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

Via Videoconference
October 18, 2022
Commencing at 1:30 p.m.

Shana W. Spencer, RPR, CRR
Court Reporter

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APPEARANCES

BOARD MEMBERS:

Emily Beauregard, TAC Chair

Miranda Brown

Arthur Campbell

Patty Dempsey

Christine Jackson

1 MS. BICKERS: It's just now 1:30,
2 and it looks like most of the -- most of the
3 waiting room is cleared.

4 But if you don't mind, really quick, I
5 wanted to introduce -- Kelli Sheets is on the
6 call today, and she is going to be working
7 with me on tackling all the MAC and TACs.
8 And then when I go on maternity leave in
9 March, she will be your main contact until I
10 get back.

11 So you'll start seeing her name on some
12 emails and things. So I just wanted to let
13 you guys know in case you started seeing
14 emails from someone other than me.

15 MS. BEAUREGARD: Well, good to meet
16 you, Kelli. I think we can go ahead and get
17 started. We have a quorum and --

18 MS. BICKERS: And your waiting room
19 is clear, so I'll turn my camera off and turn
20 it over to you.

21 MS. BEAUREGARD: All right.
22 Thanks, Erin. Yeah. Welcome everyone.
23 Thanks for taking time to be with us this
24 afternoon. I think we have all of our TAC
25 members present.

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So I'm Emily Beauregard. I'm the director of Kentucky Voices For Health, and I chair the Consumer TAC. And I'll just call on our other members to quickly introduce yourselves. We have Christine, Arthur, Miranda, and Patty.

MS. JACKSON: I'll go ahead and go. I'm Christine Jackson, and I'm representing AARP.

MS. BEAUREGARD: Arthur may not be able to speak on the call because his interpreter wasn't able to be there right now. So Arthur Campbell with P&A. And, Arthur, if you want to put anything in the chat, feel free to.

Miranda and Patty, can you un-mute and introduce yourselves?

MS. BROWN: Hi. I'm Miranda Brown. I'm a connector and outreach coordinator for Kentucky Equal Justice Center.

MS. BEAUREGARD: Patty, are you able to un-mute and -- I don't think you necessarily have to have your camera on at the moment until we take a vote. But if you're able to, that would be fantastic.

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She might be having some difficulties with her connection. All right. We'll move ahead. I think we do technically have a quorum, whether or not Patty is able to put her video on, so that's good.

And I'd like to move to approval of the minutes from the previous meeting. Now, the minutes, technically, this is a transcript from our last meeting, and that's what we'll be receiving from now on. But we still need to have that approval.

And I understand that none of us are probably going to read it word for word, but if you've been able to just skim it and we can tell that, you know, it's basically covering what we discussed at the last meeting, I think that's really all that we need.

And this would be approval from the last meeting which we did business which would have been -- is that June? I think it would have been our June meeting.

MS. BICKERS: You can approve the June and the August minutes.

MS. BEAUREGARD: Okay. So we have

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August minutes. I'll ask for a motion to approve those minutes.

MS. BROWN: I -- I'm sorry. I don't think I've seen the August minutes.

MS. BEAUREGARD: Yeah. I was going to say the same.

MS. BICKERS: I'll go back into my sent file. They should have been sent, but I'll make sure they get back out to you guys. If you want to approve the June meetings and then approve your August minutes --

MS. BEAUREGARD: Yeah. You know, I'm not too concerned about our August minutes because we did not really conduct any business. So I was just assuming that we would approve the June minutes, so we can go ahead and do that.

MS. JACKSON: Make a motion to approve the June minutes.

MS. BEAUREGARD: Thank you, Christine. Can I get a second?

MS. BROWN: I second.

MS. BEAUREGARD: All in favor, say aye.

(Aye.)

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MS. BEAUREGARD: Any opposed?

(No response.)

MS. BEAUREGARD: All right.

Minutes are approved. Good to see you, Patty.

So we'll move on to our old business, and we have a number of items here that we'd like to follow up on. The first is the status of DMS' proposal to spend a portion of the FMAP funds to pay the onboarding costs for PDS employees.

MS. SMITH: So that was approved in the original spending plan for the ARPA funds. However, when the budget bill passed and we were directed to use those funds towards the mandated ten-percent increase in fiscal year '23 and the ten-percent increase in fiscal year '24, that removed the ability to -- actually, it takes care of all of those funds. We have no additional funds left to be able to do that.

We still are in the process of that -- the revised spending plan. It's still with CMS for the approval to allow us to do that with the -- for the rate increase. We have

1 not gotten an official word back. They've
2 asked us a couple of questions, and we've
3 answered. But we haven't gotten anything
4 official back from them yet. But,
5 unfortunately, that was one of the
6 casualties --

7 MS. BEAUREGARD: Thanks, Pam.

8 MS. SMITH: -- of that direction.

9 MS. BEAUREGARD: So when you say
10 casualty, you're expecting that when you do
11 hear back from CMS, that this piece of it
12 won't be funded because of the rate --

13 MS. SMITH: If they approve -- yes.
14 So -- right. If they approve -- so if CMS
15 approves the revised spending plan that we
16 had to submit as a result of the budget bill,
17 then it will -- it will take all of the funds
18 from -- that we were projected to get from
19 ARPA.

20 In fact, it'll be -- it won't even cover
21 100 percent of the State's share. So, I
22 mean, it will take even more than that to
23 cover that rate increase. So there will not
24 be -- any of the activities that were
25 previously approved in the spending plan were

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replaced with that new spending plan.

Now, that doesn't mean 100 percent that we are stopping with everything, you know, because we feel like there were valuable things in that spending plan. So we are still trying to figure out how can we achieve some of those things without it being through the ARPA -- you know, through the spending plan.

So we still are trying to work with -- we're working with Guide Health, and we're looking at it through the rates. There are some other alternatives that we're looking at with the -- about maybe rolling onboarding costs up into -- if we do kind of a revamp how we do the FMA services of PDS and maybe have only, you know, two to three entities across the state that truly need financial services that may be making those onboarding costs be part of that reimbursement. So it's just part of that cost.

So we're trying to find an alternative to what it is right now, but it just -- it slowed us down a little bit with -- you know, while we're in limbo, waiting to see if CMS

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approves that revised spending plan. Then, unfortunately, all of those dollars were used towards that. But we still recognize this is a problem; we want to fix it, and just will take me longer and some more creativity to try to get to the end to fix that.

MS. BEAUREGARD: Okay. All right. Thanks for that explanation.

Arthur, did you have something you wanted to say or ask?

(No response.)

MS. BEAUREGARD: Pam, one question that I have as a follow-up is, you know, for these various sort of alternatives that you're looking at, do you have a timeline at all of how long it could take, even a range of, you know, six months to a year or any sort of ballpark?

MS. SMITH: For this one in particular, I would say we are definitely looking at next year. Although I realize now it's the 18th of October, and next year is not that far -- it's not that far away. But I would think this is at least -- this is more of at least six months to a year.

1 Hopefully can have a better update for
2 that by the next meeting. I can have some
3 more information. Hopefully, we're going to
4 get our feedback from CMS and know 100
5 percent what the direction is from them as
6 far as the -- if they're going to sign the
7 revised spending plan or -- because if they
8 chose not to approve that spending plan, then
9 we would revert back to our original approved
10 spending plan.

11 So it's really -- you know, right now,
12 we're in a waiting game for them to make
13 their final decision.

14 MS. BEAUREGARD: And you don't have
15 an idea of when they're going to make that
16 decision? There's not a deadline; right?

17 MS. SMITH: There is,
18 unfortunately, not a deadline. Now, we --
19 I've sent another -- the end of last week, I
20 sent another inquiry to my contact with CMS
21 that does our spending plan, asking for an
22 update, and I have not heard -- I have not
23 heard back from her. So I will follow up
24 again -- we'll follow up again next week.

25 But in the meantime, the one activity

1 that was part of that spending plan that did
2 continue, because it is critically important,
3 is the rate study, which I know that it's
4 down on the agenda. So I'll give an update
5 on that in a minute after we -- when we get
6 down to it, but that did -- that did not stop
7 and will -- that one absolutely will
8 continue.

9 MS. BEAUREGARD: Okay. All right.
10 Great. Anything else related to that before
11 we move on?

12 (No response.)

13 MS. BEAUREGARD: And, Arthur, if it
14 would be easier for you to follow up, you
15 know, by email, that, of course, could work
16 as well. You just let us know.

17 MS. SMITH: That's what I was going
18 to tell him. If he needed to -- if he wanted
19 to email me --

20 MS. BEAUREGARD: With any
21 questions.

22 MS. SMITH: -- with any questions,
23 I can get back to him.

24 MS. BEAUREGARD: Okay. Great. So
25 the next item here is the PE Medicaid data

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request, so presumptive eligibility. I think we've asked in past meetings and were waiting on the data to know how many Kentuckians were covered under PE Medicaid in February of 2020, so right before the pandemic started, and then the average enrollment per month in 2019.

MS. CECIL: Emily, that -- this is Veronica Judy-Cecil with Medicaid. That was sent back on August 16th to the TAC, so we're happy to re-send that out. But we did include every -- between February of 2019 and -- let me see what the other date was -- and December of 2020 the monthly number of PE --

MS. BEAUREGARD: Thanks, Veronica. Miranda, this was the item that you wanted on the agenda. Is there a follow-up here or anything else that you're looking for?

MS. BROWN: I'm sorry. I'm looking for the email to see --

MS. CECIL: We're happy to re-send it. I just wanted to make you all aware that it was sent.

MS. BEAUREGARD: Yeah. We

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appreciate that.

MS. CECIL: And there are new members, so I'm happy to do that.

MS. BROWN: Thank you, Veronica.

MS. CECIL: Sure.

MS. BEAUREGARD: I do think re-sending would be helpful. It feels like there are a few things that maybe either didn't make it to us, or maybe it's just been too long. Oh, here, I do see it from Erin. So it's an email from Erin. I'm so sorry, you all. And it does say 2019 and 2020, so we appreciate that.

MS. CECIL: Sure.

MS. BEAUREGARD: I don't know how that slipped through the cracks for me. And, Miranda, it looks like that was, yeah, August 16th at 2:30.

MS. BICKERS: I'm happy to re-send it out just to make sure everybody has it.

MS. BEAUREGARD: Yeah. Having it at the top of the inbox is always helpful. So we can review that and then if there are any other questions or any follow-up, Miranda will add that to the next agenda, if that's

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okay.

MS. BROWN: Yeah. Thank you. I found the email.

MS. BEAUREGARD: Okay. Good. So the next item here is DMS disseminating the presumptive eligibility and emergency time-limited Medicaid flyer.

So this is a flyer that Miranda created with Kentucky Equal Justice Center and then DMS did, you know, review it and approve it for dissemination. But we were really hoping that DMS would send it out to providers and connectors.

MS. CECIL: Yes. Commissioner Lee had asked us to take that back and change it a little bit since it'll be coming from us. And I'll just be perfectly honest. In all the things that are on our plate, that just sort of got pushed aside.

And I know you guys are interested in us getting that out, but we want to make sure we do it accurately. And so we'll -- you know, hopefully by the next meeting, we'll be able to say that it's actually gone.

MS. BEAUREGARD: Thanks for the

1 update, and I know that we have emergency
2 time-limited Medicaid on the new business
3 part of this agenda, too, because we know
4 that DMS is making some changes to that
5 program. So it may be that having, you know,
6 updates based on the new process will be
7 helpful, too.

8 So the next item we have here is the
9 HCBS rate study workgroup which, Pam, you
10 mentioned a little bit earlier. Do you have
11 any other updates there?

12 MS. SMITH: We are -- actually, I'm
13 meeting with -- we're having a small group
14 meeting internally, I have with them this
15 afternoon and then we'll be getting a larger
16 group meeting scheduled in November.

17 But also in November, we're going to
18 have some smaller workgroups that'll focus on
19 really getting to particular, like, provider
20 groups, like case managers or -- you know,
21 Arthur, this may be something, if you're
22 interested, I may ask you if you can
23 participate from a PDS perspective where --
24 really to get, you know, that additional
25 information, to make sure that we get this

1 right and have all of the input.

2 That's all going to happen in November.
3 And then we are looking at targeting the very
4 first year of the year -- so within January,
5 February, that first quarter, having the
6 rates established. They'll go out for -- you
7 know, we'll -- they'll be posted for public
8 comment and go through all of the approval
9 process but really excited to see when we get
10 those out there. There's a lot of hard work
11 that's been done on that and a lot of
12 feedback that we've received from people.

13 But we have steadily been moving forward
14 with that information, and so a lot is going
15 to happen the last quarter of this year, into
16 the first quarter of next year, with rates, a
17 lot of positive, forward progress.

18 MR. CAMPBELL: All right.

19 MS. SMITH: Hey, Arthur. I'll
20 email you some details; okay?

21 MR. CAMPBELL: Yeah.

22 MS. SMITH: Okay.

23 MS. BEAUREGARD: And, Arthur, we
24 can hear you. Your microphone is working, so
25 that's good to know.

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MR. CAMPBELL: Yeah.

MS. BEAUREGARD: All right. Thanks for that, Pam. The PACE program rollout, do you have any updates on how that's going?

MS. SMITH: I do. I do. So we have two PACE organizations that are live right now and are enrolling individuals. That's Bluegrass Care Navigators and Horizon. And I am not going to tell you the counties because I am going to get them wrong. We are updating the map, and it's getting posted to the website.

But we just approved the six individuals for Bluegrass Navigators today. So as of November 1st, they will be serving six individuals. Horizon has been completing several assessments, and so they're anticipating a rep enrolling several people in November.

And then, actually just a few minutes go, I asked Erin if she could hear the fire alarms going off in the background because I'm actually on site at a PACE readiness review for our provider that will be serving Jefferson County that will be hopefully

1 targeting on enrolling individuals by the end
2 of the first quarter of next year or the
3 beginning of the second quarter so --

4 MS. BEAUREGARD: Pam, I think we
5 lost your audio. You might just be breaking
6 up on us.

7 MS. SMITH: Oh, I am in a basement
8 as well so...

9 MS. BEAUREGARD: You're coming in
10 clear now. If you can maybe just repeat the
11 last 30 seconds of what you said.

12 MS. SMITH: Yes. So we are -- I am
13 actually on site with the readiness review
14 for the organization that will be serving
15 Jefferson County, and so we anticipate them
16 to be ready to start onboarding individuals
17 by the beginning -- the very end of the first
18 quarter of next year or the beginning of the
19 second quarter of next year.

20 So, in fact, if y'all heard fire alarms
21 going off in the background, they were
22 testing the fire alarms just a second ago
23 so...

24 MS. BEAUREGARD: Your microphone is
25 working really well at not having all of that

1 background noise, but it's good to hear that
2 things are starting to roll out. Is this --
3 the Louisville provider, would that be the
4 third provider?

5 MS. SMITH: They will be the third,
6 uh-huh. They are -- and then --

7 MS. BEAUREGARD: And are you also
8 onboarding other providers?

9 MS. SMITH: We are. We have -- I
10 believe there were, for sure, two others. I
11 can't remember if the third one got in on
12 September 30th, submitted their documents to
13 CMS for their 90-day review.

14 So we have more that are in the process.
15 So we're slowly -- you know, it's still going
16 to be a slow rollout, but we are making very
17 positive, forward progress. And we're
18 working on -- Kelly has been -- has the
19 website up and has been putting additional,
20 you know, information and resources up as she
21 can.

22 We are going to work on some -- maybe
23 just an informational webinar that we'll
24 probably record and just put out on the
25 website just for people to understand what

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PACE is. Because a lot of people just don't really know exactly what it is and who can benefit.

And we -- we really see this as being kind of a -- as more of a collaborative effort with our current waiver. Because we see where there may be some individuals that are currently being served most likely by HCBs but may benefit more from a PACE approach, if they need a little higher touch, a more coordination of their care.

As well as the PACE provider can also be a referral source back to a waiver, if they have somebody that enrolls with them but maybe really doesn't want that intense or that -- you know, that much engagement, would really just want somebody to maybe come in three days a week to help them with their bath, and they have family that can help them.

So we really see the two of them interacting and working together and there being referrals kind of back and forth between the two of them as to -- in collaborating on what is the best option and

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what's the choice of the individual.

Because, you know, at the center of it, it is: What does the individual want?

But I'm really excited. It's going to be a benefit to a lot of people, I believe.

MS. BEAUREGARD: Yeah. I think a video sounds like a great idea. Do you have a number of people that you think will be eligible and will be able to enroll in PACE?

MS. SMITH: I do not have it right here with me, but I have a sheet that I can share. And I think there may be a presentation that's posted --

MS. BEAUREGARD: Okay.

MS. SMITH: -- that has some details on it, but I don't have the numbers in front of me.

Now, it's going to take us a little while to -- you know, we've been enrolling about two people, max of three people a month. So, you know, it's going to take us a little while to get to what seems like a significant number, but I'm excited with the continued progress that we've been making.

MS. BEAUREGARD: So you had

1 mentioned choice. And when you say that,
2 just to clarify, do you mean that people will
3 be able to choose which services they get
4 through the PACE program versus through a
5 waiver program, or would they have to choose
6 between participating in PACE versus
7 participating in a waiver?

8 MS. SMITH: Yes. So they have to
9 choose between -- they can't be enrolled in
10 both.

11 MS. BEAUREGARD: Okay.

12 MS. SMITH: But they -- even though
13 within -- still within those, you know, they
14 get to choose, you know, what services that
15 they want to receive from that -- from that
16 provider and what their plan of care is going
17 to look like. But no, they could not be
18 enrolled in both of them at the same time.

19 MS. BEAUREGARD: Okay. Does anyone
20 have questions about PACE or anything else
21 you want to add?

22 (No response.)

23 MS. BEAUREGARD: Well, Pam, when
24 that video is ready and if there's any, you
25 know, sort of public-facing materials that --

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if you can share that with us, I think that would be great. We'd like to get it out.

MS. SMITH: Absolutely. Absolutely will do that.

MS. BEAUREGARD: Thanks. So the next item here on the agenda is the Kentucky Medicaid Quality Strategy project, and I'm curious. I did see a public comment period that's open, and I'm wondering if it's for the same thing.

MS. PARKER: Yes.

MS. BEAUREGARD: If we can just get a little bit more information about how all of that is going to work.

MS. PARKER: Well, it's out on our website right now, and Erin did send that to all the TACs. It is out for public comment, in fact, starting on September 26th for 30 days, so that ends on the 26th of October. So a little more than a week from now.

So if there's any comments that you would like to provide, there is an email address on the announcement, or you can mail it in.

MS. BEAUREGARD: Thanks, Angie.

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Can you give us a sense of what the Medicaid Quality Strategy is right now and what could change based on people's comments? I don't think it's commonly understood what the quality strategy is.

MS. PARKER: Well, I mean, right now, the quality strategy -- it's a CMS requirement that we have a Medicaid Managed Care Quality Strategy at least every three years, updated at least every three years. So the current one was done in 2019, but the one prior to that was in 2012. So there were some updates.

For this quality strategy, we enlisted the assistance of Northern Kentucky University, utilizing the CMS toolkit and what was all required. And part of that was, you know, talking to people like you and others within the TAC, and the MCOs were involved. And we also utilized others from public health and behavioral health, or BHDID, internal departments within CHFS.

Basically, the quality strategy is to, you know, provide, like, a -- I can't even think of the right word. But we're going to

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look at it like a Bible as far as, you know, what we are targeting for the quality of the health of our -- quality of health of our Medicaid enrollee population.

Obviously, with any type of quality measures, you know, we know as a state that we're low on the totem pole, but we need to start -- and we have. Now, the MCOs have done a lot of work on improving the health status of the enrollees, but we have a lot more work to do.

So that -- it's the basis -- that's the word I was looking for -- the basis for providing and identifying and measuring the quality of health of the Medicaid enrollees.

MS. BEAUREGARD: So as you're looking at updating the strategy, are you looking at, you know, potentially new quality measures that would be prioritized, new incentives that would be, you know, sort of tied to those quality measures? Is that what -- is that what this plan would be really focused on?

MS. PARKER: Well, the incentives are provided through the MCOs. I mean, that

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is what they would determine to help drive the improvement of the measures. But yes, the quality strategy does have certain measures that would be the priority. Not to say that anything that -- other things may not work into that. But it's general, but it's not.

You know, I don't have it all -- and I should know it by the back of my hand but, you know, diabetes and the issues that we have with that, SUD, maternal health. Those are our main focus areas within the quality strategy and for the state. So based on, you know, a lot of the data that we've had -- and we know where Kentucky does rank in a lot of these areas.

So it's -- it will be reviewed at least annually, at least, to see if there are any changes that need to be made and also how we are doing as a -- as a state within our Medicaid managed care quality arena so...

MS. BEAUREGARD: Thank you for that explanation. And I do think if there's an annual report or something that, you know, we can take a look at, and if there could be a

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short presentation to our TAC, that would be really helpful, just to really understand, you know, where we're at with quality and, you know, what sort of steps you have in place for making improvements in those areas.

Does anybody have a question or anything they want to add here?

MS. PARKER: I can add that we do have a -- what we call a technical report that we submit to CMS every year, and that is on our website. So that does provide a lot of the information that our external quality review organization does throughout the year and helps us with the quality.

And this new quality -- the basis of that is usually tied to the -- or not usually, is tied to the quality strategy. So with this quality strategy coming into effect in 2023 and the next technical report would be due to CMS the end of April, that it would be associated with the 2019 strategy.

MS. BEAUREGARD: Okay. You know, I think a presentation that would help distill it down and make it little easier for -- you know, a little more accessible would be

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helpful.

MS. PARKER: Sure.

MS. BEAUREGARD: Because I know those technical reports can be pretty dense but --

MS. PARKER: Yeah, they can.

MS. BEAUREGARD: But it's really good to know more about how this process works. And I would just encourage any of our TAC members to -- before the 26th of October, to go ahead and submit your comments about, you know, how Medicaid managed care can help to improve quality in terms of both, you know, the quality of services and outcomes which is ultimately where we want to get. So thank you all for telling us about that opportunity.

The next item we have here -- and stop me, anybody, if you do want to chime in with a question or a comment -- is the stakeholder engagement opportunities regarding the PHE unwinding. I know that DMS has engaged Altarum to help with this but wanted the TAC to get an update from y'all.

MS. CECIL: Absolutely. And I did

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join a minute or two late, so if this has already been discussed, I apologize but --

MS. BEAUREGARD: It hasn't.

MS. CECIL: Okay. So the Public Health Emergency has been extended now to January 11, 2023. That means that our 60-day notice that CMS has committed to state Medicaid agencies to notify us if it's not going to be extended is November 12th. So now we'll be looking towards November 12th to see if we receive that 60-day notice and things start kicking off our unwinding efforts.

We have -- we're still doing some internal review over all of the flexibilities that are afforded to the State and making sure that we're taking advantage of them. And then we've been doing a lot of internal communication development. So I anticipate more stakeholder engagement probably in the next 30 to 45 days as we finalize some of that information.

MS. BEAUREGARD: That's good to know.

MS. CECIL: Yeah.

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MS. BEAUREGARD: And knowing the date has actually been extended now and not having to wonder and wait is really helpful.

One question I have for you, Veronica, I know some states are doing, like, a public dashboard so that people are aware of, I think, probably how many people need to renew, what those demographics look like, maybe where they are at regionally or county by county. Is that something that DMS is planning on doing?

MS. CECIL: Yes. We plan a very robust dashboard, in fact, and should -- we had a meeting on that last week to fine-tune some of the things on it that we want to report.

And we'll be sharing that so we can get feedback if that's meeting the needs of advocacy and community-based organizations. Because we know that you all are going to be a really important part of making sure that our members understand the process they're going through because they've never experienced it before.

So yes, we will -- we're creating a

1 website and plan to load sample or template
2 letters that go to members so people can see
3 what they're receiving. We'll have the
4 reports on there. We'll have flyers.

5 And we're also trying to consider
6 specific populations like children, pregnant
7 women, and others so that we can focus some
8 of the communication along those lines. And
9 so that's -- those are the efforts that we're
10 undertaking right now.

11 MS. BEAUREGARD: Yeah. I think
12 that all sounds like it'll be really helpful.
13 Is there anything that members of the
14 Consumer TAC and advocacy groups generally
15 can be doing right now to be helpful?

16 MS. CECIL: Just reminding people
17 to make sure their contact information is
18 updated. That's kind of the key thing right
19 now.

20 MS. BEAUREGARD: Yes. Definitely.
21 We know a lot of people have moved during the
22 pandemic so...

23 MS. CECIL: Yes.

24 MS. BEAUREGARD: And I think you
25 all have a toolkit with some of that

1 messaging. I don't know -- had that been
2 shared with MAC and TAC members, or is --

3 MS. CECIL: No. We've not -- I
4 don't think we've posted that or shared that
5 communication, but I can --

6 MS. BEAUREGARD: If there are just
7 a few messages that people could, you know,
8 easily kind of adapt or cut and paste, I
9 think that's always helpful.

10 MS. CECIL: Yeah.

11 MS. BEAUREGARD: Make sure that
12 we're all using the same language.

13 Miranda, did you have anything to say
14 there?

15 MS. BROWN: I think the toolkit
16 with the messaging -- shared messaging would
17 be really helpful.

18 Veronica, when you said that you
19 anticipate more stakeholder engagement in the
20 next 30 to 45 days, is that regardless of
21 whether or not the PHE gets extended again,
22 or is it dependent on that?

23 MS. CECIL: No. It does. We'll be
24 moving forward with that regardless of where
25 the PHE is.

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MS. BROWN: Thank you.

MS. BEAUREGARD: That's good to know.

All right. Well, thank you for those updates. Any other questions about this?

(No response.)

MS. BEAUREGARD: Just so other TAC members and anyone really on the call knows, the commissioner -- Commissioner Lee is going to be speaking at KVH's annual meeting about the unwinding. So we're excited to have her join us and share some updates and talk about what advocates can do to help keep people covered once the unwinding begins. And that's on December 14th. So if you want more details, just let me know.

Let's see. The next item we have here is the maternal health review. I know this review has been underway for a while now. Are there any updates?

DR. THERIOT: There's not too many updates. We're continuing to work primarily with our MCO partners. They all have going on that (audio glitch) --

MS. BEAUREGARD: Dr. Theriot,

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you're kind of breaking up on us. You were clear at the beginning.

DR. THERIOT: Postpartum -- oh, no. Is it better now, I hope?

MS. BEAUREGARD: It is better now.

DR. THERIOT: Can you hear me now?

MS. BEAUREGARD: It started breaking up when you said the MCOs have been working with us.

DR. THERIOT: Oh. They are working with our -- with us, all of them, on different projects to improve the postpartum visit rate, and postpartum will present some of that at the MAC next month. But it's ranging anywhere from incentive programs to (audio glitch) the providers. They obviously have incentives for members.

But several are also doing doula programs or doula pilots that you might be interested in. So it's kind of hitting it at all kinds of different angles with hopes that we improve care.

MS. BEAUREGARD: Yeah. That's good to hear. I know that we had -- I think it was -- I hope I get this right -- Humana that

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was offering doula services initially, maybe a year or two ago when it started. And we had that on the agenda for one of our TAC meetings.

But I think adding it back to the agenda and having other MCOs that might also be offering doula services share about, you know, how that process works for their particular MCO and members would be really helpful. So we'll do that for the next meeting.

DR. THERIOT: That sounds great. Because a lot of --

MS. BEAUREGARD: Unless you think that that will be too soon.

DR. THERIOT: Oh, yeah. I think that would be great because they're all doing something a little bit different or targeting different populations. And many of them are just getting started so -- or they just got started in this calendar year, so they should be able to have something to present at the next meeting.

MS. BEAUREGARD: And this is like an add-on, sort of, benefit still. That's

1 still the way it's designed. But will it be
2 on the side by side that people will get for
3 open enrollment?

4 DR. THERIOT: I don't know.

5 MS. BEAUREGARD: And I can't
6 believe that I don't have open enrollment on
7 the agenda. How did we -- oh, yes, we do.
8 We have it on the agenda under new business.
9 But yeah, the side by side has been, like,
10 such a valuable, you know, tool that we've
11 used to educate Medicaid members about their
12 options, and hopefully we'll have that again.

13 MS. PARKER: I mean, it is out on
14 the website.

15 MS. BEAUREGARD: Oh, the side by
16 side is already on the website?

17 MS. PARKER: Yeah. It's under open
18 enrollment, yes.

19 MS. BEAUREGARD: Oh, great. I saw
20 the recent side by side with the vaccine
21 incentives, but I hadn't seen the open
22 enrollment one. So that's good to know.
23 We'll make sure --

24 MS. BROWN: Just a -- oh, I can --
25 I'll bring it up later. Sorry.

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DR. THERIOT: There is a separate side by side just for maternal health, also, that's on the website.

MS. BEAUREGARD: Okay. Erin, would you mind sending us all of the side by sides in one email so that we can make sure that everyone has the right information?

MS. BICKERS: Yes, ma'am.

MS. BEAUREGARD: Thank you. Because those really are valuable, and we like to distribute them as far and wide as we can.

So you're saying that the maternal health is going to be, not on the value -- what is it called, Miranda? Is it --

MS. CECIL: Value-added.

MS. BEAUREGARD: Value-added services side by side. It will be a separate one.

MS. PARKER: Well, if they have some incentives for maternal health, it would also be on the value-added side by side.

MS. BEAUREGARD: Oh, okay.

MS. PARKER: There is just a separate maternal health that Dr. Theriot

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worked with the MCOs in getting on all of their -- what all of their maternal health programs are, basically.

MS. BEAUREGARD: Oh, okay.

All right. That sounds -- that's good to know. So we probably still want to do the value-add for open enrollment, but it's good to know that there's another one that gives us a better idea of what maternal health programs are in place.

Is that meant for the public, or is that meant more for providers, for the public?

DR. THERIOT: It's really the public and for providers. Because we were thinking if you're seeing a woman for a prenatal visit and she asks, hey, what -- you know, what do I have available to me, the providers don't really know because there are six MCOs. And so then you can whip out your little sheet and know exactly what to tell her.

MS. BEAUREGARD: Okay. All right.

That sounds great.

Miranda, did you have anything else you wanted to add there?

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MS. BROWN: No. Thank you.

MS. BEAUREGARD: And then the last item we have under old business is next steps for Medicaid reimbursement for licensed Certified Professional Midwives. Has anything else taken place since our last meeting?

DR. THERIOT: No. We really do not have a timeline for that right now.

MS. BEAUREGARD: It's under consideration but not really --

DR. THERIOT: Right.

MS. BEAUREGARD: -- moving forward? Is that my understanding? Okay.

DR. THERIOT: That's correct.

MS. BEAUREGARD: All right. Thank you. Anything there before I move on?

(No response.)

MS. BEAUREGARD: All right. So I'll move on to new business. And we still have a -- we have a standing data request just asking: How many Kentuckians are currently covered under traditional expanded Medicaid and also presumptive eligibility? So separate from the PE request that we

1 discussed earlier. Are you putting that in
2 the chat, Veronica?

3 MS. CECIL: Yes. I just put it in
4 the chat.

5 MS. BEAUREGARD: Okay. Perfect.

6 MS. CECIL: So for the record, we
7 have -- this is a snapshot as of August
8 1st -- sorry, October 1st. 1,677,685 total
9 in Medicaid. Of that, 1,518,906 are managed
10 care. 628,637 are expansion population.

11 I added SKY. You didn't ask for it, but
12 I think it's a good number to report because
13 we are very proud of the SKY program. 27,954
14 in SKY, and then our PE -- and this is --
15 it's done on a weekly basis, so I added the
16 most current weekly number as of October
17 17th, is 1,394.

18 We are averaging about 250 a month.
19 Keep in mind for presumptive eligibility,
20 they get two months of coverage. They're
21 still under the PHE two periods that they can
22 enroll in, but it's not done automatically.
23 So they have to request that second period,
24 so that's our current numbers.

25 MS. BEAUREGARD: Thank you. For

1 SKY, just to -- I'm not sure if everyone is
2 as familiar with that program. I know that
3 foster -- kids in the foster care system are
4 covered under the SKY program, but that
5 number is very different. So are there also
6 kinship families covered by SKY, or what
7 makes up that larger number?

8 MS. CECIL: Sure. So I'm going to
9 see if I can quickly pull up my cheat sheet
10 on it, but it includes -- former foster kids
11 can also -- former foster adults can also
12 enroll in SKY, so they can continue to
13 receive some of those extra benefits.

14 Let's see here if I can -- give me one
15 second. I did that to myself by adding in
16 the number, didn't I?

17 MS. BEAUREGARD: Well, I don't want
18 you to regret it. I think it's a great
19 number to have. And if you don't have the
20 answer for us at this --

21 MS. CECIL: Yeah. I was going to
22 say let --

23 MS. BEAUREGARD: -- moment,
24 Veronica, just an email would be great.

25 MS. CECIL: Let me -- let me find

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the populations that are --

MS. BEAUREGARD: I wasn't trying to put you on the spot. It just occurred to me that I feel like the number in foster care -- actively in foster care is about 9,000, kind of ballpark.

MS. CECIL: So it is foster care, dually-committed youths, so DJJ, juvenile justice kids. There is adoption assistance children, former foster care up to age 26, children/youth residing in adoptive home receiving adopted assistance. Let's see. I said DJJ youth, so not all of those are mandatory.

The mandatory eligibility is foster care children, dually-committed youth, and children 18 years of age that are under a commission. It's an eligibility -- confusing eligibility requirement. But the others are optional, so they can opt to enroll in SKY.

MS. BEAUREGARD: That's good. That's helpful. Thank you. Any other questions about that, any of the data that Veronica just shared?

(No response.)

1 MS. BEAUREGARD: Veronica, I
2 heard -- and I wish that I had more of these
3 details. But I heard that there were some
4 families with children who were covered, I
5 think dual eligibles, who were being
6 covered -- who were being taken out of MCO --
7 you know, managed care and covered under fee
8 for service.

9 MS. CECIL: So we are right now
10 discussing any -- taking individuals with
11 third-party liability and moving them over to
12 fee for service to make it a little easier on
13 those members and those -- and providers
14 serving those members. But that's just --
15 that's under consideration.

16 MS. BEAUREGARD: It's under -- it
17 has not happened yet?

18 MS. CECIL: Right. There have been
19 no notice to members or providers. And if we
20 decide to move forward with it, we'll send
21 out notices.

22 MS. BEAUREGARD: One question that
23 came up with that plan or just what you're,
24 you know, considering was whether the
25 provider network would change significantly.

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And my understanding is that fee for service has a different provider network than the MCOs; is that right? Providers can choose to opt in or out of fee for service?

MS. CECIL: That's correct, although there aren't very many that don't serve fee for service that are MCO only. But it does open up to the entire network unless they decided to make the decision not to serve fee for service.

MS. BEAUREGARD: Okay. Well, that's good to know. And if you were to notify members, would it be of your decision, or would they be given a choice?

MS. CECIL: No. If we moved TPL members over to fee for service, that would be -- they would be required to be under fee for service.

MS. BEAUREGARD: Okay.

MS. CECIL: It wouldn't be optional.

MS. BEAUREGARD: Do you expect there to be a public comment period for that?

MS. CECIL: It's -- there's no comment period for it.

1 MS. BEAUREGARD: All right. Well,
2 I know, at least for myself -- and anyone
3 else, feel free to chime in. I don't feel
4 like I have a very good sense of how it would
5 change for the members, aside from the
6 provider network potentially changing. But
7 if there's any information about what you
8 would anticipate changing, good or bad
9 potentially for the members, I think that
10 would be helpful.

11 In some ways, you know, it sounds like
12 it would be less complicated, but I also know
13 that MCOs have their own various programs and
14 some of those value-added benefits. And that
15 could potentially be a drawback for certain
16 people.

17 MS. CECIL: Keep in mind that most
18 of these people are working. They have
19 third-party liability maybe through their
20 employer, and so they don't generally access
21 a lot of the additional services that are
22 offered, the value-added services that are
23 offered.

24 MS. BEAUREGARD: Okay. That's good
25 to know. Do you have an idea of about how

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many households this would affect?

MS. CECIL: It would likely affect around 81,000 people.

MS. BEAUREGARD: Okay.

MS. CECIL: So it's a small -- it's a small population.

MS. BEAUREGARD: Thanks. Any other questions before we move on?

MS. BROWN: Yeah. So I'm not sure -- I don't really understand what -- what population we were talking about moving to fee for service.

MS. CECIL: The fees are individuals -- and, again, I really hesitate to talk about it because we're not moving forward with it yet. But -- so these are individuals that have commercial insurance and individuals that have Medicare supplemental, not Part C, Medicare Advantage, but Medicare supplemental.

You know, we've encountered some complaints over the years around MCO processing of claims that have third-party liability and bypass lists consistency -- we have bypass lists because Medicare doesn't

1 cover some things, or commercial insurance
2 doesn't cover things that Medicaid covers,
3 services that Medicaid covers, and provider
4 types that Medicaid covers.

5 So, you know, we're looking at trying to
6 create -- reduce barriers to accessing those
7 services and/or just trying to help
8 administratively simplify for providers for
9 having to process claims involving
10 third-party liability.

11 MS. BEAUREGARD: So this would
12 include -- and I understand this is under
13 consideration. So what you're exploring
14 would indicate KI-HIPP, like the Kentucky
15 Integrated Health Insurance?

16 MS. CECIL: So KI-HIPP is already a
17 fee for service.

18 MS. BEAUREGARD: And then other
19 commercial or third-party --

20 MS. CECIL: Right.

21 MS. BEAUREGARD: Yes. Okay.

22 MS. CECIL: Yeah. So keep in mind
23 when a member is in managed care, they're not
24 in KI-HIPP. And so it would actually expand
25 the population that we could potentially

1 consider for the KI-HIPP program which is a
2 really good program. Because sometimes we're
3 able to cover, you know, premiums that
4 include family. So it really benefits a
5 family sometimes to be part of the KI-HIPP
6 plan.

7 MS. BEAUREGARD: Right. Yeah.
8 And, you know, for certain circumstances, I
9 think that's correct. But I think it can
10 also be more complicated for some families,
11 so it's, I think, a case-by-case basis. But
12 it sounds like this would work similarly to
13 how it's already working with KI-HIPP but
14 for --

15 MS. CECIL: Well, KI-HIPP is very
16 different than processing a third-party
17 liability claim.

18 MS. BEAUREGARD: Okay. Well, I'm
19 not trying to confuse anybody, so I think
20 I'll just stop now. But thank you --

21 MS. CECIL: Happy to bring more
22 information if it would be --

23 MS. BEAUREGARD: Yeah. That would
24 be helpful. It just -- it was something that
25 someone brought up to me and had some

1 questions, in particularly about the provider
2 network. And I thought it would be worth
3 raising here so -- but good to know that
4 that's just still under consideration so
5 thank you for the updates.

6 MS. CECIL: Sure.

7 MS. BEAUREGARD: Where are we on
8 the agenda? I think the next one is -- the
9 next item here is feedback on network -- on
10 the network adequacy one-pager. And, Angie,
11 we really appreciate the work that you've
12 done on that. Thank you.

13 MS. PARKER: I should have it back
14 to you this week.

15 MS. BEAUREGARD: Okay. So I know
16 that Miranda had made some suggestions, which
17 I, you know, second those. Patty or
18 Christine or Arthur, did you have anything
19 else that you wanted to see in that network
20 adequacy one-pager?

21 (No response.)

22 MS. BEAUREGARD: Okay.

23 MS. DEMPSEY: Yeah. Did you say if
24 I have any more questions about Medicaid?

25 MS. BEAUREGARD: Well, specific --

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I was -- I was asking about the network adequacy --

MS. DEMPSEY: Okay. Yeah. Sorry.

MS. BEAUREGARD: -- one-pager. But if you have other questions generally, Patty, you know, we can absolutely make time for those. Is there a specific question that we haven't gotten to yet?

(No response.)

MS. BEAUREGARD: Okay. So I think with the network adequacy one-pager, we're good. And once we have a final version, we'll definitely want to be circulating that. I know that you have it on, you know, DMS letterhead, so it looks like something that you'll also be able to post and circulate.

Do you have a plan for how you're going to share that information with members?

MS. PARKER: Not yet. It may not be on letterhead. It's where I started it but, I mean, all this information is in the member handbook.

MS. BEAUREGARD: I think it's just -- it's easier for people to understand in the format that you've, you know, put it

1 in which is really helpful. And it just kind
2 of distills the process down and makes it a
3 little easier to -- for someone to follow
4 personally. Miranda, do you feel the same?

5 MS. BROWN: Yeah. I like the
6 format. When you say it's in the member
7 handbook, do you mean the handbook that an
8 MCO would send?

9 MS. PARKER: Yes. Regarding
10 network adequacy and how they can help with
11 finding a provider and contacting member
12 services with questions and --

13 MS. BEAUREGARD: I think the
14 information is there. It's just not quite as
15 succinct and clear. And, of course, every
16 MCO has the information written just a little
17 bit differently.

18 MS. PARKER: I mean, I developed
19 this for you all to utilize.

20 MS. BEAUREGARD: Yeah. No. We
21 appreciate it, and we'll definitely
22 circulate. I just wondered if it would be
23 posted somewhere or if there's a link that
24 we're going to be using, that sort of thing.
25 But --

1 MS. PARKER: I hadn't thought that
2 far.

3 MS. BEAUREGARD: Okay. Well, maybe
4 we can continue that conversation over email.

5 MS. PARKER: Okay.

6 MS. BEAUREGARD: Any other
7 questions or thoughts on network adequacy?

8 (No response.)

9 MS. BEAUREGARD: All right. Patty,
10 did you have questions that you wanted to add
11 under general discussion maybe, or was it
12 something specific to what we've already
13 covered?

14 MS. DEMPSEY: Probably -- probably
15 could have covered it up a couple notches
16 ago. But, actually, it's just a -- it's just
17 a Michelle P question, and I can do that in
18 general discussion. It's fine.

19 MS. BEAUREGARD: Okay. All right.

20 MS. DEMPSEY: Whichever, whichever
21 works.

22 MS. BEAUREGARD: Let's see. Is Pam
23 still with us? I know she's at a site visit,
24 so it looks like Pam is still on.

25 MS. SMITH: Yes. I'm --

1 MS. BEAUREGARD: Pam, would it be
2 better for you to cover that question now or
3 in a few minutes?

4 (No response.)

5 MS. BEAUREGARD: I think her
6 connection is pretty bad. Well, we'll --

7 MS. SMITH: Sorry, Emily. My
8 connection dropped literally the moment you
9 asked that question.

10 MS. BEAUREGARD: Sorry for that
11 timing. Did you -- do you want us to --

12 MS. SMITH: That's okay. It was
13 this hotspot.

14 MS. BEAUREGARD: Patty, why don't
15 you go ahead and ask your question, and let's
16 see if Pam can answer it. And if not, we'll
17 revisit in a few minutes. Patty, what was
18 your question about Michelle P?

19 MS. DEMPSEY: Yeah. Okay. So are
20 we ready for my question?

21 MS. BEAUREGARD: Yeah.

22 MS. DEMPSEY: It's just a quick
23 one. It will not take long at all, and this
24 just came up a few days ago. There were some
25 family members that were applying for -- or

1 checking on applying for getting on the
2 waiting list for Michelle P. Waiver, and they
3 were actually told that there's a six-year
4 waiting list to be able to get or obtain
5 waiver services, particularly on Michelle P.
6 And I think their questions were: Is that
7 basically correct? Is it a six-year waiting
8 period?

9 MS. BICKERS: I just got a message.
10 Pam just got knocked off. So, Patty, if
11 you'd like to send that to me via email, I
12 can send that over to Pam and get you some
13 answers for that.

14 MS. DEMPSEY: Okay. All righty.
15 Like I say, though -- and it came from --
16 what they had done is there was a couple of
17 parents from a couple of different areas
18 that -- I think it was like had been working
19 with their case managers, and they had -- so
20 they were going to sign up for -- get on the
21 Michelle P waiting list. And so they were
22 told that it would be -- that there --
23 actually, I think the way they worded it was
24 that there's a six-year waiting list. So
25 I'll just send you an email. That will be

1 fine.

2 MS. BICKERS: Okay. She did say
3 she's going to try to join by her phone to
4 see if she can get back on. But to make sure
5 you get an answer, if you don't care to just
6 email me. That way, we can make sure she
7 gets it.

8 MS. DEMPSEY: Okay. Okay. Will
9 do. Thank you.

10 MS. BICKERS: You're welcome.

11 MS. BEAUREGARD: All right. I
12 think the next item --

13 MS. DEMPSEY: Thank you, Emily.

14 MS. BEAUREGARD: Thanks, Patty.

15 The next item we have here is Medicaid open
16 enrollment and just knowing what the plan is
17 there. Open enrollment started on the 15th.
18 I can't believe that it's already halfway
19 through October.

20 MS. CECIL: Yes. Started yesterday
21 on the 17th.

22 MS. BEAUREGARD: Oh, the 17th.

23 MS. CECIL: Goes through December
24 2nd. Notices were sent out starting
25 mid-September, so we always try to give at

1 least a 30-day -- or early to mid-September.
2 We always try to give 30-day notice, so it
3 just opened. I don't have -- we'll get a
4 report on the changes. Last year, there were
5 about 9,000 changes.

6 Keep in mind that this is not open
7 enrollment like you traditionally think.
8 This is just an opportunity for members to
9 change managed care organizations. Medicaid
10 is a continuous open enrollment. So we're
11 happy to, you know, keep you posted on that
12 change.

13 MS. BEAUREGARD: Yeah. I mean, I
14 think the decision that a lot of people --
15 the basis for, you know, making that decision
16 for a lot of people is some of those
17 value-added benefits, provider networks, that
18 sort of thing.

19 MS. CECIL: Yep.

20 MS. BEAUREGARD: So I'm assuming
21 that the notice that went out to members
22 included that side by side.

23 MS. CECIL: It did. Yep. It sure
24 did.

25 MS. BEAUREGARD: Great. And is

1 there -- oh, I'm sorry. I was just going to
2 ask, with Anthem, I know that there's an
3 appeal process available to Anthem in terms
4 of the Medicaid contract. But depending on
5 that outcome, do you have a plan for what
6 would happen with the members? Would they be
7 auto-assigned and then have the chance to
8 choose a different MCO, or have you not
9 gotten that far?

10 MS. CECIL: Sure. Just a couple of
11 things about that. So Anthem has requested a
12 motion to reconsider at the court of appeals,
13 so it'll go through that process. And then
14 from that decision, they could also appeal to
15 the Supreme Court. So this -- you know,
16 there are lots of additional opportunities of
17 appeal around that, so we're still maybe
18 looking at a significant amount of time.

19 MS. BEAUREGARD: So six MCOs, kind
20 of business as usual for the foreseeable
21 future.

22 MS. CECIL: That is correct.
23 Business as usual. In the event that Anthem
24 no longer is a Medicaid managed care
25 organization, our contract sets forth how we

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distribute when that happens. But you are correct.

So even if somebody is auto-enrolled to an MCO, they always have 90 days from that date to change MCOs. They'll receive notice of that. You know, obviously, we'll want to make sure that those people are well-supported during that period of time. So we'll do a lot of outreach around that if and when it happens.

MS. BEAUREGARD: Okay. But that is not on the horizon at the moment so...

MS. CECIL: It is not.

MS. BEAUREGARD: Okay. Thanks. I hadn't heard about the appeal decision. I assumed that that would happen but --

MS. CECIL: Yeah. I was going to put in a plug for the Marketplace open enrollment so --

MS. BEAUREGARD: Yeah. Please do.

MS. CECIL: Because the Health Benefit Exchange is now in the Department for Medicaid Services. So the Health Benefit Exchange enrollment is November 1st through January 15th, 2023. So there is a little bit

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of an overlap there.

But as you all know, losing Medicaid is a qualifying event for a QHP, qualified health plan, enrollment. So just wanted to make note of that as well.

MS. BEAUREGARD: Yeah. Thank you. Yes. These are all overlapping, also with Medicare. And --

MS. CECIL: Yes.

MS. BEAUREGARD: -- of course, a lot of families, you know, there's mixed status. Some members would be enrolled in Medicaid and others in a QHP.

And just to be a good advocate, I have to say that the family glitch being fixed for this upcoming open enrollment and 2023 coverage is a -- it means that tens of thousands more Kentuckians would potentially be eligible for Marketplace plans.

MS. CECIL: Yep.

MS. BEAUREGARD: So that's definitely something that we should all be getting the word out about.

MS. CECIL: Yep.

MS. BEAUREGARD: Any questions

1 there, Miranda, or any of our other members?

2 MS. BROWN: I just had a question
3 about the side by side. I received it via
4 email from an MCO rep, but I think it would
5 be good for all connectors to get from the
6 State somehow the value-added benefit side by
7 side.

8 MS. BEAUREGARD: Yeah. I agree
9 with that. Miranda, we could make that a
10 recommendation. I'm sorry, Veronica, were
11 you about to respond?

12 MS. CECIL: Yeah. I was going to
13 say we're happy to make that request. Thanks
14 for the suggestion.

15 MS. BEAUREGARD: Anything else
16 before we move on?

17 (No response.)

18 MS. BEAUREGARD: All right. So our
19 next item is emergency time-limited Medicaid.
20 We talked about that a little bit with the
21 flyer, but I know that there's a process in
22 place to make some changes. Anything that
23 you can share with us now?

24 MS. CECIL: Yeah. So there's been
25 a little bit of confusion around emergency

1 Medicaid, and we've actually just recently,
2 in the last two weeks, met with CMS to
3 clarify what the State is required to do.
4 And as a result, we're making no changes.

5 MS. BEAUREGARD: Well, that is a
6 disappointment. Okay. Can you explain a
7 little bit more of how you came to that
8 decision?

9 MS. CECIL: I'm not sure what more
10 to explain.

11 MS. BEAUREGARD: Well, there had
12 been a lot of conversation with the deputy
13 secretary and others at DMS over the past two
14 years about making some improvements about
15 how people can enroll in emergency Medicaid,
16 making that easier and a process that, you
17 know, is a little bit more public-facing.

18 I know that, technically, it's in the
19 application, but it's rather ambiguous. And
20 people also can only enroll at this point
21 when they have an emergency rather than in
22 advance of an emergency which some states are
23 doing. And I thought we had a commitment
24 from DMS that that was going to happen. So
25 I'm just a little bit surprised by this.

1 MS. CECIL: Well, I'll take that
2 back but, you know, based on our conversation
3 with CMS, at this time, we weren't going to
4 do anything additional. To be honest, we
5 were a little concerned about some of the
6 changes that they were asking us to make in
7 terms of claim processing that we thought
8 would probably be a little more burdensome
9 for the individuals getting access to the
10 care they need by putting additional edits on
11 the front end instead of treating the
12 situation case by case. So, I mean,
13 certainly, Emily, I'll take that back to
14 them.

15 MS. BEAUREGARD: Yeah. You know,
16 the claim edit piece was really something
17 that, I think, came from CMS more so than
18 from advocates. We had -- Miranda and I at
19 least, and some others who have been talking
20 with the Cabinet about this for the past
21 couple of years, were much more focused on
22 pre-enrollment, being able to apply in
23 advance and be pre-approved only to be
24 covered, you know, in the event that you had
25 an emergency but to give people, you know,

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that option and that piece of mind in advance and to not leave it to hospitals and providers to, you know, sort of make those decisions about who they kind of assist in enrolling in emergency Medicaid.

Because it's just not a well-known option to people, and it's not very -- it's just not very accessible. And I think that a lot of hospitals -- you know, there are some that probably use it pretty routinely and consistently. And others, you know, it's maybe not an option that they either choose to use or that they tell people about, and it's very much based on, you know, whichever staff person or provider that you encounter.

And that just doesn't seem provider -- or patient-centered at all. It doesn't seem like it's, you know, essentially accessible and equitable in those ways. It feels like it's very much kind of at the mercy of, you know, who ends up treating you.

MS. BROWN: Right. And I think the other piece is if people are able to enroll in emergency Medicaid before an emergency happens, that kind of makes them feel more

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comfortable to seek emergency services when they need them.

MS. BEAUREGARD: Right. One thing that occurred to us with the pandemic actually was that while, technically, we knew that emergency time-limited Medicaid would cover COVID treatment, most people who would be eligible for it didn't know that and didn't know how to access it. And so, instead, if you don't know that that's an option, then you just avoid care and, you know, it ends up becoming a much more serious situation.

MS. CECIL: Like I said, I'm happy -- I'll take that back to the commissioner and the secretary.

MS. BEAUREGARD: Yeah. I think we would appreciate a conversation. It doesn't have to necessarily be through the Consumer TAC, but this is just a big change in direction.

Anything else before we move on there, Miranda, or any other member of the TAC?

(No response.)

MS. BEAUREGARD: Okay. So the next

1 item here is the onboarding costs. It may be
2 that we just put this both in the old and the
3 new. I'm not sure if there's more that we
4 need to cover there for PDS employees.

5 But, Arthur -- oh, it looks like you
6 just made a comment, so we will put that on
7 the agenda for our next meeting. Yes. I
8 think that's a good idea.

9 So, then, we have general discussion.
10 Patty, was there anything else that you
11 wanted to bring up here?

12 MS. DEMPSEY: No. I don't think
13 so.

14 MS. BEAUREGARD: Okay.

15 MS. BICKERS: I believe Pam was
16 able to rejoin. Pam, is your audio any
17 better?

18 MS. SMITH: Yes. Can y'all hear
19 me?

20 MS. BEAUREGARD: Yes, we can.

21 MS. BICKERS: Patty, did you want
22 to ask her your Michelle P question again
23 about the waiting list?

24 (No response.)

25 MS. BEAUREGARD: Patty, did you

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hear the question?

MS. DEMPSEY: Yeah. Is Pam on there?

MS. BEAUREGARD: She's on now.

MS. DEMPSEY: Okay. I'm sorry. Yeah, Pam. What I had asked earlier was we had heard some comments from people that are trying to sign up for the waiting list. Primarily, I think what they were looking at was Michelle P.

So in their discussions with, I guess, case managers, other people on staff, what have you, they were told that if they did sign up for Michelle P -- I don't know why they're not already signed up, but this was just, like, from a couple of different people.

They were told that there is -- actually, they could go ahead and sign up for Michelle P, get on the waiting list. However, it was a six-year waiting period, so I just wonder --

MS. SMITH: Right.

MS. DEMPSEY: I just wonder if that's still --

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MS. SMITH: Accurate.

MS. DEMPSEY: Yeah. There you go.
Is that still accurate? Is there still a
six-year waiting --

MS. SMITH: It is, but we --

MS. DEMPSEY: -- right now?

MS. SMITH: It is. We have --
we're between 7,900 and 8,000 individuals on
the waiting list. I don't have -- it's been
a few weeks since I've pulled the numbers, so
I don't have the exact number in front of me.

We are getting ready to allocate 350
slots on November the 1st, but the
individuals that we are allocating to right
now joined in 2015.

I will say, though, the whole -- when
somebody -- so there's not -- I don't just
decide I want to be on the Michelle P wait
list today and fill out that form like I used
to. So we encourage them still to go to --
if the case manager will help them do it, if
their family is able to do it.

Because, you know, they can do it
themselves after they do the Medicaid
application or if, you know, an ARDC will

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help them to do it, to complete the waiver application.

Because the answers that they -- and the documentation that they upload really gets them to the right place for where they're supposed to be. So it looks at what their deficits are. You know, do they have a developmental disability? Do they have a intellectual disability? Do they have a physical disability?

And so that does a couple of things. One, it makes sure that if they qualify for more than one waiver, that they get routed to every place they need to go. And then it also prevents them from potentially sitting on a waiting list for years at this point to only, you know, find out later that they really never qualified, that potentially, they needed to --

MS. DEMPSEY: I gotcha. Okay.

MS. SMITH: Yeah. So the application process is really meant to help with that and to make sure that they get -- you know, if they need to be referred to multiple places, that one application will do

1 that.

2 MS. DEMPSEY: Okay. All righty.
3 So is that like -- so has that number been --
4 has that been pretty much the basic number of
5 years for -- or is that just -- like,
6 six-year waiting period, or is that just
7 recent?

8 MS. SMITH: No. We've been staying
9 close to that. We actually --

10 MS. DEMPSEY: It's been -- yeah.

11 MS. SMITH: For a couple of years,
12 we were growing -- we were adding over 100
13 people a week to the waiting list. That has
14 stabilized off, and we're not seeing that
15 growth.

16 We also have been allocating slots.
17 This will tell you how many people that are
18 actually -- were added to that wait list that
19 probably either, one, weren't even sure what
20 they were requesting at the time because all
21 they had to do was fill out that piece of
22 paper; or two, you know, have since gotten
23 services in a different manner. But we've
24 been allocating slots about every 90 to 120
25 days --

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MS. DEMPSEY: Okay.

MS. SMITH: -- since 2018. And we are just now -- probably, this will be our last -- depending on how many people we get out of this allocation, this may be the last round of allocations that we do until we get the 50 slots approved that we were given for this budget year, which that's going in the -- we're getting ready to start working on the Michelle P. Waiver renewal, and that will be added to that.

But -- so that -- you know, we probably -- out of every 100 allocations that we send out, we don't even enroll 50 percent of those people. And most of them, it's not that they don't qualify. It's that either we can't find them, or they just don't want to -- they don't want to. They didn't realize what they were signing up for.

MS. DEMPSEY: Okay. Thank you. And just one other quick question. Like, on SEL emergency, are -- is that at zero right now?

MS. SMITH: It is at zero, yes.

MS. DEMPSEY: It is at zero?

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MS. SMITH: It is at zero. And we've added the --

MS. DEMPSEY: And the -- okay.

MS. SMITH: We've added the additional slots that we were given also in the budget for SEL, and that waiver is getting ready to repost in response to public comment. There's one thing left to do with that waiver and then it'll be sent to CMS for review and approval. But we're still -- we're at zero, and I think we have, like, 100 -- it was over 100 slots available in SEL.

MS. DEMPSEY: Okay. Thank you very much.

MS. SMITH: You're welcome.

MS. BEAUREGARD: All right. Yeah. Thank you, Pam, for getting back on. We appreciate that.

Anything else people want to cover under general discussion?

MS. JACKSON: I have just a quick one. On the Consumer Rights and Client Needs Advisory Committee website, you know, where the agenda and the Zoom meeting is, the very

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first listing talks about the five members representing, and I don't know if those organizations are right. I know AARP is not listed on there, so maybe it's something that doesn't get updated very often.

MS. BICKERS: I'm in the process of updating all of the TAC websites. When I took over for Sharley, I started to find a lot of inconsistencies. Sharley wasn't able to update the website herself, so she was leaning on other people.

So that is on my to-do list. It's not on my on fire to-do list, as I call in Medicaid, but it is on my list of trying to clean up those websites and making sure all that information is as up-to-date as possible. So I have been working on those.

MS. BEAUREGARD: Thank you, Erin, and I recalled that we had exchanged emails about updating the list. So I know you have that information.

And one update I wanted to share with you is that the FRYSCky coalition did get back to me, and I think they're in the process of identifying a representative. So

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that's good news. We still need --

MS. BICKERS: Wonderful.

MS. BEAUREGARD: We still need someone from KYACHW, the Kentucky Association for Community Health Workers. But their annual meeting is, I believe, next week, their conference. And so maybe that'll be an opportunity for us to identify somebody.

MS. BICKERS: I was going to say, if you have an email contact for them, I'm also very happy to reach out to them and help work on trying to get that position filled on my end as well. So maybe if we're hitting them from both ends, they'll get tired of hearing about it.

MS. BEAUREGARD: I'll try -- that's a good idea.

MS. BICKERS: Because I've been working on trying to put together an association contact list as well. So that way, when there are vacant seats or inactive members, I know who to reach out to. So that is also something I've been trying to work on as well.

MS. BEAUREGARD: Yeah. That sounds

1 like a good plan. I know that their board
2 leadership changes from year to year. And so
3 next week, I'll make sure I have the right
4 person who's currently the president and
5 connect you all.

6 MS. BICKERS: Thank you, Emily.

7 MS. BEAUREGARD: Yeah. Thank you.
8 So the next item we have here is
9 recommendations. I think I have a couple.
10 Does anyone else have recommendations?

11 MS. BROWN: I have the one about
12 the side by side.

13 MS. BEAUREGARD: Okay. Why don't
14 you -- yeah. Just --

15 MS. BROWN: Do you want me to go
16 ahead, then?

17 MS. BEAUREGARD: -- state your
18 recommendation in the way that you want it to
19 be presented, yeah.

20 MS. BROWN: Okay.

21 MS. CECIL: I will say I'm taking
22 care of that right now.

23 MS. BEAUREGARD: Okay. So we don't
24 need to do it unless you just want to be like
25 check, we did it already. No. I think

1 that's fine. Miranda, you could also make it
2 a recommendation that it just be an annual
3 process.

4 MS. BROWN: Yeah. That's a good
5 idea, that DMS notify all CACs and connectors
6 on an annual basis of the release of the
7 Medicaid open enrollment and side by side
8 value-added benefits.

9 MS. BEAUREGARD: I think that's a
10 good one. Well, I'll take a motion. I'll
11 motion.

12 MS. BROWN: Okay.

13 MS. BEAUREGARD: Second?

14 MS. JACKSON: I'll second it.

15 MS. BEAUREGARD: Okay. All in
16 favor, say aye.

17 (Aye.)

18 MS. BEAUREGARD: Any opposed?

19 (No response.)

20 MS. BEAUREGARD: All right.

21 MR. CAMPBELL: Hey.

22 MS. BICKERS: Arthur has a question
23 in the chat for Pam, I believe. He was
24 asking: Do you keep record of how many died
25 on the waiting list?

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MS. DEMPSEY: Good question.

MS. BEAUREGARD: Pam, are you still with us?

MS. SMITH: I am, yes. I can -- Arthur, yes, we do. We monitor it. I have to -- I would have to request the report. It's not something I keep in a, like, standard report. But it's something that I -- I periodically request the data, and I have easy access to it. I also have access to the individuals -- if it's something you would be interested in, Arthur --

MR. CAMPBELL: Yeah.

MS. SMITH: -- of individuals that are receiving services on other waivers while they're on the wait list.

MR. CAMPBELL: Yeah.

MS. SMITH: Okay.

MS. BEAUREGARD: I think that's also really good information for our policy makers, legislators in particular to have, as they're making decisions about how many slots to fund.

So, Arthur, did you have any recommendations?

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MR. CAMPBELL: No.

MS. BEAUREGARD: Not at this time. Okay. So we've voted on one recommendation, and that passed. The two that I have in mind, one would be that DMS post the network adequacy one-pager on the DMS website and require each MCO to post the one-pager on their respective websites.

Can I get a motion?

MS. JACKSON: I make a motion.

MS. BEAUREGARD: Thank you, Christine. Second?

MR. CAMPBELL: I second.

MS. BEAUREGARD: Second, Arthur. Thank you. All in favor, say aye.

(Aye.)

MS. BEAUREGARD: Any opposed?

(No response.)

MS. BEAUREGARD: All right. That motion carries. And my second recommendation, or our third altogether, would be that DMS create a pre-approval -- well, let me start this over, that DMS create a process for Kentuckians to apply for emergency time-limited Medicaid in advance of

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an emergency and be pre-approved to receive emergency time-limited Medicaid in the event of an emergency occurring within a 12-month period from the date of their application.

Does that sound right, Miranda?

MS. BROWN: Yes.

MS. BEAUREGARD: Okay. Can I get a motion?

MS. BROWN: I motion.

MS. BEAUREGARD: Second?

MS. DEMPSEY: I second.

MS. BEAUREGARD: Thank you, Patty.

All in favor, say aye.

(Aye.)

MS. BEAUREGARD: Any opposed?

(No response.)

MS. BEAUREGARD: All right. Thank you, all. And to reiterate there, we really do want to make sure that people can access the program. This wouldn't be an expansion of the program. It wouldn't change, you know, the requirements for someone, you know, to be enrolled and the types of -- the coverage or the benefits that they would receive. It would simply allow them to apply

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in advance of an emergency and be pre-approved for a 12-month period because we think that a lot of people otherwise will delay or avoid getting care.

And this would help us to make sure that people have an option for doing this, that they can initiate rather than being sort of at the mercy of the hospital or the provider that they may encounter whenever they're, you know, in that kind of emergency state, which is basically a crisis at that point, and may not -- may not have the information to enroll otherwise.

So I think -- any other recommendations?
(No response.)

MS. BEAUREGARD: I think we've covered everything on our agenda at this point. In terms of MAC meeting representation, Erin, I think you just want to know who's going to be at the next MAC meeting to give the report; is that right?

MS. BICKERS: Yes, ma'am. Just that way, if I know ahead of time no one is going to be there, I can let Beth know, so she's not just sitting and waiting on

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somebody.

MS. BEAUREGARD: Right, right.

Yeah. That will be me. I'm sorry I wasn't able to be at the last one but had multiple conflicts that day. That was just a day that everything seemed to be happening.

So, then, the next item here, our 2023 meeting schedule. This is something actually that I think we should vote on. This would maintain the schedule that we currently have. So 1:30 in the afternoon on what, I think, is the third Thursday -- or third Tuesday of the month.

Does anyone have a problem with that schedule? Of course, we can always -- like Erin said, if there's one particular month that we need to change, we can always reschedule. But this will be the schedule for 2023. Can I get a motion?

MR. CAMPBELL: I --

MS. BROWN: I make a motion.

MS. JACKSON: I'll second Arthur's motion.

MS. BEAUREGARD: Okay. Christine. Thank you. So Miranda made the motion, and

1 Christine seconded. All in favor, say aye.

2 (Aye.)

3 MS. BEAUREGARD: Any opposed?

4 (No response.)

5 MS. BEAUREGARD: All right. And we
6 do still have one more meeting this year,
7 which is December 20th, and then a MAC
8 meeting on November 17th.

9 MS. JACKSON: I've not ever done a
10 December meeting with you all. How does that
11 fair, December 20th being pretty close to the
12 holiday?

13 MS. BEAUREGARD: Yeah. That's a
14 good question. If people want to consider
15 rescheduling it now for earlier in the month,
16 I'm open to that, too.

17 MS. JACKSON: I think it's always
18 better to stay away from within five days
19 from that date.

20 MS. BEAUREGARD: Yeah. Do other
21 people prefer doing something earlier in the
22 month? Erin, would you -- would it be okay
23 for us to email about the schedule with you?

24 MS. BICKERS: Yes, ma'am. I can
25 look at the schedule and give you guys some

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dates a little earlier in the month.

MS. BEAUREGARD: I think that would be a good idea. Yeah.

MS. BICKERS: And then that way, I can work around the other 15 TACs as well, so sometimes their calendars get a little clunky.

MS. BEAUREGARD: Exactly. Well, it may be that some of those TACs won't meet at all in December, so yeah. If you could give us a few options, then we'll figure out the one that works best for us.

MS. BICKERS: Sure. I'll send that in a separate email, not with all the attachments. So that way, that can be a separate conversation.

MS. BEAUREGARD: Great. Thank you.

MS. JACKSON: Yeah. If possible, keeping it on the same Tuesday at 1:30, that helps, you know. Just a different Tuesday, not the 3rd, either the 1st or the 2nd.

MS. BEAUREGARD: All right. We will aim for that. So anything else before we adjourn?

(No response.)

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MS. BEAUREGARD: All right. Well,
thank you all. We really appreciate it, and
we'll be in touch.

MS. JACKSON: Thank you.

MS. BICKERS: Have a great
afternoon, everyone.

(Meeting concluded at 2:56 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 25th day of October, 2022.

/s/ Shana W. Spencer

Shana Spencer, RPR, CRR