

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

\*\*\*\*\*

Via Videoconference  
July 11, 2024  
Commencing at 9:00 a.m.

Shana W. Spencer, RPR, CRR  
Court Reporter

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**APPEARANCES**

**BOARD MEMBERS:**

- Steve 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 (not present)
- Van Ingram
- Casey Michalovic
- Evan Smith (not present)
- Kristin Porter (not present)
- Kevin Sharkey (not present)
- Angela Darcy (not present)
- Brandon Thomas (not present)

1                                    P R O C E E D I N G S

2                                    MS. BICKERS: Steve, the waiting  
3 room is cleared. It's 9:00. I do only  
4 currently see the three TAC members that are  
5 on screen.

6                                    CHAIRMAN SHANNON: Yeah.

7                                    MS. BICKERS: I can keep an eye out  
8 for more as they come in.

9                                    CHAIRMAN SHANNON: Yeah. I had  
10 heard from Kristin Porter and Brandon Harley.  
11 They both are out, so they won't be there for  
12 sure but --

13                                   MS. BICKERS: Okay. And, Adrienne,  
14 I believe, declined the invite, so I don't  
15 believe she's going to be with us either.

16                                   CHAIRMAN SHANNON: Okay.  
17 All right. That gets us down to needing six  
18 of eight; right? So we need three more.

19                                   MS. BICKERS: Yes.

20                                   CHAIRMAN SHANNON: All right.

21                                   MS. BICKERS: I'll keep an eye out.

22                                   CHAIRMAN SHANNON: Appreciate it.  
23 Thanks.

24                                   And, Casey and Van, thanks for being  
25 here. Appreciate it. Obviously, we'll

1 bypass roll call till we have everybody or  
2 make a decision. Do not have a quorum, so we  
3 won't worry about the minutes.

4 I have a DMS update. I think we have  
5 good news. And, Angela, are you giving that  
6 update?

7 MS. SPARROW: I will. Hi. Good  
8 morning.

9 CHAIRMAN SHANNON: Good morning.

10 MS. SPARROW: Again, exciting  
11 update, but it might be still brief. So,  
12 again, the Department and, again, Kentucky as  
13 well, also received our approval for the  
14 demonstration application as of July 2nd  
15 along with the other cohort of states that we  
16 had mentioned over the last couple of months.  
17 So that is exciting.

18 Also, not to be alarming, if you all had  
19 seen the announcement, the approval is  
20 actually only through the end of September,  
21 but that doesn't mean it won't be approved  
22 beyond that. So just for the logistics of  
23 it, again, it will fall under our overarching  
24 Team Kentucky 1115.

25 CHAIRMAN SHANNON: Right.

1 MS. SPARROW: And when that is  
2 extended in the end of September, the  
3 additional time frame of the total of five  
4 years will be rolled up in that. So not to  
5 be alarmed but, again, it's just more of the  
6 logistics and streamlining --

7 CHAIRMAN SHANNON: But it's built  
8 into the big 1115, then; right?

9 MS. SPARROW: It is, yes. And  
10 so they're --

11 CHAIRMAN SHANNON: And that's more  
12 stable, I guess; right?

13 MS. SPARROW: Yes. So the big --  
14 yes. The big 1115 continues to grow. And  
15 so, again, I know that it can be confusing,  
16 but we do have the overarching Team Kentucky  
17 waiver authority. And then under Team  
18 Kentucky, we'll have the re-entry  
19 demonstration.

20 And then, again, come September, end of  
21 September, first of October, anticipate our  
22 extension for our SUD and then we will get  
23 the approval for our SMI, our recuperative  
24 care pilot. And then, again, our former  
25 foster care youth for out-of-state coverage

1 that was, again, existing since our original  
2 approval. So there's several components of  
3 the overarching Team Kentucky.

4 And, again, not to be alarmed that  
5 re-entry will be fully approved with the  
6 extension of Team Kentucky end of September.

7 So with that being said, next steps,  
8 again, we did -- we had an ACRES advisory  
9 committee group scheduled -- I believe it was  
10 the end of Septem- -- or, excuse me, end of  
11 June. We did cancel that. We will go ahead  
12 and get that rescheduled hopefully, again, in  
13 the next couple of weeks or so. The core  
14 team is meeting today, and so following that  
15 meeting, we'll reach back out.

16 But we also, again, with the fast  
17 track -- with CMS, there was, again, a lot of  
18 deliverables in terms of questions and kind  
19 of crossing the Ts and dotting the Is there.  
20 So we wanted to hold off until we received  
21 the official approval and make sure that  
22 nothing was changing. So, again, nothing --  
23 no alarming changes in the standard terms and  
24 conditions that we received.

25 Our implementation planning time frame

1 is a little shorter than we had hoped for.  
2 So in terms of next steps, just to keep my  
3 dates here in line, our implementation plan  
4 is due to CMS at the end of October. So  
5 that's October 30th. We have 120 days to  
6 complete that.

7 And then we will have monitoring  
8 protocols that are due to CMS the end of  
9 November and then we'll have our reinvestment  
10 plan and our evaluation design due at the end  
11 of the year, end of December.

12 So those are the time frames that we're  
13 looking at moving forward. Again, we had  
14 hoped that we would have six months'  
15 implementation planning. As you all are  
16 aware, this crosses several departments and  
17 systems, and so...

18 But that's -- again, we'll convene today  
19 to discuss that timeline and pull -- and move  
20 forward, again, with the governance,  
21 structure, and planning process. And so hope  
22 to get you some more information after that.

23 CHAIRMAN SHANNON: So did that  
24 change --

25 MS. SPARROW: We are working -- oh,

1 go ahead.

2 CHAIRMAN SHANNON: Sorry. Did that  
3 change the go-live date, maybe?

4 MS. SPARROW: That's, I think,  
5 still to be discussed, too, Steve.

6 CHAIRMAN SHANNON: Okay.

7 MS. SPARROW: I don't think it  
8 will, honestly. I think, you know, the  
9 tentative go live that we're discussing is  
10 still July. But I think on -- the broader  
11 conversation as well is we're looking at  
12 overall timelines for all of Team Kentucky so  
13 SUD, SMI. How are things going to overlap?  
14 How do they intersect? All of those, again,  
15 are going to have the same deliverables, too.  
16 And so, again, I think we're trying to look  
17 at the high-level picture and kind of what  
18 that roadmap is going to look like and how we  
19 roll out.

20 So most of you all are probably aware as  
21 well, there's the 1915(i) SMI and SUD  
22 services. So, again, there's a lot that  
23 we'll be rolling out. We're really just  
24 trying to get that high-level picture. And,  
25 again, knowing that re-entry is different

1           than some of those services, but they are  
2           going to overlap and intersect so...

3           As of right now, that is still the go  
4           live that we're looking at.

5           CHAIRMAN SHANNON: Yeah. And,  
6           Angela, I asked that question because Van and  
7           I were on a meeting -- was it last week,  
8           Van -- with the Kentucky Judicial Commission  
9           of Mental Health. I think it was the  
10          community response. And they talked about  
11          this thing, this waiver and the possibility.

12          And there was a discussion of when it  
13          would go live, and we shared the July 1 date  
14          and maybe sooner. You know, always pushing  
15          sooner but regardless, you know.

16          But there was some folks at the meeting  
17          who thought once CMS approves it, you can  
18          start it immediately. And we expressed no,  
19          there's other steps. And, you know, we  
20          didn't -- we spent five, ten minutes  
21          discussing that process.

22          And I think this information helps Van  
23          and I at the next meeting because it was --  
24          the chair of that meeting who is -- really  
25          who's the healthcare attorney thought it

1           would be as soon as it's approved, we're  
2           doing it. And I said no, there's other  
3           steps. Right, Van?

4                   MR. INGRAM: Yeah. Working on that  
5           original SUD waiver back in 2017, I learned  
6           how nothing is uncomplicated when it comes to  
7           CMS.

8                   CHAIRMAN SHANNON: Right.

9                   MR. INGRAM: And everything takes  
10          more time than you think it should.

11                  CHAIRMAN SHANNON: Yeah. So just  
12          so you know, Angela, that conversation did  
13          take place.

14                  MS. SPARROW: Appreciate that. And  
15          we're also working on getting a one-pager,  
16          some FAQs to get posted to the website as  
17          well but also for you all to be able to share  
18          that --

19                  CHAIRMAN SHANNON: Yeah.

20                  MS. SPARROW: -- because agreed.  
21          And, you know, I think in our conversations,  
22          we tried to be very transparent about that in  
23          the beginning. It is exciting. There's  
24          approval but then there are X, Y, and Z steps  
25          to still -- that the State is required to

1 take before we can actually implement.

2 So we are working on that, hopefully in  
3 the next few days, to be able to get those  
4 approved. We can get those posted and then  
5 send those to all the TACs as well as --  
6 again, you know, feel free to share them in  
7 other areas, also. So we'll try to get those  
8 out as widely as we can.

9 CHAIRMAN SHANNON: Okay. Great.

10 Any questions for Medicaid?

11 MR. INGRAM: Thanks, Angela. We  
12 look forward to working on this over the  
13 next --

14 CHAIRMAN SHANNON: Yeah. Exciting.

15 MR. INGRAM: The next 12 months to  
16 make it happen.

17 MS. SPARROW: Thank you. Thank  
18 you. Well -- and sorry. I will say one more  
19 thing. I know we've mentioned it in other  
20 meetings. But also, again, looking at the  
21 Consolidations Appropriations Act and those  
22 requirements and, again, how they're going to  
23 align, there is an effective date for states  
24 to meet that requirement January 1st of 2025.

25 And, again, really kind of still seeking

1           that guidance. What does that mean for  
2           states? How is that going to play into our  
3           re-entry planning and timeline? And, again,  
4           so that's part of the discussions, and you'll  
5           hear in workgroups as we move forward, also.  
6           So want to put that out there that if you all  
7           are hearing anything about that or have any  
8           questions. I think we're still -- we have  
9           questions, too.

10           But, again, that is going to be rolling  
11           out. We will need to roll that out and  
12           implement and meet those requirements as we  
13           work through the re-entry demonstration,  
14           also.

15                   CHAIRMAN SHANNON: Can you briefly  
16           summarize what may have to happen with that  
17           or what their -- the objective appears to be,  
18           maybe?

19                   MS. SPARROW: Uh-huh. So high  
20           level -- and, again, I think there are  
21           still -- we have asked -- and it's not just  
22           Kentucky. It's all states have asked to CMS.  
23           And I think that they are also still trying  
24           to navigate in terms of what their  
25           requirements are.

1           There is the mandatory section that does  
2           require the EPSDT services 30 days'  
3           prerelease and then, again, also targeted  
4           case management services 30-day prerelease,  
5           30 days' post-release.

6           And so what we are -- and that's for the  
7           adjudicated youth. Again, the -- their  
8           definition is individuals that are 21 and  
9           under -- or, excuse me, are under 21. So  
10          that is going to -- that population is going  
11          to be in a variety of carceral settings  
12          across the state.

13          And so, again, we're also trying to get  
14          clarity, and there is some language in the  
15          standard terms and conditions of the re-entry  
16          that the re-entry demonstration meets  
17          components of those requirements but still  
18          trying to navigate in terms of what the State  
19          will be required to submit.

20          Because, again, those are -- the CAA  
21          would be state plan services. And so how,  
22          again, with the overlapping, when there's --  
23          when they mention targeted case management  
24          but the re-entry demonstration, again,  
25          requires case management. And if that's

1 implemented at 60 days, we're exceeding  
2 the --

3 CHAIRMAN SHANNON: Right.

4 MS. SPARROW: The CAA so still  
5 navigating some of those --

6 CHAIRMAN SHANNON: Okay.

7 MS. SPARROW: -- items but --

8 CHAIRMAN SHANNON: And this may  
9 impact some folks who are in local jails;  
10 right?

11 MS. SPARROW: Yes.

12 CHAIRMAN SHANNON: Under age 21.  
13 So -- you know, because the 1115 right now  
14 we're looking at is going to be state  
15 facilities, but this is an access point to  
16 local jails. We've had some discussions  
17 about that, so with that population only.  
18 Less than -- I don't know how many people  
19 that would be, but it's a different place as  
20 well; right?

21 MS. SPARROW: Right. Right. Yep.  
22 So those discussions will occur along with  
23 re-entry, the demonstration.

24 CHAIRMAN SHANNON: All right.  
25 Sounds like you're good at juggling.

1 MS. SPARROW: I think we can all  
2 add that to our resumé these days. Never  
3 thought that would be the case but  
4 absolutely, yes.

5 CHAIRMAN SHANNON: Very good.  
6 All right.

7 I keep Hepatitis C on this thing  
8 because, you know, we had that discussion  
9 early. You've indicated previously that  
10 there's discussions internally what can be  
11 done or how can we go on from there. So  
12 anything to report on that?

13 MS. SPARROW: No. I think, again,  
14 trying to incorporate that into the  
15 implementation planning when we're discussing  
16 assessments, screenings, et cetera. And  
17 then, again, when we're looking at, you know,  
18 what are the gaps and what are the needs and  
19 what are the funding streams to support, as  
20 we mentioned, things that aren't currently  
21 covered under the demonstration but as we  
22 move along in the interim, until we do amend  
23 and grow, how we can meet those needs. So I  
24 think that's part of the implementation  
25 planning.

1 Too, want to mention -- and let me pull  
2 it up here, if you'll give me just a moment.  
3 There was some conversation, and we need to  
4 follow back up, that there were some entities  
5 within -- and groups within Kentucky that  
6 might have applied for -- there was a HRSA  
7 grant opportunity that closed, I believe,  
8 last month. And, so, again, there is -- the  
9 grant opportunity, I think, was up for a  
10 million -- up to a million dollars for each  
11 of the healthcare centers that applied and  
12 are approved.

13 But, again, it was to target individuals  
14 that they were -- for adults that are in  
15 carceral settings. Community mental -- or,  
16 excuse me. Community health centers, yes,  
17 our primary care clinics, our FQHCs,  
18 et cetera, were eligible to apply.

19 But, again, it would be able to  
20 coordinate with the carceral settings, that  
21 they can provide services. And, again, part  
22 of that was preventive screening, diagnosis,  
23 and treating Hepatitis C, HIV, and other  
24 infectious disease as a part of that.

25 So I think we did have some programs in

1 Kentucky apply for that. And, again, it's  
2 another opportunity that as we work through  
3 implementation planning, we can coordinate  
4 opportunities to support the needs and  
5 funding for services.

6 CHAIRMAN SHANNON: It sounds like  
7 it's getting some traction in a variety of  
8 places, which is good to hear.

9 MS. SPARROW: Right. Yes. So yes,  
10 again, it's an opportunity that -- for the  
11 services that we currently can't cover  
12 prerelease up to that 60 days, that we can  
13 still support and provide support to our  
14 carceral facilities in their systems as well  
15 as we move along and amend and continue to  
16 grow but...

17 CHAIRMAN SHANNON: Exciting. Good  
18 news.

19 Any questions, folks?

20 (No response.)

21 CHAIRMAN SHANNON: Marcie Timmerman  
22 pointed out, you know, state prisoners in  
23 local jails is complex. And Van answered  
24 her. But everyone -- I mean, it's a good  
25 point, Marcie, that at some point, we have to

1 get there. It's just -- you know, I mean, I  
2 don't know if we're even doing baby steps  
3 really yet. But, you know, we've got to  
4 start somewhere and move forward, so it's --

5 MR. INGRAM: Yeah. It would be  
6 really complicated to work this out with 76  
7 full-service jails all at one time. But I  
8 think we will get there, won't we, Angela?

9 MS. SPARROW: We will. And, again,  
10 I think building the infrastructure, our  
11 systems alignment is going to be key. So  
12 that if we can do that, integrate systems in  
13 our health exchange, in the access, I think  
14 if we can do that in the beginning and have  
15 that infrastructure to build on. Bringing in  
16 the jails, which is very complex, I think, is  
17 going to be very helpful for us to do so...

18 CHAIRMAN SHANNON: Yeah. Yeah.  
19 And as we become better at it, those  
20 implementation things sometimes become easier  
21 so...

22 MS. SPARROW: Right. And, again,  
23 now that CMS does have the more fast-track, I  
24 think, approval process, that we have,  
25 again -- you know, when we moved through this

1 initial implementation planning, we have our  
2 readiness assessments already defined. We  
3 have our systems.

4 And like you said, once we, I think, get  
5 through the initial implementation planning,  
6 adding and amending and having that  
7 fast-track option that states haven't had  
8 before. It's not the typical wait six,  
9 eight, twelve months, or more. So I think,  
10 again, that's also very beneficial for  
11 states.

12 CHAIRMAN SHANNON: All right.

13 MS. HAM: I have a quick question,  
14 if that's okay.

15 CHAIRMAN SHANNON: Yeah. Go ahead,  
16 Courtney.

17 MS. HAM: This is Courtney from  
18 Aetna, and this may have been covered. I  
19 wasn't at the last meeting. So have there  
20 been jails identified that are targets for  
21 this? Because I know going statewide would  
22 be a big, big ask. So I just didn't know if  
23 that had been decided, like, where things are  
24 getting started or what region.

25 MS. SPARROW: Thanks, Courtney. So

1 the initial approval, again, only includes  
2 our state prisons and our youth development  
3 centers for our DJJ population. So, again,  
4 we will begin with those carceral settings  
5 and then amend the demonstration once we get  
6 it implemented with these facilities, and so  
7 we can add jails at a later time to do so.

8 CHAIRMAN SHANNON: Yeah. So it's  
9 really Department of Corrections  
10 facilities -- right? -- and DJJ facilities  
11 now and then the local jails we'll move  
12 forward. But we're all paying attention to  
13 that, Courtney. It's a good question.

14 MS. SPARROW: Yes. Yes. And,  
15 again, it will add a little complexity.  
16 Nothing can be easy with the CAA requirements  
17 and, again --

18 CHAIRMAN SHANNON: The CAA requires  
19 local jails now -- well, January 1; right?

20 MS. SPARROW: Right. Well, it will  
21 based on the eligibility, their definition of  
22 eligible juveniles. So, again, I think  
23 they -- they do define it as an eligible  
24 juvenile, but their age for that juvenile  
25 is --

1 CHAIRMAN SHANNON: Less than 21.

2 MS. SPARROW: Yeah. Yeah. So...

3 CHAIRMAN SHANNON: And I suspect  
4 we're all figuring out how many people that  
5 is to start with. But yeah, it's still going  
6 to be something; right?

7 Other questions?

8 (No response.)

9 CHAIRMAN SHANNON: Billie Hodge has  
10 one in the comments. The services being  
11 provided prior to inmate release, what will  
12 this look like for the providers when billing  
13 for these services? Currently, providers  
14 still struggle with knowing who is  
15 responsible for the bill.

16 MS. SPARROW: Yeah. Hi, Billy.  
17 Again, so what we have proposed at this time  
18 under the initial approval is that the  
19 correctional facilities will act as the  
20 provider. So, again, it is a small benefit  
21 package to start with. It will -- can and  
22 will likely look different as we amend and  
23 grow.

24 But the -- so, for instance, DOC,  
25 Department for Corrections, in the state

1           prisons, they would act as the provider, for  
2           instance, for the medication assisted  
3           treatment services. They -- so they would  
4           actually be billing Medicaid for those  
5           services 60 days prior to release. They,  
6           again, may contract with community providers  
7           to provide those services for them, but they,  
8           again, would actually be the billing provider  
9           in this instance. Same for DJJ.

10           And so -- and then again, part of the --  
11           and the emphasis is on that case management  
12           service to coordinate -- identify what the  
13           needs are, coordinate those needs and, again,  
14           identify those community providers for  
15           transition. And so that's, again, when  
16           the -- and ensure that there's continuing  
17           coverage from that 60 days' prerelease to the  
18           post-release.

19           And so, again, the community provider  
20           would be able to bill for services that they  
21           are receiving post-release, but there would  
22           not be the lapse in reinstating benefits and  
23           some of that confusion, like you mentioned,  
24           and who's billing what.

25                   CHAIRMAN SHANNON: And could some

1 of those community providers do the case  
2 management 60-day prerelease?

3 MS. SPARROW: So the proposed right  
4 now, again, is the Managed Care Organizations  
5 will be providing the enhanced case  
6 management services.

7 CHAIRMAN SHANNON: Okay.

8 MS. SPARROW: And so -- because the  
9 way that we currently have targeted case  
10 management established, again, is behavioral  
11 health specific. The individuals -- it will  
12 be -- all state prisoners or individuals in  
13 prisons would be eligible for that case  
14 management service, would be receiving case  
15 management services. And so, again, they may  
16 not meet those definitions of targeted case  
17 management, et cetera. And so, again, that's  
18 the proposed approach.

19 CHAIRMAN SHANNON: Right.

20 MS. SPARROW: And we'll take a look  
21 as we work through the implementation  
22 planning.

23 CHAIRMAN SHANNON: And those folks  
24 who are available for the targeted case  
25 management upon release could transition to

1                   that; right?

2                   MS. SPARROW: We do have to look,  
3                   Steve, at the overlap --

4                   CHAIRMAN SHANNON: Yeah.

5                   MS. SPARROW: -- in those services.

6                   CHAIRMAN SHANNON: I mean, you  
7                   don't want two case managers, obviously.  
8                   That's just --

9                   MS. SPARROW: Right. Right.

10                  CHAIRMAN SHANNON: But at some  
11                  point. All right. Good question. Thank  
12                  you.

13                  Also -- and thanks, Courtney, as the MCO  
14                  is doing that enhanced case management and  
15                  emphasize -- again, Billie Hodge, emphasize  
16                  that the release info needs to be updated  
17                  with DMS so things are current. But  
18                  hopefully, with the 60-day, we have some  
19                  better idea of when that happens.

20                  And is your question, Billie, relating  
21                  to Medicaid eligibility upon release?

22                  MS. HODGE: It comes back to the  
23                  billing of and if any services are provided  
24                  prior to release and who's going to pay that  
25                  bill. Is it going to be the MCO or DMS or

1 the jail themselves? That kind of thing.  
2 Because as you guys know, we struggle as the  
3 provider on inmate billing.

4 MS. SPARROW: Right. Agreed. And  
5 so I think that that's really the -- through  
6 implementation planning, what we are to map  
7 out, Billie, and be able to show to CMS that  
8 we have that plan, that, again, 60 days'  
9 prerelease.

10 So some states, again, there might be an  
11 eligibility code that's added, for instance.  
12 And so when 60 days' prerelease, their  
13 Medicaid eligibility is turned back on, if  
14 you will, it turns it back on for that select  
15 service package. And then, again, there has  
16 to be that process and protocol that we then,  
17 at time that they're released, introduce a  
18 new code, if you will, eligibility code, that  
19 they have, then, access to the full state  
20 plan benefits.

21 CHAIRMAN SHANNON: Their full.

22 MS. SPARROW: So their eligibility  
23 is turned back on. It is then, again,  
24 mapping out their benefit package, if you  
25 will, that prerelease to at the time they're

1 released.

2 CHAIRMAN SHANNON: Right.

3 MS. SPARROW: So hopefully, again,  
4 you know, it's -- that will be the key piece,  
5 I think, Billie, like you said, is at that  
6 point, making sure at time of release, their  
7 service package is -- they have access to  
8 their, then, full state plan benefits. But  
9 their eligibility would have already been  
10 reinstated.

11 CHAIRMAN SHANNON: Yeah. And that  
12 can happen automatically without the DCBS  
13 communication. I mean, we've lost some  
14 people with, you know, getting to their  
15 office or something but -- so good questions.

16 MS. HODGE: Thank you.

17 CHAIRMAN SHANNON: Courtney Ham:  
18 Will there be any training provided to MCOs?  
19 I would assume that answer is yes.

20 MS. SPARROW: Yes. So the --  
21 right. Correct. The MCOs, again, will --

22 MS. HAM: Can I clarify? Sorry.

23 CHAIRMAN SHANNON: Yeah.

24 MS. SPARROW: Oh, go ahead.

25 MS. HAM: I'm sorry, but I just

1           need to clarify. I guess what I mean is that  
2           if a MCO case manager isn't really super  
3           familiar with DOC re-entry, like, kind of  
4           that process. I didn't know if DOC was going  
5           to do any trainings about their process and  
6           things like that, just because it's  
7           nitty-gritty.

8           You know, it's inside baseball here in  
9           this meeting but not necessarily to a case  
10          manager who suddenly gets, you know, a bunch  
11          of people. So I just didn't know if that  
12          kind of training was going to be provided.

13          MS. SPARROW: Courtney, that's  
14          correct. So the Managed Care Organizations  
15          are included in the governance structure in  
16          terms of, again, completing the  
17          implementation and planning process. And so  
18          all of the Managed Care Organizations will be  
19          included on the workgroups, and so there are  
20          certain workgroups around the process and  
21          protocols.

22          And then, again, there are trainings  
23          that will have to happen among the MCOs and  
24          DOC and DJJ staff. So what are those needs?  
25          And so, again, those different workgroups

1 will be working on those. MCOs are a part of  
2 that. And that, again, all goes into and  
3 feeds into the implementation plan.

4 So there is an implementation plan and,  
5 again, planning period. And so that will be  
6 our plan that we submit to CMS on how we're  
7 going to roll it out and then they will  
8 approve that before we actually re-roll that  
9 out.

10 So, then, that -- then that's when we  
11 take that plan and put it into action and so  
12 those training needs identified, system  
13 changes identified, et cetera; that at that  
14 point, that's where we have that time period  
15 before go live that we're, again,  
16 implementing -- begin to implement the plan.

17 CHAIRMAN SHANNON: Other questions,  
18 folks?

19 (No response.)

20 CHAIRMAN SHANNON: All right.  
21 We'll give Angela a chance to catch her  
22 breath, I think. Thank you for that. Good  
23 information. Exciting.

24 MS. SPARROW: No worries. Again,  
25 sometimes it may get a little too -- it's

1 just -- it is very complex. So we appreciate  
2 the questions and staying tuned and working  
3 through it with us. It is a process. All of  
4 these demonstrations are so -- and that's  
5 what they are. It is going to be a work in  
6 progress, so thank you.

7 CHAIRMAN SHANNON: And, really, the  
8 demonstration focus is this is an idea that  
9 we want to see if it works or not --  
10 right? -- more or less?

11 MS. SPARROW: Right. We have an  
12 opportunity, you know, approval over five  
13 years to monitor and report -- to implement,  
14 monitor, and report. We can make changes.  
15 We can make amendments as we move along.

16 So -- and we are, again, not held to  
17 amending the demonstration until we get  
18 through demonstration year five. We can  
19 amend and request an amendment at any time.  
20 And, again, there's the process for doing  
21 that. That, in itself, takes some time, but  
22 yes, that's -- we're not held to waiting  
23 until the end of five years.

24 And so, again, there are the set  
25 demonstrations such as re-entry, SUD, SMI.

1 But then there are also other components of  
2 things that the State can request under 1115  
3 demonstrations. And so, again, it does ebb  
4 and flow some, but we do have a large task  
5 ahead of us when we do receive the full  
6 extension in terms of the plans and  
7 monitoring and -- which is exciting.

8 But it also gives us the opportunity to  
9 streamline, make some of those changes that  
10 we, you know, have discussed, certainly, on  
11 the SUD side as well but...

12 CHAIRMAN SHANNON: An example of  
13 the amendment two years out, or some period  
14 of time, could be the local jail piece;  
15 right?

16 MS. SPARROW: Yes. Local jails,  
17 adding additional services to the service  
18 package, yes.

19 CHAIRMAN SHANNON: All right. Very  
20 good. Appreciate that.

21 Any other questions?

22 (No response.)

23 CHAIRMAN SHANNON: All right.  
24 Let's go on to the MCO updates. I change the  
25 sequence every time just to see if people are

1 paying attention.

2 Aetna? Is that you, Courtney?

3 MS. VARNEY: Hi, there. This is  
4 Joy Varney.

5 CHAIRMAN SHANNON: Okay. Yeah.  
6 Hey, Joy.

7 MS. VARNEY: Hey, from Aetna Better  
8 Health of Kentucky. And on May the 20th, we  
9 had -- the Louisville Family Justice  
10 Advocates in partnership with Kentucky Youth  
11 Advocates and Save the Children in  
12 collaboration with Aetna participated in an  
13 action planning session on how communities  
14 can support families with incarcerated loved  
15 ones.

16 We really did explore ways to advocate  
17 for policy changes, learn about resources  
18 throughout Kentucky, and how the  
19 participants -- there were community  
20 partners. There was the law enforcement that  
21 was there, how to really support the  
22 community and families in this.

23 And they had it at the Yes Arts  
24 Building. And so they really talked about  
25 how art making -- how you can really blend

1           that into your advocacy work.

2           So that was an action planning meeting,  
3           and we're going to have a follow-up to that  
4           next week. So that was a really good meeting  
5           so...

6           And I don't know if anybody else -- I  
7           didn't know if Stacy Brewer has anything else  
8           to add for Aetna.

9           CHAIRMAN SHANNON: Thank you, Joy.

10          MS. BREWER: No. This is Stacy,  
11          and I don't have anything to add. Thank you,  
12          Joy, for those updates.

13          CHAIRMAN SHANNON: Great. Thanks.  
14          Anthem?

15          MR. CROWLEY: Hi, Steve. This is  
16          David Crowley with Anthem. We continue to  
17          have our expungement workshops in the  
18          community. It kind of varies by region when  
19          those are held and located.

20          We've had about two new enrollees  
21          from -- that were released and engaged in  
22          case management since our last meeting, and  
23          that's about all the updates for Anthem.

24          CHAIRMAN SHANNON: Okay.  
25          Humana?

1 MR. HADLEY: Hey, this is Jeff  
2 Hadley with Humana. Yeah. We just wanted to  
3 report out on some of our activities focused  
4 on our re-entry individuals.

5 We've been doing regular on-site visits  
6 at The Brady Center and The Healing Place as  
7 well as several of the re-entry councils, the  
8 monthly Hopkinsville chapter of Western  
9 Kentucky Re-Entry Council and the Healthy  
10 Re-Entry Council meetings hosted by Kentucky  
11 Voices of Health as well as the release  
12 classes that are conducted at Roederer  
13 Correctional, Kentucky state's reformatory;  
14 and Luther Lockett; the Greater Louisville  
15 Re-Entry Councils; Bluegrass Re-Entry Council  
16 meetings in Richmond, Kentucky; Community  
17 Impact Council for Re-Entry in Frankfort;  
18 Healthy Re-Entry Coalitions Goodwill in  
19 Elizabethtown. And we've got the -- slated  
20 for our attendance is the expungement clinic  
21 coming up on July 17th at the Recovery  
22 Resource Club in Henderson, Kentucky.

23 And that's a little bit of what we are  
24 doing to be able to position ourselves so  
25 that when we do launch, we are -- we have the

1 relationships that we need to execute.

2 And that's all.

3 CHAIRMAN SHANNON: Very good.

4 Thank you. Yeah. It's getting a lot more  
5 attention these days, and that's good to  
6 hear.

7 Passport by Molina?

8 MS. STONE: Hi. This is Stephanie  
9 Stone from Passport. We have had -- in June,  
10 we had six events that we participated in or  
11 were part of across the state that were  
12 expungement clinics, re-entry councils,  
13 prerelease classes, a little bit of  
14 everything among those six events in June.

15 So far in July, we have two expungement  
16 fairs scheduled at our One Stop Help Centers  
17 in Hazard and Owensboro and then we'll be  
18 participating in the Goodwill expungement  
19 fair as well.

20 And as far as case management goes,  
21 after we all kind of let Martie know that we  
22 have had no referrals at our last meeting  
23 with her, we got seven referrals in June that  
24 were four members released from February to  
25 May, so catching up on those and working to

1 engage those members.

2 We've also created our own report that  
3 our case management team gets on a monthly  
4 basis of members that have been released and  
5 are re-entering.

6 So outside of the referrals that we're  
7 getting through the re-entry pilot, we are  
8 trying to proactively engage members  
9 ourselves so that, again, as Jeff was saying  
10 from Humana, that -- you know, we want to  
11 make sure that we are very well-versed and  
12 working with this population and preparing  
13 for 2025 when we implement the waiver. But,  
14 also, it's just the right thing to do, so  
15 hoping to be able to reach more individuals  
16 and help them with that transition.

17 CHAIRMAN SHANNON: Very good.  
18 Excellent. Thank you, Stephanie.

19 Any questions?

20 (No response.)

21 CHAIRMAN SHANNON: All right.  
22 United?

23 MS. KOENIG: Hi. Good morning,  
24 Steve. Stephanie Koenig. Our updates. We  
25 also have been participating in the re-entry

1 councils, three different since the last  
2 report out.

3 And similar to Passport, we developed an  
4 internal reporting off the eligibility file,  
5 so we are trying to do proactive outreach.  
6 So from a case management perspective,  
7 since -- over the course of 2024, we'd only  
8 received three referrals through that pilot  
9 with DOC but, within our internal reporting,  
10 identifying those that have been released.

11 Our internal outreach efforts beginning  
12 in February, we've been able to contact or  
13 outreach 800 members. 133 were reached. We  
14 completed 101 HRAs, and 66 of those  
15 individuals were agreeable to case  
16 management.

17 So we are looking at that on a monthly  
18 basis and making those outreach calls to  
19 engage them into services in preparation also  
20 for the implementation of the re-entry  
21 waiver.

22 CHAIRMAN SHANNON: Great. Very  
23 good.

24 And WellCare?

25 MR. OWEN: Good morning to you,

1 Steve.

2 So speaking of county jails, we -- at  
3 WellCare, we have these -- we call them  
4 Community Impact Councils where, basically,  
5 we kind of assemble community leaders,  
6 stakeholders, and -- to identify a given  
7 safety net, social safety net issue gap, if  
8 you will. And so we created one for re-entry  
9 last fall for Franklin County, and so -- a  
10 Community Impact Council. And so it really  
11 has heated up this year.

12 One thing that's really cool is we have  
13 several other plans -- several other MCOs  
14 that are on the council have been attending  
15 the meetings, which we really appreciate.

16 And so, anyway, the whole target has  
17 been Franklin County jails. And so one of  
18 the things that we've discovered is that  
19 unlike -- like, if you're in the state system  
20 of corrections and you get released, you get  
21 resources. You literally have -- I think  
22 it's like a front and back, all these  
23 different numbers, you know, community  
24 resources, housing, transportation, health  
25 care, everything. You get all these

1 resources to at least start you on your way.

2 But for most -- in fact, very few, I  
3 think actually, county jails do you get  
4 anything like that. And part of it is I  
5 think they're just so busy, like, trying  
6 to -- you know, because it's shorter stays.  
7 And so the staff is just kind of overwhelmed  
8 just getting people in and out.

9 But, anyway, so there's some wonderful  
10 stakeholders on this council in Franklin  
11 County. And one thing they pointed out,  
12 Madison County actually gave us their -- when  
13 individuals get released, a lot of stuff, and  
14 they even get referred to housing. They get,  
15 like, kind of a toiletry kit and other things  
16 as well.

17 So, anyway, that's what this group has  
18 been trying to collaborate, to brainstorm.  
19 And one of the, you know, needs they've  
20 identified is sponsoring state ID cards.  
21 Because, you know, you don't have an ID, you  
22 can't do anything.

23 And WellCare and other plans offer a  
24 state ID card as a value-added benefit, but  
25 that's if you're enrolled with us. That's

1 not just for anybody. And so, you know,  
2 we're talking about anybody walking out the  
3 door, so that's one of the things they've  
4 identified.

5 And, also, just who all -- you know,  
6 there are resources available, like in  
7 Franklin County. But when you leave, you're  
8 not given anything to point you in the  
9 direction. So we've been trying to figure  
10 out, you know, how best to assemble that and  
11 who all to give it to.

12 And, you know, like, one of the things  
13 that the council has talked about is  
14 attorneys. You know, obviously, the member  
15 and family members but attorneys, case  
16 managers, anybody who is going to touch the  
17 individual.

18 And the jails themselves are too busy.  
19 Really, they don't have the time, like, to  
20 sit down and do that, they've discovered.  
21 But, anyway, that's been a key focus of the  
22 group.

23 And Laura Vessels, I think, is on the  
24 call. She's the one that heads it up for  
25 WellCare. So, Laura, if you've got anything

1           you want to say, you know, please feel free  
2           to jump in.

3                     MS. VESSELS:  Stuart, I think you  
4           did a great job summarizing.  I think the  
5           three key plans of action that I see with  
6           this group is creating a program to address  
7           the identification cards and maintaining  
8           benefits.

9                     They are looking at implementing a peer  
10          support re-entry program, focus on long-term  
11          recovery for those exiting incarceration.  
12          And they're also looking at re-entry program  
13          models across the state in other counties, so  
14          various counties Stuart mentioned.  Madison.  
15          They're looking at Boyd.

16                    So just looking at different models for  
17          jail systems for assisting those who are  
18          exiting incarceration.  And that was all that  
19          I wanted to add.

20                    MR. OWEN:  Yeah.  And there were --  
21          if I recall, I think with opioid abatement  
22          funds, is there -- I think there's a peer  
23          support specialist in the Franklin County  
24          jail now, or plan to be anyway, that would  
25          actually work there.  I think that was --

1 MS. VESSELS: That's part of the  
2 conversation that they're having, yes.

3 MR. OWEN: Okay. All right. Yeah.

4 CHAIRMAN SHANNON: That would be  
5 good.

6 MR. OWEN: And I think, you know,  
7 talking about the need is for -- like, this  
8 initiative right here, you know, substance  
9 use treatment while you're in the jail. And  
10 that's obviously a critical need that's been,  
11 I think, mentioned for Franklin County and  
12 probably the county jails anyway so -- which,  
13 again, it's fantastic, all the work that DMS  
14 has done to get approval of this waiver.

15 CHAIRMAN SHANNON: Yeah. And that  
16 ID card, I know a lot of people who have lost  
17 their Social Security card, lost their ID  
18 card, and, you know, they're trying to get a  
19 job. And, you know, they have enough  
20 challenges already. And to not be able to  
21 just pull that out and show it, it's -- you  
22 know, they're all waiting to get those things  
23 so...

24 MR. OWEN: Yeah. You need it for  
25 everything.

1 CHAIRMAN SHANNON: All right. Any  
2 questions?

3 (No response.)

4 CHAIRMAN SHANNON: Thank you,  
5 WellCare.

6 Round robin member updates. There's two  
7 other members on here. I put down Medicaid  
8 eligibility post-release as an ongoing topic.  
9 I have not heard great concerns about that  
10 recently, but I just like to keep it up  
11 there.

12 Legislative updates, implementation of  
13 some bills. There's nothing really to report  
14 from me for that. And I just want this group  
15 to know that the Kentucky Judicial Commission  
16 of Mental Health that's -- is also substance  
17 abuse, mental illness, and developmental  
18 disabilities. They have a re-entry  
19 workgroup.

20 And, you know, I can send that out. If  
21 you are interested in when that meets, let me  
22 know. We can do that, and I'll put my  
23 email or -- if you can share my email, if you  
24 have it, in the chat. Maybe Marcie can do  
25 that just so folks have that. Yeah. And

1 we'll send that out. It's a worthwhile  
2 group.

3 And, obviously, re-entry is getting a  
4 lot more attention than it has previously.  
5 You know, we've always -- I've heard a lot of  
6 talk about it and not a lot of work around it  
7 so...

8 But anyway. Van, do you have anything  
9 you wanted to share? Thank you, Marcie.

10 MR. INGRAM: Couple of quick  
11 things. Tune in today at 12:30 for Team  
12 Kentucky, and Governor Beshear will announce  
13 four more communities that are going to be  
14 certified -- have been certified as Recovery  
15 Ready. They are Lee County, Nelson,  
16 Breathitt, and Jessamine.

17 That brings us to a total of 14 counties  
18 designated as Recovery Ready, and that covers  
19 about 25 percent of our population. Really  
20 proud of that program, in 18 months, to be  
21 able to cover 25 percent of Kentucky's  
22 population.

23 And we anticipate, at the end of August,  
24 four more counties at least will come on as  
25 certified as Recovery Ready including our

1 second largest --

2 CHAIRMAN SHANNON: Will you explain  
3 to the group what that really means, Recovery  
4 Ready?

5 MR. INGRAM: Yeah. You know, it  
6 really takes a look at what a community has  
7 done to support people in recovery, and  
8 they're scored on categories of prevention as  
9 well as treatment and recovery resources.

10 If you go to [www.rrcky.org](http://www.rrcky.org), that's the  
11 website run by Volunteers of America  
12 Mid-States, that run that program with us and  
13 see what the -- what it takes to become a  
14 Recovery Ready Community. It is an  
15 exhaustive list of things that a community  
16 has to meet.

17 So I really believe we have to have  
18 grass roots efforts, or we're never going to  
19 get out of this addiction crisis we're in.  
20 And a lot of our communities are recognizing  
21 that.

22 The only other thing I'll mention is a  
23 save the date for September 16th. We hope to  
24 have our recovery month celebration that day  
25 on the lawn between the capitol annex and the

1 capitol. Probably going to start about 10:00  
2 that morning, but I'll -- we'll put a flyer  
3 together when we get it firmed up at the end  
4 of the week and get that out.

5 CHAIRMAN SHANNON: Super. It is  
6 really fascinating; right, Van? You've been  
7 at this a long time, that communities are  
8 willing to become a Recovery Ready Community  
9 where, you go back ten years ago, no one  
10 wanted to talk about it.

11 MR. INGRAM: That's correct, Steve.  
12 They get no incentive for doing this other  
13 than the bragging rights of being a Recovery  
14 Ready Community. And we've got another eight  
15 in the application process right now. So --  
16 and you're right. Ten or fifteen years ago,  
17 nobody wanted to talk about it. So we've  
18 come a long ways.

19 CHAIRMAN SHANNON: Yeah. Some  
20 progress every now and again is nice to  
21 report so...

22 MR. INGRAM: Yeah.

23 MS. MICHALOVIC: We're working on  
24 the application for Floyd County right now,  
25 and it's not easy. I'll tell you that.

1 CHAIRMAN SHANNON: Well, good.

2 Well, maybe Van can help you.

3 MR. INGRAM: We'll get you some  
4 technical assistance if you need it.

5 MS. MICHALOVIC: We have a VOA  
6 member that attends our meetings, so she's  
7 been helping. We hope to have it submitted  
8 by the first week of August.

9 CHAIRMAN SHANNON: Nice.

10 MR. INGRAM: Good deal. Good deal.

11 CHAIRMAN SHANNON: Good deal.  
12 Congratulations, Casey, and Floyd County.

13 All right. I always have future agenda  
14 items, and we have no recommendations except  
15 we do appreciate the great work Medicaid has  
16 done getting this where we're at today and  
17 looking forward to opportunities.

18 And our next meeting is September 12th,  
19 9:00 a.m.

20 MS. SPARROW: Well, and, again, I  
21 think we'll add to that, Steve. We  
22 appreciate the support. But, again, it  
23 hasn't been all Medicaid by any means.

24 CHAIRMAN SHANNON: Right.

25 MS. SPARROW: So certainly lots of

1 partners involved and, again, continue to say  
2 the scope of this project -- and, again, it's  
3 not just Kentucky -- or Medicaid but, again,  
4 it crosses many departments and systems and  
5 agencies and our communities.

6 CHAIRMAN SHANNON: And cabinets;  
7 right?

8 MS. SPARROW: Right. And it's --

9 CHAIRMAN SHANNON: Yeah. Across  
10 cabinets, yeah.

11 MS. SPARROW: Yeah. And it's --  
12 again, just continue to say the 1115  
13 demonstrations are just part of, you know,  
14 the broader state initiatives, so we  
15 appreciate the work everybody has also put  
16 into it and support and hanging in there with  
17 us so...

18 CHAIRMAN SHANNON: Okay. Very  
19 good. All right. Y'all, take care. Nothing  
20 else. We're done. See ya.

21 MR. OWEN: Thank you, too. Have a  
22 great day.

23 CHAIRMAN SHANNON: You, too.  
24 Bye-bye.

25 (Meeting concluded at 9:51 a.m.)

\* \* \* \* \*

C E R T I F I C A T E

I, SHANA SPENCER, Certified  
Realtime 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 18th day of July, 2024.

/s/ Shana W. Spencer

Shana Spencer, RPR, CRR