Kentucky Department for
Medicaid Services

TECHNICAL ADVISORY COMMITTEE
New Member Orientation

GETTING TO KNOW YOUR NEW DEPARTMENT

APRIL 2024

www.chfs.ky.gov

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Meet the Department for Medicaid Services

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LISA LEE

Commissioner of the Department for Medicaid Services

Commissioner Lisa Lee is a long-time DMS employee, and the longest serving Kentucky Medicaid Commissioner. She first began her career with the department as a call center employee. During her tenure as the Kentucky Children's Health Insurance Program director, she worked to lower the uninsured rate of children. Lisa is focused on improving the health of Medicaid members through increasing access and quality services. A native of Hazard, she is the youngest of 13 siblings.

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VERONICA JUDY-CECIL

Senior Deputy Commissioner

A Frankfort native, Senior Deputy Commissioner Veronica Judy-Cecil has over 25 years in public service at the state and federal levels. She has served in many roles for DMS. Her tenure began as Program Integrity Director and then Chief of Staff before settling into her current role. Veronica acts as the Commissioner's lead for the Public Health Emergency unwinding efforts, and supervises the divisions for Health Care Policy, Health Plan Oversight, Program Integrity, and Quality and Population Health. She is a graduate of the University of Kentucky and the Brandeis School of Law.

veronica.judycecil@ky.gov

LESLIE HOFFMANN
Deputy Commissioner

Deputy Commissioner Leslie Hoffmann acts as the Commissioner's lead for the Kentucky's 1115 waiver evaluation, SUD 1115 waiver, incarceration waiver amendment, mobile crisis planning grant and implementation, multisystemic therapy pilot and certified community behavioral health clinic initiatives. Leslie continues to serve as Medicaid's Champion for racial and health disparities. She also supervises the Behavioral Health team and Division of Long Term Services and Supports. Leslie grew up in Campbellsville, Kentucky.

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ORGANIZATIONAL STRUCTURE

OFFICE OF THE COMMISSIONER

Dr. Muhammad Babar, Medical Director	Dr. Judy Theriot, Medical Director	Dr. Fatima Ali, Pharmacy Director	Steve Bechtel, Chief Financial Officer
Jonathan Scott, Legislative Liaison	Meagan Hart, Human Resources	Beth Fisher, Communications	Emily Moses, Strategic Planning

Erin Bickers, MAC/TAC Liaison Erin.Bickers@ky.gov

Kelli Sheets, MAC/TAC Liaison: Kelli.Sheets@ky.gov

Project and IT Portfolio Management Rick Washabaugh, Executive Advisor	**Division of Program Integrity** Jennifer Dudinskie, Director
Division of Quality & Population Health Angie Parker, Director	**Division of Fiscal Management** Amy Richardson, Director
Division of Long-Term Services & Supports Pam Smith, Director	**Division of Health Plan Oversight** Edith Slone, Director
Division of Health Care Policy Justin Dearinger, Interim Director	**Division of Information Systems** John Hoffmann, Director

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Meet the Kentucky Medicaid Program

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OUR HISTORY

1965   **2014**   **2024**

Beginning

Medicaid is signed into law as part of the National Social Security Act. The program will grow significantly over the next five decades.

Dramatic Change

The Afforadble Care Act paved the way for states to cover more individuals with Medicaid, increasing income limits to 200 % FPL.

Today

Today, Medicaid is Kentucky's largest health care access program and provides coverage for 1.6 million people.

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BY THE NUMBERS

1.5 MILLION
Medicaid Enrollment

60,000+
Providers serving
Medicaid Members

$827M
Prescription Drug
Rebates Collected

26,830
Births paid for by
Medicaid

613,000
Children covered by
Medicaid

More Medicaid Data: Monthly Medicaid Counts by County - Cabinet for Health and Family Services (ky.gov)

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Covered Populations

- Deemed Eligible Newborns
- Low-income Children
- Kentucky Children's Health Insurance Program
- Foster Children
- Adoption Subsidy
- Department of Juvenile Justice
- Low-income Adult
- Parents and Caretaker Relatives
- Pregnant Women
- Modified Adjusted Gross Income Spend Down
- Former Foster Care
- Transitional Medicaid Assistance
- Emergency Time-Limited
- Advance Premium Tax Credit
- KY Integrated Health Insurance Premium Payment

- Non-SSI Regular Medicaid
- Time-Limited for Aged, Blind or Disabled Immigrants
- Regular Social Security Income (SSI)
- Ex Parte SSI
- Pass Through Disabled Adult Children
- State Supplementation
- Long Term Care
- Qualified Medicare
- Specified Low-Income Medicare
- Medicare Qualified Individuals
- Qualified Disabled Working Individuals

More information on Medicaid eligibility: Medicaid Enrollment - Cabinet for Health and Family Services (ky.gov)

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Covered Services

Medically Necessary and included in a State Plan (Mandatory and Optional)

Non-Emergency Medical Transportation
- Administered by Office of Transportation Delivery within Transportation Cabinet

School Based Services
- Billed through KY Department of Education and includes administration and services

Health Access Nurturing and Development Services (HANDS)
- Administered by Department of Public Health

First Steps
- Administered by Department of Public Health

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Fee-for-Service vs. Managed Care

Fee-for-Service (FFS)

- Approximately 10% of the population
- Population is generally individuals in long-term care, have intellectual or developmental disabilities or need supports to remain in home or community
- State pays providers directly
- Budget difficult to predict and if costs exceed budget then must make program cuts if no additional appropriation
- Not able to offer value-added benefits or incentives
- Pilot programs and value based payments must be done through waivers which require federal approval, budget neutrality, and use of limited resources for implementation, monitoring and evaluation
- Difficult to innovate or quickly adjust to changing health care landscape and staff needs due to personnel limits and state hiring practices
- Directed Payments are limited to Upper Payment Limit (UPL) on reimbursement

Managed Care Organization (MCO)

- Approximately 90% of the population
- Population is generally non-disabled children and adults under 65
- Kentucky currently has six MCOs: Aetna, Anthem, Humana, Passport by Molina, Wellcare and UnitedHealthcare
- State pays MCO a fee for each person enrolled in the MCO and it pays providers
- Budget predictability as MCO takes on the risk if spending exceeds payments – minimum medical loss ratio ensures funds are spent on health care services
- Offer value-added benefits and incentives
- Pilot programs and value based payments are easier to implement through agreements between MCO and provider or vendor
- Able to quickly innovate or adjust to changing health care environment including hiring staff for care management and call centers
- Directed Payments are limited to Average Commercial Rate for reimbursement which is higher than UPL

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Types of Medicaid Waivers

Section 1115 waivers

Often referred to as research and demonstration waivers, these allow states to temporarily test out new approaches to delivering Medicaid care and financing.

Section 1915 (C) waivers

Home and Community-Based Services (HCBS) waivers are designed to allow states to provide home and community-based services to people in need of long-term care. This means they can stay in their own home or a community setting (such as a relative's home or a supported living community) instead of going into a nursing facility.

Section 1915 (b) waivers

Freedom of choice waivers" allow states to provide care via managed care delivery systems. These organizations contract with state Medicaid agencies, and are paid from the state Medicaid fund for providing health care services to the beneficiaries, thus limiting the individual's ability to choose their own providers.

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TEAM KY 1115 Waiver

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Extends coverage to former foster care youth under age 26 who were in foster care under the responsibility of another state on the date they turned 18 and who were enrolled in Medicaid.

Substance use disorder (SUD) program available to all Medicaid members. Providers must adhere to American Society of Addiction Medicaid level of care.

Aligns Medicaid member redeterminations with their employer-sponsored insurance open enrollment period.

Original term ends Sept. 20, 2023 – Extension filed Sept. 30, 2022 currently pending approval with Centers for Medicare and Medicaid Services (CMS)

Amendment pending to include SUD for incarcerated individuals.

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Kentucky's 1915(b) Waivers

Managed Care

- Allows KY to use Managed Care Organizations (MCOs) to deliver care to enrollees

- Risk-based capitated payment model

- MCOs must spend 90% of the payment on health care services or have a payback

Non-Emergency Transportation (NEMT)

- Operated through a contract with the Kentucky Department of Transportation (DOT)

- DOT contracts with brokers

- Brokers contract with transportation providers

- Risk-based capitated payment model

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1915(c) Waivers

- Case management
- Homemaker
- Home health aid
- Personal care
- Adult day health
- Habilitation
- Respite

Participant Directed Services: Some waivers allow individuals to hire their own providers for non-medical, non-residential waiver services. This option gives waiver participants more choice, flexibility and control over their supports and services.

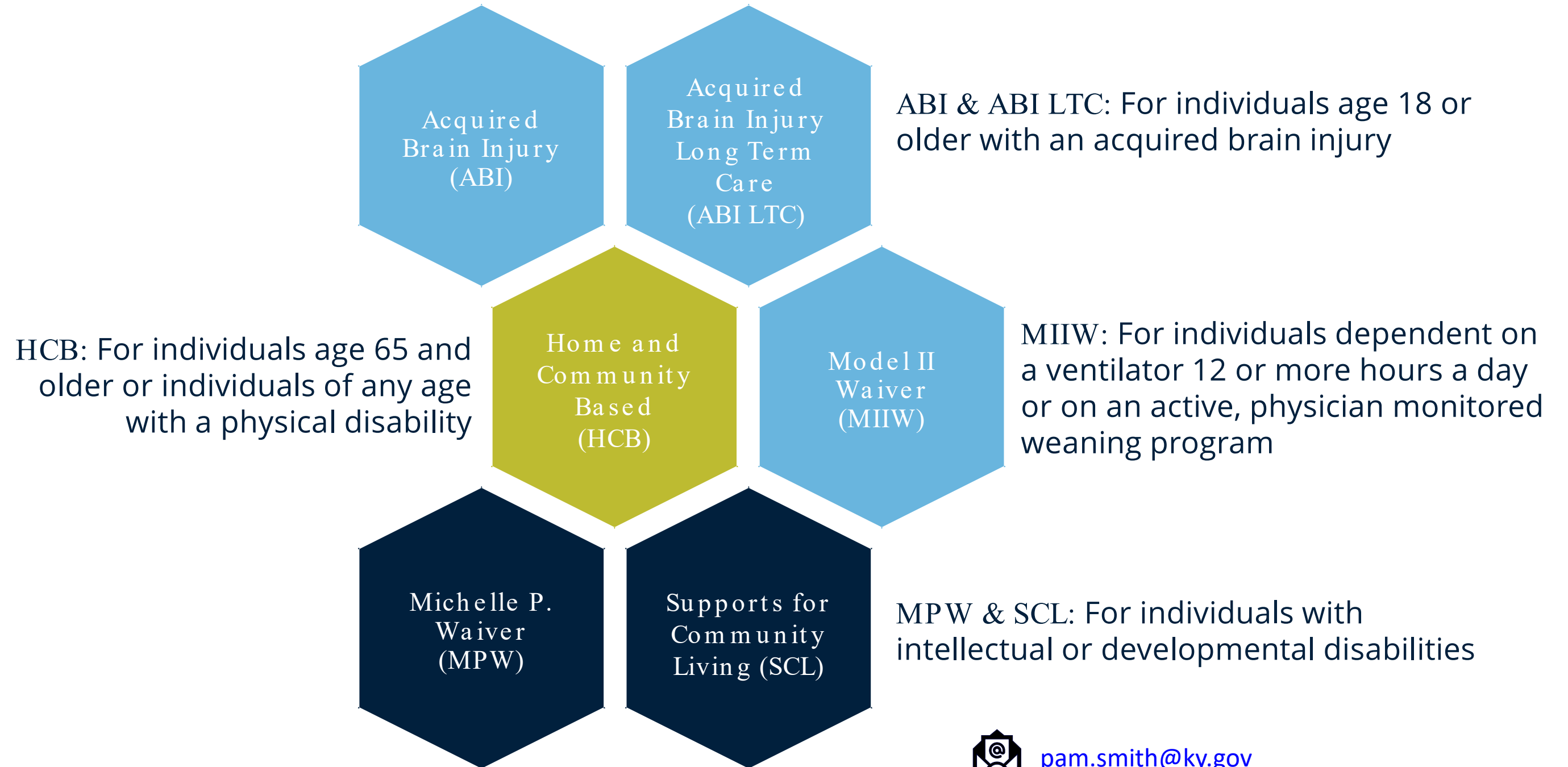★ Members also receive all State Plan services.

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Kentucky's 1915(c) HCBS Waivers

Department for Medicaid Services operates ABI, ABI LTC and Model II

Department for Aging and Independent Living operates HCB and PDS

Department for Behavioral Health, Developmental and Intellectual Disabilities operates SCL and Michelle P

Acquired Brain Injury (ABI)

Acquired Brain Injury Long Term Care (ABI LTC)

ABI & ABI LTC: For individuals age 18 or older with an acquired brain injury

HCB: For individuals age 65 and older or individuals of any age with a physical disability

Home and Community Based (HCB)

Model II Waiver (MIIW)

MIIW: For individuals dependent on a ventilator 12 or more hours a day or on an active, physician monitored weaning program

Michelle P. Waiver (MPW)

Supports for Community Living (SCL)

MPW & SCL: For individuals with intellectual or developmental disabilities

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17

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Medicaid Advisory Council and Technical Advisory Committees

Advisory Council for Medical Assistance (MAC)

- The Advisory Council for Medical Assistance (MAC) advises DMS regarding health and medical care services. It is often referred to as the Medicaid Advisory Council.
- It is created and governed by KRS 205.540.
- Each member serves a four-year term and is eligible for reappointment.
- All MAC meetings are subject to Kentucky Open Records and Open Meetings statutes, KRS 61.800-884.
- The meeting schedule and all meeting documents are found on the DMS MAC webpage.
- The MAC elects a chair, vice chair and secretary each July.

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Technical Advisory Committees (TAC)

- TACs advise the MAC with respect to the administration of the medical assistance program and perform the function of peer review.
- They are created by and members are appointed according to KRS 205.590. There are currently 17 TACs.*
- Members do not receive compensation but are entitled to reimbursement for necessary expenses according to state regulations relating to travel reimbursement.
- Each TAC shall elect a chair and vice chair.

*The Disparity and Equity TAC is created by Governor's Executive Order.

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Technical Advisory Committees (TAC)

- The TAC chair shall notify the DMS Commissioner and the MAC/TAC liaisons of appointments and shall fill vacancies as they occur to ensure a quorum. Vacancies count toward the quorum.
- A majority of members must be present or attend via video conference to conduct official business and vote on motions or recommendations. Members who call in without video shall not count toward a quorum and cannot vote.
- Non-appointed individuals may make a request of the TAC chair to speak at a TAC meeting, but may not vote, conduct the meeting or represent the TAC at MAC meetings.

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Technical Advisory Committees (TAC)

- The DMS liaison works with the TAC chair to set the meeting schedule for the following year and posts it on the TAC website.
- The TAC chair has the right to call a special/emergency meeting or to cancel or reschedule a meeting and should work with the DMS liaison on scheduling.
- The TAC chair is responsible for creating the agenda, which should be provided to the DMS liaison **at least 10 days** prior to each meeting to ensure necessary staff are prepared for agenda items. The DMS liaison will post the agenda on the TAC website.

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Technical Advisory Committees (TAC)

- Presentations from DMS or the MCOs may be requested. These should be requested in a TAC meeting and scheduled to be presented at a future TAC meeting that allows time for adequate preparation.
- All meetings are recorded and uploaded to the Medicaid YouTube channel within two business days. A transcript is also provided to TAC members about two weeks after the meeting.
- The meeting schedule and all meeting materials are on the DMS TAC webpage.

Technical Advisory Committees (TAC)

TAC ADA Accommodation Requests

Members of the Medicaid Advisory Council or a technical advisory committee who require special accommodations may email requests to [DMS](). Requests should describe the need and requested accommodation. DMS will review the request and determine if accommodations requested are reasonable. In the event a requested accommodation is deemed not reasonable, DMS will work with the member to identify a reasonable and effective accommodation. Accommodations will be made on a case-by-case basis to address individual member needs.

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RECOMMENDATIONS

If there is a quorum, the TAC may vote to make recommendations to be presented at the next MAC meeting.

The MAC shall accept the TAC recommendations for action by DMS.

The MAC is not required to have a quorum in order to accept TAC recommendations.

Only the TAC chair or a member of the TAC designated by the chair shall present the TAC recommendations to the MAC.

DMS shall respond to TAC recommendations within 45 calendar days of the MAC meeting.

The DMS response is emailed to the MAC members and members of the TAC that made the recommendation.

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DATA REQUESTS

Requests for data may be made by the TACs.

Oral requests may be made during a TAC meeting, but should be followed up in writing in an email to the MAC/TAC liaisons. It is helpful if written requests contain the following:

? What do you want to find out or measure?

? How much data do you need? Define the scope, fields and timeframe.

DMS has 90 days from receipt of the written request to complete the data request. However, some requests may take additional time depending on the size or complexity of the request. DMS will notify the TAC members if additional time is needed.

TACs

Behavioral Health

Children's Health

Consumer Rights & Client Needs

Dental

Disparity and Equity

Emergency Medical Services

Home Health

Hospital

Intellectual & Development Disabilities

Nursing Home Care

Nursing Services

Optometric

Persons Returning to Society from Incarceration

Pharmacy

Physician

Primary Care

Therapy

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CONDUCTING MAC AND TAC MEETINGS

Parliamentary Procedures

Purpose of Robert's Rules of Order

Maintain	Maintain order in organizations.
Provide	Provide an approved method of conducting meetings.
Facilitate	Facilitate the transaction of business.
Expedite	Expedite meetings.

BASIC PRINCIPLES

Majority Rule

Respect for the Minority

Member Rights

Absentee Rights

One Question at a Time

One Person, One Vote

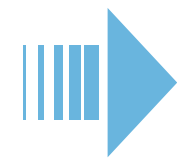# General Duties of the Presiding Officer or "Chair"

To call the meeting to order on time.

Be certain a quorum is present.

To announce the business to come before the group.

To recognize members who wish to speak.

To state and put to vote all questions that come before the group.

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General Duties of the Presiding Officer or "Chair"

To enforce rules of debate, order and decorum within the assembly.

Protect the group from obviously frivolous motions by refusing to recognize them.

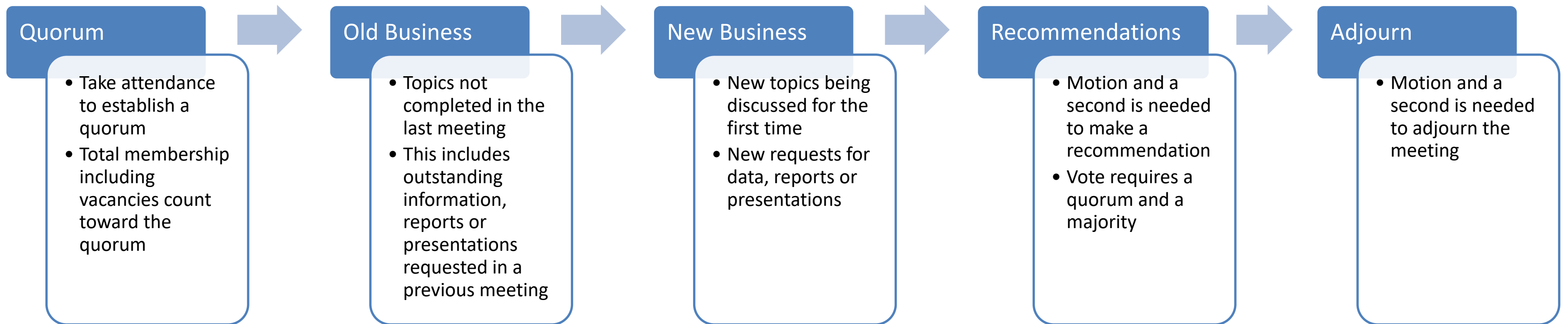To expedite business while respecting the rights of the members.

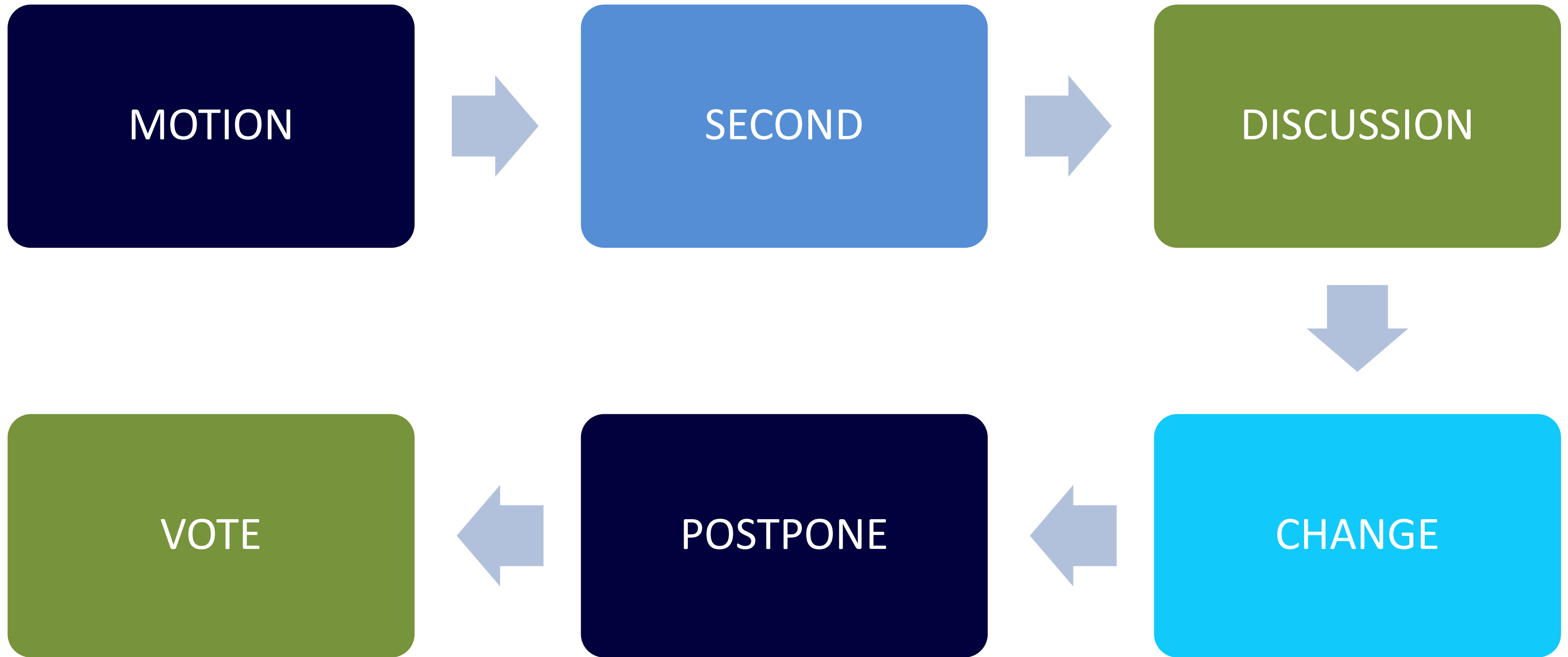To decide all questions of order.

To declare the meeting adjourned.

THE MEETING AGENDA

Quorum
- Take attendance to establish a quorum
- Total membership including vacancies count toward the quorum

Old Business
- Topics not completed in the last meeting
- This includes outstanding information, reports or presentations requested in a previous meeting

New Business
- New topics being discussed for the first time
- New requests for data, reports or presentations

Recommendations
- Motion and a second is needed to make a recommendation
- Vote requires a quorum and a majority

Adjourn
- Motion and a second is needed to adjourn the meeting

HOW MOTIONS ARE PRESENTED

MOTION → SECOND → DISCUSSION ↓

VOTE ← POSTPONE ← CHANGE

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HOW MOTIONS ARE PRESENTED
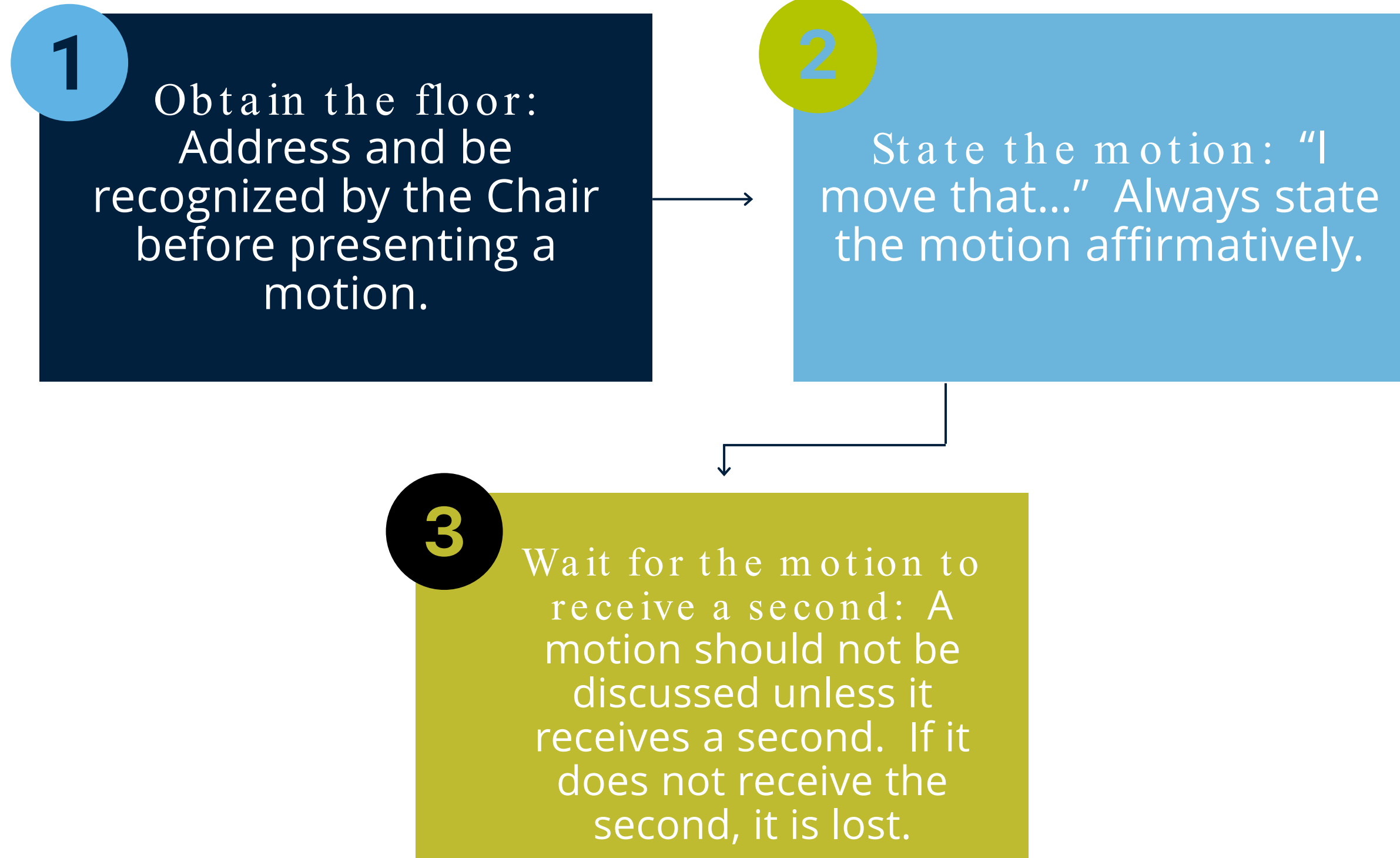
A motion is a formal call to action.

The Motion

A motion must be placed to the body prior to its merits being discussed.

May be a request to:
- Do something.
- Vote.
- Change something.

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HOW MOTIONS ARE PRESENTED

1 Obtain the floor: Address and be recognized by the Chair before presenting a motion.

2 State the motion: "I move that…" Always state the motion affirmatively.

3 Wait for the motion to receive a second: A motion should not be discussed unless it receives a second. If it does not receive the second, it is lost.

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HOW MOTIONS ARE PRESENTED

**The second makes the motion important enough to discuss, and;**

The Second

- Eliminates unnecessary discussion on a point that only one member believes is worth discussing
- If at least one other person believes the motion is worth discussing, they can put forth a second requiring action
- A second doesn't mean the person seconding agrees with the motion, but feels it should at least be discussed.
- Second can be shouted by any member, doesn't require recognition by the chair

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HOW MOTIONS ARE PRESENTED

Discussion

After a motion is made and seconded, the chair repeats the motion and calls for discussion

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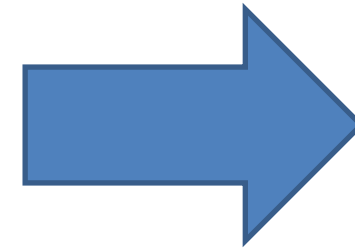
Once on the floor, any further changes or withdrawal of the motion must be done by consensus of the members

- ✓ The motion now belongs to the group
- ✓ The individual no longer has ownership of the motion
  - ✓ They cannot voluntarily withdraw
  - ✓ They cannot voluntarily change

HOW MOTIONS ARE PRESENTED

Discussion Etiquette

Often good to alternate pros & cons.
Helps to limit unnecessary discussion

Members should wait to speak a second time until all other interested members speak first

Discussion should be directed towards the chair and not at other members

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Motion to amend

- Secondary motion
- Changes the motion currently on the floor, usually wording
- Needs second, is debatable
- At this point debate is limited only to whether the proposed change should be made, not on the merit of the original motion itself
- Vote is only if the change should be made
- Has no effect on whether main motion is accepted

Changing the Motion

Amendments may only be made to the second degree*

- I.e. you can propose a motion to amend (first degree) and a motion to amend the amendment (second degree), however these must be resolved prior to new motions coming to the floor.

Once secondary motions to amend are made, discussion returns to the main motion

- At this point, new secondary motions may be made

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HOW MOTIONS ARE PRESENTED

Postponing the Motion

Can be used for multiple reasons	Should not be used to avoid a vote or topic	Motion should include when the topic will be discussed
• You are running out of time and another more important item needs to be addressed • You want to think about it more before deciding • You don't want to deal with it right now	• i.e. "motion to postpone indefinitely" • Better to refer to committee or vote down	• "Motion to postpone until the next meeting"

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HOW MOTIONS ARE PRESENTED

Limiting Discussion

Calling the Question - Purpose is to end discussion and call the vote

- ○ "Call the question" or "I move the previous question" can call this motion

Needs to be in order as this would officially end discussion

- ○ Group should allow reasonable amount of time for discussion before this motion is called
- ○ Must be recognized formally by the chair

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HOW MOTIONS ARE PRESENTED

A point of order calls the attention of the chair to a potential breach of parliamentary procedure.

Point of Order

- Can be used if the chair makes a decision that conflicts with Roberts Rules of Order (chair allowed a motion out of order, disregarded a motion that should have been considered, etc.).

- Chair decides whether to accept or reject your point.

- If you disagree with the Chair's decision, you can appeal the decision of the Chair.

- Chair then has to explain the ruling.

- The group can then debate whether or not to sustain the chair's ruling and votes to sustain or overrule the chair.

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HOW MOTIONS ARE PRESENTED

Voting on the Motion

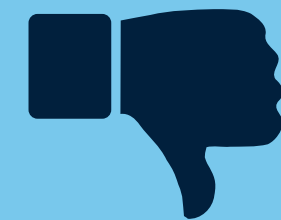After discussion is finished, the Chair will call for a vote.

| Raising of hands | Roll Call | Ballot | Aye/No |

ABSTAINING

- Abstaining is your choice not to vote.
- As a member, you must vote unless there is a good reason not to vote.
- If you have an interest in the outcome that directly affects you in a manner not shared by other members of the group.

ADJOURNMENT

ADJOURN

- Effectively ends the meeting

- Can be used (judiciously) to force the end of a meeting.
- Should only be used for this reason if there are time constraints, etc.
- If items are outstanding from the agenda, they are added to old business on the next meeting agenda.
- Requires a motion and a second

Links

MAC Webpage: https://www.chfs.ky.gov/agencies/dms/mac/Pages/default.asp

TAC Webpage: https://www.chfs.ky.gov/agencies/dms/tac/Pages/default.aspx

YouTube Medicaid Channel: https://www.youtube.com/channel/UCsvgVJAspohIA5Q-hgaGeKQ

DMS Webpage: https://www.chfs.ky.gov/agencies/dms/Pages/default.aspx

MAC Bylaws: https://www.chfs.ky.gov/agencies/dms/mac/Documents/MACBylaws.pdf

Connect With Us!

Your Medicaid MAC/TAC Liaisons!

✉ Erin.Bickers@ky.gov
502-892-8366

✉ Kelli.Sheets@ky.gov
502-330-9604

Please reach out to Erin and Kelli to request accommodations for the MAC or TAC meetings.

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