

CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID  
PERSONS RETURNING TO SOCIETY FROM INCARCERATION  
TECHNICAL ADVISORY COMMITTEE MEETING

\*\*\*\*\*

Via Videoconference  
January 9, 2025  
Commencing at 9 a.m.

Tiffany Felts, CVR  
Court Reporter

APPEARANCES

BOARD MEMBERS:

Steve Shannon, TAC Chair

James A. Daley (Not present).

Shawn A. Ryan (Not present).

Dr. Shannon Smith-Stephens (Not present).

Brandon Harley (Not present).

Adrienne Bush

Van Ingram

Casey Michalovic

Kristin Porter

Kevin Sharkey

Angela Darcy

Nathan Thomas

SWORN TESTIMONY, PLLC

Lexington | Frankfort | Louisville

(859) 533-8961

1 MS. BICKERS: Good morning, this is  
2 Erin Bickers with the Department of  
3 Medicaid. It's not quite 9 o'clock and  
4 we're still clearing out the waiting room,  
5 so we'll give it just a few minutes before  
6 we get started. I hope everybody's staying  
7 warm today.

8 MR. SHANNON: Morning, folks. How  
9 are we doing?

10 MR. INGRAM: Morning, Steve.

11 MS. SPARROW: Good morning.

12 MS. BICKERS: Steve, it's 9 o'clock  
13 and the waiting room is clear. I currently  
14 only have the four of you: Van, Steve,  
15 Casey, and Kristin. If I missed anyone,  
16 please let me know. I believe Nathan said  
17 he wasn't going to be able to be with us  
18 today.

19 MR. SHANNON: What's Nathan's  
20 problem?

21 MS. BICKERS: I believe -- didn't he  
22 email and let us know he was not going to  
23 be --

24 MR. SHANNON: Yeah, I saw him this  
25 weekend and he said we had a call this

1 coming week. I'll have to talk to him.

2 MS. BICKERS: Okay.

3 MR. SHANNON: That's all right.

4 MS. BICKERS: Oh, here comes Kevin.

5 MR. SHANNON: Okay. And I heard from  
6 Brandon Harley, he can't be here today.

7 MS. BICKERS: Maybe it was Brandon,  
8 and I marked the wrong member.

9 MR. SHANNON: Okay.

10 MS. BICKERS: I'm sitting here trying  
11 to look through my emails.

12 MR. SHANNON: I barely made it. I  
13 had car issues, and snow issues, and ice  
14 issues.

15 MS. SPARROW: I think there's more  
16 issues coming, Steve, from what we hear. So  
17 hold on tight.

18 MR. SHANNON: I'm hoping those issues  
19 are weather related and not Steve related.

20 MS. SPARROW: Right, yes. The snow  
21 and the ice issues anyhow.

22 MR. SHANNON: Just checking.

23 MR. INGRAM: I don't think we need to  
24 even go into your issues, Steve.

25 MS. SPARROW: That's right --

1 MR. INGRAM: Amen to that.

2 MS. SPARROW: -- I think it's the  
3 weather -- the weather components of it.

4 MR. SHANNON: I agree, Van.

5 MS. SPARROW: I'd say we all have our  
6 other issues on top of it. Especially when  
7 you -- I don't know who all is doing NTI  
8 this week at home with the little kiddos,  
9 but it makes for a fun start to the year.

10 MR. SHANNON: Yes.

11 MR. INGRAM: I can't even imagine  
12 that.

13 MR. SHANNON: No.

14 MS. BICKERS: If there --

15 MR. SHANNON: My wife was retired and  
16 went back to teaching so she's been off, but  
17 during COVID, I'd get home from -- I'd come  
18 into work, I was the only one here. I was  
19 more isolated at the KARP than I was at  
20 home. And she'd be on the phone with the  
21 same student every day. I mean, I can  
22 remember his first name. She says, "You  
23 gotta get this work done." "But I don't  
24 want to do this work."

25 MS. BICKERS: I feel your pain,

1 Angela.

2 MR. SHANNON: Yeah.

3 MS. BICKERS: Steve, your waiting  
4 room is clear. If you'd like, I can keep an  
5 eye out --

6 MR. SHANNON: Yeah.

7 MS. BICKERS: -- if we get a couple  
8 more members for a quorum.

9 MR. SHANNON: Yeah, we don't have one  
10 yet. We have four is my number.

11 MS. BICKERS: I believe we have five.  
12 I believe Kevin logged in.

13 MR. SHANNON: Okay, okay. All right,  
14 well, let's go ahead and get started. We  
15 have the agenda in front of you. We won't  
16 worry about the minutes; I forgot to send  
17 those out. I can't find my agenda. So  
18 we'll go on from there. I guess it's  
19 Medicaid updates. Angela, is that you?

20 (No response).

21 MR. SHANNON: Apparently, she's doing  
22 fourth grade math.

23 MS. SHROYER: You're on mute, Angela.

24 MR. SHANNON: Yeah, you're muted.

25 And Nathan just joined us. Hey, Nathan.

1 MS. BICKERS: And, Steve, you also --  
2 oh, you have a quorum.

3 MR. THOMAS: Good morning.

4 MS. BICKERS: Angela joined, Nathan  
5 joined, and Adrienne is currently joining.

6 MR. SHANNON: All right, well, let's  
7 do the minutes. I just sent those out, and  
8 I apologize. The highlight of last meeting  
9 was Kristin Porter. That was so much great  
10 information, it was almost -- it was more  
11 than I could absorb, but it was really great  
12 information, and the PowerPoint's useful as  
13 well, so we appreciate that. So could we  
14 get a motion on the minutes?

15 MS. DARCY: I'll make the motion.

16 MR. SHANNON: Thank you, Angela. And  
17 a second?

18 MS. PORTER: I'll second.

19 MR. SHANNON: Thank you, Kristin.  
20 All in favor, signify by saying aye.

21 (Aye).

22 MR. SHANNON: Opposed?

23 (No response).

24 MR. SHANNON: And abstentions?

25 (No response).

1 MR. SHANNON: Adopted, thank you  
2 much.

3 Now let's get to the significant  
4 stuff. Angela's back with us.

5 MS. SPARROW: Sorry, there was a -- I  
6 didn't want to click. Yeah, I want to  
7 provide some updates from Medicaid's  
8 standpoint again, and specifically around  
9 the 1115 reentry waiver. I'm trying to  
10 think back, right? When was it? November  
11 and the many things that happened between  
12 November and the end of the year. It was,  
13 again, lots of things that were packed into  
14 the end of the year that typically is over  
15 months, so -- which was all good things.

16 So we did receive -- Kentucky did  
17 receive the approval for the broad TEAM  
18 Kentucky extension, and then those pending  
19 components that were new components under  
20 TEAM Kentucky. And so that was the middle  
21 of December, which was great news. We are,  
22 and we'll talk about that, working on trying  
23 to get the TEAM Kentucky 1115 webpage  
24 updated.

25 And again -- so it's -- I think the



1 approval was posted, but there's many other  
2 materials that need to be posted, so bear  
3 with us in the first bit here in the next  
4 week or two. We're trying to get that  
5 updated to make sure all the information is  
6 out there.

7 But wanted to share, yes, we did  
8 receive that TEAM Kentucky approval. So  
9 that means, again, under TEAM Kentucky, we  
10 now have the existing out-of-state former  
11 foster care youth component. So that,  
12 again, is if individuals were in foster care  
13 in another state move to Kentucky, they,  
14 again, can receive Medicaid eligibility and  
15 coverage and services under that. So that  
16 was existing and had been existing. That's  
17 just an extension for another five years.

18 As well as the SUD 1115 was extended  
19 for another five years. But under the SUD  
20 1115, we did get the approval for the  
21 Recovery Residence Support Service. So  
22 again, that was under the Senate Bill 90  
23 pilot program, so that is a new service that  
24 will be added to Medicaid as a benefit  
25 through the 1115.

1 We, again, got the full --

2 MR. SHANNON: Angela, what does that  
3 service look like? Or could look like?

4 MS. SPARROW: Yeah, so for the RRSS,  
5 Recovery Residence Support Service, that is  
6 not recovery housing. So again, we'll  
7 continue to say, "We are not reimbursing for  
8 recovery housing." But it is a service that  
9 can be provided. So the support service --  
10 necessary support services in the recovery  
11 residence to support those individuals  
12 long-term recovery, et cetera.

13 So it can be provided by recovery  
14 residence that meets criteria under the  
15 definition of the service and the standards  
16 that we implement. So they're required to  
17 be NARS certified, levels two or three, and  
18 then again, there's going to be some  
19 monitoring requirements, engagement with the  
20 individual, development and recovery plans,  
21 again, care coordination components. And so  
22 that has actually kicked off through Senate  
23 Bill 90.

24 MR. INGRAM: Well, Angela, can -- so  
25 trying to understand this, and we've talked

1           about it before. So if that recovery  
2           residence has the ability, they can bill for  
3           what? Case management, peer support?

4           MS. SPARROW: No. Good ask, Van. So  
5           it's actually a weekly per diem rate --

6           MR. INGRAM: Okay.

7           MS. SPARROW: -- that the recovery  
8           residence would receive. And so there are,  
9           within that service definition, those  
10          support services are outlined, and we can  
11          definitely pull it up and send it to this  
12          group too.

13          So -- but, yes, those peer services,  
14          groups, supports, connection to community  
15          resources, providers, et cetera, so the  
16          activities, again, that the recovery  
17          residence are supporting that individual in  
18          their recovery and long-term recovery. And  
19          then, again, to transition, right, into  
20          independent living.

21          MR. INGRAM: And have you --

22          MS. SPARROW: So it's the service  
23          that they are providing.

24          MR. INGRAM: Have you all set that  
25          bundled rate yet?

1 MS. SPARROW: We have. So again, the  
2 individual can still -- if they're in IOP,  
3 if they're getting outpatient behavioral  
4 health services, they can still receive  
5 those services. I don't have it right here  
6 in front of me, Van, but we'll pull it up as  
7 we move along.

8 MR. INGRAM: Okay, thank you.

9 MS. SPARROW: So it's a --

10 MR. SHANNON: So is that in effect  
11 now?

12 MS. SPARROW: It is under Senate Bill  
13 90 only.

14 MR. SHANNON: Okay.

15 MS. SPARROW: So the -- even though  
16 we have the approval under the 1115, we  
17 still, again, have those deliverables, if  
18 you will, that we've talked about through  
19 reentry, right, and approvals that we have  
20 to work through with CMS, and set the  
21 implementation plan. So it is currently  
22 implemented through Senate Bill 90 and the  
23 behavioral health conditional dismissal  
24 program.

25 So we are working with The Fletcher

1 Group, who's really acting as the  
2 administrative service organization  
3 currently. So since -- without the 1115  
4 authority, there was not funding for this,  
5 and this is where the MCOs, again, has  
6 supported the implementation of this pilot.  
7 And so that funding, again, is being  
8 overseen by The Fletcher Group.

9 So there's not claiming to Medicaid  
10 currently. The providers aren't enrolling  
11 directly with Medicaid. They're contracting  
12 with The Fletcher Group who's ensuring,  
13 again, through the application process that  
14 we're overseeing that they're meeting their  
15 requirements, they have the capability. So  
16 again, we're trying to build up that  
17 provider network through the pilot, and then  
18 we'll have to work through the first  
19 quarters of this year through that  
20 implementation planning to determine how we  
21 roll that out through the 1115.

22 I do want to note, for those purposes  
23 under the 1115, currently only the reentry  
24 population -- so under our reentry 1115  
25 population, individuals from the state

1           prisons, for example, that are leaving the  
2           state prisons, entering the community, are  
3           eligible for RRSS. So again, moving into  
4           recovery residence, as well as our existing  
5           Senate Bill 90 population. So initially, it  
6           will be limited to these populations till we  
7           build the service, the provider network, and  
8           then again, we can expand. So I just want  
9           to note that for everybody as well too.

10                   So that's -- this, again, does have a  
11           tie to our reentry 1115, but again, it would  
12           be for those individuals that are leaving  
13           the reentry under the reentry demonstration,  
14           transitioning into the community with SUD  
15           that would meet the requirements would be  
16           eligible for RRSS. And those that are  
17           participating or had been participating in  
18           Senate Bill 90.

19                   MR. SHANNON: Okay. It was a small  
20           rollout initially, obviously. That's okay,  
21           it makes sense.

22                   MS. SPARROW: Yeah, and again, we  
23           have a large recovery residence network in  
24           Kentucky, right? And many of those  
25           initiatives, and so we've worked with

1 Department for Behavioral Health on that --  
2 just scrolling through, I'm not sure if we  
3 have any of those folks on the call --  
4 through Senate Bill 90 to, again, develop  
5 the service. But so they, again, are  
6 overseeing certification, NAR certification.  
7 That is one of those requirements.

8 So again, we have a large network,  
9 but really trying to establish what the  
10 service is, what it's going to look like,  
11 and that we are meeting those standards and  
12 requirements. And again, you know, what was  
13 also -- so when we rolled that out, if you  
14 will, and developed that, we had the 1115 in  
15 mind and what, you know, we felt like CMS  
16 would approve, so.

17 So that was one of the new components  
18 --

19 MR. SHANNON: Yeah.

20 MS. SPARROW: -- approved. And then  
21 the reentry 1115, we did receive our full  
22 extension and approval. So we had talked  
23 about, right, initially in July of last  
24 year, we had received just I think through  
25 what was the previous existing approval of

1 broad TEAM Kentucky. So we received, as we  
2 expected, that full extension for a reentry  
3 demonstration. We also received the  
4 approval for the pending serious mental  
5 illness, SMI 1115. So there's, you know, a  
6 lot of initiatives in -- across the state  
7 and with Medicaid around some of the SMI  
8 services.

9 So again, to be transparent and  
10 hopefully not to be too confusing, there's  
11 the SMI 1915(i) SPA, and then the SMI 1115.  
12 So under the 1115, what the 1115 authority  
13 allows us to do was to expand the inpatient  
14 hospital stays beyond 15 beds, very similar  
15 to our SUD 1115. So we can, again,  
16 reimburse beyond 15 days in an inpatient  
17 hospital for stays for SMI. The other  
18 services and expansion and new services  
19 around SMI, again, fall under the 1915(i),  
20 which can be in a state plan, right, and  
21 doesn't need that 1115 authority.

22 So I know that there is a lot of  
23 discussion in different areas and different  
24 meetings, so just want to be transparent.  
25 It's not -- we're not talking about the



1 approval yet of the 1915(i) SPA. It is the  
2 1115 in that --

3 MR. SHANNON: But we will be someday.

4 MS. SPARROW: We hope so. We hope  
5 so. But again, I'm trying to not be too  
6 confusing, and transparent, but -- so that  
7 was -- and again, all good things, but that  
8 --

9 MR. INGRAM: What about the  
10 implementation plan for the carceral 1115?  
11 Have you heard anything back from that,  
12 Angela?

13 MS. SPARROW: We haven't heard  
14 anything about the implementation plan on  
15 the reentry.

16 And so the -- let's see, that was --  
17 SMI was a new component, and then the  
18 recuperative care pilot, so medical respite.  
19 And we also are going to refer to this as a  
20 health-related social need, so HRSN 1115.  
21 So this is a new 1115 to Medicaid. So the  
22 recuperative care pilot was also approved as  
23 a part of the December approval. And so  
24 this, the medical respite service, again, is  
25 for individuals. It can be either

1 post-hospitalization, and it can even be  
2 pre-hospitalization.

3 So if there's like a scheduled  
4 surgery, if you will, or scheduled procedure  
5 -- so individuals that are at risk of  
6 homelessness or are homeless that need  
7 additional recovery time and supports are  
8 eligible for this service. And again, it's  
9 so that they can receive that recovery care,  
10 in addition to really that care coordination  
11 case management services to address those  
12 social -- health-related social needs for  
13 that individual. So it is a primary medical  
14 right. They do need to have an ongoing  
15 medical need, not primary behavioral health,  
16 but knowing that many of those individuals  
17 will have behavioral health needs.

18 So again, through that service  
19 ensuring that they're being -- providers can  
20 provide it directly, or again, they can  
21 refer if there's a behavioral health need,  
22 but we are at least screening for those.  
23 And if there's identified need, referring  
24 that out to appropriate providers so they  
25 can still receive behavioral health

1 services, any primary care services, any  
2 other services they need while they are in  
3 recuperative care. But again, that allows  
4 them the opportunity to have the recovery  
5 that they need, in addition to help support  
6 and address those health-related social  
7 needs.

8 So with that being said, I also want  
9 to be transparent. We do have a few  
10 programs across the state that have been  
11 operating the recuperative care pilot -- or  
12 excuse me, programs. And again, those are  
13 the providers that will be participating --  
14 that we anticipate would be participating in  
15 the pilot and the rollout of that.

16 So again, new service, trying to  
17 develop that service, establish that  
18 service, and then expand. So with all of  
19 that --

20 MR. SHANNON: Can we go back to Van's  
21 question on the implementation plan? I want  
22 to make sure I understand.

23 MS. SPARROW: Mm-hmm.

24 MR. SHANNON: No feedback's been  
25 received. It was due like the end of

1 December, right?

2 MS. SPARROW: That's correct. So let  
3 me jump to -- well, I'm -- I'll do the  
4 reentry here if I can next.

5 MR. SHANNON: Okay.

6 MS. SPARROW: Just to wrap up all the  
7 additional components, so all of -- again,  
8 everything is approved currently through  
9 December 31st of 2029 now. And so those new  
10 components, SMI recuperative care, those new  
11 components require implementation plans,  
12 monitoring protocols, all the things that we  
13 had talked about for reentry. So we will be  
14 working on those over the next quarter or  
15 two to submit to CMS.

16 So for reentry, we did -- I think  
17 since the last time that we met, we did  
18 submit our -- so our implementation plan was  
19 submitted to CMS the end of October. We  
20 have not heard anything back from CMS about  
21 that. And again, full transparency, it was  
22 a very, very busy quarter for them working  
23 with -- I'm not sure if you all have seen  
24 all of the approvals that they have posted  
25 heading into the new year. But multiple

1 states across the country working with  
2 states to get these approvals in before --

3 MR. SHANNON: Wonder why that was.

4 MS. SPARROW: So it was a very  
5 aggressive timeline for CMS and for the  
6 state. So I -- truthfully, I'm not sure.  
7 We are working with them on getting our next  
8 call set up into the new year. I'm not sure  
9 how much that they have viewed and looked at  
10 the plans that have been submitted. I  
11 think, again, many efforts were trying to  
12 get some of those pending approvals through,  
13 so no feedback yet on the implementation  
14 plan.

15 With that being said, Van, Steve,  
16 there was language that was in our approval  
17 in our standard terms and conditions, and so  
18 that's a pending --

19  
20 (Inadvertent interruption).

21 MS. SPARROW: -- that we have with  
22 CMS that typically there is language that  
23 says that the states cannot draw federal  
24 match on our services so we can't implement  
25 until the implementation. It says,

1 "contingent on approval of the  
2 implementation plan." So that language was  
3 removed from the CMS -- or from the STCs in  
4 December.

5 And so our pending question with CMS  
6 since that contingency was removed from that  
7 language ensuring that we can continue  
8 forward in implementation in October as  
9 planned should something be held up with the  
10 implementation plan, especially in the new  
11 year in the administration. So we're  
12 hopeful that, and we believe that's the  
13 understanding and that was their intent so  
14 that we continue to move forward as is. So  
15 while we don't have feedback directly from  
16 the plan, again, their -- I think that that  
17 is the intent.

18 The monitoring protocol was submitted  
19 I believe on the 27th of November. So we  
20 did meet that deliverable. We also, again,  
21 did submit the reinvestment plan to CMS on  
22 the 27th of December, so we met that  
23 deliverable. And our evaluation design was  
24 submitted to CMS on the 27th of December, as  
25 well.

1           So Mercer is the state's independent  
2           evaluator. I think we've talked about that.  
3           We brought them on board in November. So  
4           that is a requirement, right, to have an  
5           independent evaluator of the demonstration.  
6           That's something that we want to introduce  
7           them to this group, as well. We want you  
8           all to be familiar with who they are and  
9           what their role is. Because they, again,  
10          will likely be reaching out to some of you  
11          all, or attending meetings and things like  
12          that. That's part of their role, and it was  
13          a tight timeline before the end of the year  
14          to get them on board and get that evaluation  
15          design submitted to CMS. And so we didn't  
16          really have an opportunity to make those  
17          introductions, but that's something, again,  
18          that you should expect over the next few  
19          weeks or so, couple months, is again, kind  
20          of those introductions. And we can talk a  
21          little bit more about their role.

22                 So that was completed. And so again,  
23                 and so -- just so you all are aware as well  
24                 is we do not typically post the monitoring  
25                 plans, reinvestment plans, but those

1 deliverables that we submitted publicly, we  
2 share them again, and the teams have input  
3 on those -- core teams, internal teams have  
4 input on those. We don't typically submit  
5 the final version -- or post the final  
6 versions until they're approved by CMS  
7 because there's a lot of back-and-forth in  
8 negotiations. So I know we've gotten some  
9 questions about that, and again, just want  
10 to make sure that you all are aware.

11 But just as we, you know, move  
12 forward into 2025, we, again, will continue  
13 and pick up implementation planning. And so  
14 -- but it will actually move, you know, more  
15 towards design sessions and development. So  
16 we're taking a look right now of kind of the  
17 broad project plan and timeline, and what  
18 those design sessions will look like.

19 Again -- and we'll get to this. You  
20 know, there was a lot of effort in the last  
21 quarter of 2025 really around CAA and that  
22 implementation, but as we move into 2025,  
23 CAA really will begin to fit more inside of  
24 the reentry implementation, if you will.  
25 And so again, really kind of tried to shift



1 the focus. Not that the focus hasn't been  
2 on reentry, but really, again, around  
3 wrapping up the implementation planning in  
4 those -- in the design, and then, again,  
5 what that timeline looks like. So we  
6 also --

7 MR. SHANNON: And CAA is the 18 to  
8 26-year-old piece?

9 MS. SPARROW: That's correct. So  
10 that was the Consolidations Appropriations  
11 Act and that requirement to states. So that  
12 was passed in 2023 with a 1/1/25 effective  
13 date. And then that was where, again, the  
14 guidance really was pending for states for  
15 the bulk of time until last summer and even  
16 through, right, the fall and in last  
17 quarter. And much of the guidance really is  
18 still pending the states on that.

19 So we, again, had worked with our  
20 partners. We'll give that update, touch on  
21 that a little bit, too, but just want to  
22 mention to this group because, again, many  
23 of you all are also on the ACRES Advisory  
24 Committee. So we are looking at dates, just  
25 so you're aware, to get an ACRES meeting

1           scheduled for February. So that should be  
2           coming out too.

3           So just a brief update on CAA because  
4           again, it kind of falls within the reentry  
5           project. We did go live on January 1st, and  
6           so that includes our state prisons. And we  
7           are piloting and kind of -- not piloting,  
8           but started with one of our DJJ YVCs, youth  
9           development centers, and then, again, we'll  
10          expand and rollout as we move through 2025.

11          So we did go live January 1st.  
12          Kentucky did submit a SPA, state plan  
13          amendment, that was required for these  
14          services to CMS before January 1st with the  
15          January 1st effective date. However, and I  
16          pause, but we still do not have the exact  
17          templates that we're supposed to use for  
18          that release from CMS. So we will have to  
19          make some changes with what we submitted,  
20          but we had our first call with CMS this week  
21          about that submission. Seems like we were  
22          the first and potentially only state that  
23          has done that thus far, so we are ahead --

24                 MR. SHANNON: Good.

25                 MS. SPARROW: -- in terms of CAA

1 implementation. And so those are all good  
2 things, but there's still many things that  
3 we'll continue and have to work through in  
4 2025, and really kind of come into the full  
5 compliance on bringing on, you know, as many  
6 of those programs and facilities as we can.

7 We had started -- again, we talked  
8 about I think in our last call what we were  
9 planning to do in terms of outreach and  
10 engagement with the jails. So we have --  
11 again, trying to engage with them through  
12 the association as well. We did send out  
13 before the new year a survey, and I know we  
14 know people don't like surveys, but given  
15 that there are so many of them just trying  
16 to get basic information and understanding  
17 of what is currently being provided, and  
18 what are their, you know, infrastructures.  
19 So just very basic high-level as we could  
20 get. So we did get some responses back from  
21 them, but we will continue that all the way  
22 through, you know, the first quarter of this  
23 year.

24 Also continue with -- we had talked  
25 about -- I think we had talked about kind of

1           piloting with a couple of the jails across  
2           the state is can we start with them, right?  
3           Can they kind of be the gold star, if you  
4           will, on how to onboard? And again, be able  
5           to connect with the other jails as we move  
6           forward, but also just trying to think of  
7           opportunities. How to best -- is it forums  
8           to have with them? Is it through existing,  
9           you know, associations? How can we best  
10          connect and support them, right, as well?  
11          Like, we -- there's -- it's just going to be  
12          very different in terms of what their needs  
13          are and what their infrastructures are. So  
14          that will be, again, we have initiated that  
15          but will be a great deal of work in 2025  
16          around CAA as well.

17                 So again, if there are any jails that  
18                 are, you know, participating in the TAC, or  
19                 can we get them to participate in the TAC.  
20                 Also in, you know, representatives to  
21                 participate in ACRES, although the 1115  
22                 doesn't directly include them at this point  
23                 in time. You know, we've talked about this  
24                 is the opportunity, right, so that we can  
25                 expand and amend and be able to do so, you

1 know, we need to hear from them, know from  
2 them what is going to work and, you know,  
3 what isn't. Because it's going to look --  
4 the model for the jails is going to look  
5 different from the model for DOC. It's  
6 going to look different from the model for  
7 DJJ.

8 So those are all things that continue  
9 to occur. We did have one eligible  
10 individual that was released from the YDC  
11 first site yesterday. Just again,  
12 transparent with that. Not much change from  
13 what typically occurs in that setting and  
14 for those individuals. You know, again,  
15 they were still receiving the services.  
16 They, again, are enrolled in and eligible  
17 for the SKY program, so they are receiving  
18 those ongoing SKY program case management  
19 services, and then, again, DCBS. But again,  
20 we'll continue to learn, and see what  
21 changes need to occur, and how we can  
22 continue to roll out 2025.

23 I know that's a lot of information,  
24 but any questions?  
25

1 (No response).

2 MS. SPARROW: And there's many other  
3 things going on --

4 MR. INGRAM: No questions, but just  
5 to say that --

6 MS. SPARROW: -- but that's --

7 MR. SHANNON: Yeah.

8 MR. INGRAM: You all have done a  
9 great job, Angela, at the end of the year.  
10 I know how much you all had on your plate.  
11 Very impressive.

12 MR. SHANNON: Yeah, it's remarkable,  
13 really.

14 MS. PORTER: I'll echo that, Van. I  
15 mean, I've been in so many meetings with  
16 Angela and her team, and, you know, just  
17 watching everything, how it's been  
18 organized, and all the work that's been put  
19 in has been wonderful. So you all have done  
20 an amazing job.

21 MR. SHANNON: Yeah, very good work.

22 MS. SPARROW: We appreciate that.  
23 And then, yeah, it's -- and as you all know,  
24 right, things change on the dime, especially  
25 with CMS, there is a, "well, you've got to

1 do this, or you gotta do that." So we  
2 appreciate the partnership and the support  
3 and the help as well. And the  
4 understanding. So anything that we've asked  
5 from our partners, you all certainly have  
6 been able to provide and help us through  
7 that, so thank you.

8 MR. SHANNON: I always keep hepatitis  
9 C on the agenda, but if there's no update,  
10 that's all good. I just --

11 MS. SPARROW: No update. I think --  
12 oh, one thing that I didn't mention though,  
13 Steve, and I think that that may play into  
14 that: So when we kind of get into, you  
15 know, ramping back up, if you will, into the  
16 new year, and when we get in some of these  
17 design session type moving forward  
18 workgroups, we will start to see some more  
19 of those sub workgroups. And so this could  
20 be, again, you know, this is where we -- the  
21 hepatitis C, we felt like could be an  
22 opportunity that we start to address and  
23 write that case management service or  
24 identification in that pre-release period  
25 and how to do that.

1           So I think some of those things will  
2           come into play. Pharmacy is certainly --  
3           there's been lots of questions and things  
4           and will likely be a subgroup. So we'll  
5           start to see more of those subgroups kind of  
6           come to life, if you will. And so I think,  
7           again, that's where we'll have an  
8           opportunity to address some of these items.

9           MR. SHANNON: Okay, good. Thank you  
10          much. Questions for Angela?

11                   (No response).

12          MR. SHANNON: You just take a breath.  
13          Good work. All right, MCO updates. Aetna.

14          MS. VARNEY: Hey, good morning,  
15          everyone.

16          MR. SHANNON: Hey.

17          MS. VARNEY: Hope everybody's keeping  
18          safe and warm. My name is Joy Varney with  
19          Aetna Better Health of Kentucky, and we are  
20          at the beginning stages of partnering with  
21          the Shelby County Detention Center in  
22          providing mental health and substance use  
23          training for their new crisis intervention  
24          team and for their staff to help better  
25          serve those who are incarcerated and those



1           who are reentering back into the community.  
2           So they've requested trainings on mental  
3           health awareness, which we have a mental  
4           health training -- an adult mental health  
5           first aid training specifically for  
6           corrections officers that we're currently  
7           trying to get that to them. Crisis  
8           resolution, suicide prevention, they want to  
9           know more about substance use disorder,  
10          co-occurring disorder, and also community  
11          resource knowledge. And those are really  
12          talking about what do the folks who are  
13          reentering back into the community need to  
14          help them to become successful? So that can  
15          look like work, housing, substance use  
16          treatments, and other support.

17                 So this is at the very beginning  
18          stages, and so we're really happy to be able  
19          to partner with the detention center, and  
20          hopefully we can partner with more. So  
21          thank you.

22                 MR. SHANNON: Good stuff, thank you.  
23          Humana.

24                 MS. EDWARDS: Good morning, everyone.  
25          My name is Lynn Edwards, and I will be

1 presenting on behalf of Humana. I am  
2 excited to provide an update on our reentry  
3 program within Humana, as well as our  
4 community engagement outreach efforts.

5 For quarter four, 2024, we have  
6 identified five members actively  
7 participating in our reentry program. Over  
8 the past three months, we've witnessed a  
9 trend. Several of our members that have  
10 recently been released who were not  
11 initially identified for our reentry  
12 program, have been reaching out to our care  
13 management team. So we are really excited  
14 about that new trend.

15 For our community engagement team, we  
16 had a strong involvement in quarter four.  
17 We weren't able to present in the last  
18 meeting in November, so I'm kind of giving  
19 you guys an update. We continue to  
20 participate in our monthly coalition  
21 meetings and visiting various detention  
22 centers, including one in Bullitt County.  
23 And these visits are very crucial to  
24 establishing presence and supporting within  
25 the community.

1           We also partnered with Louisville  
2           Goodwill on October the 12th. Humana was  
3           proud to have a presence at their  
4           significant Stand Down event. And  
5           additionally, we have partnered with several  
6           of our reentry coalition meetings by  
7           assembling reentry bags at specific  
8           locations, one being Henderson County  
9           Detention Center. In those bags, they  
10          included personal hygiene products and  
11          educational materials that were aimed at  
12          supporting individuals as they transition  
13          back into society.

14                 In November, we extended our efforts  
15          by attending the Sterling Healthcare  
16          expungement clinic in Montgomery County.  
17          And looking ahead into 2025, we are  
18          currently working on finalizing our schedule  
19          for the first quarter, and as we transition  
20          back from the holidays, we are committed to  
21          maintaining the level of involvement that  
22          has proven effective in meetings -- meeting  
23          our needs of our members. So we remain  
24          dedicated in expanding our outreach and  
25          enhancing our support for individuals

1 reentering into the community.

2 MR. SHANNON: Good, thank you, Lynn.  
3 Any questions?

4  
5 (No response).

6 MR. SHANNON: Okay, what about  
7 Passport by Molina?

8 MR. ZAKEM: This is Marc Zakem, I'll  
9 keep it short and sweet. If there's any  
10 questions, Priscilla Schwartz, who is in our  
11 community engagement department and oversees  
12 most of these, is also on the call.

13 We participated in 13 virtual or  
14 in-person meetings in December, including  
15 prerelease classes, expungement events and  
16 reentry councils in support of agency and  
17 community partners, which included Goodwill,  
18 Mountain Comp Care Center, and local and  
19 county churches, and county jails. I  
20 believe that's all I've got today.

21 MR. SHANNON: Okay, thank you.

22 MR. ZAKEM: Mm-hmm.

23 MR. SHANNON: United.

24  
25 (No response).

1 MR. SHANNON: Anybody from United?

2

3 (No response).

4 MR. SHANNON: Okay, WellCare/Centene.

5 MR. OWEN: Good morning to you,  
6 Steve.

7 MR. SHANNON: How are you, sir?

8 MR. OWEN: I'm well. So a little bit  
9 of a refresher: WellCare, we had these  
10 community impact councils, which is  
11 something we started a couple years ago.  
12 But I'm getting -- hearing myself echo. I  
13 hope nobody else is. So anyway, where we  
14 identify basically, like, key community  
15 leaders -- civic leaders, and collaborate  
16 or, you know, identify a given problem for  
17 the given community. And so we assembled  
18 this council, Community Impact Council, to  
19 try to address, you know, find some solution  
20 to whatever the given problem happens to be.

21 So we did this Community Impact  
22 Council for Franklin County regarding  
23 reentry, it was over a year ago. So it was  
24 kind of late '23, and one of the really cool  
25 things is most of the other MCOs

1 participated in the council. And Alanna  
2 from Aetna, was very actively engaged, so  
3 that was really cool that it was a WellCare  
4 event, but we had other MCOs participating.

5 So anyway, the mission was trying to  
6 for Franklin County -- it was Franklin  
7 County only, are there barriers, problems  
8 that need to be addressed to help facilitate  
9 people reentering society, you know, are  
10 there needs? And so one of the things that  
11 came out of it early on was that if you're  
12 in the state corrections system, you are  
13 discharged with, I think it's like a  
14 one-pager front and back with all these  
15 different resources: Phone numbers, you  
16 know, websites, links, you know, where to  
17 go, social service, health, whatever kind of  
18 needs. And so -- but most county jails  
19 don't do that. I think there are a couple,  
20 and so that was early on something that the  
21 group identified as a need.

22 So ultimately, the council, in late  
23 last summer, realized that they were  
24 duplicating the work of another council:  
25 The Bluegrass Reentry Council. However, the

1 final meeting, some things had happened.  
2 No. 1, the Franklin County Health Department  
3 committed to creating -- or well, they  
4 already had a resource directory basically  
5 for those getting discharged, and to  
6 distributing that to the Franklin County  
7 jail, so the individuals that will exit that  
8 jail, they'll have such a resource.

9 Also, both the Franklin -- Frankfurt  
10 Police Department and Franklin County jail  
11 participated in the last meeting, and the  
12 Frankfurt -- Franklin County jail committed  
13 to having community -- ongoing community  
14 stakeholder meetings like this council had  
15 been since it was disbanding, but they were  
16 going to do that going forward. The  
17 Frankfurt Police Department told everybody  
18 -- informed everybody about a really cool  
19 thing called the situation table. And this  
20 is Franklin County. There's five other  
21 counties in Kentucky that have this.

22 And it's basically, it's a team to  
23 identify or to help people in some kind of  
24 -- any kind of crisis and intervene. And so  
25 literally, there is a panel of people, it's

1           called a rapid triage team. So somebody  
2           gets referred to the situation table, or of  
3           course, you know, they could walk in and ask  
4           for help, and so we've got a situation, and  
5           so literally, there is a panel -- it's got  
6           -- it involves public health, public safety,  
7           law enforcement. And so they look at the  
8           case, they identify, what are the needs,  
9           what are the risks here, what are the next  
10          steps, who are the other entity -- community  
11          entities that could help get this person out  
12          of crisis? Let's intervene.

13                 And so anyway, that launched a year  
14          ago in December in Franklin County. And so  
15          the Frankfurt Police Department was, you  
16          know, telling us all about that, and say,  
17          "Hey, get the word out, get the word out,  
18          get the word out," so that people can be  
19          aware of this option.

20                 And so one of the other things was  
21          the Franklin -- also the Frankfurt Police  
22          Department asked WellCare after that, they  
23          also have an initiative that -- I think it's  
24          been going on for a couple of years. It's  
25          not reentry per se, but it's called



1 Lethality Assessment Program, and it's to  
2 identify people who are at -- probably  
3 experiencing domestic violence and it could  
4 escalate to potential homicide. And so it's  
5 a similar concept, and so this is something  
6 that Frankfurt Police Department does, and  
7 so they asked us, and WellCare is going to  
8 help fund it. And so they work with, you  
9 know, the different shelters, community  
10 advocacy, identifying ways to get this  
11 person out of that domestic, you know, very  
12 dangerous situation and protect them  
13 essentially. So anyway, that's something  
14 that the Frankfurt Police Department also  
15 does, Lethality Assessment Program. And so  
16 we're going to help fund that going forward,  
17 so that came out of the final meeting as  
18 well.

19 So -- but, yeah that -- and, you  
20 know, those community impact counselors --  
21 our whole point is we want to assemble  
22 everybody together and kind of find some  
23 solutions and then move on. It doesn't go  
24 on forever, but in this case, you know, it's  
25 good because we do have other, you know,

1 stakeholders involved. Franklin County jail  
2 is going to be doing stuff as well. So  
3 that's the WellCare update.

4 MR. SHANNON: Thank you, sir.

5 MR. OWEN: Sure.

6 MR. SHANNON: How many of those  
7 councils exist currently?

8 MR. OWEN: You know, we have -- I  
9 don't know if Darren, our senior director of  
10 member engagements is on the call, Darren  
11 Levitz. I don't know if he knows exactly  
12 how many we have ongoing at the moment.  
13 He's staying on mute, so he may not know.

14 MR. SHANNON: Scurried the cat.

15 MR. LEVITZ: All right, we currently  
16 have six community councils in place, and  
17 over the last two years, we have had 14.

18 MR. OWEN: Well, there you go.

19 MR. SHANNON: Good deal.

20 MR. OWEN: Thank you, Darren.

21 MR. SHANNON: Appreciate it.

22 MS. BICKERS: Steve?

23 MR. SHANNON: Yeah?

24 MS. BICKERS: I believe we have  
25 United on; they were just having some

1 issues.

2 MR. SHANNON: Yeah, I got that email.  
3 She had some issues.

4 MS. BICKERS: Okay.

5 MR. SHANNON: Yeah, I was going to go  
6 back. Thank you for that, Erin. All right,  
7 United, Stephanie? Suzanne Lewis?

8 MS. LEWIS: Hey, Steve, this is  
9 Suzanne Lewis.

10 MR. SHANNON: Hey.

11 MS. LEWIS: I think Stephanie was  
12 trying to come off of mute and it wasn't  
13 working well for her. So just a quick  
14 update from our side. Right now, we have  
15 outreach to a total of about 1,300  
16 members -- I'm sorry, about a thousand  
17 members. We've reached about 160. We've  
18 enrolled 80 members. We've completed HRAs  
19 for about 37 members. We had about 45 that  
20 declined the services. And then in January,  
21 we've had one direct referral from the  
22 state, and we're still working on outreach  
23 for that member.

24 We also wanted to talk about our  
25 partnership with Goodwill and the

1 expungement clinic. Our members can go to  
2 the in-person program at any one of the  
3 opportunity centers, or they can attend  
4 virtually. So we've created that  
5 partnership.

6 And then this past fall, we had  
7 several -- I'm sorry, we had several health  
8 fairs and partnerships with events with  
9 Groups Recover Together. So we did one in  
10 London, Kentucky, and Pineville, Erlanger,  
11 and we provided information, referrals for  
12 testing, flu vaccines, legal advice and  
13 information. And we partnered with VOA and  
14 the Groups Recover Together for those  
15 locations to deliver different essential  
16 items, like scarves, gloves, hats, hygiene  
17 bags, and so forth.

18 I think that's all. I just want to  
19 make sure -- I don't know if Stephanie ever  
20 was able to get off mute. Those are  
21 highlights of what we've been doing.  
22 Obviously, I am speaking for Stephanie, but  
23 wanted to make sure you guys got our update.

24 MR. SHANNON: All right, thank you  
25 for that.

1 MS. LEWIS: Thank you.

2 MR. SHANNON: And Stephanie says,  
3 "That's everything. Thank you, Suzanne."

4 MS. LEWIS: Okay.

5 MR. SHANNON: Good work. All right,  
6 round-robin member updates. I keep on here  
7 the eligibility post-release. I have not  
8 heard a lot about that. Was that sometime  
9 in December people were expressing that  
10 there's still some challenges with that? I  
11 tried to explain, you know, as I understand  
12 it, there shouldn't be, but just so you  
13 know, it's, I mean -- and I don't know if  
14 the challenges are specific to the  
15 individual or the situation but just keep it  
16 on there. But, you know, it was resolved,  
17 so that was all good news, but there's still  
18 that concern. And I keep telling people the  
19 reentry waiver will probably solve this  
20 problem, right? That's what we're hoping.  
21 Any other members have an update?

22  
23 (No response).

24 MR. SHANNON: Taking that as a no.  
25 Legislative session started, so we'll see.

1           It's really, you know, they reduced the  
2           income tax effective next year, or they  
3           started that process from four to three and  
4           half percent.

5                 Several bills have been filed. We  
6           can send an update on bills if people are  
7           interested, but, you know, short session,  
8           it'll wrap up Friday, and then they'll come  
9           back in February.

10                And just informational, there is a --  
11           Kentucky Judicial Commission of Mental  
12           Health has a reentry workgroup. And if  
13           you're interested in participating in that,  
14           they're open to anybody, anyone can join  
15           just to see what that focus is on in terms  
16           of reentry as well.

17                And I always include here: Future  
18           agenda items. And I hear crickets, which  
19           tells me no one has anything specifically to  
20           report. And no recommendations. Obviously,  
21           we may get more recommendations. Several  
22           TACs make recommendations to the MAC,  
23           Medicaid Advisory Council. You know, we're  
24           still in the planning phases, and once that  
25           goes live, hopefully in October, we may see

1           some different things, and over time, there  
2           could be a recommendation or two. I don't  
3           know for sure.

4                   That is all I have. Anybody else?

5

6                           (No response).

7                   MR. SHANNON: All right, the MAC  
8           meeting is January 23rd, two weeks from  
9           today. The reentry TAC always gives a  
10          report. If some member wants to do that in  
11          January, you are free to do so. If not, I  
12          will give that report. And it meets -- it's  
13          worthwhile hearing what Medicaid's up to.  
14          It's the Angela Sparrow report we get across  
15          all Medicaid services. And then our next  
16          meeting is March 13th. But that's it.  
17          Y'all take care.

18                   MR. OWEN: Thank you, you too, Steve.

19                   MR. SHANNON: See you, all.

20                   MS. BICKERS: Stay warm.

21                   MR. SHANNON: Thank you, everybody.

22          See ya.

23                   MS. PORTER: Bye, everybody.

24                   MR. SHANNON: Thanks, Erin.

25                   MS. BICKERS: Have a great one.

1 MR. SHANNON: You too, bye-bye.

2  
3 (Meeting adjourned at 9:55 a.m.)  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25



\* \* \* \* \*

CERTIFICATE

I, Tiffany Felts, CVR, Certified Verbatim Reporter and Registered Professional Reporter, do hereby certify that the foregoing typewritten pages are a true and accurate transcript of the proceedings to the best of my ability.

I further certify that I am not employed by, related to, nor of counsel for any of the parties herein, nor otherwise interested in the outcome of this action.

Dated this 12th day of December, 2025



Tiffany Felts, CVR