

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

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14 March 14, 2024
15 9:00 a.m.
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23 Stefanie Sweet, CVR, RCP-M
24 Certified Verbatim Reporter
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A P P E A R A N C E S

TAC Members:

Steve Shannon, Chair
James Daley
Shawn Ryan
Shannon Smith-Stephens
Brandon Harley
Adrienne Bush
Van Ingram
Casey Michalovic
Kristen Porter
Kevin Sharkey
Angela Darcy

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MS. BICKERS: Good morning.

Steve, the waiting room is still clearing out. We've got several people. I think I see Brandon coming in.

MR. SHANNON: There's Brandon and Casey.

MR. HARLEY: Good morning.

MR. SHANNON: Good morning, Brandon.

Angela, right?

MS. DARCY: I'm here.

MR. SHANNON: Hey, how are you?

MS. DARCY: Good, how are you?

MR. SHANNON: Erin, what is your count?

MS. BICKERS: I have you, Brandon, Angela, and Casey. So I have four. Every time I try to scroll we get more people in the waiting room. If they come in in big groups sometimes -- so if I missed anybody, please let me know. I think that is all we currently have. Kelli, do you mind to just resend the new link out to the TAC members just to make sure they have it. I hate to bombard

1 their emails this morning. I do, again,
2 apologize to everybody for the Zoom mishap
3 so why I always -- thank you. That's why
4 I always log in 30 or 45 minutes before a
5 meeting and try to test it.

6 MR. SHANNON: I understand. I
7 know there is general assembly stuff
8 happening. I think there is a 988 press
9 conference this morning that may be
10 distracting.

11 MS. BICKERS: Okay. Well, I can
12 keep an eye out and let you know if anyone
13 else joins.

14 MR. SHANNON: Okay. So we have
15 four members, so we don't have a quorum,
16 so we can't take action on the minutes.
17 But I am here, Brandon Harley is here,
18 Casey Michalovic; how was that?

19 MS. MICHALOVIC: Close enough.

20 MR. SHANNON: Okay. There is a
21 Z. in there isn't there? And Angela Darcy
22 from ARC. I appreciate you all being
23 here.

24 DMS update?

25 MS. SPARROW: Good morning.

1 Angela Sparrow, again, Behavioral Health
2 Supervisor. Leslie was not able to join
3 this morning, or I don't think she was --
4 I don't see her on. She was, again, was
5 not going to be expected to make it.

6 So I wanted to give you some
7 updates, again, in terms of the re-entry
8 1115 application to CMS. So we did
9 receive some initial questions from CMS in
10 the last couple of weeks. Again, this was
11 just kind of their first look over of the
12 application. There was really nothing
13 outstanding or alarming in the questions,
14 really, they were just mostly
15 clarification, asked of the State what was
16 included, what was already included in the
17 application.

18 So we did go ahead and send
19 written responses to them and we are
20 working on scheduling a call to review
21 those hopefully here at the end of the
22 month or the 1st of April. Just, again,
23 to go over those. But, again, there's
24 expected to be more to follow. That was
25 just from their first look over.

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And again, from this point moving forward, this kind of begins the negotiation phase with CMS in terms of the application.

MR. SHANNON: But those initial questions weren't concerning. They were kind of typical, in other situations you've seen similar questions?

MS. SPARROW: Yup, yup. Again, it was mostly information that was included in the application, just clarifying our ask or statements, so it was nothing. Nothing too alarming. But, again, we certainly expect more and they may have more questions for us when we schedule the next call, but they, again, did not have their subject matter experts available for our routine 1115 call, and so, again, more to come there, which is promising that we are starting to have conversations, so that is a good thing.

I do think one other state and, I apologize, I am going to have to take a look -- I'm not sure if it was Minnesota, I believe one other state was approved in

1 the last couple weeks for our re-entry
2 demonstration so, again, taking a look, we
3 will be looking at that state and their
4 request, just to be aware what their ask
5 is. And it's also just a reminder, I
6 think, to all of the individuals. Again,
7 other states have been approved, but it
8 does not mean that other states are
9 implementing yet, so still no other states
10 are in that stage.

11 So Kentucky, again, with our
12 ask, it was more specific, more narrow,
13 again, in terms of hopefully being able to
14 get a more timely approval and move
15 forward so, again, that doesn't mean that
16 we potentially could not be approved in
17 implementing before some of these other
18 states as well, so. We did --

19 MR. SHANNON: Is there a clock?
20 Is there a timeframe? Or we just --

21 MS. SPARROW: No. Not in terms
22 of the 1115 demonstrations. It's
23 different from a SPA, the State Plan
24 Amendment where there is, kind of, a clock
25 set, so, really, there is not.

1 Again, we did have some
2 conversation, NASHP is the National
3 Academy for State Health Policy. They
4 reached out to Kentucky and our partners
5 were also involved in the conversation.
6 They wanted to gather some information
7 regarding the work that we have done
8 across the state in terms of re-entry. So
9 again, we've been invited, next week, to
10 participate. It is going to be a
11 cross-agency partnership and, again, the
12 collaborative or learning series is to
13 improve health and success of individuals
14 with corrections systems, and again, there
15 is going to be a two-part. One part is
16 focused more on the state -- excuse me,
17 state health policymakers, and then,
18 again, there will be a separate series for
19 more of the justice-involved folks, so we
20 were asked to speak to that next week. So
21 again, Leslie will be on that call. They
22 are interested to hear about our
23 partnerships and our collaborations and
24 the work that we have already done, so she
25 is going to speak to that a little bit,

1 but just wanted to let you know that we
2 were invited to participate in that, and
3 again, that specific call will just be for
4 state Medicaid agencies.

5 And I think, again, I do want to
6 mention that some of you probably,
7 hopefully did receive an email
8 notification about the ACREs Advisory
9 Council or that committee, again. So we
10 think, at the end of the week, hopefully
11 will have received the actual invitation,
12 but we did go ahead and set a timeframe
13 for that. The kickoff will be April
14 17th at 11 a.m., 11 to 12:30 p.m. and that
15 initial meeting will be just recapping
16 what the ask is for the process and,
17 again, kind of, the next steps what that
18 Advisory Council role will be, so that
19 will be kind of the initial kickoff for
20 that.

21 MR. SHANNON: Thanks, Angie.

22 MS. SPARROW: You're welcome.

23 Any other questions?

24 MR. SHANNON: Last month, we had
25 had a good presentation and discussion

1 about Hep C with folks from UK. Any
2 further discussions with them that you
3 want to update us on?

4 MS. SPARROW: Again, we did make
5 the contact and reach out. I think,
6 again, the intent is through the planning,
7 implementation planning process, to
8 discuss how we can address and, again, be
9 able to assist in access to those
10 services. Again, I think it's going to,
11 initially, need to be upgraded funding and
12 effort to do that, and then as we move
13 along in the demonstration again, can
14 request additional coverage for specific
15 services.

16 MR. SHANNON: There's a
17 question.

18 MS. SPARROW: Go ahead, I'm
19 sorry.

20 MR. SHANNON: Should the MCOs
21 receive the kickoff?

22 MS. SPARROW: Yes, Stephanie,
23 there were a couple -- we are following up
24 on that for a couple of the MCOs that
25 designated some individuals we received

1 some kickbacks in their emails, and so --
2 MS. KOENIG: Okay. Okay they
3 told us the 17th, but I hadn't seen the
4 invite come through so when you give it a
5 time I was concerned because I hadn't had
6 it on my calendar.

7 MS. SPARROW: No. The actual
8 invite should come out here at the end of
9 the week, so we just narrowed down the
10 time yesterday, and it will be a virtual
11 meeting.

12 Any other questions in terms of
13 that?

14 MR. SHANNON: No. I do not.
15 Anyone else have questions? We are just
16 looking forward to getting busy.

17 MS. SPARROW: I agree. I agree.
18 I agree.

19 MR. SHANNON: I have House
20 Bill 6 on the agenda because there is some
21 language and I'm just kind of confused as
22 to what -- I'm assuming it's this. Where
23 was it? But there were several waivers
24 included in the budget bill and I haven't
25 really gotten into a deep dive in the

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Senate side. It has an incarceration waiver. That would be this waiver piece?

MS. SPARROW: It is. It is still, again, the funding does match up for the request for the re-entry, so we again --

MR. SHANNON: Okay.

MS. SPARROW: -- have tried to explain that, that, again, the incarceration is now the re-entry, but the funding does align to what was requested so, yes, it is the re-entry. The official request --

MR. SHANNON: The incarceration one time.

MS. SPARROW: Yes, the demonstration opportunity is re-entry, so. That is. That is.

MR. SHANNON: Yeah, and that looks like it is 36- almost \$37 million a year. Does that sound right?

MS. SPARROW: It does. That was calculated in budget neutrality calculations, yes.

MR. SHANNON: Got it. Good

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deal. Just wanted to make sure.

MS. SPARROW: Yup.

MR. SHANNON: Anybody have any other questions?

MS. SPARROW: I do think there were some questions, maybe, in the Senate if there were some services that maybe were left out, so I think that is still being looked into. It's still being monitored.

MR. SHANNON: Yeah, my initial review of that is some of the waiver spots were reduced, for sure, in the Senate. I don't know. I haven't had a chance to go in the deep dive.

MS. SPARROW: So I think, again, you know, it's just important to advocate the importance of the services and I think, again, that Medicaid, obviously, we have been working on these services for quite some time, and long before, you know, legislation asked us to submit requests so, again, I think it's important to remember that, you know, we do have legislation that asks us to and requires

1 us to submit, you know, request a CMS, but
2 in order to do that and move forward with
3 that, we also need the funding to support
4 it so it is a two fold --

5 MR. SHANNON: All of the crisis
6 funds were probably a big shocker.

7 MS. SPARROW: Yeah. yeah.

8 MR. SHANNON: For those who
9 weren't on the call, there was money in
10 the governor's budget for Mobile Crisis,
11 both in the Medicaid administration
12 budget, the Medicaid benefit budget, and
13 actually, the Department of Behavioral
14 Health budget had some state general funds
15 for that, as well, as that was all taken
16 out of the House and it doesn't look like
17 the Senate put it back.

18 MS. SPARROW: No.

19 MR. SHANNON: So that is
20 obviously concerning. The next problem is
21 planning that; right?

22 MS. SPARROW: Right. Right.

23 So.

24 MR. SHANNON: Maybe, hopefully
25 by April 15th, we will get it all figured

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out; right?

MS. SPARROW: Right.

MR. SHANNON: All right.

Appreciate it.

Any other questions? All right.

We are moving. That's okay.

MCO updates? Aetna?

MS. BECKIM: Hi, this is Lana.

Was somebody else going to talk? Okay.

MS. BREWER: This is Stacy,

Lana.

MS. BECKIM: Oh, okay. Did you

want to talk?

MS. BREWER: I was just going to

say I don't have any updates on my end,

but if you have any, go ahead and mention

those.

MS. BECKIM: Okay. We went to a

Community Impact meeting. We've gone to a

re-entry simulation. I had also gone into

Ohio County and worked with Drug Court and

went to an expungement clinic in Lexington

and we have some upcoming events that we

are going to be attending.

MR. SHANNON: All right. Any

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questions?

All right. Anthem? Anybody
from Anthem?

DR. WEEKS: This is Dr. --

MR. COLLINS: Hey, Steve --

DR. WEEKS: This is Eloise Weeks
from Anthem. I'm -- oh, you go ahead.

MR. COLLINS: No, Dr. Weeks, go
ahead. Go for it.

DR. WEEKS: I was just going to
say, we don't have any updates.

MR. SHANNON: Okay.

MR. HADLEY: We understand. We
are all waiting to get busy.

What about Humana?

MR. HADLEY: Hey, Steve, this is
Jeff Hadley with Humana.

MR. SHANNON: Hey, Jeff, how are
you?

MR. HADLEY: We have had one
person, one member, I think, released for
the re-entry program in 2004, so far, so
we have only one individual to claim in
that regard.

We've had a lot of activities

1 with our community engagement outreach and
2 other teams, community health worker
3 teams, attended several activities
4 directed towards the re-entry population.
5 We have been to the Hopkinsville Chapter
6 of Western Kentucky re-entry Council each
7 month, the Health re-entry Coalition
8 meetings that are hosted by Kentucky
9 Voices for Health, monthly release classes
10 at Roederer Correctional, the Kentucky
11 State Reformatory and Luther Lockett
12 Correctional facilities. We've done some
13 goodwill events that are directed towards
14 incarcerated individuals or previously
15 incarcerated individuals. The Greater
16 Louisville re-entry Coalition meetings;
17 the Bluegrass re-entry Coalition meetings
18 in Richmond; re-entry simulation hosted by
19 WellCare and the Department of Corrections
20 in Frankfort; Community Impact Council on
21 re-entry meetings in Frankfort; and
22 planning on attending, on the 19th, an
23 expungement job resource fair in Woodford
24 County, hosted by the Department of
25 Corrections and Division of re-entry

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services. So that is what we have going on.

MR. SHANNON: All right. Appreciate it. Thank you.

MR. HADLEY: Thank you.

MR. SHANNON: Passport by Molina?

MR. ZAKEM: Good morning, everybody. This is Mark Zakem.

Some of this might have overlapped a little bit with the January meeting, but so far we have had or been to ten expungement clinics and five prerelease classes so far this year. Twenty more are currently being planned. The ones we have done have included some we hosted at our state offices or hosted or co-hosted with off-site partners with Glasgow Housing, Clinic County Community and Technical College. Others we have attended in prisons and local jails including Morgan County Jail, Correctional Institute for Women, Butler County Jail. Of the others being planned, there will be five more at our state offices in

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collaboration with DOC and Regional Legal Aid.

We are also participating in re-entry councils within the state. So all of that was mainly done by our Community Engagement Team, Priscilla is on the call today. We are really proud of everything they have been doing.

So, so far in 2024, they have had 129 engagements around expungement and re-entry. Including the events, 22 in-person meetings, 26 one-on-ones with members around re-entry discussions, 30 phone calls with members or advocates usually after the expungement clinics, and 24 virtual meetings with councils planning with DOC, et cetera. Meanwhile, our case management team is working with our analytics team to identify non-NGA pilot members more quickly post-release, so we can begin offering case management services at a cadence that lines up with what we do with the NGA pilot members. I will say, as far as NGA goes, we did not receive any referrals last month. It has

1 been a little slow this year, so far.
2 But, that's my report.

3 MR. SHANNON: What does NGA
4 stand for?

5 MR. ZAKEM: National Governors
6 Association. It's the pilot that DOC
7 started about --

8 MR. SHANNON: Okay.

9 MR. ZAKEM: -- Pre-pandemic to
10 have fast services for re-entry
11 population.

12 MR. SHANNON: Our whole life is
13 measured in pre- and post-pandemic; isn't
14 it?

15 MR. ZAKEM: Mine seems to be.

16 MR. SHANNON: It seems that way;
17 doesn't it? I was telling people, not
18 related to this -- four years ago
19 yesterday, schools in Lexington shut down
20 for a year.

21 All right. United?

22 MS. KOENIG: Hi, good morning,
23 Steve. It's Stephanie Koenig.

24 So some of the updates,
25 community engagement with the expungement

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clinics, we do have field case managers that are attending those clinics. In addition, we don't have referrals to report, either, similar to the other MCOs, very low in that pilot that we have historically received.

We do have concerted efforts on outreach attempts, similar to, kind of, how Passport was reporting. We have, internally, tried to bump that up against eligibility files, and so we do have a pilot, internally, going on for outreach attempts to engage in the HRA to assess their needs and connect them with case management and community resources. Last month, we had identified 316 members who were eligible for that type of outreach we were able to successfully contact almost 40, so that effort is continually going on to engage them quicker, so that is among the report we are reviewing, and our case management team is attempting to engage them in a different way, in which, internally, we have received referrals our case management. So we are trying to

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proactively identify these members and connect them to case management.

MR. SHANNON: All right. WellCare and Centene?

MR. OWEN: Good morning. You know, if we were C, I guess that would put us third in the order, instead of the W. But good morning, Steve.

MR. SHANNON: Is that an official request, Stuart?

MR. OWEN: No. No.

MR. SHANNON: You know, next month where you're going to be; right?

MR. OWEN: I'll think about it. Good morning, Steve.

So at WellCare we have, we are called, Community Impact Councils, it is our community engagement team. So we have a massive database of social determinants of health needs by county. We form these different councils that will target certain needs and give an area and will reach out to civic leaders, community leaders, to set up these councils to collaborate, brainstorm, to tackle

1 different issues. Well, all of this to
2 say, we have one that is in Frankfort that
3 is addressing people's reentering society
4 from incarceration. And so we had our --
5 I believe it is the third council meeting
6 that we've had, and part of it is we
7 worked with the Department of Corrections
8 who put on a re-entry simulation event,
9 and it was a couple of weeks ago, maybe in
10 late February, at Frankfort at the
11 library, there. It's just -- it's a good
12 experience because you basically get --
13 you are handed a laminated card with four
14 weeks and the scenario is you have just
15 been released from prison, I mean, just
16 been released, and you have this list of
17 each week of all of this stuff that you
18 have to do -- get urine drug screen, get
19 food, pay child support, perhaps, go to
20 Alcoholics Anonymous meeting -- everybody
21 has their unique circumstance. You know,
22 like, mine was ten-year convicted felon
23 for armed robbery with substance abuse
24 disorder.

25 So all around the room are

1 people who represent all the different
2 agencies where you have to go get stuff
3 done, including the bank, as well, and
4 you've got five minutes, the way you do
5 it. So you're standing in line in trying
6 to figure out, I need to get this, and get
7 this, and it's really eye-opening, I
8 guess, because you are sitting there
9 thinking, oh boy, and you get kind of
10 overwhelmed, and then you can get
11 rejected, like, you did a urine drug
12 screen, and they flip over if you are
13 positive or negative, and so I failed, so
14 you are back in prison, and then at the
15 end of the four weeks -- each week is a
16 five-minute session. At the end, you have
17 to go to your probation officer and look
18 and they say: You failed two drug tests,
19 like, you didn't do this, and you didn't
20 do this, because sometimes, you just
21 couldn't get it all done.

22 Anyway, I know, you know, people
23 participate in those events but, anyway,
24 we really appreciate the Department of
25 Corrections. So afterward we had a

1 council meeting to collaborate and I want
2 to thank Lana, of Aetna, who was there and
3 someone from Humana who is part of that
4 council, so we really appreciate that
5 partnership. And so, what we talk about,
6 is if you are in the state system, you are
7 given, essentially, resources. Because
8 that is like, okay, this is what it is
9 like for us. You are literally walking
10 out the door and have to get that stuff
11 done. What is told to somebody when they
12 are being discharged. And so they are --
13 individuals from the state penal system,
14 they are given resources, basically a
15 two-pager, with all these different
16 contexts, you know, committee resources to
17 help them, but if you are in a local jail
18 scenario, and a lot of times that is a
19 very short duration, you are not given
20 anything. So, actually, Lana of Aetna is
21 the one who came up with the idea that,
22 she says: Well, everybody has to go to a
23 pretrial hearing and talk to a pretrial
24 officer, and so it would be critical or it
25 would be nice if we could do the same

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thing and have a resource to hand out there at the pretrial hearing.

So anyway, and we are going to continue and have more council meetings, but that was really neat, it was about three weeks ago.

And then, also, Paula McFall, I think has an update from WellCare/Centene.

MS. MCFALL: Hi, this is Paula. Can you hear me?

MR. SHANNON: Yes.

MR. OWEN: Yes.

MS. MCFALL: Yeah, we work -- I think we've mentioned this before -- we work with an organization called Wayspring, they are a partner of us, and they are meeting people in the community, and so they are working towards meeting with several correctional facilities to assist in transition into society. They have met with Blackburn Correctional Complex, Jeremiah Prater, and County jailers, so they are in the process of finalizing working with the Luther Lockett and KCIW Bell County Forestry Camp and

1 several drug courts. So more to come on
2 some outcomes related to that, but we are
3 definitely trying to meet members prior to
4 release, if possible, to assist in their
5 transition into the community.

6 MR. SHANNON: Great. Very good.
7 Any questions? I see Christian
8 Porter joined us. So we are now up to
9 five. Not enough.

10 MS. BICKERS: I believe Kevin
11 also hopped on. I thought I saw him
12 logging in.

13 MR. SHANNON: Oh. Will that get
14 us to six?

15 MS. BICKERS: It should. I
16 see --

17 MS. PORTER: Good morning,
18 everybody. I've enjoyed hearing about all
19 of the feedback on the re-entry simulation
20 and all of the events that are going on,
21 so I know that our staff really enjoy
22 hearing about those. And, sorry, I was
23 just a few minutes late this morning, so
24 I'm happy to be here.

25 MR. SHANNON: I see Kevin on.

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MR. SHARKEY: Yes, I'm on.

MR. SHANNON: All right. Can we go back and then take action on the minutes?

MS. BICKERS: Absolutely. As long as everybody is on camera who is voting.

MR. SHANNON: All right, Kevin, on camera, Buddy.

Can I have a motion to adopt the minutes?

MS. PORTER: I'll make a motion.

MR. SHANNON: Thank you.

MR. HARLEY: This is Brandon Hurley. I'll second.

MR. SHANNON: Thank you. All in favor say, "Aye."

TAC MEMBERS: Aye.

MR. SHANNON: And opposed? Adopted. All right. I can report that at the MAC meeting, now. We had a quorum.

I always add future agenda items. I'll try that again. No future agenda items. Very good. And no recommendations. We just appreciate the

1 good work Medicaid is doing with our
2 partners at CMS, and I've only heard
3 wonderful things about the re-entry
4 simulations. That everyone thinks it's
5 really profound that so much has to be
6 done for folks who, you know, kind of,
7 here, go forth and do good, and there has
8 to be concerns and barriers and
9 frustrations for those folks, and the
10 better we can do in that process, you
11 know, can really accomplish the objective
12 of just, you know, re-entry should be a
13 single event in a person's life, in my
14 opinion, and if we can get to that place
15 we are in a good spot. My daughter has
16 done one, and she asked me: Are there any
17 more? Because she wants to do another
18 one. She did one in college --

19 MS. PORTER: Yeah, absolutely.
20 Well, and I'll tell you, we host them all
21 of the time. And some of them are open to
22 the public, and then some of them we host
23 privately. So if you go to the Kentucky
24 Department of Corrections website, and
25 click on the Division of Re-entry Services

1 tab, there is an events tab, and it will
2 list on there the ones that we are
3 hosting, and if it is not open to the
4 public, then we will put on there that it
5 is not open, or whatever, but if you want
6 to attend, all you do is email the person
7 who is hosting it and let them know and
8 that way they've got the number of people
9 that are coming. So if there are people
10 who want to attend, you can go on there
11 and look and review.

12 MR. SHANNON: Okay. Very good.

13 All right.

14 MS. DARCY: Can I speak to
15 something really quickly?

16 MR. SHANNON: Yes.

17 MS. DARCY: I think someone
18 mentioned something about -- I heard
19 pretrial they are. And we would love to
20 be involved in some of your local
21 processes. I think that was the Frankfort
22 community one. The only thing, and let me
23 say this, at the pretrial hearing,
24 pretrial service specialists are not
25 there. They are typically at

1 arraignments, because the main purpose of
2 pretrial is to get you out of jail. So if
3 we see you again, and you are on monitored
4 condition release, we'd certainly be open
5 to handing out the resource guides and we
6 are always looking for resources that we
7 can hand to our clients during those
8 meetings. So I would love to be part of
9 those meetings, or at least have my local
10 regional people as part of those meetings,
11 so we can brainstorm and see how we can
12 assist, because I think one of the things
13 that we are trying to implement, and
14 hopefully we can get a partnership with
15 the jail on this is, like, giving people
16 just the number to Medicaid, or the number
17 to re-enroll when they are released from
18 custody, because we think that is
19 important. So we are trying to do as much
20 as we can to help those people who are
21 released, even from the local jails.

22 MR. OWEN: That is awesome,
23 Angela. Are you -- who are you with?

24 MS. DARCY: I am the Head of
25 Pretrial Services.

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MR. SHANNON: The AOC; right?

MS. DARCY: AOC, yeah.

MR. OWEN: I will put my email
in the chat. Is yours, I guess,
angeladarcy@ky.gov, or?

MS. DARCY: It's
angeladarcy@kycourts.net.

MR. OWEN: Okay. All right.

MS. DARCY: I'll put mine in
there, too.

MR. OWEN: Okay, thank you.
Thank you. Greatly appreciate that.
Would love to have you participate.

MS. WRIGHT: And I will offer to
participate, as well, because we, at UK,
have this robust program where we assist
with re-entry with our county jails, state
prisoners housed in county jails. We have
lots of resources to offer for treatment
for both HIV and for Hep-C, and as we
know, that is a very, very prominent
problem that they come out with, and there
are so many competing priorities, as you
all have stated, and this is absolutely
great. And if we can provide those

1 resources where they can have a contact
2 when they are ready for that because,
3 there are other priorities: Where they
4 are living; where their food is coming
5 from; how they get that bank account;
6 those things, as you know. And we are
7 seeing an uptick six or seven months after
8 release where they are wanting to address
9 that and if we can provide that
10 information at that re-entry point, by all
11 means, we are willing to participate as
12 well.

13 MR. OWEN: Awesome. Thank you,
14 thank you. Would you put your email in
15 the chat as well?

16 MS. WRIGHT: Absolutely.

17 MR. OWEN: Thank you. Greatly
18 appreciated.

19 MR. SHANNON: Anybody else?

20 MS. MICHALOVIC: If I could just
21 have one minute, Steve.

22 MR. SHANNON: Sure.

23 MS. MICHALOVIC: I wanted to let
24 everyone know that all four legal aids now
25 have their project renew programs up and

1 running, so all of the legal aids now have
2 at least one attorney dedicated to doing
3 the work, like I do, which is helping
4 people in re-entry and recovery address
5 civil legal needs. And that also includes
6 expungements. So if you guys, you know,
7 have members who you come across, or your
8 workers come across that they need
9 something, feel free to reach out to
10 whatever legal aid is in that area. If
11 you need a map, or if you need guidance on
12 which one that is, whether it is AppalReD
13 Kentucky Legal Aid, whatever it is, you
14 can reach out to me. There is a map, I
15 think it is on AOC's site, as well as the
16 Bar's website, but I'm happy to help as
17 well. But I just wanted to make sure that
18 everybody knew that, officially, they all
19 have a project renewed now, and we
20 actually convened last month to get
21 together to share ideas about what
22 everyone is doing. But the basic concept
23 is the same. The goal is to, you know,
24 help people in their re-entry and keep
25 them from going back or keep them from

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relapsing.

MR. SHANNON: Okay. Good.

Thank you for that, Casey.

Other updates? I skipped that on the agenda, my bad, but you all covered it. Anything else? And in the chat, everybody got the emails that are listed in the chat?

All right, folks, if we are done, we can finish and see you all on May 9th, where we count our Derby winnings.

Can you get those things in the comment, Erin, maybe send those out?

MS. BICKERS: Yes, I absolutely will. We will get those to you and, also, be on the lookout for your new reoccurring Zoom link. Again, I do apologize for all of the chaos this morning, but Zoom just completely deleted this meeting as well as the Behavioral Health meeting for later this afternoon, fun times. Seems like a Monday.

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C E R T I F I C A T E

I, STEFANIE SWEET, Certified Verbatim Reporter and Registered CART Provider - Master, hereby certify that the foregoing record represents the original record of the Technical Advisory Committee meeting; the record is an accurate and complete recording of the proceeding; and a transcript of this record has been produced and delivered to the Department of Medicaid Services.

Dated this 29th of March, 2024

 /s/ Stefanie Sweet

Stefanie Sweet, CVR, RCP-M