Internet. But they won't let you guys -- he said, yeah. They won't let them order stuff on Internet.

MS. CECIL: Oh, okay. Okay. Let us check that out, Arthur.

MR. CAMPBELL: Thank you.

MS. CECIL: Thank you.

CHAIR BEAUREGARD: Thanks, Arthur. Anything else before we move on to our data requests?

(No response.)

CHAIR BEAUREGARD: Okay. Jiordan, why don't we go ahead and get the updated numbers.

MS. GRIFFIN: Sure. So these are as of October 14th. We have -- for our presumptive eligibility members, we have 1,764 currently enrolled. For the emergency time-limited, we have 291 individuals. In

our traditional Medicaid category, we have 218,414 individuals. For the MCOs, we have 1,240,397, for a total enrollment right now of 1,458,811. And I can put these in the chat here in just a few minutes.

CHAIR BEAUREGARD: Yeah. That sounds good. It sounds like you have more people enrolled in traditional Medicaid than usual. Am I right about that?

MS. GRIFFIN: It was a jump from the last month. I think last month, it was at 147.

CHAIR BEAUREGARD: Anything that you can attribute that to? It's usually around, like -- between, like, 140, 150, something like that, it seems like.

MS. GRIFFIN: You know, I'm not a hundred percent sure. I'm trying to pull up our report here. I'm not sure exactly why. That could be the -- I don't know if that was members that we reinstated because of the APTC transition, but I don't -- I'm not sure. We would have to look into that and find out why.

CHAIR BEAUREGARD: If you do figure

out anything that seems unusual, it would be good to know. But if it's just one of those things that kind of happens from time to time and, you know, next month, it goes back down again -- maybe that's kind of a normal churn. I don't know.

MS. GRIFFIN: Yeah. And then -- let's see. And then I think you all had a question about children enrollments.

CHAIR BEAUREGARD: Well, we -- yes. We can do child enrollment and renewal and then go back to the 1915Cs, if that makes more sense.

MS. GRIFFIN: Yeah. I just pulled the numbers. So for our children's eligibility and expanded, we have 572,001 children in expanded Medicaid. And then for traditional, it was showing 26,928 in traditional currently.

And then as far as the children's renewal, unless anyone else has gotten information from CMS that I didn't see, we're still waiting on the guidance on how to treat those children renewals when we do have to start those back up.

And I don't think -- I'm not sure if we've actually received official confirmation to continue extending them through June, but we're just -- we're continuing to do what we've been doing throughout the unwinding right now so...

CHAIR BEAUREGARD: From month to month, just continuing them.

MS. GRIFFIN: Yes.

CHAIR BEAUREGARD: No. That's good to know. We always just want to check to see if anything has changed.

Any questions about those enrollment numbers?

(No response.)

CHAIR BEAUREGARD: Do you -- Jiordan, do you have the 1915C numbers as well, or would that be Leslie?

MS. HOFFMANN: Emily, this Leslie. I've got them.

CHAIR BEAUREGARD: All right.

MS. HOFFMANN: We're right now at a total of around 33. As you know, I always remind everybody that these are fluid. It could be every, you know, five minutes.

They're just fluid.

Currently right now, we have 2,165 on the HCBS waiting list, 9,171 on the Michelle P waiver waiting list. And 3,535 on the SCL, so 3,535 on the SCL.

CHAIR BEAUREGARD: Okay. Any questions about that?

(No response.)

CHAIR BEAUREGARD: How are things going with adding in the new slots?

MS. HOFFMANN: Pretty good. I was going to tell you that in one of the other sections. But October finishes our three-month plan for the rollout of those slots. I think SCL is already completed. We utilize those just a little bit different, and they've already been completed earlier this month so...

CHAIR BEAUREGARD: Great.

MS. HOFFMANN: Yeah. It went well, as well as can be. How about that? There's lots of moving parts.

CHAIR BEAUREGARD: Understood. Why don't we jump back down to the next item under child eligibility, which is the

opportunity for continuous eligibility from the ages of zero, infant to six, which a lot of states are doing now. And I think it would be fantastic to see Kentucky following other states' lead.

In doing this, the idea is essentially that once a child is eligible and enrolled within that time frame, they stay enrolled until their sixth birthday. And that reduces churn, of course, and improves access to care.

And a lot of states have seen success in terms of kids getting more of the services, preventative and, you know, just your usual well-child and sick-child kinds of services that kids need to be healthy.

Has there been much discussion about this at DMS?

MS. GRIFFIN: There hasn't yet. It's definitely something we can look into but --

CHAIR BEAUREGARD: Jiordan, you're kind of coming in and out right now.

MS. CECIL: I got this, Jiordan.

So we are -- we are aware other states

do that. We've actually had conversations with them. You know, I think, for Kentucky to do it, we probably need to have conversations with the legislature and ensure that there is legislative support for it so, you know, I think those conversations can happen.

CHAIR BEAUREGARD: You know, one thought that I've had is that we've kind of had a natural experiment with the pandemic and with our -- right? With the continuous eligibility that we've essentially had since -- you know, you could say 2020. But for any kid that was enrolled in 2019, they've actually been covered now 2019, 2020, 2021, until almost the end of this year.

So you have a cohort of kids who have essentially stayed enrolled in Medicaid this entire time. And I think doing some sort of comparison between that cohort of kids with a cohort that didn't have, you know, that continuous eligibility could make a good case for, you know, making that change, if we could show that there was a reduction in maybe delayed care or sick, you know,

illnesses, sick care compared to, you know, the good preventive care and early intervention that we like to see.

So that's one thought. If it would be helpful, we could -- you know, I'd be happy to make that recommendation through the TAC if other TAC members would agree. But that's something that's been on my mind, is like, oh, we might actually be able to make a case here with some data that already exists, which is always nice.

MS. CECIL: Yeah. I think it would be great if you all wanted to make that recommendation.

CHAIR BEAUREGARD: Okay. And you have a nice university partnership, so I don't know if that's something that, you know, they could maybe help out with. But there seems to be a lot of good momentum with other states doing it now.

Anything related to child eligibility and enrollment that people want to bring up before we move on?

(No response.)

CHAIR BEAUREGARD: All right. Why

don't we go on to the HCBS waivers, State Plan Amendment, and rate study.

MS. HOFFMANN: That would be me, Emily. So the six 1915C HCBS waiver amendments were all submitted together on the 1st. We got all those done that night. And the rate study was also submitted. And so that's for a hopeful start date for our January 1, is what we're aiming for, our January 1 start date.

And then that followed the public comment period, which was August the 14th through the 13th. And I'm going to put in the chat, in case anybody wants to have access, of the public comment that is posted on our website with the answers.

And, remember, we compile those into groupings or likings. If one person asks specifically, let's just say, about something specific about DME, then we would combine those together, and that's how we submit those to CMS as well.

CHAIR BEAUREGARD: Okay.

MS. HOFFMANN: And I put that in the chat for you.

As far as the -- let's see. I wanted to mention something else. The PDS Rate Increase Corrective Action Plan, I wanted to let you know that CMS actually changed our date to meet with them. I still do not have a formal -- a corrective action plan. DMS, DAIL, and DBH, our sister agencies, will all be on a call, and they moved that to the end of this week on the 17th. So I can give more information about that later.

CHAIR BEAUREGARD: Okay. Thank you.

MS. HOFFMANN: Oh, I'm sorry. Go ahead.

CHAIR BEAUREGARD: I was just saying thank you.

MS. HOFFMANN: I think CMS is, right now, just as overwhelmed as we are coming out of COVID and with all the opportunities that folks have had, flexibilities. And I've noticed that -- you know, that they're needing more time for things, too. So they're just like us, working through their day-to-day activities. The 1915 --

CHAIR BEAUREGARD: Well, they did put out all those final rules --

MS. HOFFMANN: Yes. They --

CHAIR BEAUREGARD: -- back to back, didn't they?

MS. HOFFMANN: Yes. So, you know -- and that's going to be a huge undertaking in the middle of what I just said. Let's add that on to it, so we're going to work on this.

And I don't have them, Emily, like, right in front of me right now, but I believe I saw four areas where the HCBS folks will be -- our members or programs would be mixed into those federal final rules.

There's at least four areas. I've not met with our vendors separately right now, but I know that there's some related to incident reporting. I know there's some related to quality measures. There's a couple for the Older Americans Act, which we'll work with DAIL on that one. So I did see a couple. I just wanted to let you know there's at least four and two -- at least two I saw on the behavioral health side.

The state plan --

CHAIR BEAUREGARD: That would be good to put on a future agenda maybe to talk --

MS. HOFFMANN: Yeah. We've just started working with our vendor, and they're going to break -- have separate breakouts, and some of them will be running simultaneously. You've probably seen that some of these federal final rules run all the way into, I think, 2030, so we're going to be working on this for a while.

Ann Hollen, who is running our 1915(i) State Plan Amendment for SMI and SUD, is not available, so I'm going to give you just a little bit of update. They are our partners in administering it, and we will be the CMS oversight and compliance as Medicaid. And we will contract with them to run that program.

They -- we are all working together and currently in negotiations with CMS for approval. So we're still moving along and working on what we call a request for additional information.

We are still hopeful -- I just text Ann

while I've been on the call with you right now. We are still hopeful for a July 2025 start date for that State Plan Amendment, and it's called -- it's an HCBS 1915 -- sorry, 1915(i) State Plan Amendment for SMI and SUD. So I know that was a big mouthful.

I also, Emily, would mention, too, that those 1915(i)s fall into the HCBS category under the federal final rules. If you're looking at that, they will fall under the same umbrella.

The 1115 SMI waiver, which includes supported housing, supported employment -- I'm sorry. That was the -- I did this last time. That is in the (i). The 1915 -- I'm sorry. The 1115 SMI which includes two services --

CHAIR BEAUREGARD: I get those mixed up, too.

MS. HOFFMANN: I'm so sorry. I think it's the way it's written. I did that last time to you. I'm so sorry. The 1115 SMI has two services in it, and it's expansion of IMD stays -- days of stay and has recuperative care, which I'm very happy

about. That's going to be a pilot.

And we are hoping that CMS is going to approve that in November. They just recently asked for an extension for themselves to approve that. So they moved that to November the 30th.

Now, remember, an 1115 won't start on the day it's approved. We have lots of work. They have an implementation plan that has to be developed, a monitoring protocol, evaluation protocols and plans and then we have to have an independent assessor onboard and help develop what that evaluation of that program will look like.

So they're a little bit different, so they don't get to start just, like, when we get a start date.

CHAIR BEAUREGARD: Right. Right. No. I understand. Will there be some sort of advisory group for that as well, similar to what you have for the reentry waiver?

MS. HOFFMANN: Yeah. The SMI 1115, of course, it's going to be just small. The ability just to extend days of stay would literally just -- once we get that approved,

it's just a systems change to allow for that.

And then the recuperative care will be a larger project, and yes, we will have consumer and provider and advocacy groups working with us. This is going to be something totally new that we've not done before. It's called medical respite in the federal world.

So it's going to kind of be something brand new for us, to allow for folks an opportunity to have a safe place to stay if, say, they are homeless and they needed to have surgery and needed a safe -- or a dry, clean place to stay the days after or days before for prep.

So we're excited about this one, but it's going to -- it's brand new, so it's going to take some work so...

And Jodi Allen is still running that project for us as well.

CHAIR BEAUREGARD: Okay. That's good to know. Thanks.

Any questions about that?

(No response.)

CHAIR BEAUREGARD: All right. Are

we ready to move on to the permanent supportive housing item?

MS. HOFFMANN: I think that that might be me, Emily. So I think I asked this before. If it's regarding our work with KHC, we continue our work with KHC. We have a monthly meeting that I think we're going to move to a bi- -- every other month now.

We also have started regular meetings with DBH meeting with KHC to get to know those partners. I believe DBH -- I don't want to speak for them, but I believe they have one more person that's going to be able to access the HMIS data, which is great.

This was the first time in history we've been able to access that data, so Jodi Allen has access in Medicaid. So we were able to match a lot of that homeless data. Remember, homeless data is only as good as it gets entered, and not everybody gets the homeless data entered right. I'm just -- I'm sharing that with you.

I do want to mention that we, because of what they call balance of states, KHC is only one entity here in Kentucky. We also have

the Louisville and Lexington -- they call them COCs, continuum of care, and so we've started meeting with them as well. We've had some meetings with them, but we've not included them in all meetings. So we're going to start trying to partner more with those groups as well.

MS. TYNER-WILSON: This is Melanie. Can I find out -- because I think that I was the one that started to ask the questions about supportive inclusive housing. And it's wonderful, what's going on. I'm in Lexington, so I was aware that (audio glitch) Louisville continuum of care and a separate one in Lexington.

Will they -- will there be a movement to bring on groups that represent different advocacy organizations, that maybe have individuals with disabilities that are homeless needing supportive housing?

MS. HOFFMANN: So currently right now, what we're looking at is kind of a social determinants of health package in that 1915(i), and that's for SMI and SUD. So that's currently right now what we're looking

at. I don't know. In the future, we might expand to other things. So right now, it's just in that 1915(i), to take a look at that.

But now, as far as Melanie, you being involved with how that looks in the future in our meetings and, you know, regulatory things that we work on, there's no reason that you couldn't -- that folks can't be invited or participate in the future. Does that make sense?

MS. TYNER-WILSON: Yeah. I just think it's so powerful. Because I'm learning that there's so many individuals that have a whole range, you know, of mental health, intellectual, different kinds of physical disabilities as well --

MS. HOFFMANN: Right.

MS. TYNER-WILSON: -- that are dealing with this issue, and I'm thankful that what you all are doing is happening because it's so important. But it's just wanting to make sure that the additional voices are at the table.

MS. HOFFMANN: Sure. And, you know, right now, what we've been trying to

grasp onto is maybe what other states are doing, too, not recreating the wheel, trying to figure out what CMS will approve and under what authority. So that's kind of where we are right now.

With the homeless, you know, there's probably initiatives that the Federal Government are looking at as well that aren't out even yet. So social determinants of health, of course, is a big area as well, Melanie, so thank you.

MS. TYNER-WILSON: Yeah. Thank you.

MS. HOFFMANN: Emily, do you want me to go over -- no. I'm sorry. That's under new business. I've got one more item to give you but go ahead. I'm sorry. That's under new business.

CHAIR BEAUREGARD: Which item is it? The Michelle P or the --

MS. HOFFMANN: Yeah. I think that was on there last time, too, and I'm guessing that's just towards waiver redesign. And I was just going to mention, you know, even if we don't have waiver redesign yet, we're

working on those pieces; right? We're currently working on additional slots. We're working on new programs like the (i) to address needs. We've been looking at other opportunities for children's programs. We're working on access and operational efficiencies. We're working on reimbursement changes.

So I'm just going to say even though we don't have that waiver redesign -- everybody always says: Where are we with waiver redesign? There's a lot of pieces that are going to go into waiver redesign. So we can utilize the pieces that we're working on now going forward in the future.

CHAIR BEAUREGARD: Okay. That's good to know. That's been an item that Arthur has wanted to have on the agenda. And I think, at some point, there was a guest that he wanted to bring to one of these meetings to talk more about some specific ideas they might have.

MS. HOFFMANN: Okay.

CHAIR BEAUREGARD: Arthur, do you have anything you want to add here?

MR. CAMPBELL/INTERPRETER: Tell her that the two people who want to talk, they are rewriting what they want to say. So we can either take it off or leave it on. He don't know if they ever -- if they will ever be ready.

CHAIR BEAUREGARD: You're not sure if those guests will ever be ready.

MS. HOFFMANN: Oh, okay.

CHAIR BEAUREGARD: I really don't think it hurts to leave it on the agenda if you'd like us to, or we can take it off and just add it back to the agenda when you know that your friend is ready to join us.

MR. CAMPBELL/INTERPRETER: If you want to take it off. If they ever get around to it, he will ask you to put it back on.

CHAIR BEAUREGARD: All right. I think that sounds like a good plan.

All right. Let's move on to school Medicaid grant implementation.

MS. JONES: Hi, Emily. This is Erica (audio glitch) -- updates that you wanted or just an overall?

CHAIR BEAUREGARD: If there are any

updates related to -- I think there's an advisory council that you're forming. I had added that to the agenda. Parent survey, I know you and I have talked a little bit about that, but if you want to share any information there. And then just generally speaking, any opportunities for stakeholder involvement.

MS. JONES: Certainly. So as far as the advisory council, that consists of all the leadership in the Cabinet For Health and Family Services and also the Department of Education and the lieutenant governor's office. So it's very -- very high level, and we just give, like, a monthly update.

The parent survey went out around September 30th, I think. It's open until October 25th. We sent that through the FRYSCKys, the Family Resource and Youth Service Centers in the schools. We also have it on our social media platforms as well, a link to the survey in both English and Spanish. And I do believe we are going to engage other stakeholders to send out that survey as well, to make sure we have a very

broad representation across the state.

In addition to that, we do have focus groups that will be convening later in October or early November. They're relatively small because we wanted to have some very engaging conversations.

And there's four different topics. One is infrastructure, IT infrastructure. One is on billing. One is on outreach, and one is on provider capacity.

So after those focus groups and we get a bit more information to do our final needs and IT infrastructure assessment, then we will be engaging stakeholders even more. Like, once we identify the needs, we will be engaging additional folks to help us resolve whatever barriers we're finding.

CHAIR BEAUREGARD: Okay. That's helpful to know. So through the survey and then these focus groups, once you kind of have a sense of what the barriers are, you'll start to engage more stakeholders around --

MS. JONES: Yes. Exactly. So right now, it's just trying to find -- we can't fix anything until we know what is

actually broken. So that's where we are right now. The needs assessment is a requirement of the grant and is due -- I believe it's due January 31st, and we're going to try to have that completed, of course, mid-December.

CHAIR BEAUREGARD: Okay. That sounds good. Thanks for that update. That's a lot that you've got going on in a short time frame, so we appreciate it.

MS. JONES: Yeah. No problem.

CHAIR BEAUREGARD: Any questions about the school Medicaid?

(No response.)

CHAIR BEAUREGARD: All right. Well, thanks, Erica.

The next item here is the DMS surveys of Medicaid members and stakeholders. If people recall, these surveys were released -- I don't know -- spring or summer. So it's been a while since they were out there, and we were asking people to provide input.

But I think, at this point, DMS has finally been able to pull together the findings from those surveys and can share

what they've learned.

MS. DAWSON: Hi, Emily. This is Helen. I know -- so since Veronica had to hop early, she asked me to come on and present to you all. We put together a couple of slides to show the findings if you're all right with me sharing my screen.

And I am going to go through this as quickly as possible. But, you know, we did do three whole surveys, so I want to give them the information that they have. And then let me -- all right. Is that sharing? Are you able to see the slides?

CHAIR BEAUREGARD: Yes, we can.

MS. DAWSON: Okay. Great. So let me just sort of run through the first few things that we wanted to touch on, is that, you know, as you all know, we are helping to kind of report on PHE-related renewals. So these were those that members were going through for the first time.

So when we talk about PHE-related renewals, this is, you know, not the ongoing annual ones. It's the first time that members had a renewal since the PHE began.

You know, we've done outreach. We've engaged partners across this time. We've been tracking data and also did some surveying, as you noted, Emily, to gather a little bit more data on the experience. So this is just some of the summary findings from those different efforts.

The first thing I do want to highlight is some key metrics. We, in mid-September, were able to look backwards at all PHE-related renewals and summarized a couple key metrics. So we -- Kentucky, over that roughly 13-month period, with a couple of extensions, making it a little bit longer, had a 74 percent approval rate for all PHE-related renewals.

And 73 percent of those were conducted ex parte, meaning that in the system, the individuals was -- had verified information, and they were able to automatically renew eligibility without the member having to verify anything or respond to any questions for additional information because they had updated it in the system.

As the other side of that, there was a

26 percent of those renewals that ended in a termination of coverage. 40 percent of those terminations were due to determination ineligibility. So based on the eligibility requirements, those individuals were found to no longer be eligible for coverage. But 60 percent were due to lack of response to notices, known as procedural terminations.

So this is just sort of at a snapshot of what the data was for the renewals that we wanted to highlight. And then to compare that to some national averages, Kentucky performed extremely well or shows us very well compared to the national averages. They had a higher approval rate than the national average. And of those approval, more of them were handled ex parte, so the system was able to handle those.

They also had a higher rate of terminations based on eligibility and a lower rate based on procedural terminations. So they had more responses and ability to determine eligibility than the national averages. So I just wanted to highlight these.

But beyond that, we conducted some surveys. There were a couple that were fielded over the summer. They -- DMS fielded a Medicaid member survey to all members that had gone through a renewal and responded. They -- to Medicaid partners, so all the stakeholders and such that have been engaged throughout and providers and advocacy organizations and individuals in the community responded to that.

And then a short survey to look at members who had been terminated from Medicaid and what alternative coverage that they may have sought. That was -- you know, it's something -- that's a little bit difficult, for Medicaid to have eyes into, you know, the number of people that have employee-sponsored coverage or through something outside of Medicaid. So it's helpful to do that sort of survey, to have an estimate of that data.

But, really, the focus of the -- the main focus was to gather experience from members and partners that went through this renewal process and, you know, understand more about the health coverage status.

All right. So diving into those a little bit, we had pretty good response rates on them. We had almost 600 partners respond to us on the Kentucky partner survey. We had 1,300 full responses to the Medicaid survey, which is wonderful. It was a bit -- it was a bit long. I think there were quite a few questions in that, so that's a great number to see in that. And that's a good engagement from members.

And then we had over 3,000 responses to the short health coverage survey, so that was -- that's great to see, too. That's a pretty sizable, you know, population of responses.

So we've looked into these to try to, you know, understand the experiences, to think about strategies or ways that Kentucky could improve this process, especially looking at sort of communication efforts and how to support members.

We've developed a lot of survey briefs or a lot of just sort of infographic briefs that will be available once they're, you know, fully through the approval system or

approval process.

But we really were able to take away some information about sort of: What are the most impactful outreach modes? What are sort of the valuable resources and platforms available to get messages out there? Some experiences and challenges that were shown. And then what are some ways to, you know, effectively resolve issues and receive help and what of those sources are really helpful to members in quickly resolving issues?

From the partner survey, we had a couple of key findings that I'll just highlight here today for you all. We had a large number, or over half, that were -- when asked sort of their role, responded that they were providers in the community, caregivers, and advocates. So wonderful to see that.

We had -- we saw positive awareness and view of the value of the PHE website as well as the monthly unwinding public forums and the email communications and social media updates that go out there. We noted just about half preferred email to get information, so we want to make sure to

leverage those LISTSERVs well.

And we noted that the most impactful resource for getting the -- or platform for getting the message out there from social media was Facebook, so we're going to keep that focus in mind.

From takeaways, I think Kentucky will want to take a further look at how to continue to build awareness. I think there were some opportunities to maybe strengthen those messaging outlets. They want to try to leverage social media for better information sharing and sort of calls to actions for partners.

As I noted, those email LISTSERVs were strong and so want to continue to increase engagement across other areas that way potentially. And then further communications and plans for the websites will lean on the success of the PHE website even if that does sort of need to transition, as it's no longer PHE, or the unwinding.

For the member survey, we had a lot of information that came in from that group. Within the respondents, 71 percent had a

combination of Medicare and Medicaid benefits. And we had a favorable response rate for experience with Medicaid. They also noted that most frequently, they received communications through written letters. They also noted accessing Facebook and the Medicaid website for information.

When asked about their experience through the renewals, a majority, over three-fourths, responded that they had taken action, with most individuals stating they had either updated their information in Kynect or returned the RFI renewal packet.

This is a -- a note about this survey is that the response rates were mostly from individuals who had responded. We -- members that necessarily hadn't really responded to their notices and RFIs, that response rate was much lower.

I think that's just a limitation of this survey and a good understanding to have, that maybe these respondents that answered the survey questions were previously higher engaged in this process. So still, you know, just something to make sure we keep in mind,

but a lot of these individuals had taken action already and were familiar with responding to Medicaid requests.

We had quite a few reporting that they were able to use Kynect with ease. But, you know, 39 percent is not 100. So we want to make sure that we're looking there. It's, you know, not necessarily even close to 100, so we want to make sure we understand that more and think about how to improve that.

Over a third reported reaching out to DMS and DCBS or Kynect when they needed help, had a complaint, or had a question. And of those, over a third, the issue was resolved in the same day. And an additional fifth said it took less than a week to resolve.

From these takeaways, we noted, you know, a majority of respondents had insurance. But those that were uninsured, they had attempted their Medicaid renewal and experienced a barrier, so we really want to understand that.

State communications in the form of letters and emails were the most effective, and state responses to challenges and issues

were -- the majority within seven days. But there was a portion where the issue was unresolved. So, again, this is something that we want to keep looking into and keep understanding. But it's great to have, you know, this first look in a broad spectrum of where things stood and how members experienced the renewals.

They had -- there was an overall positive view of Medicaid, but I think that that -- there's always, you know, room for continued improvement, room for continuous support to members, and this is really just a way to further understand additional focus areas.

And then we -- in this short, it was only four questions. If you answered all four was -- we noted that, you know, a majority of these respondents had lost coverage in the last year. This was intentional as it was geared towards individuals that lost their coverage or lost Medicaid in the last year.

And, unfortunately, a large percent of these reported currently being uninsured, so

there's necessary outreach. But respondents who did report having coverage indicated what type they had, and most are now either receiving Medicare or enrolled in a health plan through Kynect. There's also a significant portion that had employer-sponsored health insurance as well as, you know, a small part that had private health insurance.

Key takeaways from these is that we absolutely need to focus continued outreach on members that are uninsured or just individuals across the state that are uninsured and, as able, take further efforts to understand that employer coverage.

This is just a snapshot into a percentage, but it's not the full picture. That is something that's difficult for, you know, a state to fully understand as it's so varied across, you know, all the different companies and employees, et cetera. But that -- you know, additional work into that can be done.

And then just continue to ensure members that are, you know, determined ineligible for

Medicaid are connected to KHB and understand their opportunities to enroll in coverage that way and the opportunities for APTC, to support them in that as well. So making sure to continue that, sort of trying to get at that as streamlined as possible. You know, staying in compliance with all the ways that it must be done but making sure that that's a continued effort.

That is currently a continued outreach priority. There's work going on to directly call individuals that, you know, have not enrolled in a plan that they may be qualified for, a QHP. There's also ongoing outreach to individuals as they haven't responded to their notices and continuing to do so.

But there's always ways to further improve, and so I think that there will be ways to continue thinking about other opportunities to expand on outreach or to, you know, improve the communications as well.

That's really just a high-level review of the findings. The briefs will be available in the coming weeks, I believe. But those, you know, highlight a little bit

more of the details, so you can see the breakdown of some of the numbers when those are available.

But are there questions right now that I can try to take or also take back to see if we can answer?

CHAIR BEAUREGARD: Yeah. Thank you, Helen. I'm really glad that you all did these surveys. And I have to say, I hope that you all will make this an annual thing. I think having, you know, that year-to-year trend could be really helpful. Obviously, you want to ask all the same questions.

But could you actually pull the slide deck back up? Because I do have a couple of questions, and it might be easier to look at the slides.

So if we go back to the third survey for the individuals who, you know, you were really targeting who lost coverage. For the eight percent that say they have Social Security, SSDI, wouldn't that make them eligible for Medicaid?

MS. DAWSON: Yes. This was a

"select all" option so --

CHAIR BEAUREGARD: Okay. Even so, they should still -- I wonder -- because, of course, one of the issues that we did identify during the unwinding was that some people with SSDI, you know, for whatever reason lost their Medicaid, sometimes it was because they also temporarily lost their SSDI.

But if people are saying that they have that and are also saying that they're uninsured, it makes me worry that something has happened with their Medicaid eligibility. In any case, it might just be something to look into.

MS. DAWSON: Okay.

CHAIR BEAUREGARD: And then if we can go back to the second survey findings, I had a couple of questions there, too.

MS. DAWSON: This one?

CHAIR BEAUREGARD: Yes. That's right.

MS. DAWSON: Okay.

CHAIR BEAUREGARD: I guess this isn't a question as much as I'm really

surprised that so many of the respondents, 71 percent, are dual-eligible, Medicare and Medicaid --

MS. DAWSON: No. I'm sorry. Some combination of. So Medicaid, Medicare, and --

CHAIR BEAUREGARD: Okay. So they're -- okay.

MS. DAWSON: I might have mis-said that when I said it, too.

CHAIR BEAUREGARD: You actually -- the other respondents, then, 29 percent were, like, family members or something?

MS. DAWSON: I need to exactly look back at what the "other" would be. Let me pause.

CHAIR BEAUREGARD: I guess I would assume that it would be Medicaid members and maybe some family members on behalf of Medicaid members. And then, obviously, if you have Medicaid, you could be dual-eligible with Medicare, but you want to have people just with Medicare only. So anyway, it would be nice to see that breakdown, but --

MS. DAWSON: Yep.

CHAIR BEAUREGARD: -- based on the way you just described it, it seems like maybe 29 percent were caregivers of some sort. Well, that answers that question.

And then I had another one. Let me look at this real quick so that I remind myself what it was. It's not coming to me. Does anybody else have a question? I'll think of it.

(No response.)

MS. GRIFFIN: I'm sorry.

MS. DAWSON: Well, we also -- oh, go right ahead.

MS. GRIFFIN: Sorry. This is Jiordan. Could you repeat the question that you had about the SSDI and eligibility?

MS. DAWSON: Yeah. This was in the health coverage survey, Jiordan. It was one of the responses to the question, and let me pause for a second and bring it up so I've got the exact question information, was about, you know, if you -- if you did lose your Medicaid and have coverage, they were asked to elaborate on what specific insurance they did hold.

One of the options that was approved in the survey questions was SSDI insur- -- or benefits, and there were a bit of a -- there were roughly 8 to 9 percent that noted that they did have SSDI.

And Emily was noting that that might be -- we should look into that a little bit just to see if there was alignment of that answer with anything else or if it was specific -- or sort of what was behind that, just noting that, you know, with the issues around SSDI and the, um...

CHAIR BEAUREGARD: It --

MS. DAWSON: Sorry. Yes, Emily.

CHAIR BEAUREGARD: When I was looking at that number, it just occurred to me that, you know, during the unwinding, we had identified that some people with SSDI were losing Medicaid and that there was a system issue that you all ultimately fixed. We also, you know, found that some individuals were losing their SSDI, which is why they lost Medicaid, but it might have been temporary.

In any case, I was just wondering if

they're saying that they're uninsured but they have SSDI, that just makes me wonder why they're not --

MS. GRIFFIN: Okay. So SSDI does not automatically deem Medicaid coverage. SSDI is different from SSI, so I'm not sure if that could be part of the answer to your question. But some --

CHAIR BEAUREGARD: Maybe I --

MS. GRIFFIN: -- people that move from SSI to SSDI kind of experience a coverage gap because they have to be on SSDI for two years to get Medicare. And kind of in that time period, they've exceeded the income limit for regular Medicaid, and they don't automatically get that deemed Medicaid coverage.

CHAIR BEAUREGARD: I think --

MS. GRIFFIN: That's kind of what we see sometimes happening.

CHAIR BEAUREGARD: Thank you. And maybe I was thinking of SSI. Thanks.

MS. DAWSON: Yeah. Thank you, Jiordan. That's helpful.

CHAIR BEAUREGARD: Yeah. That was

just -- it stood out to me, and I wondered if that was something where people had kind of gotten in a gap. All right. Thank you for clarifying that.

MS. DAWSON: Absolutely.

CHAIR BEAUREGARD: Any other questions?

(No response.)

CHAIR BEAUREGARD: Appreciate it.

MS. DAWSON: Of course. And welcome questions that may come up later, also.

CHAIR BEAUREGARD: And you said that there are going to be some briefs with findings from each of these surveys?

MS. DAWSON: Yes. The slides kind of summarize those, but each of the surveys are currently being put into sort of infographic briefs that highlight a little more of the data versus just the key takeaways, too. So those are going through the approval process.

CHAIR BEAUREGARD: Okay. Great. Thank you.

MS. DAWSON: Of course.

CHAIR BEAUREGARD: All right. Our next item here is the Access to Services Form that we've had a few iterations of now.

Angie, have you been able to make some updates to that form based on our last conversation?

MS. PARKER: I'm done with it. This is it. It's almost ready for --

CHAIR BEAUREGARD: I'm ready to see it.

MS. PARKER: But no, I'll share it with you. It has been made into where you can just go right in, but this is the language at the top. No real changes. I moved this to the very last line here, so it's readable or so that it -- you know, people will go, if it's an emergency, not fill this form out.

CHAIR BEAUREGARD: Okay.

MS. PARKER: And then you can go in and fill in your stuff, click who you have, all this fun stuff. Let's see. Added this from your all's recommendation and the free text.

What we don't have nailed down right

now -- okay -- is where this will be submitted to. That is what we're working on. We've also already had it translated into Spanish, so it will be available once we get the spot in where we're going to submit it. But it's this close to be ready for prime time.

CHAIR BEAUREGARD: Great. That looks good. And, yeah, once -- are you thinking still that it's going to be a PDF-type form, or are you going to be able to do more of an online form that can just be submitted?

MS. PARKER: That will be online and then it will submitted -- that's where I'm talking about.

CHAIR BEAUREGARD: Okay.

MS. PARKER: Once it's completed, when they hit that submit button, where it's going to go. We're trying to get that -- and where exactly we're going to put it on the DMS website. We'll probably put it a couple of places. We'll put it somewhere in the member page, and we've been looking at that. But Rachel, who's in my division,

Roehrig, who's been helping put all this together, and she went on vacation. We let her go for a week, and she completed this right before that. So we'll be narrowing that down here in the next week or so. So we'll let you all know when it's out there and send you a link.

CHAIR BEAUREGARD: Well, thank you. That's a great update.

Miranda, did you have a question or anything related to the changes that we just looked over?

MS. BROWN: It looks great. Thank you, Angie.

MS. PARKER: Well, thank you all. You all contribute to it just as much. I'm having problems with something here.

CHAIR BEAUREGARD: Well, any other questions related to that?

(No response.)

CHAIR BEAUREGARD: The next item that we have here is the alignment of quality initiatives. Are there any updates there, Angie?

MS. PARKER: No, not anything

different than what I showed last time, showing each -- the directed payment for the HRIP and UK, UofL, and then the MCO value-based purchasing program.

CHAIR BEAUREGARD: Okay. Then we'll move on to our language access one-pagers, which I think we got to some clarity last meeting. Has there been any progress made on actually creating the one-pagers?

MS. PARKER: Well, we're going back to square one, and we -- because I had worked with our communications team about developing a one-page that has all the MCO phone numbers. And so we're going back to that and making sure all the information on that is correct. I had some conversations with the MCOs. So hopefully, by the next TAC, that will be completed as well. I like to -- I like to check those things off.

CHAIR BEAUREGARD: All right.

MS. PARKER: I thought I would share -- of course, it may not come out exactly right, but this shows the languages as of August other than English what we have.

And 71 percent Spanish as far as what they have submitted via the Kynect application or whatnot. The information we have, 6 percent, we don't know. This is the top ten.

CHAIR BEAUREGARD: That's good to see.

MS. PARKER: It's not very good as far as how it's coming across on there, but I just thought I would share that.

MS. BROWN: So these are percentages out of the total of Medicaid members?

MS. PARKER: Yes.

MS. BROWN: Okay. Thanks.

CHAIR BEAUREGARD: Anyone who chooses to respond to the question; right?

MS. PARKER: Yes.

CHAIR BEAUREGARD: Because there's also, like -- you don't have to respond, or do you? I don't think you have to respond.

MS. PARKER: That's a good question. I don't think --

CHAIR BEAUREGARD: I know race ethnicity you don't have to respond to, but I'm not sure about the language one.

MS. PARKER: I'm not sure either. I should probably know that, but I don't.

MS. BROWN: And is this the question about spoken language or written language?

MS. PARKER: Spoken. English proficiency. The primary language. So my assumption, even though I know what happens when you assume, is that is spoken language.

MR. CAMPBELL/INTERPRETER: He said can he ask something?

MS. PARKER: Sure.

MR. CAMPBELL/INTERPRETER: How many people have speech --

MS. PARKER: Speech. That's a very good question, Arthur. I was thinking about that when we were getting this. I don't -- we need deaf and hard of hearing and speech. That would be -- I'm not sure that those are specific questions that we do ask, but that is something that we can look into.

MR. CAMPBELL/INTERPRETER: And how many people have no speech at all?

MS. PARKER: Okay. I'll put that on the list. I'm not sure --

CHAIR BEAUREGARD: I think --

MS. PARKER: -- if we have that, but we can take a look.

CHAIR BEAUREGARD: Sorry. I was going to say, if you could incorporate the four, you know, sort of -- we have the four one-pagers kind of outlined that way with the deaf, hard of hearing, speech impairment, and nonverbal. And if that question could also be incorporated into the actual Medicaid application, I think that would be really helpful.

MR. CAMPBELL/INTERPRETER: He says thank you.

MS. PARKER: You're welcome.

CHAIR BEAUREGARD: You can make that a recommendation if you'd like to, Arthur.

MR. CAMPBELL/INTERPRETER: He said he will make it a --

MS. PARKER: Let me verify that it's not on the application already. And if it isn't, then -- I mean, you can go ahead and make that recommendation and then we can --

MR. CAMPBELL/INTERPRETER: And we can do it next time and --

CHAIR BEAUREGARD: I was -- you know, Arthur, I was just going to ask. We could do it quickly now before you have to leave if you want to do it now.

MR. CAMPBELL/INTERPRETER: He says okay.

CHAIR BEAUREGARD: Okay. Because I have that one other recommendation that I wanted to put forward related to the continuous coverage for kids so...

And, of course, if anybody else has recommendations, we can take those now, too. But I know Arthur has to get going a little bit early, so we can vote and get back to things. Are there any other recommendations?

MS. BROWN: Is it too soon to make recommendations on the BAC process?

CHAIR BEAUREGARD: No. I think, in fact, this is the best time to do it because of how -- you know, like, our next meeting is in December. And so by then, I think that the State is really going to need to have something that's almost completed to put

forward both in a State Plan Amendment and then also legislation. So now is the probably the best time to do it.

MS. GRIFFIN: I apologize. Can I speak to the application real quick regarding the language and access stuff?

CHAIR BEAUREGARD: Yeah.

MS. GRIFFIN: So, anyway, on our application, we ask if the applicant needs assistance for effective communication. It's a yes or no answer. And then if they say yes, there's another option for the type of communication assistance that's needed. And then the options there are a foreign language interpreter, American sign language interpreter, queued speech interpreter, oral interpreter, tactile interpreter, a video relay interpreter, telecommunications relay service, braille, or large print.

So we do have options for providing that information during the application process.

CHAIR BEAUREGARD: Okay.

MS. GRIFFIN: Just wanted to throw that out there.

MS. PARKER: Thank you, Jiordan.

CHAIR BEAUREGARD: Yeah. That --

MS. PARKER: I was hoping you'd know that. I didn't know if you were still on.

MS. GRIFFIN: Yeah. I'm having to hop off and on. But I heard that, and I was like, oh, I need to go find that so...

CHAIR BEAUREGARD: Thank you.

MR. CAMPBELL/INTERPRETER: He says one more question.

MS. PARKER: We just need to get the data and pull that information, so we'll look at that.

CHAIR BEAUREGARD: Yeah. Why don't we -- if you could have that data for us at the next meeting. I think that would be useful.

Arthur, do you want to wait, then, until we have that data?

MR. CAMPBELL/INTERPRETER: Yeah. He want to ask something. He said he want to say something.

CHAIR BEAUREGARD: Okay.

MR. CAMPBELL/INTERPRETER: Some people only have speech. Some people have

only speech that -- he said some people only have speech that their personal aide can --

CHAIR BEAUREGARD: Understand.

MR. CAMPBELL/INTERPRETER: Yeah, can understand. He said write that in there.

CHAIR BEAUREGARD: So something like a personal aide as another option. Is that what you're thinking, Arthur?

MR. CAMPBELL/INTERPRETER: He said yeah. Some people have their personal aide who can understand their speech better. So is that what -- other professional people can't understand his speech even if they work with people who have speech problems. They can't understand them -- oh, by his speech. He said thank you, but he has to go.

So, basically, he's replying to what you were saying. Yeah. That's right. Some people, he's saying that they have personal aide who can understand them better than the professional interpreters.

MS. BROWN: Emily, you're on mute.

CHAIR BEAUREGARD: Thanks. There was such a loud train going by earlier.

That's helpful to understand, Arthur.

We can consider adding that, make it a recommendation to add that to the application at the next meeting if you want to. Would you have, like, two minutes to just vote on the other recommendations, or do you have to run right now?

MR. CAMPBELL/INTERPRETER: He said he does have, like, two, three minutes.

CHAIR BEAUREGARD: Okay. All right. Let's do that quickly. I'll read the one that I have written. And then, Miranda, if you have one that you want to put forward.

So my recommendation is that DMS conduct an analysis of the cohort of children from 0 to 6 who have experienced continuous eligibility due to the Public Health Emergency Maintenance of Effort Requirement compared to a similar cohort that did not experience continuous eligibility.

Can I get a motion to approve?

MR. CAMPBELL: I second.

CHAIR BEAUREGARD: All right. Thank you. And a second?

MS. TYNER-WILSON: Second.

CHAIR BEAUREGARD: All right. Thank you, Melanie. All in favor, say aye.

(Aye.)

CHAIR BEAUREGARD: Any opposed?

(No response.)

CHAIR BEAUREGARD: Motion carries. All right. Thank you.

And then did you have something, Miranda, that's come to you?

MS. BROWN: I wanted to propose that DMS, in planning for the implementation of the Beneficiary Advisory Committee, consider how to adequately represent and serve the full diversity of Medicaid members in regards to language so that -- including considering translation and interpretation for BAC members who may prefer a language other than English.

MR. CAMPBELL/INTERPRETER: Arthur say he second that.

CHAIR BEAUREGARD: Thank you, Arthur. Also, I'll make a motion seconded by Arthur. All in favor, say aye.

(Aye.)

CHAIR BEAUREGARD: Any opposed?

(No response.)

CHAIR BEAUREGARD: All right. Motion carries. Thanks, Arthur, for hanging in there with us.

MS. TYNER-WILSON: Will that also -- Emily, will that also include -- or, Miranda, would that include simple language, too, plain language?

CHAIR BEAUREGARD: I think that we would probably want to do something separate related to plain language, but I like the way you're thinking because I think that's important, too.

MS. BROWN: Agreed.

MS. TYNER-WILSON: All right. I didn't want to jump in and mess up her proposal, her motion.

CHAIR BEAUREGARD: Maybe we could say including considering plain language, translation, and interpretation but then we want to say who prefer other than English.

MS. TYNER-WILSON: I just don't want to impact or take away from what Miranda's motion was.

CHAIR BEAUREGARD: Right. What if

we say DMS, in planning for the implementation of the BAC, consider how to adequately represent and serve the full diversity of Medicaid members -- I like that -- in regards to literacy by creating materials in plain language.

MS. TYNER-WILSON: Oh, yeah. That's good.

MS. BROWN: But you still have translation and interpretation in there; right?

CHAIR BEAUREGARD: I'm doing a separate one.

MS. BROWN: Oh, okay. Got it.

CHAIR BEAUREGARD: We'll keep yours, and we'll do this one separately.

So I'll make a motion. Do we lose Arthur? We might not have -- we might not have a quorum anymore.

MS. BICKERS: He's already dropped.

CHAIR BEAUREGARD: Okay.

MS. BICKERS: So you'll have to hold that one for the next meeting.

CHAIR BEAUREGARD: Well, we'll add that next time but know that that's our

intention. And I think that's something that we can continue to push on even if we don't get that as a formal recommendation right now. All right. I'll add that for the next meeting.

So I think the last item on our agenda -- since we've been skipping around, the last item for discussion is the dental services data request. And while we did get a response, it wasn't a full response to everything we requested.

Is anybody here from the Office for Data Analytics?

MS. BICKERS: I'll have to get with Kelli because I know that she sent you the data and then, I believe, the list of acronyms. But you guys were going back and forth on the email chain. But to my knowledge, all the data that you requested is in the data request. I think you just don't have, like, a breakdown sheet like you wanted, so we're looking into that.

CHAIR BEAUREGARD: It was difficult to break down, but I was looking back at the request. And I'm not sure that the report

included everything. But it might just be most helpful to talk with somebody from the Office for Data Analytics because I think, you know, just having that direct communication could be a little bit easier to make sure we're on the same page, if there's a point person that we could talk to.

I had requested that somebody be on the call, and it's -- you know, if they can't be, I'm happy to have a conversation with them at another time.

MS. BICKERS: Well, if you want to pull what you requested and let me know what you don't feel like has been answered, I can send it back. But I send them the attachment of what you send so --

CHAIR BEAUREGARD: Oh, I know you send them exactly that. It's just -- I thought maybe we could get to, you know, just a more -- better understanding of things if I could just talk to somebody directly who's working on the data request. If that's a possibility, that would be helpful.

Generally, I send data requests through the open records request process. But in

this case, this actually all precipitated, like -- it was a conversation that I had with Commissioner Lee, and she suggested that I make this request through the TAC.

And I feel like it might be easier for me to just go through the open records request process because I do have a little bit more of that direct back and forth with people when I do it that way.

MS. TYNER-WILSON: Emily, what kinds of things -- is sedation dentistry also included in what you're making your request for?

CHAIR BEAUREGARD: Well, I didn't ask that although we could amend the request and ask it. I can just repeat what -- I pulled it. I sent it a few months ago.

One of the questions was: How many dental services -- this was all for calendar year 2023. So that's, like, half of 2022 and the first half of 2023. How many dental services required a prior authorization? How many did not require a prior authorization?

And of those that did require one, how many were approved? How many were denied?

How many resulted in a paid claim? And then of the total number of services rendered, whether it needed a prior authorization or not, what number resulted in a paid claim? What number were denied?

And then the top 20 codes that were billed. And then of those codes, what was the average reimbursement rate from the MCOs compared to fee-for-service.

So, you know, that -- we could add something about sedation as well if you tell me what you think we need to ask.

MS. TYNER-WILSON: Well, I'm kind of targeting in on a segment of the population that would not be able to tolerate just, you know, going to the dentist office and being checked out. And I just come from a time where we had to get sedation dentistry for my loved one, so I'm kind of coming from that. And it took a really, really, really long time to get the appointment, and we're still kind of waiting to see what kind of charges we'll get as a result of --

CHAIR BEAUREGARD: So it's hard to find someone who will do it. Is that what

you're saying?

MS. TYNER-WILSON: Yeah. And to be honest, there's only places in Lexington and, I think, in Louisville that -- I don't know all the dentists that do that, but I had heard from other caregivers that they had had a lot of difficulty getting that kind of procedure for their individual that maybe has intellectual/developmental disabilities.

CHAIR BEAUREGARD: Would you say it's a matter of providers who aren't in network with the MCO or with -- I guess with Medicaid? They might be on fee-for-service. Or would you say that there -- or providers just don't want or don't feel like they're capable of serving that population? What do you think is the bigger issue?

MS. TYNER-WILSON: I think that -- that's probably the case because -- and, again, I'm a pain-in-the-rear parent so -- but they don't quite understand. And I had to spend a lot of time in navigating that whole process, to help people to understand that my loved one doesn't speak and doesn't understand the procedures.

And so we -- we went through -- they kept saying he's approved to have this procedure done. But we only have one dentist, and their caseload is very full. And so we had to wait.

CHAIR BEAUREGARD: Were you ever offered out-of-network care?

MS. TYNER-WILSON: I'd have to double -- I don't think so. I don't think so.

CHAIR BEAUREGARD: All right. Well, I'm trying to think of a question that we can add. You know, I'll give it some thought, and I think what I'm going to go ahead and do is I'm just going to go through the open records request process.

MS. TYNER-WILSON: Okay.

CHAIR BEAUREGARD: And if there is somebody, Erin, that you can kind of put me in touch with as a -- you know, just the contact person who's working on the request, that would be great. But in the meantime, I can just resubmit things so that we can try to get a little bit more of a full response back.

But I'll give that some thought, Melanie, and I might just email you once I have put together -- it might be maybe two questions or something but --

MS. TYNER-WILSON: Okay. Thank you.

CHAIR BEAUREGARD: Yeah. Absolutely. I think that we've made it through our agenda now, although we jumped around so much. Tell me if you think we skipped something.

(No response.)

CHAIR BEAUREGARD: All right. And we've already covered our recommendations. I will be representing the Consumer TAC at the next MAC meeting. And then our final meeting of the year is at 1:30 on December 17th. And at that time, we'll need to plan our schedule for 2025.

MS. BICKERS: I'm already working on the 2025 schedule. I'll have that out in a couple of weeks for approval.

CHAIR BEAUREGARD: Okay. That sounds great. Thanks.

I'll take a motion to adjourn. Oh,

actually we can't vote anyway. We'll adjourn by acclimation, if that works. All right. Thanks, everybody. Have a good afternoon.

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

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C E R T I F I C A T E

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

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

Dated this 29th day of October, 2024.

/s/ Shana W. Spencer

Shana Spencer, RPR, CRR