

COMMONWEALTH OF KENTUCKY  
CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID SERVICES

**IN RE: HOME HEALTH TECHNICAL ADVISORY COUNCIL**

**ZOOM MEETING**

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February 15, 2022  
11:00 A.M.

All Participants Appeared Via Zoom or Telephonically)

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APPEARANCES

Annlyn Purdon  
CHAIR

Susan Stewart  
Evan Reinhardt  
Marlene Reynolds  
Teudis Perez  
TAC MEMBERS PRESENT

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CAPITAL CITY COURT REPORTING  
TERRI H. PELOSI, COURT REPORTER  
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APPEARANCES  
(Continued)

Angie Parker  
Judy Theriot  
Lee Guice  
Jonathan Scott  
Pam Smith  
Jennifer Dudinskie  
Erin Bickers  
Dawna Clark  
DEPARTMENT FOR MEDICAID  
SERVICES

(Court Reporter's Note: At the request of DMS, all other participants appearing via Zoom or telephonically will not be listed under Appearances.)

AGENDA

- 1) Welcome and Introductions
- 2) Approval of Previous Minutes
- 3) New TAC Member
- 4) Recommendations
  - a. HCBS FMAP Funding Plan
  - b. Supplies Orders/Quantities
  - c. Supply-Only Patients
- 5) Old Business
- 6) Adjourn

1 MS. BICKERS: I think we can go  
2 ahead and get started. Is the Chair on here? I do  
3 apologize. I'm still learning everybody.

4 MS. PURDON: I'm here.

5 MS. BICKERS: Okay. I'm Erin  
6 Bickers. Sharley is going to be retiring at the end  
7 of the month, so, I am stepping in to try to help  
8 run all the meetings. So, I look forward to getting  
9 to know everybody and working with everybody.

10 And if you're ready, I will go  
11 ahead and get everything recording and we can start  
12 the meeting.

13 MS. PURDON: Good to meet you.  
14 Nice to have you here.

15 So, if we're ready, we will go  
16 ahead and start. I guess we will start with a  
17 motion to approve the previous minutes. Which month  
18 was that?

19 MR. REINHARDT: They may have  
20 already been sorted through. Annlyn, this is just  
21 kind of a placeholder from the template for the  
22 meeting agenda. So, I'm not sure if we've had some  
23 of late since we cancelled the last couple.

24 COURT REPORTER: This is the  
25 court reporter.

1 MS. PURDON: What was our last  
2 meeting, October?

3 MR. REINHARDT: I think so.

4 COURT REPORTER: This is the  
5 court reporter. I'm not sure you have a quorum.  
6 Are there two members?

7 MR. REINHARDT: We have Annlyn  
8 and Susan and, then, Marlene, if you can just turn  
9 your camera on. Annlyn, Susan and, then, Marlene.

10 COURT REPORTER: I didn't see  
11 her. I'm sorry.

12 MR. REINHARDT: Thanks,  
13 Marlene.

14 COURT REPORTER: Thank you.

15 MR. REINHARDT: You're welcome.

16 MS. PURDON: I guess I did skip  
17 introductions. Do we need to go through all the  
18 members that are here?

19 MR. REINHARDT: Sure. We can  
20 do that real quick.

21 MS. PURDON: Do you want me to  
22 just go through and have everybody say their name  
23 and who they are with?

24 MR. REINHARDT: Sounds good.

25 MS. PURDON: I'll start off.

1 Annlyn Purdon, Hayswood Home Health.

2 MS. STEWART: Susan Stewart,  
3 Appalachian Regional Health Care.

4 MS. REYNOLDS: Marlene  
5 Reynolds, LHC Group.

6 MS. PURDON: And I don't know.  
7 Do we have that on the agenda? Yeah, that comes  
8 later. All right. So, we do have a quorum but we  
9 think we've already approved all the minutes we  
10 have.

11 MR. REINHARDT: Yes.

12 MS. PURDON: All right. So,  
13 moving on to Number 3, we do have a new member of  
14 the TAC. The Association voted in Evan. So,  
15 welcome, Evan.

16 MR. REINHARDT: Thank you.

17 MS. PURDON: Moving on to  
18 Number 4, Recommendations, and I will turn (a) over  
19 to Evan.

20 MR. REINHARDT: This  
21 recommendation is related to the HCBS FMAP spending  
22 plan that DMS is in progress with putting together  
23 and submitting to CMS, and our recommendation would  
24 be for that plan to include home health services and  
25 private-duty services.

1                                   The initial submission to CMS  
2 I think was just focused on waiver funding and  
3 services and we've had a couple of subsequent  
4 conversations about that, but we really wanted to  
5 formalize those programs being included, and it's  
6 our suggestion and recommendation that those  
7 programs get included in the plan.

8                                   So, that's really it. I'm  
9 happy to take any questions or move forward with a  
10 motion to approve that as a recommendation.

11                                  MS. STEWART: Second.

12                                  MR. REINHARDT: All right. A  
13 motion and a second. Annlyn, to your discretion, we  
14 can take a vote.

15                                  MS. PURDON: I'm sorry. Did we  
16 have a second?

17                                  MR. REINHARDT: Yes. Susan  
18 made a second.

19                                  MS. PURDON: Good. Thank you.  
20 Ready for a vote. All in favor? Motion carries.

21                                  So, now, does that just go to  
22 the MAC? Is that how that progresses?

23                                  MR. REINHARDT: Yes. I think  
24 we include a written formal recommendation to the  
25 MAC and present that at the next MAC meeting which I

1 think is March 24<sup>th</sup>.

2 MS. PURDON: So, we write that  
3 and, then, Susan takes it to the MAC? Is that how  
4 that goes?

5 MR. REINHARDT: Yes.

6 MS. STEWART: Or Evan present,  
7 either one.

8 MR. REINHARDT: Any member of  
9 the TAC can take the recommendations, discuss the  
10 previous meeting, take the recommendations and put  
11 them before the MAC that, then, formally presents  
12 recommendations to DMS and the Cabinet.

13 MS. PURDON: Okay.

14 MS. STEWART: And those  
15 meetings are virtual, Annlyn, if you ever want to  
16 join one.

17 MS. PURDON: Okay.

18 MS. GUICE: This is Lee Guice  
19 from Medicaid. I just want to bring this one point  
20 up. The recommendation has to be the same as it -  
21 you have to create the wording that you're going to  
22 take now.

23 So, if what Evan said. Evan,  
24 if you have that written down, it's been read into  
25 the minutes. So, if that's the wording that you



1 want, that's the wording that you need to take.

2 MR. REINHARDT: The official  
3 recommendation is just to include home health and  
4 private-duty services in the HCBS FMAP Plan from  
5 DMS.

6 MS. GUICE: Okay. Great.

7 MR. REINHARDT: It's pretty  
8 straightforward on that one.

9 MS. GUICE: Good. Thanks.

10 MS. PURDON: All right. I  
11 guess we're ready for (b).

12 MR. REINHARDT: Sure. I'll do  
13 this one.

14 MS. PURDON: Sounds good.

15 MR. REINHARDT: And, then,  
16 Susan, if you want to add any color, but the  
17 recommendation here is pretty straightforward again.  
18 Those that have been around the Home Health TAC for  
19 the last year or two, we've talked through the  
20 supplies orders and quantities' issues with the  
21 MCOs.

22 So, at this point, just for  
23 the sake of a level playing field and transparency,  
24 our recommendation would be that any supplies  
25 orders, order requirements or quantity requirements

1 that MCOs have be published and be available to  
2 providers in a publication, and secondarily, that we  
3 would also recommend to DMS that those orders and  
4 quantities be the same across MCOs. So, you don't  
5 have to go to one MCO and have "x" be the supply  
6 quantity requirement and then to the next one and  
7 it's "x" plus ten.

8 So, our recommendation is that  
9 supplies orders/quantities' requirements be  
10 transparent and published and available for  
11 providers to view and that MCOs be encouraged to  
12 move towards having the same requirements across  
13 each MCO.

14 MS. PURDON: I think, Susan,  
15 did you say something but your mute was on?

16 MS. STEWART: Yes. I said  
17 that's for all supplies. That's one of the hurdles  
18 we had historically is when we would get a list, it  
19 wouldn't be comprehensive. So, it needs to be every  
20 supply that they cover, not just a small piece of  
21 that pie.

22 MS. PURDON: And it also needs  
23 to include their modifiers because I think they like  
24 to come up with their own creative list of modifiers  
25 that nobody understands.

1 MR. REINHARDT: All right. If  
2 there is no other discussion, I'll send it back to  
3 you, Annlyn, for a second.

4 So, I will make the motion  
5 that this be included as a recommendation and then,  
6 for a second and, then, a vote.

7 MS. STEWART: Second.

8 MS. PURDON: All in favor, say  
9 aye. Motion carries.

10 MR. PEREZ: Good morning. I  
11 apologize for coming in a little bit late. What was  
12 this that you guys are recommending, if you guys  
13 don't mind?

14 MR. REINHARDT: Sure, Teudis.  
15 We were just on the supplies orders and quantities'  
16 topic.

17 So, I put the recommendation  
18 forward that those orders and quantities and  
19 requirements be made public and transparent in terms  
20 of providers being able to know what the  
21 requirements are to order supplies, all supplies,  
22 and that DMS encourage MCOs to move towards having  
23 the same requirements across each MCO. So, they  
24 wouldn't have one requirement for one MCO and a  
25 different one for a second.

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MR. PEREZ: That would be great.

MS. PURDON: All right. So, I believe we're on to (c). Do you want to take that away, too, Evan?

MR. REINHARDT: Sure. So, we've had some discussion amongst our association on this and I think where we are is that we would like to make a recommendation that for supply-only patients - and I believe this is for - remind me the term, the specific term, Susan. What specific supplies is this again, Annlyn?

MS. PURDON: Incontinence.

MR. REINHARDT: Incontinence, yes. So, for that patient type that typically is supply only for incontinent supplies, that DMS look at moving that to the DME fee schedule or payment side of things with an ability for home health agencies that remain in that space, for them to be able to do it but for that to be something in terms of the program and reimbursement would be moved from the home health side of things to the DME side of things.

So, I think that's a pretty standard practice in other states. Kentucky was

1 pretty unique in that regard that it was housed,  
2 that particular program was housed in the home  
3 health program or benefit.

4 So, we'd like home health  
5 agencies, if they're so inclined to continue to  
6 serve those patients, but for DME to be able to take  
7 over the lion's share there.

8 So, the specific  
9 recommendation would be for incontinent supply-only  
10 patients to now have their reimbursement in the DME  
11 program and to allow home health agencies, if  
12 they're interested, to continue to serve those  
13 patients.

14 MS. STEWART: To put that in  
15 perspective for the DMS people on the call, right  
16 now in Eastern Kentucky, there's not a home health  
17 agency that really does supply-only.

18 So, patients are really going  
19 without right now because it's not covered under the  
20 DME fee schedule.

21 MS. GUICE: Susan, are you  
22 saying that - Lee Guice again. Sorry. Are you  
23 saying that there are home health agencies in  
24 Eastern Kentucky who are refusing to service supply-  
25 only patients?

1 MS. STEWART: I wouldn't say  
2 the word refused. I would say that's not a thing  
3 that they offer.

4 MS. GUICE: Okay. They don't  
5 offer the service. Did they used to offer the  
6 service? Did they offer that service in prior years  
7 and have just determined that it's not - I don't  
8 know - not financially reasonable for them to engage  
9 in it?

10 MS. STEWART: Well, I mean,  
11 it's a multi-facet thing. It's storage and ordering  
12 and receiving it. Patients want this one today and  
13 the next time or they want a different one.

14 The margin is minimal for the  
15 headache involved.

16 MS. GUICE: Okay.

17 MS. STEWART: I mean, we have  
18 very few supply-only patients and we used to have a  
19 large volume but storage became an issue and  
20 patients changed their minds about what they want  
21 and you get stuck with large boxes of stuff, but I  
22 think that it has - patients are going without here  
23 because they can't get it through the DME providers,  
24 and I'm a DME provider as well.

25 So, I'm not saying if it gets

1 moved over there that it would be any - I would  
2 immediately start doing it because I would again  
3 have to weigh margins versus costs.

4 MS. GUICE: Okay. Thank you  
5 for that kind of back story. Appreciate it.

6 MS. STEWART: You're welcome.

7 MR. REINHARDT: And, Lee,  
8 that's consistent feedback across the membership.  
9 The issue they run into is a family might want a  
10 specific brand of a diaper, for example, that the  
11 agency doesn't have under contract or doesn't have  
12 readily available. So, then, they've got to go try  
13 and chase down that brand.

14 So, there's just some  
15 administrative and oversight issues that add to the  
16 cost of administering the benefit and the result is  
17 that thin margin that exists just sort of disappears  
18 in it. It becomes a loss liter, for lack of a  
19 better term.

20 MS. GUICE: I think that's kind  
21 of interesting because I'm not sure that in many  
22 other areas of health care that the families or the  
23 patients get to decide what it is that they want  
24 brand-wise.

25 So, that's why I was very

1 interested in that piece of information. That's  
2 something I'm not used to.

3 MS. STEWART: Lee, they can go  
4 to a doctor and tell the doctor I want you to write  
5 an order for XYZ and we have to try to find XYZ.

6 MS. GUICE: Okay. Okay. I  
7 appreciate the information. Thank you.

8 MS. PURDON: And I think on our  
9 end, it's just that we don't do supplies, and DME's,  
10 that's just what they do for a living. So, it's  
11 just hard for us to get it ordered, get it there on  
12 time, figure out and we've tried it every way.  
13 We've had it ordered, shipped here in bulk and,  
14 then, had patients pick it up here. We tried  
15 sending out our aides and delivering it to them.  
16 We've had it drop-shipped to the house. I've had  
17 that it got rained on, the dog ate it.

18 It's such a headache, and I  
19 just feel like DME's, this is what they do for a  
20 living and they can probably do it way better than  
21 what I do because I do home health way better than  
22 what I do supplies.

23 MR. PEREZ: On the other hand,  
24 we do have a large supply-only program and we now  
25 and then we do encounter some of those issues as



1 well, but we are doing pretty well as far as  
2 providing those services.

3 So, as I say, every agency is  
4 different but we are not having as many issues as  
5 other agencies providing a supply-only in our area  
6 and that's why we want to remain providing those  
7 services.

8 MS. GUICE: Mr. Perez, what's  
9 the name of your agency?

10 MR. PEREZ: Green River  
11 District Home Health. We are based out of our local  
12 Health Department.

13 MS. GUICE: Thank you.

14 MS. STEWART: And, Lee, I'll  
15 just comment. Teudis has a benefit that some of us  
16 don't have which is cost-based reimbursement.

17 MR. PEREZ: That is true. We  
18 do cost settle analogy as well. That helps a lot.

19 MS. GUICE: Yes, it always  
20 does.

21 MR. REINHARDT: All right. So,  
22 we need to take a motion and a second and, then, get  
23 a vote on that. I'll make a motion on the supply-  
24 only recommendation.

25 MS. STEWART: I'll second.

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MS. PURDON: All in favor?

Motion carries.

Do we have any Old Business?

MR. REINHARDT: That one was on there, I think, as a place order. I think we've covered everything in terms of Old Business and the recommendations with the supplies. So, we should be good to go there.

MS. PURDON: Al right. Well, with nothing else, do we have a motion to adjourn?

MS. STEWART: Wait. Before we adjourn, at our next meeting, could we get some updates from the MCOs and from DMS on things that are happening in those realms?

We used to get that when we met in person and we've kind of lacked that since we've gone virtual.

MS. BICKERS: If you can email me that, I will work on trying to get a representative at your all's next meeting.

MS. GUICE: If you put it on the agenda - I'm sorry, Erin - I didn't mean to interrupt you. If you put that on the agenda and submit your agenda in a timely manner, then, that's what Erin will make sure that she tries to - that

1 she sends that out and lets everybody know what kind  
2 of update you want, what your questions are and who  
3 you want to respond to them.

4 MS. STEWART: I wouldn't say  
5 necessarily we have questions. It would just be  
6 them giving us updates on what's happening in their  
7 - like, when we used to meet, you know, I can't even  
8 tell you who is over some of the Departments now  
9 because we've not met in person for so long. We used  
10 to have those interactions on who replaced who and  
11 such as that.

12 I mean, I just want updates.  
13 It doesn't necessarily mean we have questions, just  
14 tell us what's going on.

15 MS. GUICE: Like I was just  
16 trying to say, you just need to put it on there if  
17 you have specific questions. If you don't, then,  
18 just put DMS updates or MCO updates or whatever, but  
19 we kind of need to have some notice about what it is  
20 that you want.

21 And that notice, really,  
22 that's what your agenda serves is the notice to  
23 Medicaid and to all of our MCO partners.

24 MS. STEWART: Got it. Thank  
25 you.

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MS. BICKERS: Thank you, Lee.

MR. REINHARDT: Well, unless  
there's any other discussion or questions, I'll make  
the motion to adjourn.

MR. PEREZ: Second the motion.

MS. PURDON: Thank you,  
everybody, for your time.

MEETING ADJOURNED

HOME HEALTH TECHNICAL ADVISORY COMMITTEE  
Frankfort, Kentucky  
February 15, 2022 – 11:00 a.m. EST

TAC members in attendance via Zoom or telephonically: Annlyn Purdon, Susan Stewart, Evan Reinhardt, Marlene Reynolds and Teudis Perez.

Medicaid staff in attendance via Zoom or telephonically: Angie Parker, Judy Theriot, Lee Guice, Jonathan Scott, Pam Smith, Jennifer Dudinskie, Erin Bickers and Dawna Clark.

Managed Care Organizations (MCO) in attendance: At the request of DMS, MCO participants appearing via Zoom or telephonically will not be listed under Appearances.

Others in attendance: At the request of DMS, all other participants appearing via Zoom or telephonically will not be listed under Appearances.

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**Welcome and Introductions:** The meeting was called to order by Ms. Purdon and the TAC members introduced themselves. A quorum was present. Erin Bickers introduced herself and stated that she would be replacing Sharley Hughes as the liaison between DMS and the TAC. Her email address is [erin.bickers@ky.gov](mailto:erin.bickers@ky.gov).

**Approval of Previous Minutes:** All previous meeting minutes had previously been approved and there was no action needed.

**New TAC member:** Ms. Purdon introduced Evan Reinhardt as the newest TAC member who was appointed by the Kentucky Home Health Association.

**Recommendations:**

- (a) HCBS FMAP Funding Plan:** A motion was made, seconded and approved that the HCBS FMAP Funding Plan from DMS includes home health services and private-duty services.
- (b) Supplies Orders/Quantities:** A motion was made, seconded and approved that all supplies' orders/quantities' requirements be transparent and published and available for providers to review and that DMS encourage the MCOs to move towards having the same requirements across each MCO.
- (c) Supply-Only Patients:** A motion was made, seconded and approved that incontinent supply-only patients have their reimbursement in the DME program and to allow home health agencies, if interested, to continue to serve those patients.

The above recommendations will be presented by Susan Stewart to the Medicaid Advisory Council (MAC) held on March 24, 2022.

**Old Business:** There was no other Old Business. Ms. Stewart asked to get updates from DMS and the MCOs at the next meeting, and Ms. Guice asked that those requested updates be placed on the agenda in a timely manner in order to give DMS time to have appropriate staff at the meeting to respond.

**Adjourn:** The meeting was adjourned.

(Minutes were taped and transcribed by Terri Pelosi, court reporter, this 15<sup>th</sup> day of February, 2022.)