

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

IN RE: PERSONS RETURNING TO SOCIETY FROM INCARCERATION
TECHNICAL ADVISORY COMMITTEE

March 10, 2022
9:00 A.M.

(All Participants Appear Via Zoom or Telephonically)

APPEARANCES

Steve Shannon
CHAIR

Adrienne Bush
Van Ingram
Evan Smith
TAC MEMBERS PRESENT

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(Continued)

Leslie Hoffmann
Erin Bickers
Leigh Ann Fitzpatrick
Jonathan Scott
Wesley Penn
MEDICAID SERVICES

Court Reporter's Note: At the request of DMS, all other participants appearing via Zoom or telephonically will not be listed under Appearances.)

AGENDA

- Roll Call & Introductions
- Verify Quorum
- Approve Minutes from the December 9, 2021 and January 10, 2022 meetings
- DMS Update - Leslie Hoffmann
- Round Robin Member Updates
- 2022 General Assembly Updates
 - Opportunity to share any legislative updates with the TAC members
- Future Agenda Items
- Next Meeting May 12, 2022 9:00 A.M. EST,
8:00 A.M. CST
- 2022 Schedule (All meetings will start at
9:00 A.M. Eastern - 8:00 A.M. Central)
 - May 12, 2022
 - July 14, 2022
 - September 8, 2022
 - November 10, 2022

1 MS. BICKERS: I'm Erin Bickers.
2 I'm your new Sharley. I'm with DMS and I will drop my
3 email address in the Chat for anybody that needs to
4 reach out to me and I will turn it over to you guys.
5 Thanks.

6 MR. SHANNON: We're glad you're
7 hear. We appreciate it.

8 MS. BICKERS: Thank you. I'm
9 glad to be here.

10 MR. SHANNON: It helps to keep
11 us on target. And I saw Leslie Hoffmann on.

12 MS. HOFFMANN: I'm on. Good
13 morning. Do you want me to go ahead and just give an
14 update for timing or what would you like me to do?

15 MR. SHANNON: An update and
16 where we are on the 1115. I think part of our
17 challenge with the TAC is once the 1115 happens, I
18 think we'll have more substantive conversations
19 around that. We'll have people who are experiencing
20 things.

21 Many of the TAC members will
22 know folks who are in the process and will interact
23 with them. I think it becomes more viable. At this
24 point, we're trying to figure out what to do until
25 that transpires, right?

1 MS. HOFFMANN: Correct. And I
2 thought I would give you, just while I'm on the phone
3 with you today, Steve, just give you a couple of
4 other updates just DMS-related.

5 I kind of feel like a lot of
6 our tasks are kind of flowing over into each other
7 right now and may affect each other down the road.
8 So, I will just give you a couple of updates.

9 And I've also asked Leigh Ann
10 Fitzpatrick if she's on just to give you some numbers
11 that you've asked for in the past so that you will
12 have that as well.

13 And forgive me if this is
14 duplicative. I'm sure if you all are on many
15 meetings with me, you may have heard me say some of
16 this stuff already, but I always kind of try to
17 prepare in case somebody hasn't heard it before.

18 So, just the first thing right
19 off the bat, we have the mobile crisis intervention
20 planning grant and it runs from September the 30th of
21 2021 to September the 30th of 2022.

22 It is a planning grant that we
23 are in collaboration with our sister agency, DBHDID
24 to develop and plan for an all-inclusive model in the
25 State of Kentucky for mobile crisis intervention.

1 We're just in the planning
2 phases. We're working right now on outreach,
3 interviews, surveys - some of you may have seen those
4 - and working on a needs assessment because that is
5 required. I mean, we have to develop a needs
6 assessment before we can go forward with the
7 planning.

8 So, I think by the end of
9 March, we'll have the needs assessment probably
10 drafted for review.

11 So, another thing I wanted to
12 mention to you was the SMI/SED waiver. We are still
13 currently working on that with CMS and they have
14 offered guidance to help us through some budget
15 neutrality pieces.

16 Our tentative drafting date
17 like to have it out there would be probably the end
18 of this year, the last quarter. So, don't hold me to
19 a specific date. I'm looking from the end of
20 September through the end of the year. So, that's
21 kind of where we are.

22 MR. SHANNON: Of the calendar
23 year?

24 MS. HOFFMANN: So, if you
25 remember, we have 1115's right now and CMS is trying

1 to get them all kind of on the same dates. So, we're
2 currently right now looking at the last quarter of
3 this year.

4 Another thing I wanted to
5 mention was the CCBHC. Of course, we started that
6 January of 2022 and it will run for eight quarters
7 through January of 2024. We're very happy that this
8 program is going. It's our first really hard strive
9 to get integrated care here in Kentucky.

10 So, this has been a big deal
11 and we have four of the CMHC's that are currently
12 participating in that eight-quarter demonstration.

13 We will probably start within
14 the next couple of quarters thinking about how this
15 will look after the demonstration, Steve.

16 So, anytime you want to add
17 something to the State Plan or make any major
18 changes, regulatory and things like that, you need
19 to start about a year ahead of time, right? So,
20 that's kind of where we will be with the CCBHC.

21 And final and foremost is
22 the----

23 MR. SHANNON: At that point,
24 will there be an opportunity to expand beyond the
25 four?

1 MS. HOFFMANN: Oh, yes, yes.
2 We're going to take a look at that, yes. It won't
3 look exactly like it does now.

4 If you remember, I had reached
5 out to CMS in the beginning to try to see if I could
6 add on and they said, no, you had to stay with that
7 2016 application, but we're lucky to be in the
8 demonstration with Michigan. So, we're happy that we
9 got added on.

10 One of the last things is the
11 incarceration amendment. It took CMS - they kept me
12 apprised like monthly on our meetings, very positive,
13 very hopeful that this was going to go through. They
14 were still trying to get their ducks in a row at CMS,
15 not sure what they were going to even want in an
16 incarceration amendment. If you remember, we're the
17 first in the nation that's really tried this.

18 We heard from them fourteen
19 months later which is exciting, and they started
20 conversations but just some simple things, nothing
21 major and, then, went right into budget neutrality.

22 So, we're currently working
23 with the Department of Corrections right now to kind
24 of synthesize the data that we gave them in the
25 original draft budget neutrality-wise. It's all

1 about numbers right now.

2 So, when I have more
3 information to share with you on that, Steve, I will,
4 but CMS is also, because they do want this to happen,
5 they are giving us free technical assistance through
6 the budget neutrality as well.

7 MR. SHANNON: Remind us what
8 budget neutrality really means.

9 MS. HOFFMANN: So, budget
10 neutrality, just about in any way, whether it be on
11 the 1915 side or the 1115, means that during the
12 demonstration or the waiver years that you won't
13 spend any more money than you currently are. It's
14 equal to or less than with a better quality of life
15 and a better outcome. Does that make sense?

16 MR. SHANNON: Yes.

17 MS. HOFFMANN: So, we do think
18 we can definitely offer a better quality of life,
19 better quality of care in Kentucky.

20 We've identified some gaps that
21 we need to try to help with within our correctional
22 systems. They've done a great job. I have been so
23 impressed with what they already have available and
24 what they are doing.

25 They have a SAP and SOAR

1 Program that we're kind of expanding on here in
2 Kentucky and they already have a Division of
3 Substance Abuse which, me not working in Corrections,
4 I didn't even know that had occurred a couple of
5 years ago. Very pleased.

6 CMS seems very pleased that
7 we're working with the Department of Corrections as
8 well as our sister agency, DBHDID, and we're taking
9 down the walls and working together. So, they seem
10 very appreciative of that.

11 We're supposed to be on a panel
12 conversation soon with California, I think, who has
13 done - I think they're just doing the thirty days
14 prior to release part of the amendment.

15 I haven't spoken with
16 California yet but that's going to be exciting and
17 our sister agencies will be on the call with Medicaid
18 as a team. So, that's all very nice.

19 Steve, if you don't have any
20 questions, I'm going to ask Leigh Ann just to give
21 you some updates on numbers if that's okay.

22 MR. SHANNON: Real quick. The
23 budget neutrality, you have to show this will save
24 dollars.

25 MS. HOFFMANN: Equal to or less

1 than.

2 MR. SHANNON: Equal to or less
3 than for those folks who, when they are incarcerated,
4 become Medicaid eligible.

5 MS. HOFFMANN: Yes.

6 MR. SHANNON: I guess one place
7 might be accessing services more quickly, smoother
8 transition so there's not high-end costs incurred
9 later.

10 MS. HOFFMANN: That's correct.

11 MR. SHANNON: Maybe prevent some
12 hospitalizations and other things.

13 MS. HOFFMANN: Yes.

14 MR. SHANNON: So, it's really
15 budget neutrality to Medicaid, not to the state
16 budget, right?

17 MS. HOFFMANN: Right. Right.
18 And what we're looking at is to cover pretrial
19 members who in Kentucky often sit for a long period
20 of time before conviction without services.

21 We're looking at services
22 during the time of conviction and, then, we're also
23 looking at thirty days prior to release, we will
24 connect them with the MCO of their choice and we
25 would like to follow them for twelve months after

1 they leave and have the MCO during that thirty days
2 to help them establish - you know, I'm not saying
3 that they will provide this.

4 I'm saying that they will help
5 connect them to maybe physical ailments that need to
6 be treated, appointments to a community mental health
7 center or other providers that they may have related
8 to their substance abuse treatment and maybe housing
9 and employment.

10 Now, I do want to mention that
11 our SMI waiver as well, we're also looking at housing
12 and employment there. So, I can give you updates on
13 that as well later.

14 MR. INGRAM: I can tell you,
15 Steve, I'm working on two of these. The budget
16 neutrality piece is the difficult one. As you know,
17 when we were working on this, you know, these people
18 will be entitled to these services anyway whether
19 they were arrested or not. If it's medically
20 necessary, then, they qualify.

21 So, that was part of our
22 argument was it will cost you an awful lot more if
23 you were providing them somewhere else other than
24 DOC.

25 MS. HOFFMANN: Yes.

1 MR. SHANNON: I agree. I'm on
2 your side of budget neutrality. It's a tough topic
3 to get to. It's just challenging.

4 MS. HOFFMANN: I will say,
5 Steve, the 1115's because they're demonstrations and
6 especially on the new ones, they really tax us hard
7 to provide metrics and to prove that it's being
8 successful. So, that's very important.

9 We plan on doing some Town Hall
10 meetings with the court systems. We've worked with
11 Rachel Bingham on the AOC side that we get out there,
12 and we're doing this as a team, and talk to those
13 folks about what our missions are for this waiver and
14 to ensure that - you know, I think some folks were
15 afraid that this might cause additional incarceration
16 for the treatment and that's not what we're trying to
17 do.

18 We're also providing in-
19 community metrics, like metrics information of what's
20 available so that you don't feel like you have to
21 incarcerate at all. We've been trying to give them
22 that information and share what our plans are for
23 this population.

24 MR. SHANNON: And, then, I think
25 Senate Bill 90 kind of feeds into this, right?

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MS. HOFFMANN: Yes.

MR. INGRAM: It really does.
And the latest version of 90 came out last night. In looking at it this morning, it's the best version so far. It's getting there. I don't think it's quite there yet, but I would be really interested in Medicaid's take on this latest version.

MS. HOFFMANN: Okay, and I have not looked at the latest version this morning. So, we can get together later if you want to. Van, I think you're going to participate on the panel with us in California, too.

MR. INGRAM: Yes.

MR. SHANNON: That gets heard today in Senate Judiciary but it doesn't mean it can't, you know----

MR. INGRAM: Westerfield said in his email last night, he already made arrangements to work on the House side if there were changes that needed to be made.

MR. SHANNON: For those of us who pay attention to the General Assembly, the clock is ticking, right, Van?

MR. INGRAM: This is the time of year you have to pay close attention.

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MR. SHANNON: (Inaudible)
General Assembly can be a blink or it can be a
lifetime. It just depends on what happens going
forward----

MS. HOFFMANN: You have to pay
attention.

MR. SHANNON: ----but it's a
good conversation to have on that whole Senate Bill
90.

MS. HOFFMANN: Leigh Ann, are
you on? Can you provide some numbers for Steve?

MS. FITZPATRICK: Yes, ma'am.

MS. BICKERS: Leigh Ann, do you
need to share your screen?

MS. FITZPATRICK: No. I just
have two numbers to tell everyone.

We have 1.6 million
beneficiaries currently and currently there are
18,063 members that are incarcerated. I think those
numbers pretty much stay static.

And, Leslie, did you want me to
give an update on the reentry program?

MS. HOFFMANN: If you have any
updates that they haven't heard, I thought you might
want to talk about that.

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MS. FITZPATRICK: Sure. Yes.
The reentry program is moving along. We have all of
our processes and everything in place.

We have halted the monthly
meetings for right now simply because we don't have
anything new. We haven't expanded. The program is
working well the way it's supposed to.

And last month as I did my
monthly report, turning benefits on after release
continues to be improving. So, there are increasing
numbers that are turned on that day and the day
after. So, it's still looking good.

MR. SHANNON: I know in the
past, that benefit time or at least sometimes has
been a challenge.

MS. FITZPATRICK: Yes. When we
first started, there was data ran that the average
was ninety days and there were some longer.

The issue with that is that
someone has to actually contact DCBS and say, hey,
I'm released, either them or their authorized
representative. So, that is the one step in the
process that has not changed and does continue to be
a barrier; but with Apparatus in, we're seeing that
improvement.

1 And Apparus is the system that
2 talks with our Medicaid Eligibility. And when
3 someone is released, it immediately sends a signal
4 over to our Eligibility.

5 And, then, when someone is
6 incarcerated, the systems are going to talk together
7 and put the dates in there where initially it had to
8 be someone had to actually contact DCBS and say, hey,
9 we have some incarcerated individuals. So, that
10 process is improving.

11 MR. INGRAM: Did you see, Leigh
12 Ann, in House Bill 7 where they put that
13 responsibility on the jailers?

14 MS. FITZPATRICK: No, but that's
15 great. Did you say House Bill 7?

16 MR. INGRAM: Yes.

17 MS. FITZPATRICK: Oh, that would
18 be great.

19 MR. INGRAM: They're putting the
20 responsibility on the jailers to notify you all if
21 the person is there longer than forty-eight hours or
22 if the person, it's been forty-eight hours prior to
23 release. I don't think there's any way the jails can
24 do that automated-wise----

25 MS. FITZPATRICK: Right.

1 MR. INGRAM: ----a jail tracker
2 system. I don't know about that.

3 MS. FITZPATRICK: Well, that's a
4 step in the right direction. Hopefully, that will
5 pass through.

6 MS. HOFFMANN: That's something,
7 too, Leigh Ann, we need to keep an eye on. Van, if
8 you can help us and we need to probably update the
9 waiver.

10 MR. INGRAM: There's a lot in
11 that bill and there's a lot of other problems in that
12 bill.

13 MR. SHANNON: There's a lot in
14 that bill, yes.

15 MR. INGRAM: So, yeah. It's a
16 bill of concern because of some other issues, not
17 because of that particular one.

18 MR. SHANNON: Yes, I agree. And
19 part of that, I mean, folks coming out, reentering,
20 want to get into work as soon as possible but that's
21 a challenge for some folks, right, and part of House
22 Bill 7 looks at that piece again. The fewer barriers
23 folks have reentering, the better off we'll all be,
24 right?

25 MS. FITZPATRICK: I'm sorry. I

1 didn't hear you.

2 MR. SHANNON: I said the fewer
3 barriers folks face reentering, the better off the
4 system is for those folks.

5 MS. FITZPATRICK: Oh, yes.

6 MR. SHANNON: And that's kind
7 of a concern we have is that - and I think Adrienne
8 just weighed in as well. She thinks there will be
9 more barriers because of House Bill 7. We're all
10 paying attention to it, right, Adrienne? She's
11 muted.

12 MS. BUSH: Yes, Steve,
13 definitely, and I'm sure we will talk about it under
14 the General Assembly updates because I'm sure people
15 have lots to say because, as Dan said, there's a lot
16 in that bill.

17 MR. SHANNON: Yeah. Does
18 anybody have any updates they want to provide, TAC
19 members?

20 Adrienne, do you want to kick
21 us off on the General Assembly updates?

22 MS. BUSH: Goodness. Sure. I
23 can get us started at least.

24 As far as what we are looking
25 at, some of the good things that are happening, one

1 is House Bill 197 that is related to identity
2 documents specific to people experiencing
3 homelessness. This bill was filed by Representative
4 Randy Bridges and finally got heard in the House
5 Transportation this week and is moving through the
6 calendar process in the House.

7 So, it basically streamlines
8 the process for people who are experiencing
9 homelessness to obtain a legal ID. A lot has changed
10 in the last ten to eleven years since the General
11 Assembly created this legal pathway. And, so, we
12 want to update some things.

13 It also allows sixteen- and
14 seventeen-year-olds who are unaccompanied and
15 experiencing homelessness to obtain an ID legally
16 without parental consent.

17 And, then, the last thing is it
18 reduces the cost. One of the problems with the last
19 Real ID legislation is that the cost jumped up to \$10
20 per ID and this would take it back down to \$5.

21 Senate Joint Resolution 72 I'm
22 sure a lot of folks on this call are familiar with.
23 It would direct the Cabinet for Health and Family
24 Services to apply for the SMI, severe mental illness
25 waiver, and it is scheduled to be heard - it has

1 passed the Senate and scheduled to be heard in House
2 Health and Family Services today actually. So, we're
3 excited about that.

4 And, then, we've got a lot of
5 good landlord, tenant and housing bills that have
6 been filed but, of course, are not moving, but I have
7 put our Bill Tracker in the Chat and anyone is
8 welcome to check those out.

9 One last bill that I wanted to
10 mention specific to Medicaid that we are supporting
11 is House Bill 525, Representative Moser, that would
12 allow the State Plan to be amended so that Medicaid
13 can be billed for community health worker services.
14 So, we're excited about that.

15 We think the CHW model is
16 really great in addressing social determinants of
17 health including housing. In effect, although we are
18 not a Medicaid biller, we do have a privately-funded
19 CHW on staff that has been tremendously beneficial.

20 And, then, of course House Bill
21 7. As we talked about, there's a lot here around
22 SNAP, Medicaid. Our concern is for people who are
23 experiencing housing insecurity, whether they are
24 reentering from incarceration, experiencing
25 homelessness, simply unable to pay their rent without

1 additional support like SNAP and Medicaid, that this
2 is just going to make it harder and produce a lot of
3 trip wires that will make people more likely to lose
4 coverage.

5 We know from the Census
6 Household Pollster data that has been compiled in
7 2020, 2021 and even into 2022, a lot of people have
8 been really struggling to make ends meet and have
9 been using SNAP to help pay for groceries which then
10 allows them to pay for rent, utilities, that sort of
11 thing.

12 And, then, the other piece of
13 it that we're concerned about particularly on the
14 SNAP side is the piece of the bill that says that
15 everybody using SNAP should spend at least 75% of
16 their allotment on healthy fresh food. They should
17 all go to the farmers market and use up those double
18 dollars which is great, but farmers markets are not
19 in every community.

20 People in rural communities
21 can't necessarily just walk up to the farmers market
22 and there are at least, from the American Community
23 Survey data, we know that there are at least 12,000
24 houses in Kentucky that don't have adequate kitchen
25 facilities and that's what you need for preparing and

1 storing fresh food, as well as people experiencing
2 homelessness receiving SNAP, if you are literally
3 unhoused, I'm not sure where you're supposed to store
4 all of your honey crisp apples.

5 And I think the other real
6 piece of concern from the housing providers'
7 standpoint is just the amount of money it will cost
8 to administer the provisions of House Bill 8, the
9 administrative burden on the Cabinet for Health and
10 Family Services, particularly the Department for
11 Community-Based Services makes this bill, the
12 provisions as it currently stands unworkable and it
13 really - it is going to create further burden on the
14 people who use these programs when they need them
15 and, then, quite frankly, the homeless shelters and
16 food banks and those in the nonprofit sector trying
17 to pick up the pieces.

18 So, we think it needs some
19 work.

20 MR. INGRAM: One of the other
21 issues I have with it is it requires an expansion
22 population in this community involvement piece but it
23 makes no reference to is a residential treatment
24 program considered community engagement.

25 If you're in a long-term

1 residential program, you can't go out and do eighty
2 hours a week worth of community engagement. Of
3 course, these other (inaudible) were going way back
4 and we did address that but that was a community
5 engagement if you were in a recovery program or a
6 long-term residential program. It just goes silent
7 on that which is bothersome.

8 MS. BUSH: I mean, I think there
9 is an assumption baked in there that people who use
10 SNAP or Medicaid are not engaged in their communities
11 and that just empirically is not true.

12 MR. SHANNON: And I'm concerned
13 about the 75% on fresh fruit and vegetables because I
14 know fresh fruit and vegetables, they're costly,
15 right? Maybe a farmers market, but, yeah. So, if
16 you're spending three-quarters of your benefit on
17 that, what's left to get, right?

18 MS. BUSH: There's an assumption
19 there because fresh fruits and vegetables, like, it
20 all takes time to prepare, time that people who are
21 struggling to survive probably don't have.

22 And, again, there's just an
23 assumption baked in there that people who are poor
24 don't know what they're doing in terms of their
25 decision-making and I find that really, really

1 offensive.

2 DR. THERIOT: Hi, Adrienne.
3 This is Dr. Theriot. I agree. It not only takes
4 time to prepare those foods, it takes knowledge and
5 it takes equipment that many, many people, even if
6 you're not homeless, you don't have access to those
7 things.

8 I think it's just making more
9 barriers and it's going to be horrible.

10 MR. INGRAM: There are programs
11 like Recovery Kentucky and Healing Place and others
12 that pool those SNAP benefits for their clients and
13 use them while they are in the recovery housing and
14 this would certainly impact their ability to do that.

15 MR. SHANNON: So, it got a
16 reading, got assigned to Health and Family Services
17 yesterday and we all know who the primary sponsors
18 are, right - House leadership. So, it's scary.

19 Again, I think we're going
20 after a population that has enough challenges already
21 that we don't need to add to it. Patrick Monahan -
22 if public benefits are so great, bankers would be in
23 on it. People are chasing this opportunity. I think
24 that's the myth people talk about, right, Adrienne,
25 that this is an opportunity, right?

1 MS. BUSH: I just think that
2 there is - there is enough in this bill, all thirty-
3 one pages of it, like, there is something for
4 everyone, that will impact everyone's work on this
5 phone call and people that they love and care about.

6 And I think it is tricky
7 because of who is sponsoring this bill and we all
8 have other priorities that we want passed and stuff
9 like that, but I think the more we can lift up
10 concerns from diverse stakeholders, we spread the
11 risk, for one thing, and then, we also show there's
12 really no one who is involved in these programs that
13 are asking for these provisions. Nobody is.

14 Van mentioned earlier having
15 the jailers do the thing with reentry. Okay, that's
16 great, but, I mean, that can be a stand-alone bill or
17 it could be wrapped up in a different criminal
18 justice bill.

19 The one thing that we are kind
20 of intrigued by is the simplified application for
21 people for SNAP who are above a certain age or
22 disabled because honestly the more we can simplify
23 these applications, the better.

24 So, I mean, that would be good,
25 but, again, it's packaged up in all of these other

1 detrimental things that just makes it really, really
2 hard to swallow.

3 MR. SHANNON: Good summary.
4 Thanks for that. And that's her Bill Tracker right
5 there. Anybody else want to update on the General
6 Assembly?

7 The Senate passed their budget
8 out of committee yesterday. The public process is
9 relatively ahead of where it has been in previous
10 Sessions, and I think the Senate will take action to
11 pass it, I don't know, maybe Friday, Monday and,
12 then, a conference committee will be scheduled and go
13 from there.

14 MS. BUSH: Steve, were you happy
15 with the number of waivers included on the Senate
16 side?

17 MR. SHANNON: Yes. It was 500
18 Michele P. It was a waiting list. It's really
19 chronological - that's a big deal - 200 SCL, and for
20 some people, you know, we actually have an emergency
21 waiting list for the SCL waiver. It's the definition
22 of oxymoron, I think. You wouldn't want to call
23 9-1-1 and be told you're number fourteen on the list.
24 We'll get to you.

25 But, anyway, yes, I think

1 that's a big deal. There's some funding to - you
2 know, the waiver providers are challenged hiring
3 people. There's some money for that, and they put
4 back in the not-for-profit funding pool that not-for-
5 profits can make application to. It was in the
6 Governor's budget. The Senate put it back in. So,
7 we'll see where we're at, but, yeah, the waiver
8 slots, many more waiver slots than the House has.
9 So, that's a big deal for those folks who are
10 waiting, and Michelle P is chronological. So, we all
11 know who those 500 people are. So, hopefully what
12 will happen is we'll get services pretty quickly.

13 Anybody else? I keep asking
14 for future agenda items. I don't get many, but I
15 really do believe this thing will take off once we
16 have people participating in that 1115 reentry piece
17 that Medicaid and Leslie and Van have been working on
18 because then we'll have some real topics to look at
19 and real things that will impact those folks who are
20 accessing those services. So, it will change our
21 work at that point.

22 MR. INGRAM: I would agree,
23 Steve. I think we'll see things that need adjusting
24 as that moves forward.

25 MR. SHANNON: And maybe we will

1 hear things and members will hear things that
2 Medicaid won't necessarily have heard yet and there
3 will be an opportunity. I think, Van, you'll hear
4 stuff from the Corrections' side as well that I think
5 will help shape things.

6 MR. INGRAM: There will be
7 things we haven't even thought of yet that will come
8 up.

9 MR. SHANNON: Correct. I mean,
10 one, we're the first state to even submit the
11 application. So, there's bound to be things that
12 folks will either tell us or experiencing that will
13 help.

14 MS. HOFFMANN: Steve, I was just
15 going to share that as we meet with CMS on a regular
16 basis, they have let us know that their guidance may
17 change with us each meeting. So, they told us to be
18 patient with them.

19 So, they're just muddling
20 through this, too, trying to figure out what they
21 want federally to look at, what the metrics would
22 look at, what exactly it is. I mean, this is brand
23 new to them, too. I'm just so glad that we finally
24 have made movement and we're very excited about this
25 possibility.

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MR. SHANNON: And I think folks on the TAC will be interested in discussing around those metrics and some input on those as well.

MS. HOFFMANN: Leigh Ann, do you still have those? I know we might need to update them but the metrics of the community providers in each area?

MS. FITZPATRICK: I'd have to look for that.

MS. HOFFMANN: We'll get that to you, Steve, and we might need to take a look to see if it needs to be updated.

MR. SHANNON: Okay. We meet again May 12th. Maybe we'll have more information then and we'll have some idea where we are.

I don't feel the need to carry the meeting longer. Any other topic you want to discuss let me know. I'll get the minutes out and I'll report to the MAC what we've done.

MEETING ADJOURNED

**PERSONS RETURNING TO SOCIETY FROM INCARCERATION
TECHNICAL ADVISORY COMMITTEE
MEETING MINUTES
Frankfort, Kentucky
March 10, 2022
9:00 a.m.**

TAC members in attendance via Zoom: Steve Shannon, Adrienne Bush, Van Ingram and Evan Smith.

Medicaid staff in attendance via Zoom: Leslie Hoffmann, Judy Theriot, Leigh Ann Fitzpatrick, Wesley Penn, Erin Bickers and Jonathan Scott.

MCOs in attendance: At the request of DMS, MCO participants appearing via Zoom or telephonically will not be listed under Appearances.

Others in attendance: At the request of DMS, all other participants appearing via Zoom or telephonically will not be listed under Appearances.

Roll Call and Introductions: The meeting was called to order by Steve Shannon, Chairman of the TAC. All participants listed above were present via Zoom or telephonically. Erin Bickers introduced herself as the new liaison between DMS and the TAC and her email address is erin.bickers@ky.gov.

Verify Quorum: A quorum was not present.

Approve Minutes from December 9, 2021 and January 12, 2022 meetings: The minutes could not be approved due to lack of a quorum.

DMS Update: Leslie Hoffmann presented the following updates:

- (1) The mobile crisis intervention planning grant runs from September 30, 2021 to September 30, 2022. DMS is in collaboration with the Department for Behavioral Health, Intellectual and Developmental Disabilities to develop and plan for an all-inclusive model in the state for mobile crisis intervention and they are working on outreach, interviews, surveys and a needs assessment. By the end of March, the needs assessment should be drafted for review.
- (2) DMS is working on the SMI/SED waiver with CMS who has offered DMS guidance to help work through the budget neutrality pieces. The tentative drafting date will be in the last quarter of the year, possibly from the end of September through the end of the year.
- (3) The CCBHC started in January, 2022 and will run for eight quarters through January, 2024, and four of the CMHC's are currently participating in that eight-quarter demonstration. DMS will start within the next couple of quarters thinking about how this will look after the demonstration with Michigan.
- (4) DMS is working with the Department of Corrections on the incarceration amendment to synthesize the data and CMS is giving DMS free technical assistance through the budget neutrality piece. Ms. Hoffmann defined budget neutrality as not spending any more money than you currently have and that it's equal to or less than with a better quality of life and a better outcome. DMS will be on a panel conversation soon with California who is doing the thirty days prior to release part of the amendment.

Leigh Ann Fitzpatrick reported that there are currently 1.6 million Medicaid beneficiaries, and of that number, 18,063 beneficiaries are incarcerated. She reported that the re-entry program is moving along and all processes are in place. The monthly meetings have been halted for now because there is nothing new and the program is working well the way it is supposed to. She also stated that last month as she did the monthly report, turning benefits on after release continues to be improving and there are increasing numbers that are turned on that day and the day after. Mr. Ingram noted that in House Bill 7, the responsibility of notifying DCBS that someone has been incarcerated will be placed on the jailers.

Round Robin Member Updates: There were no member updates.

2022 General Assembly Updates – opportunity to share any legislative updates with TAC members: Adrienne Bush reported on the following updates:

- (1) House Bill 197 is related to identity documents specific to people experiencing homelessness and basically streamlines the process for people who are experiencing homelessness to obtain a legal ID. It also allows 16- and 17-year-olds who are unaccompanied and experiencing homelessness to obtain an ID legally without parental consent, and the bill also reduces the cost of a Real ID from \$10 to \$5.
- (2) Senate Joint Resolution 72 directs the Cabinet for Health and Family Services to apply for the severe mental

- illness waiver (SMI) and it is scheduled to be heard in the House Health and Family Services today.
- (3) Ms. Bush put the Bill Tracker information in the Chat that will list some landlord, tenant and housing bills that have been filed but are not moving.
 - (4) House Bill 525 allows the State Plan to be amended so that Medicaid can be billed for community health worker services. The CHW model addresses social determinants of health including housing.
 - (5) House Bill 7 will make it harder for people who are experiencing housing insecurity, re-entering from incarceration, experiencing homelessness, or simply unable to pay their rent without additional support like SNAP and Medicaid. The Census Household Pollster data compiled in 2020, 2021 and 2022 show that a lot of people have really struggled to make ends meet and have been using SNAP to help pay for groceries. The bill would require that anyone using SNAP should spend at least 75% of their allotment on healthy fresh foods and should use farmer's markets.

Future Agenda Items: No one suggested any future agenda items, and Mr. Shannon asked the TAC members to forward him any suggestions before the next meeting.

Next Meeting: The next meeting will be held on May 12, 2022.

2022 Schedule: The following are future 2022 meeting dates: May 12th, July 14th, September 8th and November 10th.

Adjournment: The meeting was adjourned.

(The minutes were prepared by Terri Pelosi, court reporter, on March 18, 2022.)