

1 DEPARTMENT OF MEDICAID SERVICES
2 PERSONS RETURNING TO SOCIETY FROM INCARCERATION
3 TECHNICAL ADVISORY COMMITTEE

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14 July 13, 2023
15 9:00 a.m.
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23 Stefanie Sweet, CVR, RCP-M
24 Certified Verbatim Reporter
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A P P E A R A N C E S

TAC Members:

Steven Shannon, Chair
James A. Daley (not present)
Shawn A. Ryan, MD (not present)
Dr. Shannon Smith-Stephens (not present)
Brandon Harley (not present)
Adrienne Bush
Van Ingram
Casey Michalovic
Kristen Porter (not present)
Kevin Sharkey (not present)
Angela Darcy
Brandon Thomas (not present)

Also present:

Stuart Owen
Paula McFall
Stephanie Koenig
Nicole Yates
Michelle Heuglin
Jeff Hadley
Kelly Bendorf
David Crowley
Courtney Ham

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MS. SHEETS: So you do not currently have a quorum. The waiting room is clear. If you want, you can go ahead and start with other items and then come back to those things you need to vote on in case a couple more join, if you think that's where you'd like to be.

MR. SHANNON: I think that makes the most sense. In terms of members -- and members got to have their cameras on, right?

MS. SHEETS: That is correct. When they are voting, yes.

MR. SHANNON: Okay.

So I have Van Ingram, Casey Michalovic, if that's correct, and Angela Darcy. All right.

So we can't do the minutes. We don't have a quorum. Let's go on to DMS updates.

MS. HOFFMAN: Good morning, good morning, good morning.

(Microphone noise).

I thought I heard somebody speaking.

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I will go over the -- I'm going to go over the re-entry demo that we have been trying to get through, or our incarceration amendment that we've been trying to get through to CMS, and give you a few other updates as well, Steve.

So based on the guidance that CMS released in April, the incarceration amendment that we've had pending at CMS for a couple of years cannot be approved as is, but they asked us not to retract it and asked us to make changes to that amendment in order that we can get an approval of an amendment to build a pawn, if that makes sense.

Since the three years ago when we sent that amendment in, lots of opportunities have come about. One is juvenile justice. It is very fastly approaching in 2014 in changes that will need to be made there with the Omnibus Act, or can be made. They give you the opportunity. So we are going to start in a phase-in approach and we will have more and more information to come to you in the

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near future.

So DMS will be scheduling --
very soon -- stakeholders strategic
sessions, design sessions in the upcoming
weeks. We are very close to doing this to
discuss changes in the resubmission to
CMS. Our first resubmission to CMS, we
are aiming for by the end of the year so,
by December the 31st. With the Christmas
holidays, I would really like to get that
in even before the last day, of course.
We usually try to aim a couple weeks
before the end of the year.

So that's our plan right now, is
to take the amendments that's there, use
the guidance that CMS gave us and modify
it, and get that back to CMS by the end of
the year. Now, CMS said for a timelier
approval, that DMS should propose for sure
what things that came out in that State
Medicaid Director letter in April. Those
things include things like case
management, MAT with counseling, and a
30-day supply of medication that would go
home with the member once they are

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released. Again, we are not retracting what we have, we are going to change what we have, or modify and build upon it. So for lack of a better word, CMS said we can amend our amendment and that is what we plan to do.

So we are not stopping there, though. I want you to know that this is going to be a quite intensive phase-in approach where our stakeholders, our community, DOC, AOC, all those folks will be involved just like they were before with us. And then, we will propose initially to include that SUD population, because that's what's in our amendment. So that's kind of what they told us to do. And then, we will move towards adding juvenile population and a phased-in approach. And then, after that, adults and juveniles with mental health and physical health conditions.

So it's going to be pretty intense. It's going to be pretty -- not just intense, it's going to be lengthy, because we are going to have to do it over

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periods of time.

You've heard me speak about California's approval. It's not a good comparison to ours. Kentucky's was Kentucky's. They did get 90 days prior to release. It took a 2-year negotiation to get 90 days. The State Medicaid Director letter says 30 days, so if you ask for anything more than 30 days, you got to be prepared to justify it, which we are planning on asking for more than 30 days. We'd like to see at least a 45- or 60-day, and not that we wouldn't ask for 90 days later, but remember we are trying to build upon what we have to get something approved. Like, we want an approval to get started with.

MR. SHANNON: Leslie --

MS. HOFFMAN: Yes? I'm sorry.

MR. SHANNON: 30 day for --

MS. HOFFMAN: So the letter says 30 days, Steve, 30. So we are going to try to ask for more than 30, but it is going to have to be a phased-in approach. CMS -- I was on the phone with them one

1 day and they were like, "You better be
2 able to prepare and justify. If the
3 letter says 30, you got to tell me why you
4 need more than 30, and you got to tell
5 what Kentucky looks like and the reasons
6 why Kentucky needs more than 30."

7 So I think we can -- based on
8 Kentucky's needs -- I think we can justify
9 more than 30. I don't know if we'll get
10 90 right off the gate -- right out of the
11 gate.

12 So California worked on a pilot
13 project -- that I wasn't -- that we
14 weren't aware of, of course -- for five
15 years, before they asked for the 90 days
16 and they told me that it took two years
17 negotiation to get the 90 days, and the --
18 I'm going to forget the word really
19 quick -- where they reevaluate the funds
20 and put it into a pot of money. It's like
21 a reinvestment pot. So it took them two
22 years to get those things approved.

23 So I really want -- I'm just
24 being honest with you -- I really want us
25 to get something approved that we can

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build upon. It's much easier to justify and add once you've got an approval. So that is the plan right now, is to really address the case management, the MAT with counseling, and the 30-day supply of medication. Thirty days, or maybe even ask for more now, by December the 31st.

So one of the other things that I've been working on is we have asked Myers & Stauffer to help keep us on track with this, because this is going to be a pretty intense adventure. It's going to be multiple amendments over time. So that's kind of where we are right now. We can also address mental health and physical health issues very soon, but again I want to do the SUD first and I think, based on what we talked to CMS about, that's probably the best way for us to go.

MR. INGRAM: Leslie, our original 1115 asked for a bundled rate. I think California is doing a fee for service. Are we changing our approach there?

1 MS. HOFFMAN: We haven't talked
2 about that yet, Van. What we were going
3 to plan to do -- it's like next week -- I
4 just got the, like, July 1 -- I got it
5 worked out with Myers & Stauffer to help
6 us go forward with this and keep us on
7 track. And I want to keep us on track.
8 Of course you all realize that this is
9 going to go past administration year. I
10 wanted to make share that we had a plan to
11 go forward that is going to keep us
12 moving. So, yes, we will probably in our
13 next upcoming sessions be talking about
14 all of those things, but I haven't, like,
15 we haven't done anything since without you
16 guys.

17 So really what we have been
18 trying to do is figure out what is the
19 best plan to get an approval, and what is
20 the quickest way to get an approval in
21 this upcoming period, and that is kind of
22 where we've worked it out with CMS.

23 They were like, "Don't retract
24 what you have. You want to work towards
25 some things that California did, but

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remember California put in some things already that is in that State Medicaid Directors letter." So that is kind of where we are going.

With that said, I also want to mention to you all that the incarceration amendment and the SUD renewal, both of those components are mixed in with the Team Kentucky extension request of our big overarching 1115. And I know this gets so confusing. So what used to be Kentucky Health has now been renamed with the approval -- when we get the approval -- Team Kentucky. And it's considered an extension, so that gets confusing, too. It's an extension of the original 1115 umbrella.

Right now where we are, we have no additional questions from -- for the state to be asked by CMS. They are currently, right now, just reviewing. We are hoping that some things that we just met with them about might help move that forward a little bit quicker.

DMS did notify -- I wanted to

1 let you all know this, because this is
2 something positive -- DMS did notify CMS
3 that the state will no longer request a
4 waive of non-emergency medical
5 transportation to any NTPs for methadone
6 treatment starting 10/1 of 2023. So we've
7 been working with our partners at the
8 Department of Transportation and other
9 partners regarding steps of how that will
10 look; how an official notification will go
11 out to providers and beneficiaries once
12 that step is determined and approved by
13 CMS. So we've always waived and said we
14 would not cover any EMT transportation to
15 NTP programs, but we are no longer going
16 to do that. We are going to cover it. So
17 that is an exciting step and we are hoping
18 that that might help us to move forward a
19 little bit because we had talked about it
20 before, but at the point we were, it
21 didn't quite work out with our flow, but
22 then CMS said, "Treatment is now
23 mandatory." And so, then, we went back
24 and said, "Well, if it's mandatory then we
25 want to go ahead." Kentucky's offered it,

1 right? Kentucky was already offering it,
2 but since it was mandatory, we asked to
3 remove that waive. And so, kind of
4 excited about that because that is
5 something positive for folks.

6 MR. SHANNON: Just some
7 clarification in case don't folks don't
8 realize. When you say, "Myers &
9 Stauffer," who is Myers & Stauffer?

10 MS. HOFFMAN: Oh, I'm sorry.
11 I'm sorry, Steve. Myers & Stauffer is a
12 contractor that the state has. I actually
13 utilize them for several of our programs
14 because they have experience in other
15 states. So I just wanted to let you know
16 that you might see some of those folks on
17 calls with me. If you have been involved
18 with anything with Mobile Crisis, a lot of
19 times they help with us. And really they
20 are more like project managers to keep us
21 on task and I wanted to ensure that we had
22 a plan to go past this administration. I
23 wanted to make share that we had a plan
24 that would carry us forward. So our plan
25 will go past this year with these

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phased-in approaches.

MR. SHANNON: All right. Sounds like a lot of work between now and the end of the year.

MS. HOFFMAN: It is. I'm very excited though, Steve. We are finally making moves forward. And of course, the NEMT -- the waiving of the NEMT for methadone treatment is wonderful and I'm glad that we are moving towards that. If we get approval, we are hoping that that would be effective 10/1 of '23. Just real quick --

MR. SHANNON: And amending the current amendment is a quicker process we think?

MS. HOFFMAN: Yes. They didn't want us to retract it. They said if we retract it and then start all over that that would be more time-consuming. It moves us out of line. I think we are actually -- we were actually number 1. That was in line with the amendments. California had just been working on a pilot project and turned their paperwork

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in and got approved, even though we were -- I think we were number 1 -- if we're not, we're number 2 with them.

MR. SHANNON: If we pull out, we go to the bottom of the list, essentially.

MS. HOFFMAN: Yes. So I don't want to do that. And they weren't opposed to a lot of the things that we had talked about. Now that doesn't mean that we will get them today, we might have to work on that going forward, of course. There is a lot of language to -- Van's familiar with this because we've met with him -- there is a lot of language about, what's a service that is currently covered in Kentucky and what's a new service? And that language right there has given us the ability to take a look at some things that would be considered a new service, because we don't have the capacity right now to do it across the state. We might only have it in one certain area, or, like, in the jails, not the prisons, vice versa. So Angela Sparrow has been helping me really go through what would be considered a new

1 service. Because they will take a look
2 at, quote, new services. So they don't
3 want to cover something that is already
4 being covered in Kentucky, like supplanted
5 dollars, but they will look at new
6 services.

7 So it's really -- they have
8 agreed with us. It's really a play on the
9 words. If we've not been able to cover
10 certain areas or certain facilities, it
11 really is kind of a new service. So
12 again, it is kind of a play on words.

13 I just wanted to mention, too,
14 that our SMI waiver is at CMS under
15 federal public comment, they do a separate
16 public comment from our Kentucky one, so
17 it's at federal public comment and we hope
18 to have the 1915i, the companion to our
19 1115 SMI. We hope to have that to CMS
20 late summer. So very excited about those
21 things, too.

22 MR. INGRAM: Leslie, we have 76
23 full-service jails that are housing state
24 inmates. Only 22 of those are receiving
25 any kind of SUD services. Would that be

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considered a new service, but we've expanded to the other jail?

MS. HOFFMAN: We might be able to -- Angela is more fluent on this than I am -- but what they say is it has to be across-the-board. Like, if you call it a new service, it has to be statewide. It can't be, like, just a piece. It has to be all of those facilities are ready to go. So again, we can talk about this more later. It gets very confusing. But that ability to call something a new service is going to be very detrimental to what we can get done here in Kentucky.

So -- and you all know, we had a wonderful group -- DBH, and AOC, and DOC, and all of us, and DJJ -- we have all worked together on plans for the future. So we all want this to happen, right? We just got to figure out how to make it happen, so. Van, you are always wonderful to work with, and your group, and we want to make this happen.

So, Steve, the next couple of months -- weeks actually, weeks -- you are

1 going to see some information coming out
2 about strategic designs and stakeholder
3 meetings, because we have to get going to
4 get something into CMS by December the
5 31st. And, like I said, I would like to
6 have it in a couple weeks before that.
7 And that will be the first amendment to
8 the amendment.

9 I know.

10 MR. SHANNON: Plans forever.
11 But the initial focus is the adult
12 incarcerated population.

13 MS. HOFFMAN: That is correct.
14 The first group will be SUD adult
15 population, and we will be -- the first,
16 most important thing that we want to get
17 in there is those things that were in that
18 letter. So it's the case management, the
19 MAT with the counseling, and the 30-day
20 supply of all medications.

21 Now, Van, I think Sarah told us
22 that some facilities are able to do the
23 30-day medication when the person leaves,
24 but you don't have that set up, so that is
25 something that we have to talk about and

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work on, right?

MR. INGRAM: Yeah. And they're --

MS. HOFFMAN: I think we can do that in some of your areas.

MR. INGRAM: -- and they're using Sublocade at DOC. But you are right, it is not at every prison, it's just a handful.

MS. HOFFMAN: So, see, that's something that we will have to work on. Each one of these things, even if Medicaid says, "Yeah, lets make it happen and we can get CMS to approve it," we've got to be ready here to make that happen, right?

So Sarah Johnson said that we can do that in some of the areas, but we can't do it in all, so we've got to figure those things out, and we've got a short time to figure that out for the December 31st amendment.

So, yeah. You're going to see things -- like I said, I just got approval July 1 to kind of move forward with a plan and a phase-in approach. Juvenile justice

1 is very important, too. I don't mean to
2 downplay adult and/or juvenile justice at
3 all, but it's going to be in the phase-in.

4 So as soon as we get done with
5 SUD adult, we do SUD juvenile justice and
6 then we are going to move forward with
7 both of them for mental health and
8 physical health. So that's the plan right
9 now for the phase-in.

10 MR. SHANNON: One question in
11 the chat: Will there be an education
12 component rolling this out to facilities?

13 MS. HOFFMAN: Yes. I think -- I
14 mean, you can hear how complex this is.
15 So yes. And Sarah Johnson and Van have
16 been awesome to with, working with us and
17 the facilities, and any time I have talked
18 to Sarah, she is on it. She's got a plan
19 and we work very closely with them, so,
20 yes, I'm sure there's lots of components
21 here.

22 We also, Steve, one other thing
23 that we would really like to figure out
24 how to do going forward that I have not
25 mentioned -- and it probably will not be

1 in this initial amendment -- but we would
2 love to do some presumptive eligibility
3 with these folks, or figure out a way that
4 the jails, the prisons, and all those
5 folks, could have an embedded person to do
6 this for them. So that's another piece
7 that we've kind of added in the next
8 couple of -- in the last couple of months
9 that we've talked about. I think
10 Commissioner Lee mentioned -- like, almost
11 a year ago -- she would really like to see
12 us figure out something.

13 So we've actually got more
14 things now that we would like to add in as
15 we go than we had before, plus CMS has
16 offered a lot of other things. You know,
17 there is social determinants of health
18 piece, component to this, and re-entry
19 into society and how does that look, and
20 getting them intensive care coordination.
21 And, so, we've got lots of pieces to work
22 on.

23 I'm very excited, Medicaid wants
24 to help move this forward, so this is
25 where we are. I've got support to keep

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moving on this one.

MR. SHANNON: Good deal.

MS. HOFFMAN: Yeah. It's very exciting. So --

MR. SHANNON: It is.

MS. HOFFMAN: Steve, in our upcoming meetings, finally, we are going to be there, right, for this meeting to keep coming back with some really good updates.

MR. SHANNON: There.

MS. HOFFMAN: All right. Thank you.

MR. SHANNON: All right. Any questions for Deputy Commissioner Hoffman?

All right. Good deal.

Let's move on to MCO updates. I reversed the order this month to see if people were paying attention.

MR. OWEN: Steve, this is Stuart Owen with WellCare. We appreciate you shaking things up, there, flipping, you know, the alphabetical order.

I think Paula McCall is going to give us some updates, but I also want to

1 say, Leslie Hoffman, everybody deserves
2 our sympathy -- or she deserves our
3 sympathy and support. She is juggling
4 like a thousand projects right now.

5 MR. SHANNON: Correct.

6 MR. OWEN: -- complex. Keep
7 Leslie in your thoughts.

8 MS. MCFALL: Yeah. Lots of work
9 going on.

10 This is Paula McFall. Hi.

11 We continue to have very low
12 numbers of people who are leaving the
13 prisons. We had 2 in June and one of them
14 did agree to case management, but then has
15 not been able to reach since that
16 agreement. The other one was unable to
17 reach. So we are struggling with that.
18 It would really be nice to know prior to
19 their release, you know, to anticipate
20 release, to try and connect with the
21 prison on those members.

22 We have a new program starting
23 in August, actually. We are contracting
24 with an organization that will be doing
25 more boots on the ground, meeting the

1 members in facilities for SUD treatment,
2 and these folks may, in fact, help us with
3 this population, maybe meeting those
4 members once they are released. So we are
5 really excited about that piece.

6 That's really all we have at
7 this point for updates.

8 MR. SHANNON: Okay. Thanks,
9 Paula.

10 MS. MCFALL: Yup.

11 MR. SHANNON: United?

12 MS. KOENIG: Good morning,
13 Steve.

14 Similar, I think, we are still
15 seeing low numbers, I think. In May, we
16 received 12 released; we were unable to
17 reach 6; 1 was contacted; and 1 was
18 reincarcerated. So we are currently
19 working, at that time, with 5. In June,
20 there was 9 that were released; 1 had
21 served out completely; 3 we were unable to
22 reach. So at this time, actively, we are
23 working with 4; and we are actively in
24 conversation, right now, to try to
25 potentially establish a pilot project with

1 Community Health Workers, specific to this
2 population, just due to the unable to
3 contact.

4 We did have initial
5 conversations with DOC and the re-entry
6 coordinators and how, on the enrollment
7 file, the address defaults immediately
8 back to KRS. And so still kind of waiting
9 for updates on that. It is still a
10 challenge to try and, kind of, reach these
11 individuals, so hoping maybe to start in
12 quarter 4, Community Health Workers, and,
13 kind of out-reaching, [indiscernible] but
14 that is early conversations right now.

15 No additional report out, Steve.

16 MR. SHANNON: Okay. Appreciate
17 it.

18 MS. KOENIG: Thanks.

19 MR. SHANNON: Thanks, Stephanie.
20 Passports?

21 MS. YATES: Hi. It's Nicole.

22 I'm the AVP of Growth and Community
23 Engagement, and, I think, Michelle on my
24 team is going to share some things that
25 we've been up to.

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Hi, Michelle.

MS. HEUGLIN: Hello, Nicole.

Thanks. And thanks for having us. Can you guys hear me?

MR. SHANNON: Yes, we can.

MS. HEUGLIN: Can I share my screen real quick, Steve, to give you some numbers and images?

MR. SHANNON: Yes, I think. That is really a Medicaid question.

MS. SHEETS: Yeah. I'll have to make you a co-host. Give me just a second.

MS. HEUGLIN: Okay, thank you.

MS. SHEETS: Okay. You should be good to go now.

MS. HEUGLIN: Okay.

Okay. Can you see that screen?

MR. SHANNON: Yes.

MS. HEUGLIN: With the slide? The Re-Entry Fair & Expungement Clinics?

MR. SHANNON: Yep.

MS. HEUGLIN: Okay.

First of all, you know, we want to do a huge thank you to DOC and the

1 re-entry coordinators, because statewide,
2 when we met with them -- Nicole and I, and
3 several people from the Passport team from
4 our Healthcare Services side -- they
5 collaborated with us these past few months
6 that we could actually host the Re-Entry
7 Fair & Expungement Clinics at our One Stop
8 Help Centers. And with that, nearly 100
9 individuals were served during these
10 clinics hosting with them at our 5-1
11 stops.

12 We've held four of them to date.
13 Our fifth one is actually being held today
14 in Owensboro, and we do have 14 local
15 community partners on-site to provide
16 education and resources.

17 This first slide that you are
18 seeing are the first three that we held.
19 Lexington, we held on June 7th; Bowling
20 Green on June 27th; and Covington, May
21 16th. Covington, we had 49 attendees that
22 we assisted. Hazard, we don't have on
23 here, because that one was just held
24 yesterday, so we will have images and an
25 update on that as well.

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Some of these community partners on site at each of the clinics -- of course, DOC, they were awesome; Legal Aid, Second Chance employers, healthcare providers, connectors were there, HIV testing, educational programs, and a lot more.

We are going to have debrief meetings scheduled. We've already have those on the calendar with DOC to discuss hosting a second series of these clinics at the One Stops, and possibly look at twice a year.

In promoting these -- okay, this is not clicking to the next one -- our outreach efforts were through our community-based organizations and partners. Our faith-based DOC was huge and instrumental in this, with the parole and probation offices and social media.

So this gives you one sample as far as the social media post for our Owensboro Clinic that's being held today. And this is one of the flyers, the one for Covington, as far as in promoting that.

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So again, thank you to the DOC team. Everyone on your team was fantastic in this planning process and the promotion and the execution on-site. So thank you very, very much.

MR. SHANNON: All right.
Thanks, Michelle.

MS. HEUGLIN: Thank you.

MR. SHANNON: All right. How do I get that to work for me --

Okay. Let's go on now.
Humana?

MR. HADLEY: Hi. This is Jeff Hadley with Humana. I am the Manager of our Community Outreach and Engagement Activities with our Medicaid market in Kentucky, and we just wanted to highlight just a couple of activities that we are engaged in to address folks returning from incarceration.

We've had reps that have started doing monthly presentations to prisoners at the Roederer Correctional Facility. They basically just educate those folks -- anyone that will be released within 30

1 days of that presentation. We basically
2 just go over and provide some education on
3 the eligibility requirements and the
4 enrollment process that they'll need to
5 engage in. Usually a connector will join
6 us as well so that they can assist the
7 participants in those educational
8 sessions. And we just bring material to
9 help them learn how to navigate through
10 the healthcare system.

11 We are working to schedule
12 similar presentations at Kentucky State
13 Reformatory as well as Luther Lockett
14 Correctional Facility.

15 In addition to those activities,
16 there's three coalition groups that we are
17 meeting with -- generally have monthly
18 involvement with -- and those include the
19 Greater Louisville Re-entry; and the
20 Central Re-entry in Elizabethtown; and the
21 third is Kentucky Voices of Health with
22 their re-entry activities.

23 So I just wanted to put a little
24 focus on some of the outreach activities
25 that we are conducting to help forward the

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effort. And that's all I had.

MR. SHANNON: Jeff, are you seeing more referrals this way?

MR. HADLEY: Not --

MS. BENDORF: I can take that. This is Kelly Bendorf, also with Humana.

And, yes. We're actually seeing more referrals in the past two months. That has increased for us a lot.

MR. SHANNON: Okay.

Because I am hearing the lack -- there's not a huge number of people and I'm wondering how we increase that, but --

MS. BENDORF: I can tell you in the first, maybe, two months of the year we only had, like, 1 or 2 referrals, but in the last two months, we had 11. So it's really increased for us.

MR. SHANNON: Okay. Good deal.

Any questions for Humana?

(No verbal response.)

All right.

Anthem?

MR. CROWLEY: Hello. Good morning, Steve. This is David Crowley,

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Director of Behavioral Health for Anthem.

A few updates. We continue to conduct our expungement clinics throughout the community, also engaging with our re-entry coalitions throughout the different regions. We've had 3 referrals since May. We were able to engage with a couple of those members and since the beginning of the year, we've had 11 total referrals.

MR. SHANNON: Okay. Good deal.

I understand Aetna doesn't have a report today. Is that correct?

MS. HAM: Hey. Aetna is confused. We've got a lot of people on the call, so I'm sorry about that.

We have had a trickle as well. And so we had just one referral in the last week, but I do know that our Search Strong Coordinator, which is our re-entry program has been out and about and doing outreach and she has gone to the Georgetown Clinic, and she is also going to Blackburn this month, and hopefully getting more referrals for the program.

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So it is definitely something we are focused on.

And I just -- I also wanted to say, like, kudos to everything that is going on with DMS, and we are excited about that program, and we are excited about being able to have that deeper partnership. Just to sure up our programs, right? I'm sure that all of the MCOs are ready for referrals. So thank you so much, and that's all we've got.

MR. SHANNON: All right.

Thanks, Courtney.

All right. Next, I have round-robin member updates. Anything to report, folks?

I think we have one more. Adrienne joined us. So.

Van, do you have anything to report?

MR. INGRAM: No, I don't Steve.

MR. SHANNON: Okay.

Casey, what about you?

MS. MICHALOVIC: Nothing on our part.

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MR. SHANNON: All right.

Summertime is slow.

Adrienne?

MS. BUSH: Steve, why do you
always call me out? Yes, I am here.

My Zoom decided that it had to
have a major update right when I was
logging in. It's like, I am not on Zoom
enough, so, whatever.

I think in terms of any updates
from the Homeless and Housing Coalition of
Kentucky, we are just monitoring
legislation that was passed during the
regular session. I don't know how
relevant -- I feel like it's somewhat
relevant to the interest of this group.
We are meeting with the Kentucky
Transportation Cabinet in an hour and a
half to talk about implementation of House
Bill 21, the IDs for people experiencing
homelessness bill, because obviously, we
want to get that rolled out as smoothly as
possible, and as quickly as possible, and
the law became effective on June 29th.
There's some parts of it that have later

1 effective dates. So anyway, should have
2 more information about that. We are
3 probably going to do, like, an online
4 training, webinar, record it, so that
5 homeless service providers, school
6 personnel, people who are working with
7 this population, potentially some overlap
8 here, can take advantage of the reforms
9 that were passed by the General Assembly.

10 MR. SHANNON: All right. Good
11 deal.

12 MR. OWEN: Could I just say --
13 Stuart Owen with WellCare -- all of the
14 MCOs appreciate that, Adrienne. Because
15 we are all involved in stuff like that.
16 So that's a really good update for us and
17 to know -- maybe even going forward, if
18 you can update us on the status.

19 MS. BUSH: Yes.

20 MR. OWEN: We definitely all
21 work with homeless. That's really good to
22 know. Thank you.

23 MS. BUSH: Well, I mean it is
24 just so critical having valid ID for any
25 sort of, like, social determinant of

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health application such as housing, or unemployment, or education, so.

MR. OWEN: Yeah. Anything. Everything you have to have an ID.

MS. BUSH: Just about everything.

MR. OWEN: Yeah. Thank you.

MS. BUSH: You're welcome.

MS. HOFFMAN: This is Leslie.

I was just going to mention for those of you who don't know, our 1915i includes a component for SMI that will run a full gamut all the way -- now, will I have gaps? Sure. We're going to have problems? Sure. We will have to figure it out. But it runs a full gamut from pretty much a three-person staffed residence, all the way to those folks who would just need some supportive services within a location. So we do have social determinants of health.

Employment, there's some educational pieces and then the housing components that should go in in the 1915i the end of this summer. So I can come

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back and give you some information related to that.

Our group is also involved, of course, with Senate Bill 90 and 248 along with Van and others, so we are also working with that and trying to do some partnerships which the MCOs have been very gracious in doing some partnering with us on those initiatives.

MR. SHANNON: Thanks.

Angela Darcy? Do you want to talk about the summit?

MS. DARCY: Sure.

So we had our Mental Health Summit, that was at the Kentucky Court of Justice, as part of our mental health initiatives was to do a mental health summit. We have already established, last, year that Mental Health Commission Justice Lambert -- Deputy Chief, Justice Lambert, established that. And so we had a huge summit with over 1000 attendees. It was people from all over the country came. We had Medicaid, Office of Drug Control, just all of the -- lots of

1 members from the executive branch that
2 came. And it was basically education.
3 And what I can say from this, is that it
4 was also the ability to make connections.
5 So when there was a subject of interest
6 with somebody, they would go to it and
7 then be set up with information, and it
8 was just a great resource, I think.

9 Did anybody here go to that?

10 MR. SHANNON: I attended one day
11 but, yeah.

12 MS. DARCY: So --

13 MR. SHANNON: It was really
14 great, truthfully. I mean, it was
15 remarkable.

16 MS. MCFALL: This is Paula with
17 WellCare and I attended the program. It
18 was really good.

19 MS. DARCY: Good.

20 So I think it was -- we
21 considered it a great success and I think
22 it pointed us all in the direction. And
23 one of the things that I think we can take
24 away from it is what great collaboration
25 opportunities it gave to all of us. So I

1 think that we are moving on and getting
2 ready to our task force -- or our judicial
3 workgroups -- that we've all set up are
4 getting ready to start making legislative
5 recommendations. So that's exciting, too.

6 MR. SHANNON: Yeah.

7 And it's the Commission on
8 Mental Health, but it has been expanded to
9 SUD and IDD as well. Right? I mean, it's
10 --

11 MS. DARCY: Yep. Yep.

12 MR. INGRAM: Also related to
13 Senate Bill 90, Steve, we rolled out in
14 Clark County and Madison County. Is that
15 --

16 MS. DARCY: Yes. We start
17 Monday.

18 MR. INGRAM: Excellent.

19 MS. DARCY: So and we just had
20 our Pulaski County forum last night and
21 that went really well. So we had those
22 case navigators. We are getting ready to
23 finalize -- it took us some time. We had
24 to tweak it quite a bit. So we are
25 getting ready to finalize the grant

1 application for the Opioid Abatement Fund
2 request for to fund those positions, but
3 the case navigators, I can't -- a lot like
4 the connectors in Medicaid world and they
5 have been amazing, and it's really neat to
6 see it in action. It's, kind of, one of
7 the few things in the criminal justice
8 system that I think you get to really see
9 that is heartwarming, and it's been truly
10 heartwarming. So I am really -- I'm glad
11 to be a part of it.

12 MR. SHANNON: Yeah. Good thing.

13 MS. DARCY: Okay.

14 MR. SHANNON: Appreciate it.

15 Thanks, Angela.

16 MS. DARCY: No problem.

17 MR. SHANNON: All right.

18 Anything else? Additional
19 topics you want to put on the agenda? I
20 think we are all looking forward to
21 hearing more about our progress, you know,
22 as long as Leslie Hoffman can hold up for
23 the next five months, we'll be all right.

24 MS. HOFFMAN: As my dad says,
25 I'm scrappy.

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MR. SHANNON: There you go. And
must be good at juggling, I would think.
So.

All right folks. That's all I
have. Our next meeting is September 14th.
All right?

Y'all take care.

(Meeting concludes at 9:39 a.m.)

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C E R T I F I C A T E

I, STEFANIE SWEET, Certified Verbatim Reporter and Registered CART Provider - Master, 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 14th of July, 2023

 /s/ Stefanie Sweet

Stefanie Sweet, CVR, RCP-M