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CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID
PRIMARY CARE
TECHNICAL ADVISORY COMMITTEE MEETING

Via Videoconference
October 23, 2025
Commencing at 10 a.m.

Tiffany Felts, CVR
Certified Verbatim Reporter

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APPEARANCES

BOARD MEMBERS:

John Lillybridge, TAC Chair
Patrick Merritt (not present)
Dennis Fouch (not present)
Barry Martin
Brandon. W. Harley

1 MS. WASH: Hello, this is Barbara
2 from the Department of Medicaid Services.
3 It is 9:59, and I'm still clearing the
4 waiting room.

5 MR. LILLYBRIDGE: Thank you.

6 MS. WASH: So it's 10:01, and I still
7 have a few more coming in, but it looks like
8 it's just John and Brandon that are on at
9 the moment.

10 MR. LILLYBRIDGE: We'll give it a few
11 more minutes, if you don't mind.

12 MS. WASH: Okay.

13 Okay, John, it is 10:02, and
14 currently it's yourself, Brandon, and Barry
15 that are on.

16 MR. MARTIN: I'm here.

17 MR. LILLYBRIDGE: Okay. Good
18 morning, Barry.

19 MR. MARTIN: Hey, good morning.

20 MR. LILLYBRIDGE: Okay, why don't we
21 go ahead and get started then.

22 MR. HARLEY: Good morning, everyone.

23 MR. LILLYBRIDGE: We have -- well,
24 yeah, it's just the three of us looks like,
25 so we don't have quorum. Is anyone else in

1 the waiting room?

2 MS. WASH: I do not see anybody in
3 the waiting room.

4 MR. LILLYBRIDGE: So --

5 MS. WASH: You have three out of
6 five.

7 MR. LILLYBRIDGE: Yeah --

8 MR. MARTIN: Who else do we have?
9 Patrick and who else?

10 MS. BICKERS: Three out of five is a
11 quorum.

12 MS. WASH: Yes.

13 MR. MARTIN: Oh, okay.

14 MR. LILLYBRIDGE: Oh, we have -- I'm
15 sorry.

16 MS. BICKERS: You're good.

17 MS. WASH: Yes, you're good to go.

18 MR. LILLYBRIDGE: You said Brandon,
19 I'm sorry.

20 MR. HARLEY: Yep, good morning.

21 MR. LILLYBRIDGE: I apologize. Good
22 morning, Brandon.

23 MR. MARTIN: Brandon.

24 MR. HARLEY: Good morning.

25 MR. LILLYBRIDGE: Okay, so we've

1 established quorum. Good morning, everyone,
2 if I did not greet everyone this morning.
3 We have established quorum. The prior TAC
4 minutes -- TAC meeting minutes, has everyone
5 had an opportunity to read those?

6 MR. MARTIN: Yes.

7 MR. HARLEY: Yes.

8 MR. LILLYBRIDGE: Okay, good.

9 MR. MARTIN: I make a motion to
10 accept and submit it.

11 MR. LILLYBRIDGE: Any questions or
12 changes?

13 MR. HARLEY: I second.

14 MR. MARTIN: We're ahead of you.

15 MR. HARLEY: No, John.

16 MR. LILLYBRIDGE: I know.

17 MR. MARTIN: Sorry.

18 MR. LILLYBRIDGE: I've only had three
19 sips of coffee this morning. Can we have a
20 motion to-- well, you've already seconded,
21 okay.

22 MR. MARTIN: Yeah.

23 MR. LILLYBRIDGE: I'm behind, guys,
24 sorry.

25 MR. MARTIN: That's all right.

1 MR. LILLYBRIDGE: Then let's move on
2 to old business. We have updates on
3 recommendations to MAC.

4 MS. WASH: So this is Barbara from
5 the Department of Medicaid Services again,
6 and we -- the new MAC meeting will be taking
7 place on November 3rd.

8 MR. LILLYBRIDGE: Mm-hmm.

9 MS. WASH: So recommendations will be
10 presented then.

11 MR. LILLYBRIDGE: Okay.

12 MS. WASH: Okay?

13 MR. LILLYBRIDGE: Okay, thank you.

14 MS. WASH: You're welcome.

15 MR. LILLYBRIDGE: You know, with the
16 new arrangement, I wasn't quite sure how
17 that was going to work myself. So thank you
18 for that.

19 Okay, then moving on to new business,
20 KPCA representative updates.

21 MR. O'NEAL: Good morning. This is
22 Chuck O'Neal for KPCA. And so we've got on
23 the agenda, Mr. Chair, presentations for
24 standardized operations for all MCOS, and P
25 TAC recommendations to the MAC. I think we

1 covered that in its entirety at the last
2 meeting, and got a motion through. So I
3 think those are probably just replicated
4 from last month. Unless there's any
5 questions on those recommendations, I think
6 the plan is for those to be presented at the
7 next MAC on November 3rd.

8 MR. LILLYBRIDGE: Okay. Sounds good.
9 Thank you, Chuck, appreciate that. I
10 believe I saw you sent those out a couple
11 days ago?

12 MR. O'NEAL: Yes, sir.

13 MR. LILLYBRIDGE: Did I see emails --
14 okay --

15 MR. O'NEAL: Yes, sir.

16 MR. LILLYBRIDGE: -- good. Thank
17 you, appreciate it.

18 MR. O'NEAL: Absolutely.

19 MR. LILLYBRIDGE: DMS updates.

20 (no response)

21 MR. LILLYBRIDGE: Do we have an
22 update from DMS on the 1115 Waiver
23 application?

24 MR. MARTIN: Is there anybody here
25 from --

1 MS. BICKERS: This is Erin. I'm
2 looking to see who's on who might be able to
3 assist in that.

4 MS. WASH: I think Jonathan Scott is
5 on.

6 MS. BICKERS: There you go, Jonathan.

7 MR. SCOTT: Good morning, everyone.
8 I'm actually not here to talk about the 1115
9 Waiver application, though, so I'm -- that's
10 why I had not hopped on just yet. So if you
11 all -- so if anybody wants to do that after
12 this, I have a really brief update on the
13 federal changes that I can go over with you
14 --

15 MR. LILLYBRIDGE: Please.

16 MR. SCOTT: -- if you want to --

17 MR. LILLYBRIDGE: Please.

18 MR. SCOTT: -- sort of switch those
19 two.

20 MR. LILLYBRIDGE: Yes, thank you.

21 MR. SCOTT: So the big federal
22 issue -- there's a couple of large federal
23 deadlines and issues going on, so just going
24 to briefly touch on those.

25 So first of all, the shutdown. I

1 wanted to reemphasize that this currently
2 doesn't impact Medicaid. So members should
3 continue to use their benefits, providers
4 should continue to submit claims, and they
5 should continue to be paid for claims. So
6 if you have any information that that is not
7 happening and it is being contributed to the
8 current shutdown, please walk those up to
9 the department. We'd be happy to take
10 action on that and monitor it a little bit
11 more closely. Do you all have any questions
12 about the shutdown while we're touching on
13 this topic?

14 MR. LILLYBRIDGE: I do not, unless
15 someone on the -- on the meeting would like
16 to ask a question.

17 MR. MARTIN: I don't have any
18 questions about it.

19 MR. HARLEY: I don't have any.

20 MR. SCOTT: And then the next kind of
21 major pending issue is the Rural Health
22 Transformation Initiative, if you've heard a
23 little bit about that. That was a piece of
24 the -- of H.R. 1, and that's something that
25 a lot of the -- so it's being addressed by

1 CHFS. We have to submit a proposal by the
2 5th of November that is -- we're currently
3 in the process of getting all of that
4 together. I say "we," it's a Cabinet-wide
5 initiative that is being undertaken by
6 Cabinet leadership. So DMS is contributing
7 and providing expertise in Medicaid areas,
8 if they do come up in that situation, which
9 is going to be a broader health initiative.

10 So this was addressed yesterday in
11 the MOAB meeting. If you saw Secretary
12 Stack talking about it, he highlighted that
13 there's going to be a menu of ideas that
14 will be addressed in our rural health
15 transformation application: maternal
16 health, oral health, behavioral health.
17 There's going to be a lot of -- there's
18 going to be a focus on rural EMS services.
19 Of course, the provider workforce is always
20 an issue in rural health. And then there's
21 going to be some healthier population
22 initiatives, such as chronic disease
23 management that will be included in there as
24 well. It's going to be consistent with what
25 we understand will be the other initiatives

1 from other states as well. A large number
2 of stakeholders and individuals who have
3 agreed to sign on to specific initiatives
4 that will be part of our application that
5 will be submitted. So there will be letters
6 of support and lots of individuals who will
7 be hoping to help in planning to assist as
8 that initiative and those funds are utilized
9 over the next couple of years.

10 DMS -- sorry, CHFS is planning to
11 submit early. There's been issues with the
12 federal data systems, so they will be
13 submitted probably November 3rd, around
14 then.

15 And that's -- I thought an
16 interesting note that he had there was that
17 we are the tenth most rural state in the
18 U.S., so we certainly hope that our
19 participation and the level to which we are
20 considered in that program is going to be
21 reflective of our rural status.
22 Forty-one percent of our population lives in
23 a rural county, so that's going to be
24 something significant hopefully as it goes
25 forward.

1 If you have any questions, I'll do my
2 best. Again, I want to point out that I
3 can't make an official statement on behalf
4 of CHFS. This is a Cabinet-wide initiative,
5 so.

6 MR. MARTIN: Hey, Jonathan.

7 MR. SCOTT: Yes.

8 MR. MARTIN: I have to say that you
9 definitely -- you put the money grab in a
10 most tactful manner that you could put it
11 in.

12 MR. LILLYBRIDGE: That was pretty
13 smooth.

14 MR. MARTIN: That was really smooth,
15 I have to say that.

16 MR. SCOTT: Thank you. Thank you.

17 MR. LILLYBRIDGE: Thank you,
18 Jonathan, appreciate it.

19 MR. SCOTT: Of course, no problem.

20 MR. LILLYBRIDGE: Do we have anyone
21 on that can discuss the waiver, or should we
22 just pass on that?

23 (no response)

24 MR. LILLYBRIDGE: I'm hearing
25 silence, so we'll move on.

1 Let's see, the next item, I think I
2 got a note that Connie White would not be
3 here. Is there anyone here to cover the PH
4 updates, or was she the only one going to do
5 that?

6 MS. WASH: I was advised that someone
7 was going to come in her place, but no one
8 seems to be stepping up.

9 MR. LILLYBRIDGE: Okay.

10 Okay, well, I don't want to waste you
11 guys' valuable time. Let's move on then to
12 DBHDID representative updates.

13 MS. HOLLEN: Good morning, my name is
14 Ann Hollen. I'm an executive advisor within
15 the Department for Behavioral Health
16 Developmental and Intellectual Disabilities.
17 And Commissioner Marks has got laryngitis,
18 so I'm going to give our updates for us
19 today.

20 First I want to start with I think I
21 came and gave a presentation on the 1915(i)
22 RISE Initiative maybe a couple of meetings
23 ago. I just wanted to give an update of
24 where we are. Currently, we are focusing on
25 still getting providers in and getting them

1 certified and enrolled. We have -- so far,
2 we're working currently with three providers
3 in their initial review process of their
4 certification application. We have four
5 providers in formal review, and we are
6 currently doing preservice site visits for
7 five providers.

8 I also wanted to let this group know
9 that we have ongoing office hours, Mondays
10 and Wednesdays from 3 to 4. We have a link
11 on our website, I will throw that in the
12 chat when I finish giving updates. For any
13 provider that has questions about the
14 process or questions about what we are
15 asking for, our staff are on there to answer
16 those questions, and we also give some just
17 general information as well.

18 And then the other item I wanted to
19 discuss is -- excuse me, sorry -- is our
20 initiative with ZiaPartners on building our
21 co-occurring capabilities. The Building Our
22 Co-occurring Capabilities Initiative is a
23 collaborative between DBHDID, ZiaPartners,
24 and providers across Kentucky to enhance our
25 ability as systems and providers to meet the

1 complex needs of individuals, families, and
2 communities we serve. DBHDID is starting by
3 addressing the complexities of co-occurring
4 mental health and substance use, and
5 recognizes other issues are often present
6 that will need attention.

7 We seek to -- DBHDID seeks to live
8 out our role of being in and supporting
9 others to be in the hope business. Every
10 person, including those with the greatest
11 challenges, is inspired when they meet us
12 with hope for achieving a happy, hopeful,
13 productive, and meaningful life. This means
14 all services are in every way hopeful,
15 person or family-driven, empowering and
16 strength-based, and designed to help people
17 achieve their most important and meaningful
18 goals. We are looking to improve what we
19 already do, and are committed to doing it
20 better.

21 So what does this look like? All
22 programs in our system become welcoming,
23 hopeful, and strength-based, so
24 recovery-oriented, resiliency-oriented
25 trauma-informed and co-occurring complexity

1 -- co-occurring capable. All persons
2 delivering care become welcoming, hopeful,
3 strength-based, trauma-informed, and
4 co-occurring competence.

5 So why should we do this? We all
6 know that complexity in the expectation --
7 is the expectation, not the exception. The
8 majority of people seeking support services,
9 resources, and information have multiple
10 needs: mental health, substance use, mental
11 health and intellectual disability,
12 substance use, developmental disability, and
13 underlying or concurrent trauma, etc.

14 Unfortunately, our systems are not set up to
15 be able to respond to all those needs well.
16 Rather than wait until the systems can be
17 overhauled, this initiative allows us to
18 improve our capabilities to meet complex
19 needs right now. We know that increasing
20 our capability to address co-occurring needs
21 to improve outcomes for those we serve,
22 reduce the number of revolving doors clients
23 have took go through, enhance community
24 well-being, and benefit our staff and their
25 well-being.

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1 A few things to know, this is not
2 co-locating multiple services in the same
3 location. This is not having everyone
4 become dual licensed. This is not making
5 more referrals. And it's not waiting until
6 payers will approve co-occurring billing
7 codes. This is rethinking and changing how
8 we do what we do best, serve the complex
9 needs of the individuals, the families, and
10 the communities who walk through and live
11 outside of our doors.

12 So that's just -- and I think our
13 ZiaPartners have reached out to several
14 providers, and we have been working with
15 them, and getting this word out.

16 So that's the update from DBHDID.

17 MR. LILLYBRIDGE: Thank you very
18 much, Ann, appreciate that.

19 MS. HOLLEN: And I'll put the 1915(i)
20 RISE website in the chat.

21 MR. LILLYBRIDGE: Okay, thank you,
22 appreciate it. Thank you much.

23 Do we have any other business from
24 the committee members this morning?

25 MR. MARTIN: Hey, John, I just looked

1 at the email that we got, and Connie nor no
2 one from DPH will be here --

3 MR. LILLYBRIDGE: Okay.

4 MR. MARTIN: -- so.

5 MR. LILLYBRIDGE: Thank you, Barry,
6 for checking that. Do we have any other
7 business to discuss this morning?

8 MR. O'NEAL: Mr. Chair, I have a
9 question for DMS, if that would be possible.

10 MR. LILLYBRIDGE: Yes, please.

11 MR. O'NEAL: Thank you. So we're in
12 a situation, CMS requires that value-based
13 contracts be executed prior to the start of
14 the performance year, and the MCOs are
15 reporting to us they're currently waiting on
16 the quality program measures to be released
17 by DMS. So we were just going to ask the
18 staff if there was an estimated release date
19 on those measures as the contracting process
20 requires a significant amount of time and
21 coordination, and the longer we wait the
22 greater the pressure will be to complete
23 contracts in a limited -- within a limited
24 time frame.

25 MS. PARKER: Hello, this is Angie

1 Parker with Medicaid.

2 MR. O'NEAL: Hi, Angie.

3 MS. PARKER: We are finalizing those
4 measures this week. We hope to have that
5 out by next week.

6 MR. O'NEAL: That's wonderful. Thank
7 you, appreciate that.

8 MS. PARKER: There's not a lot of
9 significant changes. There are some --
10 there are a couple that we added, and some
11 may be switched from a bonus to a core, but
12 we are finalizing that this week, and
13 notification will be sent next week.

14 MR. O'NEAL: Thank you. Thank you,
15 Mr. Chair.

16 MR. LILLYBRIDGE: Thank you for that,
17 Angie.

18 Let's see, any other business?

19 (no response)

20 MR. LILLYBRIDGE: Okay, hearing none,
21 may we have a motion to adjourn?

22 MR. HARLEY: This is Brandon, I so
23 move.

24 MR. MARTIN: I second that.

25 MR. LILLYBRIDGE: Okay. All those in

1 favor?

2 (Aye).

3 MR. LILLYBRIDGE: Okay. Thank you
4 all very much for your time this morning.
5 Appreciate it.

6 MR. MARTIN: Okay, thank you, all.
7 Have a good day.

8 MR. LILLYBRIDGE: Have a great day.

9 MR. HARLEY: Thank you, guys.

10 MS. WASH: Thank you.

11 (Meeting adjourns at 10:19 a.m.)

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C E R T I F I C A T E

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

Dated this 1st day of November, 2025.

Tiffany Felts, CVR
Tiffany Felts, CVR