DEPARTMENT OF MEDICAID SERVICES
CHILDREN'S TECHNICAL ADVISORY COMMITTEE

****

May 10, 2023
2:00 - 3:02 p.m.

Stefanie Sweet, CVR, RCP-M
Certified Verbatim Reporter

APPEARANCES

TAC Members:

Donna Grigsby, Chair
Courtney Smith, Vice Chair
Alicia Whatley
Cherie Dimar

Also Present:

Erin Bickers, Kentucky Medicaid
Sanggil Tsai, Humana Healthy Horizons
Danielle Broshears, MD - Anthem
Pam Trigilio, Humana Healthy Horizons
Eric Davis, United Healthcare
Paula McFall, WellCare Kentucky
Stephanie Kuntz, Anthem Kentucky Medicaid
Aaron Meek, WellCare Kentucky
Amy Lewis, Passport Kentucky
Rachael Roehrig, Kentucky Medicaid
Stuart Owen, WellCare
Andrea Doughty, Anthem
Paulette Sublett Mitchell, Humana Healthy Horizons
Adrienne Bush, Homeless and Housing Coalition of Kentucky
Angie Wiloth, Kentucky Medicaid
Michelle Marrs, Aetna
Jessica Beal, Passport by Molina
Danita Coulter, Kentucky Medicaid
Stuart Cox, Anthem Kentucky
Bethany Fomby, Anthem Medicaid
Jeff Hadley, Humana
Jean O'Brien, KY Medicaid-Anthem

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1 MS. GRIGSBY: It looks like
2 people are slowly trickling in from the
3 waiting room, so we will give it just a
4 few more minutes and then I will turn it
5 over to you.
6 Of course, just a reminder that
7 we may be a little light on the Medicaid
8 and MCO side as we had our provider forums
9 today.
10 MS. BICKERS: Okay.
11 MS. GRIGSBY: I believe I'm
12 hearing your little person in your
13 background.
14 MS. BICKERS: You do. And I'm
15 going to pre-apologize. My help that was
16 supposed to come today has not shown up.
17 So I'm hoping he's going to fall asleep.
18 I think he's trying to fight a nap. So
19 hopefully he will fall asleep.
20 MS. GRIGSBY: I think this is
21 definitely a group that would understand
22 that. So.
23 ATTENDEE: Hi. This
24 is (indiscernible). I just wanted to let
25 you all know that I just admitted Alicia

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1 from the waiting room.
2 MS. GRIGSBY: Okay, thank you.
3 MS. BICKERS: Okay, Donna. It
4 is one after 2 so if you want to go ahead
5 and start as people are signing in. I
6 believe you do -- you should have a
7 quorum. It looks like you have three of
8 the five.
9 MS. GRIGSBY: Okay.
10 Okay. Yeah. I'm just trying to
11 see everybody's faces quickly.
12 MS. BICKERS: And I do want to
13 give a friendly reminder -- we've been
14 doing this for all the TACs -- that all
15 voting members must be on camera and also,
16 too, if you have questions, to try to
17 raise your hand. We've had some issues in
18 some meetings with people talking over top
19 of each other and the court reporter has a
20 hard time capturing everything that is
21 said.
22 So I will turn it over to you,
23 Donna.
24 MS. GRIGSBY: Okay. Thank you.
25 Welcome to the Child Health

1 Technical Advisory Group meeting. I think
2 there are three of our members -- three of
3 our four members here and hopefully our
4 other two members may be joining us and we
5 have a special guest today. And Alicia,
6 when it gets to that part of the meeting,
7 would you please introduce our guest?
8 So also, I believe -- and Erin
9 can correct me -- Erin is back. And I
10 believe that we would like to have those
11 non-members just put their names and
12 affiliations in the chat box. Correct,
13 Erin?
14 MS. BICKERS: Yes, ma'am.
15 That's what you guys like to do so that
16 you know who's there.
17 MS. GRIGSBY: Okay. So if you
18 could all do that, I would appreciate it.
19 I apologize for my Kentucky
20 spring voice. Things are blooming and my
21 voice is not. So I apologize for that.
22 We do have a quorum. So we can
23 vote on the minutes from the March
24 8th meeting. But we'll need a motion and
25 a second to approve those minutes.

1 MS. DIMAR: I move that we
2 approve the minutes from the last meeting.
3 MS. GRIGSBY: Okay.
4 ATTENDEE: I'll second.
5 MS. GRIGSBY: Okay.
6 And all in favor?
7 Okay. Perfect. So the
8 meeting's -- the minutes are approved.
9 Old business. That brings us to
10 the part of our meeting with our special
11 guest speaker. So thank you so much for
12 being here to educate us on this very
13 important topic.
14 And Alicia, I will turn it over
15 to you so that you may introduce our
16 guest.
17 MS. WHATLEY: Thank you.
18 We have with us today, Adrienne
19 Bush, and she is the Executive Director of
20 the Homeless and Housing Coalition of
21 Kentucky. And I asked her if she would be
22 willing to come talk to the group, just a
23 little bit about the landscape of what's
24 going on with youth homelessness in
25 Kentucky and hopefully give us some ideas

1 of maybe things that this TAC can be
2 working on to address that issue. So I
3 will turn it over to Adrienne, and thanks
4 so much for being here.
5 MS. BUSH: Thank you. Thank
6 you, Alicia, for inviting me.
7 I do have -- I have a
8 PowerPoint. Is that okay if I share it?
9 MS. BICKERS: I made you a
10 cohost. You should be able to share your
11 screen.
12 MS. BUSH: Okay.
13 MS. BICKERS: And if you don't
14 mind, if I drop my email in the chat, do
15 you mind emailing that to me so I can
16 share it with the TAC members?
17 MS. BUSH: Yes.
18 MS. BICKERS: Thank you.
19 MS. BUSH: Yeah. I'd planned on
20 doing that right after the meeting.
21 All right. So we'll go ahead
22 and get started.
23 Here is a little bit about the
24 Homeless and Housing Coalition of
25 Kentucky. We are a statewide nonpartisan

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1 advocacy organization. We have a pretty
2 unique perspective on administering
3 housing assistance to people experiencing
4 homelessness. And our mission is to
5 eliminate the threat of homelessness and
6 fulfill the promise of affordable housing.
7 Additionally, we do convene and
8 staff the Kentucky Interagency Council on
9 Homelessness. This is the statewide
10 homeless policy and planning body that's
11 authorized by Kentucky statute.
12 We abide by the principles that,
13 a) Housing is a human right; and housing
14 is what solves homelessness.
15 So here's the thing.
16 Homelessness is fundamentally a housing
17 problem. And you're like, "Okay. Why are
18 you here at the Children's TAC that is
19 attached to the MAC?"
20 And that is because there are
21 some supports that we believe Medicaid
22 could provide for this population. We'll
23 get into that. But I also think that it's
24 helpful to examine why we are here; why
25 people are talking about housing; why we

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1 do have homelessness; and there are a few
2 issues on the left-hand side of the
3 screen.
4 One, is that unlike programs
5 like Medicaid, housing or homeless
6 assistance is not yet funded as the human
7 right it is. It's not an entitlement.
8 Nationally, one in four families who would
9 qualify income-wise for Housing Choice
10 Voucher or public housing assistance
11 actually receives it because of funding
12 constraints on the nondefense
13 discretionary side of the federal budget.
14 Housing is definitely viewed as
15 a commodity and a wealth-building
16 instrument. And that's, you know, wealth
17 building is great. We support that. But
18 it is a constraint on when housing does
19 not work for certain populations.
20 We have witnessed continued
21 defunding of mainstream housing assistance
22 in real dollar values since the 1970s.
23 And we also continue to see a mismatch
24 between what housing costs and what people
25 actually make in terms of income. That

1 has really become apparent over the past
2 few years as rents have really skyrocketed
3 across the country and here in Kentucky.
4 Policies around mental illness
5 and incarceration contribute to the issue,
6 and then we have long-standing patterns of
7 race and class segregation that really
8 have to be dismantled in order for housing
9 to work for everyone.
10 All of these things are part of
11 a large system that end up resulting in
12 about 4,000 Kentuckians experiencing
13 homelessness on a given night in January
14 every year. It results in a shortage of
15 89,000 affordable homes to rent for
16 extremely low-income Kentuckians. It
17 results in an average wage required to
18 affordably rent a two-bedroom home being
19 $16.18 an hour, while wages -- we have had
20 upward pressure over the last few years.
21 Really great. I don't want to complain
22 about that -- hasn't caught up with what
23 housing actually costs.
24 We know that one in four
25 Kentuckians are paying more than

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1 30 percent of their income toward housing.
2 That includes people with mortgages. And
3 it really includes extremely low-income
4 renters who are paying more than half of
5 their income on housing.
6 And then we have a significant
7 difference in the rate of homeownership in
8 Kentucky among Black Kentuckians and White
9 Kentuckians. Our Black homeownership rate
10 is less than 40 percent and the overall
11 homeownership rate in Kentucky is over
12 70 percent -- at about 72 and a half
13 actually.
14 Okay. So when we're talking
15 about homelessness, one of the methods
16 that we use in this country is called the
17 Point-In-Time count. And that is the
18 total homeless on the street, or a
19 shelter, or in a parking garage, or a
20 riverbank, or up in a holler at a given
21 point, usually in January of each year.
22 In Kentucky, we have three
23 jurisdictions that are known as the
24 Continuum of Care jurisdictions. One is
25 Louisville, one is Lexington, and then the

1 other 118 counties comprise the balance of
2 state.
3 So sometimes I get questions
4 about, like, where do people experience
5 homelessness. Sometimes there is a -- an
6 observation or a thought that it really
7 only occurs in Lexington and Louisville or
8 in certain places in northern Kentucky.
9 You can see from this pie chart that over
10 half of the people counted in the January
11 2023 PIT count were in those other 118
12 counties. A little over a quarter,
13 30 percent were in Louisville, about
14 18 percent were in Lexington.
15 Go back.
16 Okay. So digging a little
17 deeper into this count from January 2023.
18 We're going to look at Louisville's
19 numbers. And this count was conducted by
20 the Coalition for the Homeless. They are
21 the lead agency for the Continuum of Care
22 there, using the statewide Homeless
23 Management Information System that all
24 HUD-funded providers have to enter
25 information into about the people that

1 they're serving. So what we found in
2 Louisville was that of those 1,338 people,
3 197 were children and families that we
4 have, not surprisingly, significant racial
5 disparities within the homeless population
6 at large, but especially within households
7 that have adults and children.
8 Of those households, and the
9 people, the adults and the children that
10 were in them, 198 identified as Black or
11 African-American and 83 identified as
12 White. And we know that that is
13 disproportionate to what the general
14 population in Kentucky looks like.
15 Significantly.
16 In this count, there were only
17 seven households that were children-only
18 or unaccompanied youth. So just wanted to
19 throw that out there because we are
20 talking about youth homelessness.
21 Some of the criticisms of the
22 Point-In-Time count methodology is that
23 it's an undercount. It's only a snapshot.
24 It doesn't -- because it's not a
25 cumulative count over a year, you're not

1 receiving the full picture. And that is
2 true. The other piece of it, too, is that
3 when you are doing a count of people --
4 like, think of the decentennial census --
5 where do we count people? We count people
6 where they live. And if you are displaced
7 or don't have a home, it becomes harder to
8 count you, right? So what is helpful as a
9 tool is just looking at it year-over-year.
10 And so at each HHCK, we tend to
11 look at the trend lines. Basically
12 Kentucky's population from about 2013 on
13 has been kind of -- I mean, it's been
14 decreasing at a moderate pace and then it
15 took a sharp turn up in 2021, '22, and
16 '23.
17 Another method that we use to
18 help examine the problem of child and
19 youth homelessness is the statewide
20 homeless student count that is conducted
21 within the offices of the Kentucky
22 Department of Education.
23 So this includes state-funded
24 Pre-K through 12th grade and it's done at
25 the county or the school district --

1 independent school district level, right?
2 So this is -- these are the past few
3 school years. You can see that we had
4 about 21,000 students identifying as
5 homeless.
6 And so you may say, "Adrienne,
7 that is significantly different from the
8 numbers you just shared about the
9 Point-In-Time count."
10 That's because the schools use a
11 different definition. They use a broader
12 definition that includes people who are
13 street and shelter homeless, but it also
14 includes children who are couch surfing,
15 or their families are couch serving, as
16 well as living in significantly
17 substandard housing. They may have a
18 house to live in, but it may not have
19 running water; the electricity may be off
20 half the time; or it may be a few hundred
21 years old and no insulation, right? For
22 example, going back to Jefferson County,
23 they counted about 3,500 students
24 experiencing homelessness in the last full
25 school year.

1 Some additional context for
2 homeless and unaccompanied youth. So
3 again, if there is one take away I would
4 like you to have from this presentation,
5 is that homelessness is fundamentally a
6 housing problem. So of course it's the
7 housing. But with youth homelessness,
8 there are some additional factors that
9 complicate things.
10 Number one is family conflict
11 and that may manifest itself because of
12 basically the rest of this list. Pregnant
13 and parenting youth, youth who identify as
14 LGBTQ going to True Colors United, which
15 is a national group, are 120 percent more
16 likely to experience homelessness than
17 their straight peers. Involvement in the
18 child welfare system, involvement in the
19 juvenile justice system, and then
20 intersection of race with all of these
21 systems which then ends up resulting in
22 racial disparities.
23 So every year, the Department of
24 Housing and Urban Development has to put
25 together a report they call AHAR. It's a

1 great name. They really need to rebrand
2 it. They present it to Congress to talk
3 about the state of homelessness and where
4 it's increasing, where it's dropping, that
5 sort of thing. And what they found from
6 the 2020 AHAR was that the number of
7 homeless youth dropped by 12 percent with
8 a 32 percent -- .8 percent -- drop in the
9 number of unsheltered youth under 18. We
10 have a 21.9 percent drop among those
11 unsheltered aged 18 to 25. Those we would
12 call transition-aged youth, right? And
13 that's because the federal government put
14 some very specific targeted resources to
15 try to solve this issue. One was the
16 Family Unification Program, which we do
17 have those vouchers available in Kentucky,
18 which I'll talk about, and another is
19 called Foster Youth to Independence
20 vouchers.
21 And we also have two areas in
22 Kentucky that have current youth homeless
23 demonstration programs in Jefferson County
24 and southeastern Kentucky.
25 So a few years back, HUD

1 released a notice of funding availability
2 nationwide and so communities' Continuum
3 of Care jurisdictions could apply for this
4 funding. Louisville was successful in
5 securing some of that funding, as well as
6 about eight counties in southeastern
7 Kentucky. And so they were able to set up
8 projects -- fund projects -- that would
9 address this need for housing and supports
10 for youth experiencing homelessness.
11 We also have some -- a few
12 selected specialized providers. Arbor
13 Youth in Lexington is pretty well-known;
14 Brighton Center in Northern Kentucky;
15 Mountain Comprehensive Care Center has a
16 specific program in Morehead for this
17 population.
18 Part of the issue with housing
19 and why it is so difficult, is it is very
20 based on local conditions and local
21 resources. You have the federal
22 government and then you also -- you have
23 some cities who are able to put money into
24 housing and homelessness, but your mileage
25 may vary based on where you live.

1 One piece that is
2 across-the-board, going back to the KDE
3 school homeless count, every school
4 district in Kentucky does have a
5 designated McKinney-Vento liaison. So
6 everybody -- every school district has an
7 employee whose job it is to both identify
8 and provide services for children
9 experiencing homelessness in the school
10 system.
11 Here, your mileage may vary as
12 well just because some school districts
13 are better resourced, or are able to put
14 together other nonfederal funding to put
15 together a more comprehensive program.
16 We do have a state-funded
17 homelessness prevention project for youth
18 exiting foster care. There are a couple
19 other target populations. One, is people
20 exiting prison and then people exiting a
21 psychiatric center, one of the four
22 designated state hospitals.
23 But for the purposes of this
24 presentation, you should know that for
25 youth exiting foster care, we do have

1 these prevention projects set up in each
2 of the four areas. Lifeskills handles
3 that area; Bowling Green and Barren River
4 ADD; Adanta covers Somerset and Lake
5 Cumberland; New Vista covers the Lexington
6 and Bluegrass Development District; and
7 then Louisville, we have Seven Counties.
8 One of the challenges we have
9 with this project is getting referrals
10 through the -- get protection and
11 permanency, because that's where they have
12 to come from.
13 And then the last initiative
14 that I want to talk about is the Family
15 Unification Program Vouchers. Here, too,
16 folks are referred through DCBS Protection
17 and Permanency. And this is for families
18 for whom the lack of adequate housing is a
19 primary factor in a child welfare case,
20 right?
21 And then the second population
22 is for that transition-aged youth at least
23 18 years, not more than 24, who have left
24 foster care or will leave foster care
25 within a prescripted timeframe.

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1 There have been some recent
2 improvements in state law. In 2023, this
3 most recent legislative session, we were
4 able to help advocate for House Bill 21
5 and part of that bill, it was basically a
6 streamlining of ID -- the ID process for
7 people experiencing homelessness to obtain
8 a state-issued ID. One piece of that
9 specific to this population, is it will
10 allow unaccompanied 16- and 17-year-olds
11 to obtain a state-issued ID without
12 parental consent. These are folks who
13 meet the McKinney-Vento education
14 definition.
15 And the last piece, too, is it
16 will be $5 as opposed to -- right now they
17 can't get it at all -- and those above 18
18 have to pay $10. We expect this will be
19 effective at the end of June.
20 And then in 2021, Summit Bill 21
21 allowed for unaccompanied 16- and
22 17-year-olds to obtain mental health
23 counseling from a qualified mental health
24 professional, again, without parental
25 consent. And when we are talking about

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1 16- and 17-year-olds who are
2 unaccompanied, these are folks who do not
3 have a relationship with their parents.
4 They are on their own. So it's not a
5 matter of, like, bypassing parental
6 rights. That's not what we are trying to
7 do here.
8 And then in 2019, House Bill 378
9 allowed for free birth certificates for
10 youth under 25. So both, like children,
11 school-aged kids, teenagers, and then that
12 transition-aged youth population. It also
13 established alternative coursework
14 requirements for homeless youth so that
15 they could meet high school graduation.
16 Because with homelessness, comes a lot of
17 moving places and moving school districts.
18 So how can Medicaid help? So
19 there's some current efforts, and one is
20 the one that has been in place for almost
21 ten years now, but it's still really,
22 really important, and that is Medicaid
23 expansion, keeping parents and kids
24 covered.
25 And because of different states

1 have expanded Medicaid, different states
2 have not, we now have a pretty good source
3 for, like, actual real research on
4 connections between medical coverage and
5 housing stability. And so I just picked a
6 few that have come out within the last
7 three, four years around the connections
8 between state-level Medicaid expansion and
9 eviction rates.
10 States that have expanded
11 Medicaid, their evictions -- it was
12 associated with a decrease in evictions.
13 Same deal with the second study, *Can*
14 *Medicaid Prevent Housing Evictions*?
15 And then on the flip side of it,
16 do evictions, like, negatively impact
17 Medicaid enrollment and utilization and,
18 shockingly, the answer is yes. So we do
19 think that the existence of Medicaid
20 expanded for this pop -- for this income
21 level has been really key and will
22 continue to be key to support this
23 population. Obviously with KCHIP, you
24 have a higher income eligibility for kids.
25 It's great.

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1 We do like the one dedicated,
2 managed-care organization for fostered
3 unaccompanied youth. That makes a lot of
4 sense to us. I don't know if others on
5 this call agree or disagree, but just
6 having an MCO that's dedicated to this
7 population, I think it's really good.
8 And then lastly, the Department
9 for Medicaid Services incorporating social
10 determinants of health requirements and
11 MCO contracting practices, this has been a
12 conversation that's been happening for a
13 long time. We support whatever DMS can do
14 in terms of their contracting practices
15 that help address this housing and
16 stability issue.
17 Some of the strategies on the
18 right-hand side, as I said, this is a
19 conversation that's been happening. We
20 just -- we would recommend strengthening
21 the contracting process, coming up with
22 specific deliverables, and implementation
23 that would reduce barriers and provide
24 tenancy supports.
25 Also, MCOs are located in a lot

1 of places in Kentucky where we do have
2 housing providers. It make sense. Rather
3 than reinventing the wheel, to partner
4 with existing homeless and housing
5 providers where it's possible.
6 MCOs underwriting housing using
7 non-Medicaid funds. So we know Medicaid
8 can't do bricks-and-mortar housing
9 construction, but we have seen in other
10 states, our neighbors in Ohio and Humana
11 have really invested -- or CareSource --
12 have really invested in supportive housing
13 across the river.
14 And then lastly, I'm going to
15 use an example from a different
16 subpopulation, but the current 1115 waiver
17 amendment application that's been -- being
18 submitted to CMS, and the public comment
19 period just closed last week for
20 individuals with serious mental illness.
21 And then, what I understand will
22 be a future 1915(i) application for
23 supportive housing, I think with what we
24 have learned over the past few years is
25 CMS is very interested in addressing

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1 housing as a social determinant of health,
2 and exploring the connections that
3 Medicaid can support housing stability.
4 And so whatever DMS can do, working with
5 state stakeholders, like those of you on
6 this TAC, I think would be -- would be
7 interesting to explore.
8 So that's me. That is some of
9 us at the Capitol this winter. This is
10 how to get up with me. And that is the
11 end of the presentation. I'm happy to
12 take any questions.
13 MS. GRIGSBY: Thank you very
14 much, Adrienne. That was very helpful and
15 enlightening. It's exciting to see that
16 there have been some discussions about the
17 link between healthcare and social
18 determinants of health and homelessness
19 and how they, you know, how they can
20 affect each other.
21 So my question to you is that we
22 know our neighbors in Ohio are doing
23 something with Humana and CareSource
24 there, and this is a question to you and
25 to our colleagues, our MCO colleagues that

1 are here in this meeting, is are there any
2 discussions currently in the state of
3 Kentucky with any providers about housing
4 support?
5 MR. OWEN: This is Stuart Owen
6 with WellCare. I figured I might as well
7 just jump in. All of the MCOs in Kentucky
8 have support already and, you know,
9 continue to expand.
10 Like WellCare, for example, we
11 began -- we were a founding partner with
12 HOTEL INC going back to 2016, and another
13 one, I think called, Welcome House. So
14 it's -- it's something that we're already
15 doing in Kentucky but continuing to grow
16 it.
17 And huge kudos to Adrienne.
18 Getting bills passed, and multiple bills
19 passed, I mean getting any bill passed,
20 huge props for that.
21 But I think another bill that
22 was actually passed last year that will
23 help is the community health workers.
24 That will be a Medicaid-covered benefit
25 where providers -- because they basically

1 help individuals navigate the healthcare
2 system and address social determinants of
3 health, and so providers will be able to
4 hire -- and DMS is going to go live on
5 seven one -- and providers will be able to
6 hire community health workers and MCOs
7 will pay for community health worker
8 services so that will be a covered benefit
9 and they help address homelessness, you
10 know, as well. So I think that is going
11 to be really pivotal -- pivotal as well.
12 And all of the MCOs I know have
13 partners with homelessness and support
14 homelessness -- I guess community
15 agencies, or whatever.
16 MS. BUSH: Yeah. I'll go off of
17 that.
18 House Bill 525 from the last
19 session was something we supported and
20 worked on as well and it has been really
21 great to see the growth of the community
22 health worker infrastructure in Kentucky,
23 and I think we can -- making it a
24 Medicaid-billable service will be huge.
25 And as far as the partnership with

1 WellCare and HOTEL INC is like -- I didn't
2 talk about this on this presentation,
3 specifically, but when we were advocating
4 for Senate Joint Resolution 72 from last
5 session, it was -- and that has kind of
6 prompted the current 1115 waiver app
7 amendment application. It is because
8 WellCare and HOTEL INC partnered to do
9 medical respite/recuperative care again,
10 for this SMI population. And it's one of
11 those things where it is -- we believe it
12 addresses Medicaid's Triple Aim and it
13 also, from our perspective, we're not
14 discharging people from hospitals on to
15 the streets. So.
16 MS. GRIGSBY: Thank you.
17 Would any of the other MCOs like
18 to comment about -- I'm excited, because
19 as a provider, I certainly had no idea
20 that the MCOs were -- had already started
21 working on addressing some of those
22 things. So it's actually pretty exciting
23 for me to learn this and I suspect that
24 other providers would also like to hear
25 this -- this information.

1 MR. OWEN: Yeah. We've had that
2 reaction, and legislators as well -- last
3 year, each MCO testified and legislators
4 were surprised. They had no idea that
5 MCOs do that. But yeah, we definitely --
6 we all do.
7 MS. BUSH: I mean, in my ideal
8 world, if I signed Stuart's paycheck,
9 which I do not, I would love to see some
10 significant, like, underwriting of
11 construction, again, not using Medicaid
12 funds, using nonfederal funds, but if
13 there's a way to leverage MCO dollars into
14 -- into real construction for affordable
15 housing using the existing low-income
16 housing tax credit process, partnering
17 with, you know, developers, that sort of
18 thing, that is really -- that is what we
19 would like to see -- is leveraging some of
20 the non-Medicaid money for development.
21 Because again, I always come back to --
22 it's kind of like a game of Musical Chairs
23 -- and I'm not the first one who came up
24 with this analogy -- but everybody's
25 familiar with the concept of Musical

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1 Chairs. We have 10 chairs, but we have 11
2 people. Like, one person is always going
3 to lose out. And that is a little bit
4 what the housing market is like. Like,
5 everybody -- someone is always going to
6 lose out. So whatever we can do to
7 address the supply for our extremely
8 low-income Kentuckians with the housing
9 that they need is not getting built by the
10 private market.
11 MS. GRIGSBY: Thank you. Any
12 other comments or questions?
13 MR. HADLEY: Yeah. This is Jeff
14 Hadley. I'm with Humana. I just wanted
15 to follow-up Adrienne's comment.
16 We are actually -- we are doing
17 that with Humana, had reviewed, I think,
18 four different non -- or low-income
19 housing developers that we have partnered
20 with for the low-income housing tax
21 credits and we've actually zoned in on one
22 of those so that we can increase that
23 partnership and are looking at activities
24 that we can partner with those -- actually
25 those facilities that their -- that

1 they've developed to bring additional
2 resources and collaborations, say, maybe a
3 resource fair or an ongoing project where
4 we're continuing to collaborate and bring
5 additional resources to the individuals
6 that are being housed in those
7 developments. So that is something that
8 Humana is already working on.
9 MS. GRIGSBY: Okay. Thank you.
10 Anyone else?
11 MR. COX: Hi. This is Stuart
12 Cox with Anthem.
13 MS. GRIGSBY: Yes?
14 MR. COX: We definitely have a
15 Housing Flex Fund that we utilize at
16 Anthem for our SDOH needs and support
17 there. We don't have any direct
18 development, housing, major development
19 programs, but rest assured, there is daily
20 work between case management, our
21 department team, those who do have member
22 engagement to assess, look for the results
23 from the assessments and to apply
24 interventions related to SDOH. In
25 addition to the housing, of course, the

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1 food insecurities and just, you know, the
2 transportation needs. So sometimes they
3 go together hand-in-hand and that's
4 something important, you know, based on
5 geography and location that can be
6 interrelated. Access to food, you know,
7 based on the location they live, not only
8 can they afford that, but the access to
9 the food as well as the transportation
10 components, too. So we have a robust
11 program where we are engaging and applying
12 value-added benefits as appropriate to
13 support that.
14 MS. GRIGSBY: That's wonderful.
15 You guys are doing some great work out
16 there and we just don't know it. So thank
17 you for sharing this.
18 Anything else for Adrienne?
19 Adrienne, thank you so much for
20 educating us and for working hard to
21 advocate for children and families and for
22 their housing needs.
23 MS. BUSH: Thank you so much. I
24 do appreciate the opportunity to talk to
25 -- talk to new folks. And I'm relatively

1 new to the TAC mechanism, but I find it
2 one of the more functional pieces of
3 making sure that concerns are -- are heard
4 and addressed and stuff like that. So
5 yeah, I'm always happy to help out with
6 another TAC.
7 MS. GRIGSBY: I will also tell
8 you that as a provider at one of the big
9 university systems, we are now, in the
10 next year will be held accountable for
11 documenting that we address, that we --
12 that we investigate and address social
13 determinants of health for the patients
14 that we see.
15 So I feel like we've been doing
16 that, but we have to prove we've been
17 doing that and that we are addressing it.
18 So I think there are lots of opportunities
19 for additional partnerships when it comes
20 to finding folks that need resources and
21 then how do we connect them to the
22 appropriate resources.
23 Stuart, I think you were going
24 to say something?
25 MR. OWEN: Yeah. I want to

1 throw something else in. And you may be
2 aware -- just in case any aren't -- there
3 are ICD 10 codes -- diagnosis codes -- to
4 put on a claim to address social
5 determinants of health. I think not all
6 providers are aware of that. You know, I
7 presume it's just voluntary, but that's
8 really helpful for MCOs. That helps us
9 identify -- that's one of the ways to help
10 us identify the social determinants of
11 health needs for our members.
12 MS. BUSH: Yes. Please use
13 those new ICD 10 codes, because part of
14 our work around medical respite
15 recuperative care, and also kind of
16 filling out the picture of who's
17 experiencing homelessness, we worked -- I
18 worked with Tom Walton at the University
19 of Louisville and the Office of Health
20 Data Analytics to do a data request from
21 2019, which was like the first year that
22 those codes were used. And it was
23 fascinating. Because people should not be
24 discharged into homelessness for, like, a
25 number of reasons -- a humane one for one

1 -- but also because it is against CMS
2 practice, and also you get dinged with
3 hospital readmissions, and it's a mess.
4 For everybody. But again, it was very --
5 it -- having that new mechanism for claims
6 data was really, really helpful in
7 understanding the problem.
8 MS. FOMBY: Hey, Adrienne --
9 this is -- I'm Bethany Fomby, by the
10 way --
11 MS. BUSH: Hey, Bethany.
12 MS. FOMBY: Hey. I knew -- I
13 know Stuart talked a second ago -- I
14 jumped on a little late -- about our
15 Empowerment Team and some of the stuff we
16 have, but I remember meeting with Tom over
17 that, and that was -- was very interesting
18 conversations, and that actually I was
19 really excited about us getting to do our
20 Housing Flex Fund and stuff, but again if
21 it's not identified, or people, you know,
22 were just thrown out on the streets after,
23 it gets really tricky because that's a
24 really hard population to reach anyway
25 even when we do have the resources to

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1 help.

2 MS. BUSH: Yeah. Yeah. If you
3 don't know Tom Walton, I have so much
4 respect for him. I think everybody should
5 know Tom Walton.

6 MS. FOMBY: Yes. He's amazing.

7 MS. BUSH: He really drove that
8 process.

9 MS. GRIGSBY: All right. Thank
10 you so much.

11 Anyone else have any comments or
12 questions?

13 I think it's really helpful,
14 again, as a provider, to hear that, "Hey,
15 if you use these ICD-9 codes this is going
16 to flag this patient to their MCO. So
17 that they know there's an issue there."

18 And I, you know, I am spoiled
19 and fortunate in that I have a social
20 worker in my clinic. And if I see someone
21 that has food insecurity or a problem with
22 housing, we also have medical legal
23 partnerships. And so I have all these
24 resources that I can just run down the
25 hall or get on the computer and say, "Hey,

1 can you come to room so-and-so, I feel
2 like this family needs some help." But to
3 get that word out to providers and other
4 parts of the state and in other offices
5 where they are seeing these folks and they
6 don't have that social worker that -- that
7 resource in their clinic to help them find
8 resources for that family, I think is
9 really important information to get out to
10 providers. So thank you all so much for
11 that.
12 Now I'm just going to -- I think
13 Stuart Cox has put in the chat, "We must
14 also acknowledge that the new HEDIS SNS-E
15 measure that utilizes LOINC, HCPS is now
16 in play." So.
17 MR. COX: Yeah. Hi Donna, this
18 is Stuart again.
19 I thought it might be worthwhile
20 just to share that, that the -- this year
21 there was the new introduction of the
22 SNS-E measures and electronic coding
23 measures, so that pretty much replaces the
24 codes -- the Z codes previously -- and
25 it's very complicated and all of the MCOs

1 are working on, I'm sure right now what
2 that means to communicate with providers,
3 but there is a new coding system and
4 essentially there's the three elements.
5 There is the assessment, so
6 utilizing different tools, your code based
7 on the assessments, and then, of course,
8 the result of that; and if a member or
9 patient is a positive for a need, whether
10 it is related to housing, food, or
11 transportation, then there's also a
12 intervention code for referrals and for a
13 solution to that. So more to come on
14 that, but we're all working on that, on
15 how to best integrate that in our
16 programs, and that will be even more
17 relevant going forward.
18 MS. GRIGSBY: Just throwing this
19 out to other members of the TAC, would it
20 be helpful to have a brief presentation at
21 our next meeting from the MCOs on
22 resources available for patients and
23 families?
24 MS. DIMAR: I'd love to have
25 resources we could provide for parents on

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1 things like that, that we can share with
2 them. I think that would be very helpful.
3 MS. GRIGSBY: Okay. So perhaps
4 when we plan for next -- for July's
5 agenda, we may be able to request that
6 data from our MCOs about -- you know
7 what -- tell us what you are doing and
8 what information do we need to know about
9 how to access those resources for patients
10 and families? If you guys would be
11 willing to share that in a formal way.
12 MS. BICKERS: I can send that
13 out as a formal request so the MCOs have a
14 presentation ready. Do you want all six
15 MCOs to present next meeting, or do you
16 want to break them up three and three?
17 How would you like to --
18 MS. GRIGSBY: I will leave it up
19 for the discussion. Certainly when we've
20 done the five- to seven-minute
21 presentations, we can certainly do all of
22 them. But if -- if you all feel like it's
23 going to take you longer to give us that
24 information, then perhaps we should split
25 them over the next couple of meetings.

1 What do you all think?
2 MS. FOMBY: I know with Anthem
3 it kind of depends on, really, like, what
4 you'd want, how much you'd want us to
5 share. Where we have a full SDOH team,
6 the Empowerment Team, and then our other
7 teams address SDOH news as well and
8 there's different factors. I do have a
9 very short PowerPoint, if you wanted that.
10 We can kind of do what works for you all,
11 as far as Anthem's perspective.
12 MR. OWEN: Yeah. I'm thinking
13 like five minutes. Five minutes is
14 probably doable for each of us.
15 MS. BICKERS: Okay. We can fit
16 all six in then, and just, when I send the
17 email I will just make the request that
18 everyone stays within the five- to
19 seven-minute timeframe so we can get
20 everybody situated. Thank you.
21 MS. GRIGSBY: Thank you.
22 And from the members of the TAC,
23 is this something that you want on
24 homelessness or do you want them to talk
25 more broadly about social determinants of

1 health? Anything -- Courtney, any
2 thoughts?
3 MS. SMITH: Sorry. My
4 technology's really messed up. I'm having
5 trouble.
6 MS. GRIGSBY: It sounded like
7 you were trying to say something but I was
8 just like --
9 MS. SMITH: Can you hear me now?
10 MS. GRIGSBY: Mm-hmm.
11 MS. SMITH: Okay.
12 I think -- I mean I feel like if
13 it's combined, I mean, I don't know if
14 there -- those are two different
15 presentations possibly, I don't know what
16 all -- I guess I feel like we've heard
17 some about the other social determinants
18 of health in other presentations before,
19 because there's a lot of overlap in those
20 areas, in other things that we've been
21 talking about. But I guess I'm kind of
22 open to whatever anyone else thinks. I
23 don't have a -- I love things that we can
24 pass on to families directly, but also to
25 other providers and, for instance, in the

1 clinic where I work, we are giving
2 resources out all the time to hundreds of
3 people who call in every week. So.
4 What do you guys think? Does
5 anyone else have a strong opinion about
6 just homelessness or all the areas?
7 MR. OWEN: I was going to say --
8 so you've got food insecurity as well,
9 which is very related.
10 MS. SMITH: Yeah.
11 MR. OWEN: You know, very
12 intertwined.
13 MS. FOMBY: Yeah. And housing
14 and food are the top two needs across the
15 state of Kentucky.
16 MS. GRIGSBY: So maybe just
17 focusing on those two. Yeah.
18 MS. SMITH: That would be good.
19 MS. GRIGSBY: Okay.
20 All right. Thank you all.
21 Thank you all for this discussion and kind
22 of helping us get an idea of what's
23 available, but not only that, but giving
24 us ideas on, "Hey, we would like to know
25 more about this."

1 And again, thank you, Adrienne,
2 for coming and talking with us.
3 If there's nothing else on this,
4 I would like to move to -- and actually
5 we've sort of naturally moved into the
6 discussion of future meeting topics.
7 MS. BICKERS: Donna, just to
8 make sure I have the request correct. We
9 would like a five- to seven-minute
10 presentation from each MCO on their
11 resources that they provide for social
12 determinants and homelessness, correct?
13 MS. GRIGSBY: Homelessness and
14 food insecurity. I think we decided to
15 focus on those two.
16 MS. BICKERS: Okay. Thank you.
17 I just want to make sure that I get the
18 request to the MCOs exactly what you guys
19 want to see. Thank you.
20 MS. GRIGSBY: Is that correct,
21 other members of the TAC? Okay.
22 Any other -- I feel like that's
23 going to be a pretty robust discussion
24 again next time.
25 Anything else that anyone would

1 like to bring up in terms of future
2 meeting topics?
3 So I feel like that where we're
4 moving is that in July, we will discuss --
5 we will have the MCOs give us reports on
6 their resources for homelessness and food
7 insecurity. And then perhaps at the next
8 meeting we can talk about what we would
9 like to discuss in September.
10 MS. SMITH: We have that
11 little -- I guess that list of things that
12 we kind of generated that are on the
13 agenda there -- future topics -- maybe we
14 can just decide what a good segue is after
15 we hear about these things next time.
16 MS. GRIGSBY: Okay. Yeah.
17 Okay.
18 And then, do we have any
19 recommendations based on this discussion
20 that we need to make to the MAC? Do we
21 want to say something to the MAC about --
22 we recognize that poverty and homelessness
23 is a huge impact on children and families
24 and their, you know, and their well-being
25 and -- I'm not sure what recommendation we

1 would make. Like, encourage the, you
2 know, Medicaid and the MCOs to continue to
3 develop resources or to address this
4 issue?
5 MS. SMITH: I mean, I think that
6 sounds reasonable. It seems like
7 Adrienne's take-home point was really that
8 it's a housing, you know, issue, but
9 that's not really Medicaid's, you know,
10 money to put toward that, so I don't know
11 what other -- what other nudges can be
12 given, but it sounds like that, that is
13 the take-home point.
14 MS. BUSH: So I am not a member
15 of the Children's Health TAC, so take what
16 I'm about to say with a grain of salt.
17 But I do think -- I think at this point,
18 if you can hear from the MCOs about what
19 they are doing to address social
20 determinants of health next meeting, maybe
21 a future meeting, but maybe at that point,
22 you will have some sort of specific
23 recommendation for the MAC.
24 What would be really great to
25 see at some point -- I just think it might

1 be a little bit premature -- is
2 recommending that DMS explore some sort of
3 waiver for tenancy supports through the
4 Medicaid, you know -- through different
5 Medicaid authorities. But, like, also I
6 recognize that DMS has their hands full
7 right now with the current application and
8 process so that's why I'm saying it might
9 be a little bit premature.
10 MS. GRIGSBY: So perhaps no
11 recommendations to the MAC at this point,
12 but after, maybe, next meeting we can
13 identify some -- some recommendations we
14 can make. Once we see where, you know,
15 and maybe the MCOs are covering it all or
16 covering it the way that we feel like they
17 can, you know, they can best do it. But
18 maybe just waiting on recommendations
19 until that meeting.
20 MS. COULTER: Hi. This is
21 Danita. I am the Equity and Determinants
22 of Health Branch Manager in Quality and
23 Population Health. We are currently
24 working with the Medicaid Collaborative
25 Innovation, and we are in the 2023 cohort

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1 where we are currently focusing on the
2 social determinants of health efforts with
3 the MCOs. So we are currently working on
4 some efforts to address those and we do
5 have some specific -- some specific
6 guidance written into the quality strategy
7 already. So those are some things that we
8 are currently working on in regards to
9 those initiatives.
10 So at some point, if the TAC is
11 interested in us providing further details
12 on what we are doing, we would be happy to
13 present that for you all.
14 MS. GRIGSBY: Sure. That would
15 be -- that would be very helpful. And I
16 feel like that if you feel like that fits
17 nicely with what the MCOs will be
18 discussing next time, we can do that at
19 the next meeting, or if you feel like that
20 lends itself to a separate discussion, we
21 can certainly put that on the agenda for
22 September's meeting.
23 MS. BEAL: Donna, you can even
24 ask DMS to present. They have a canned
25 presentation that they have done at other

1 TACs on this effort.
2 MS. GRIGSBY: Okay. Perfect.
3 MR. OWEN: I was going to throw
4 out as a random note, because Adrienne
5 talked about DMS having their hands full,
6 reminded me that there was -- just a note
7 that there was legislation passed in a
8 session to create a demonstration waiver
9 which could take a couple years for
10 children as an alternative to juvenile
11 justice detention that, instead, they
12 would get Medicaid. They'd be eligible
13 for Medicaid care and that's, you know, we
14 already had that for, basically, adults
15 and substance abuse treatment, but just as
16 an FYI that DMS will have to pursue a
17 demonstration waiver for that as well,
18 which will help juveniles, so I thought I
19 might as well throw that out there.
20 MS. GRIGSBY: That does sound
21 like they have a lot of things that they
22 are addressing right now.
23 MR. OWEN: Yes.
24 MS. GRIGSBY: Well, thank you
25 guys. This has been a very helpful

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1 discussion and I think we've -- are moving
2 toward, you know, what we would like to
3 hear at the next meeting.
4 To the TAC members, do you feel
5 like having DMS also present next time is
6 going to be too many presentations? Or do
7 you feel like that's going to lend itself
8 nicely to the --
9 MS. DIMAR: How long would that
10 presentation take? Would it be like ten,
11 fifteen minutes? Or how long would that
12 be?
13 MS. GRIGSBY: Danita, did you
14 want to comment?
15 MS. COULTER: I think if we're
16 -- if we're looking at the presentation,
17 that canned presentation -- is that the
18 one you are looking at that Deputy
19 Commissioner usually gives? Is that the
20 one that you were referencing?
21 MS. DIMAR: Yes.
22 MS. COULTER: Okay. I would
23 want to check with her before we committed
24 to that one.
25 MS. GRIGSBY: Okay.

1 MS. COULTER: And maybe put that
2 one to the next TAC, and just let the MCOs
3 at the upcoming one.
4 MS. GRIGSBY: Okay. Thank you.
5 All right. Any other comments?
6 Questions?
7 Erin, do you want to tell us
8 when the next MAC is?
9 MS. BICKERS: The next MAC
10 meeting is the 25th of May.
11 MS. GRIGSBY: And is that a
12 Thursday?
13 MS. BICKERS: Yes, ma'am.
14 MS. GRIGSBY: I feel like we've
15 discussed this before. I feel like
16 several of the members are committed to
17 doing things on Thursdays. Are there any
18 TAC members that would be willing to
19 represent us at the MAC that aren't --
20 that aren't tied up with commitments?
21 MS. SMITH: Remind me the time
22 of the meeting, Erin?
23 MS. BICKERS: It is from 10 to
24 12:30.
25 MS. SMITH: I'm not able to do

1 that.

2 MS. WHATLEY: I can probably

3 attend. Can -- Donna, I've been to those.

4 It's been quite a while before I was the

5 representative for this TAC. Is it just

6 kind of being there and letting them know

7 that we don't have any recommendations for

8 the current meeting and then listening in

9 to see what other TACs are presenting? Is

10 that the expectation?

11 MS. GRIGSBY: Mm-hmm, yes.

12 MS. BICKERS: Yes, ma'am,

13 Alicia. And then you would just give a

14 brief overview -- you guys met, you had a

15 presentation, just a very brief, this is

16 what we've been discussing, and then if

17 you had recommendations, present your

18 recommendations and then listen in, you

19 know, like you said, see what is going on

20 in all the other TACs. So it's just a

21 brief, very brief overview. It doesn't

22 have to be anything lengthy.

23 MS. WHATLEY: Yeah. I think I

24 should be available on the 25th for this

25 one. If you'd like me to attend, Donna, I

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1 can.
2 MS. GRIGSBY: Yes. Thank you,
3 Alicia.
4 MS. WHATLEY: Erin, what's the
5 best way to make sure that I get an invite
6 to that meeting?
7 MS. BICKERS: I can forward you
8 the calendar invite so that you will have
9 it on your calendar for the rest of the
10 year.
11 MS. WHATLEY: That would be
12 great. Thank you so much.
13 MS. BICKERS: You're welcome.
14 MS. GRIGSBY: All right. Thank
15 you, Alicia.
16 Our next meeting is July
17 the 12th from 2 to 4. We have talked
18 about what our agenda will be, so if the
19 TAC members want to stay on for a few
20 minutes, we can go ahead and finalize the
21 agenda so I can get that to Erin, and we
22 appreciate everyone who was here today and
23 participated, and I want to, again,
24 particularly thank Adrienne for her
25 presentation and for all of her hard work.

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1 And I'm excited to hear from the MCOs.
2 I -- again, as a provider, I
3 don't think we know what we don't know
4 sometimes about what's going on out there,
5 so this is very helpful.
6 With that, can someone move to
7 adjourn?
8 MS. SMITH: I move to adjourn.
9 MS. GRIGSBY: And the second?
10 MS. DIMAR: I second.
11 MS. GRIGSBY: And all in favor?
12 Okay.
13 Thank you all. If the TAC
14 members and Erin would stay on, we can
15 hammer out this agenda and get that to
16 Erin, and we will be ready for next time.
17 Thank you all.
18 MR. OWEN: Thank you all. Have
19 a good rest of the day.
20 MS. O'BRIEN: Thank you. Have a
21 good day.
22 MS. GRIGSBY: Ah, the gift of
23 time.
24 (Meeting adjourned at 3:02 p.m.)
25

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2 C E R T I F I C A T E

3

4 I, STEFANIE SWEET, Certified Verbatim
5 Reporter and Registered CART Provider - Master,
6 hereby certify that the foregoing record
7 represents the original record of the Children's
8 Technical Advisory Committee meeting; the record
9 is an accurate and complete recording of the
10 proceeding; and a transcript of this record has
11 been produced and delivered to the Department of
12 Medicaid Services.
13 Dated this 18th day of May, 2023
14
15 _____/s/ Stefanie Sweet___
16 Stefanie Sweet, CVR, RCP-M
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25