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

****

Via Videoconference
May 9, 2024
Commencing at 9 a.m.

Tiffany Felts, CVR
Court Reporter

APPEARANCES

BOARD MEMBERS:

Steve Shannon, TAC Chair

James Daley (Not present).

Shawn Ryan, MD (Not present).

Dr. Shannon Smith-Stephens (Not present).

Brandon Harley

Adrienne Bush

Van Ingram

Casey Michalovic

Kristin Porter

Kevin Sharkey

Angela Darcy

MS. BICKERS: Good morning, this is Erin with the Department of Medicaid. It's not quite nine o'clock and we're still clearing out the waiting room, so we'll give it just a few moments before we get started.

MR. SHANNON: Okay, thanks, Erin.

MS. BICKERS: It is nine o'clock -- excuse me -- and the waiting room is cleared. Steve, I saw you, Brandon, Adrienne, and Casey, Kristin, and Kevin. Did I miss anyone else?

MR. SHANNON: I don't think so, and that's a quorum, correct? Seven of twelve.

MS. BICKERS: Yes, sorry, I had to count for a moment.

MR. SHANNON: All right, very good. All right, folks, welcome to the May meeting of the -- now, we should go with the reentry TAC. And we did our kind of roll call and introductions, and we have a quorum. So I sent out the minutes, is there a motion on the minutes from the March meeting?

MR. HARLEY: Motion to approve.

MR. SHANNON: And a second?

MR. INGRAM: Second.

MR. SHANNON: Second. And all in favor?

(Aye).

MR. SHANNON: Thank you, very good.

MS. BICKERS: Van and Kevin, I need your cameras on when you vote, I'm sorry.

MS. PORTER: And I do not have -- this is Kristin.

MS. BICKERS: Oh.

MS. PORTER: And I don't have my camera on either. I am driving to my office; I'll be there in ten minutes to put my camera on.

MS. BICKERS: Okay, Steve, do you mind if we revisit so all of our voting members are on camera during voting, so we are in compliance?

MR. SHANNON: Yes, that would be fine.

MS. BICKERS: Thank you. Appreciate it --

MR. SHANNON: Anything I can do to help.

MS. BICKERS: -- sorry about that, guys.

MS. PORTER: Thanks, everyone, I apologize. I have two meetings back-to-back this morning.

MS. BICKERS: No worries.

MR. SHANNON: Yeah, and, Erin, the website, the link isn't the new link.

MS. BICKERS: It's being pushed through publishing.

MR. SHANNON: Okay.

MS. BICKERS: And I'm not sure what happened there because I know Kelli updated it. I walked her through how to do it when she got her editing purposes so --

MR. SHANNON: I just got a message from someone --

MS. BICKERS: -- Beth, our communication liaison is on it.

MR. SHANNON: -- who reported they can't get on because of that --

MS. BICKERS: Okay.

MR. SHANNON: -- so anyway, just so you know.

MR. INGRAM: Yeah --

MS. BICKERS: I'm happy to forward it if needed, the invite.

MR. SHANNON: Yeah, I think we could get lost in that process, but it was Marcie Timmerman, I don't know if you have her email, I don't have it handy, but I suspect there's other folks who --

MS. BUSH: Steve, I'll send it to her.

MR. SHANNON: Okay, thanks, Adrienne.

MS. BUSH: Sure.

MR. SHANNON: I think there's probably other folks have the same problem perhaps, but we won't deal with that right now. If I get any other messages, I'll let you all know.

So let's do our DMS update.

MS. SPARROW: Hi, Steve --

MR. SHANNON: Hey, Angela.

MS. SPARROW: -- it's Angela Sparrow, good morning. I think we, again, had talked about presenting some information following our ACRES kick off in terms of the 1115 reentry.

MR. SHANNON: Mm-hmm.

MS. SPARROW: So again, we're prepared to do that this morning if we

wanted to jump into that discussion. But I'll pause, I'm not sure if Leslie was able to make it on yet.

MS. HOFFMANN: This is Leslie, Angela, I didn't have any specific updates other than I wanted to listen to your presentation today.

MS. SPARROW: Okay. All right, let's go ahead and do that. Let's see, Erin, I'm going to --

MS. BICKERS: You should already be a cohost, Angela.

MS. SPARROW: Okay, thank you. Okay, let's -- all right, can everybody see the slides?

MR. SHANNON: Yes.

MS. SPARROW: Okay. All right, so again, we just kind of wanted to recap and share some information, and we'll go through this. Some of you all, again, are familiar with this I hope. And then some of you, again, just kind of want to give you an up to date in terms of the reentry application, where we are, what the plans are, and kind of the how we intend to design and implement

moving forward.

So again, just wanted to recap for anybody who's not maybe familiar with -- we continue to talk about section 1115 demonstration. And so what does an 1115 demonstration mean? And again, it's really what it states it is. And so it is an opportunity for states, as we've talked about, for Medicaid agencies to demonstrate or pilot projects, services, ways to deliver services, flexibilities in benefit packages and so forth, again, to improve outcomes of our individuals in the Medicaid program.

And so again, once approved, it allows the states to really operate outside of, you know, our typical rules and regulations. And again, it is to demonstrate and pilot things that are not -- that cannot be approved in our state plan.

And so with that being said, it's extensive monitoring, and again, reporting to CMS to allow for these flexibilities. And again, the states are really held to, you know, terms and conditions of the approval that we need to ensure that we're

meeting. As well as, again, we have to really kind of take a look at our spending and our expenditures, right? And so again, there's the budget neutrality piece and component that we continue to speak to, but we also have to demonstrate that the state is not spending more through the demonstration than we would otherwise.

And so that -- I know that that sounds tricky, but there's ways, again, to go about that, and so that's, again, part of the approval process. So when we continue to talk about and you hear 1115s, that's again, an opportunity. And so there are specific demonstrations CMS has given states the opportunities, and then again, states can request things outside of those that are, you know, specific to their state.

And so with that being said, again, it's typically -- you know, the approval and negotiation process can be extensive for that in meeting those terms. So not -- you know, again, CMS is not going to approve and say "okay" to everything. And so everything just can't be done under an 1115, it's just

not that simple. But we are, again, thankful to have the opportunity for states to use these demonstrations.

And so in terms of the reentry demonstration, again, I think that we've -- most of us have spoken to really the needs of the population -- of this population and for those individuals that are just as involved in returning back into our communities. And then again, the barriers that they face when they are returning back into the community.

So with that being said, I think, again, we're all aware that Kentucky was the first state to request a demonstration of this sort around incarceration services, and so we were waiting for CMS guidance, which we know was issued last year. And so within that time period, we were reviewing CMS's guidance to states regarding this opportunity, and we knew that we were going to need to make some changes to our pending application based on what they were going to allow states to do. And they, again, were really focusing on that pre-transition,

pre-release time period and really focusing on ensuring that those needs were met for that individual, that there's that seamless transition back into the community, that those needs are identified, that that plan is in place to support that individual to be successful upon release. And so that's really the focus that CMS, through the reentry demonstration opportunity, is looking at.

Again, they made it very clear to states, you know, the intent is not to supplant any of the funding that the justice or our carceral facilities were already providing services for, but really again, to partner with our justice facilities to ensure that we come together to meet those needs when -- in that warm hand off into the community.

And so again, just through the state Medicaid director's letter and the guidance from CMS, again, there are goals, specific goals, that this state is required to meet under the demonstration. And so I just wanted to point these out and ensure that

you all are aware of those, but really again, that improving the access to those services by increasing the coverage pre-release, being allowed -- allowing for that continuing of coverage into the community whereas beforehand, again, it was not until that individual actually leaves that facility that they're eligible for services. And so again, recognizing the importance of that.

And again, we spoke to improving that coordination, communication, our connections between our Medicaid systems, our correctional systems, our community providers. So really ensuring that we have that -- those linkages and collaboration to support this. And again, looking at reducing the number of avoidable emergency visits, inpatient hospitalizations. Again, we know that as we spoke to the justice -- our justice-involved individuals are at high-risk of really -- of returning back into the community. So really trying to reduce those risks, and then again, increasing the opportunity to increase

investments into the health care system, but really again, trying to address those health-related social needs, and what those needs are returning back into the community. So these, again, are the goals of the demonstration.

And so along with the goals, there are specific milestones that the state needs to ensure that we're meeting to obtain approval and continue to obtain approval. So these milestones are really again, kind of the roadmap in order to meet those goals, so I just wanted to ensure that you all are aware and familiar with those. Again, this is how we would continue to track and monitor, and this is really going to drive our implementation plan.

So within the demonstration, I think we spoke to many of these things before, but just wanted to ensure a part of the approval. Again, the states do have to meet a minimal benefit package, and that does include the case management services. So through case management, we really need to identify the physical and behavioral health

-- and/or behavioral health needs, as well as the health-related social needs. So again, the housing, employment, food, transportation, those needs also need to be identified through the comprehensive case management service. And this is pre-release to continue post-release.

Again, states are required to offer medication assisted treatment for substance use disorders. So again, this would be all forms of FDA approved medications to treat substance use, as well as the therapies and counseling with that medication. And so that is a required package -- or excuse me, a benefit, and then also again, the 30-day supply of all prescription drugs at the time of release. Those are the minimal benefit packages. Again, states can request additional services, and we'll talk about that in the -- you know, some of the impacts and complexities of approval and implementation through the more benefits, you know, requested initially.

And so states, again, are also required to develop a readiness assessment.

So any of our facilities -- correctional facilities that would be eligible to provide these services under the demonstration, they have to go through a readiness assessment to ensure that they're able to provide access to all of these services. So again, you know, if Medicaid is developing a benefit package and plan, we want to ensure that the individuals who are eligible for that have access to it, correct? So again, we have to demonstrate to CMS that in all of the correctional facilities that would be eligible that we can ensure that they have access.

And then again, we are also required to develop a reinvestment plan. So any of the state -- the federal dollars, again, that the correctional facilities may already be providing services in, let's say, for instance, some of our state prisons are already providing access to medication assisted treatment. For those existing funds, we -- the state, again, would need to reinvest our federal match in that. But, again, if it is not available across all of

our state prisons or if there are not specific medications that are available in certain state prisons, again, that could be included as an expansion or a new service, and so those dollars would not require reinvestment. So this is a new piece under the demonstration that states, again, have to meet.

And then, of course, the implementation planning is required. So we are required to submit that. It has to be approved by CMS, and really again, that's our roadmap to demonstrate to them how we are going to meet these milestones and goals and stay within the terms and conditions that is issued to Kentucky.

And so again, we, through last fall, as you're aware hopefully, reviewed the guidance, had some conversations with CMS about the guidance, about our pending application, and then began to hold some stakeholder engagement to identify, again, the needs in various areas, existing infrastructure, and so forth needed to, again, amend our application. So we did

have several small group interviews and focus groups, again, with our state partners, with advocacy groups, with, again, our TACs, and so forth, and then, again, our managed care organizations as well.

And so we did draft our application, went through the public comment period that was required, and then we were able to submit that to CMS in December. And so again, the demonstration submission deadline with the state Medicaid director's letter and really the guidance with the focus on improving the care transitions for our justice involved individuals that are soon to be former inmates of the public institution, and again, otherwise eligible for Medicaid.

We also, again, included our request for the recovery housing supports. So hopefully, again, you'll begin to hear about RRSS, which is Recovery Resident Support Services, and that again, is a service that is being developed and it would be implemented. So for our recovery residents that meet criteria to deliver that service,

again, it is really addressing the support services that those recovery residents are providing to individuals that are residing there to support their treatment and recovery -- long-term recovery, and again, being able to live independently back into the community and in their long-term recovery. And so again, this is going to be limited to certain populations that we'll talk to next.

And so really just kind of a reminder, there are many factors that the department and our state partners considered when drafting this application. And so again, we had heard from CMS in those conversations, right? They were really encouraging states, and take a good look at that letter, stay within the guardrails, if you want to request, you know, above and beyond, we can. But we had heard that there was, again, in terms of approval for these demonstrations and the volume of applications, it would really impact the timeline of when states might seek approval.

So we did consider those things as

well as the stakeholder engagement activities and our findings from that. Again, in our conversations, CMS did make us aware that our initial application did include some specific slots, if you will, kind of limited the number of eligible members that can be served in a time period, and, again, that was not something that we were going to be able to do under the new guidance. And so we could narrow and target our population, but we would not be able to limit to a specific number of individuals that could be served.

And then again, really kind of looked at our current landscape in terms of also kind of a timely approval regarding our benefit package that we wanted to request, and so again, knowing that it would impact budget, right? The more services requested is going to impact budget, initially our reinvestment, the facilities, so the more facilities were also included. They have to have access to these services, and so again, it was very complex. So again, really kind of choosing the minimal benefit package to

start with hoping that we, again, obtain that more timely approval, we can get going, and then build from there.

And so we also included, again, our justification. States were informed that if we are going to request more than 30 days pre-release coverage, we really need to provide justification. We could go up to 90 days, but again, would not be -- more than 90 would not be approved.

So really again, we understand that engaging with that individual, building that rapport, identifying the needs, the communication and collaboration, again really -- you know, if we're able to identify someone's release prior to 30 days, we need prior to 30 days to ensure that that's, you know, successfully -- those needs are successfully identified returning to the community. So we were able to submit, you know, justification for more than 30 days within the application.

So this is just, again, a reminder, hopefully, an overview in terms of what was requested, our populations in the benefit

package to CMS. And so we did include adults and juveniles, our youth. So again, we will continue to suspend rather than terminate eligibility at the time of incarceration, or again, when a youth may be detained. And so the demonstration really encourages states to, at the time of suspension, ensure that all individuals apply for Medicaid. So again, even if they are not currently a Medicaid member, but go ahead again, screen for that eligibility, and then can suspend therefore at the time frame pre-release, it can be reinstated, and again, those individuals that may not have been eligible, can be eligible at that time frame.

So benefit package, like we said, state -- excuse me, case management, the medication assisted treatment, a 30-day supply on all medications, and that's over-the-counter medications as well. They'll also again, you know, receive their -- ensure that they receive the medical -- the -- our durable medical equipment -- excuse me -- prescriptions for those with

that set up, again, at the time of release. And then again, the recovered resident support services that will be for our adults -- our adult population.

And so we initially included our state prisons for our adults and for our youth, again, our youth development centers or YDCs. And so again, the package does not initially include jails as a covered setting, and we can speak to, but again, we have to keep all of those factors in mind that we discussed. We have to be able to ensure that they can suspend eligibility, reinstate that within the time frame, that they are able to have access to all of the services under the approved package. And so again, we know with the amount of jails across the state, and again, they do operate very differently across the state, it is going to be very challenging.

So initially, we did move forward with the state prisons and our youth development centers with the plan of adding jails at a later time. And again, kind of still including them, thinking about them

through the implementation process, but again, amending the application when we feel we can bring them on board.

And so again, the services in the benefit package, again, can be delivered in person and/or via telehealth. And so we really want to think about access to the individuals for some of these 60 days prior to release is to be able to see them face-to-face is going to be challenging and difficult. So again, the correctional facilities will have flexibilities in delivering both in-person and telehealth services.

MR. SHANNON: Angela, on the benefits side, just so -- I just want to make sure we all understand this. These are the services they can get 60-day pre-release, right? And then once released, they get the full Medicaid benefit plan, correct?

MS. SPARROW: Yeah, absolutely, yes. Good point, Steve. So, yes, through Medicaid they would be eligible for these selected services 60 days prior to release. So it is, you know, a selected benefit

package. Upon release into the community, post-release, it's full state. They go into their, you know, typical benefit eligibility --

MR. SHANNON: So until the MCO, physical health, behavioral health, dental, vision, whatever?

MS. SPARROW: All, yes, yes. And so again, it is, you know, you do have to think through, right? It is very complex in terms of being able to -- how are we going to, you know, identify and limit eligibility 60 days, and then flip that switch they're eligible for full state plan benefits at that time that they're released.

In terms of delivery of services under the demonstration, and so for case management, again, our DOC and DJJ partners and programs, again, they do a great job in providing -- they are providing case management and will continue to do that pre-release. It is then, again, at 60 days -- that 60-day mark, again or, you know, within that 60 days that they're identified as released, then our MCOs will

engage with DOC and DJJ and that individual to be a part of that case management plan. So really again, that's where we're going to be screening for those physical health, behavioral health, and health-related social needs, identifying what those are, establishing that plan, that person centered plan to ensure that they are -- that those needs are met upon post-release -- pre-release and post-release.

And so again, in starting to build that rapport with that individual, so they again, the MCOs will also provide, which I don't think is here and need to add, they will also provide the case management up to 12 months post-release. And so that will be under their state plan, you know, benefit package if you will, but that is -- so it doesn't necessarily fall under the reentry demonstration, but that is something that will be included. So they, again, if eligible, if they agree and need it, they'll be eligible for case management through the MCOs 12 months post-release as well.

For the MAT services, DOC and DJJ,

again, they will provide those services while that individual is incarcerated. They do, again, will be able to contract with other community providers, other providers to provide that service if they choose to do that, but again, DOC, DJJ they would actually be the enrolled provider with Medicaid for that and receiving reimbursement for that service. But again, they could contract if they choose to do that.

And then the 30-day supply of medications, Diamond Pharmacy is actually already contracted with Medicaid -- an enrolled Medicaid provider. They do provide those pharmacy services for both DOC and DJJ, so they'll continue to do that through the demonstration as well. With the 30-day supply of medications, we also do know that there is some concern. So for instance, individuals that would be receiving MOUD, medications for opioid use disorder, they may not be -- they may not be appropriate -- clinically appropriate for those individuals to receive a 30-day supply of medication at

the time of release.

And so again, continuing to have some conversation with CMS about that, but they have given some states -- there is language in the letter, and again, believed to be in the standard terms and conditions that the states are, you know, within their current policies, and, you know, what they are permitted to do are to meet this 30-day supply. But there are -- again, there are going to be instances that if an individual is leaving the correctional facility, it may not be appropriate for some of those medications to have obviously a 30-day supply, and again, they may not be able -- you know, there's some prescribing limitations absolutely as well.

So I just wanted, you know, to make sure that that is conversation that --

MR. SHANNON: But those folks will still have access upon release for additional subscriptions or something going forward, right?

MS. SPARROW: Yes, yes. So for instance, maybe say only a three to

seven-day supply --

MR. SHANNON: Mm-hmm.

MS. SPARROW: -- is appropriate. They would leave that facility with -- or the intent, right, is they would leave the facility with, you know, three to seven days of that supply with the appointment for that follow-up provider in the community who's going to see them, be their continued prescriber, right? And so then, with that being said, they would also need to ensure they have the transportation to get to that appointment. That's all part of that case management plan.

So, yes, that's what we, the state, would need to ensure to CMS that we have that in place and part of that plan to ensure that they are able to then, right -- then their pharmacy is already identified once they, you know, go to that prescriber is followed up and seen, they continue that medication, and so forth.

So --

MR. INGRAM: Angela, would a 30-day injectable of buprenorphine meet that

requirement of 30 days?

MS. SPARROW: Yes, if that -- yes, if that is one of the medications that they are on, it will be a medication that would be included in the benefit package.

MR. INGRAM: Thank you.

MS. SPARROW: Uh-huh. Okay, so just kind of an overview, again, of what we have done. We've talked about some of those things, right? We did the submission, the pre-submission, the stakeholder engagement. We did complete our federal public comment period, so we've done the things that we have needed to do after submitting.

And so we are really at this point in the -- what we would typically call the negotiation stage with CMS. And so I'll talk a little bit about that when we give some updates on where we are and why I say typically negotiation. But again -- so they did initially reach out with some questions after reviewing the application. It was really just more clarifying questions, and so we have been hearing more honestly, and even just the last couple weeks from them.

And so I'll talk to you about that, but while we were kind of in their review phase of the application and waiting to hear back from them, we continued to move forward, again, in terms of what is our implementation planning going to look like.

And so, hopefully, again, you're aware that we did our developing the advisory workgroup and we're going to go over that frame of work, but then we will continue from, you know, quarter -- excuse me, calendar year Q2 into Q3 we'll have some additional stakeholder engagement interviews. And so again, what was pre-submission to CMS was really kind of identifying what is our current landscape, what is the infrastructure, it was very high-level. But once we get the approval and begin working on implementation plan, we really have to get into the weeds. And so that's why those -- it will be different stakeholder engagement interviews, and again, that will be the focus.

And so -- and we'll also begin facilitating what our workstreams are going

to look like, again, and then we'll go through that so that's -- we can envision that is what our subgroups, if you will. But that, again, will be taking place over the next couple of quarters.

And so we did kick off the Kentucky ACRES, the Advisory Community Collaboration for Reentry Services workgroup that was kicked off in April. Again, it was just really kind of an overview of much of what's being discussed today, kind of laying out the framework of what the expectations are for that workgroup, what we hope to achieve, what is the mission and value -- excuse me, values of that. And again, begin to kind of lay out the roadmap over the next several months actually.

And so we do want to ensure that we have representation. It's very important in order to ensure that this demonstration is successful, that we really want to have -- we have an infrastructure, and a great infrastructure already in place, and so we want to be able to build upon that so we can expand over time. And so again, we do

value, again, the partnerships among our state agencies. We, again, our community partners will be involved, especially in individuals of lived experience. We will need those viewpoints and collaboration as well, and then again, this is really going to be an effort across many -- across the state, again.

And so you can see here, that there are many components of the waiver that the advisory workgroup is going to kind of oversee in terms of implementation planning and how we will deploy the waivers.

So the advisory workgroup, again, just as we noted for state partners, representation from DMS, from DBHDID, DCBS, Office of Drug Control Policy, public health, again, certainly DOC and DJJ are going to be very important in this. We have representation from AOC, our MCOs, and again, as mentioned, community partners, advocacy organizations, and those with lived experience.

And so here we can see that, again, ACRES -- the role of Kentucky ACRES is

really going to provide that high level executive oversight discussion, again, in terms of concerns, approvals, really ensuring that we meet the broad reentry goals and objectives.

And so from the Kentucky ACRES advisory committee, we'll also, again, develop the Core Project Team. So I know you all have heard us speak, and hopefully, within the next week you'll hear from us. We, again, will also develop a Core Project Team. So that will be representation from our Medicaid folks, areas and divisions within Medicaid that the waiver is really going to impact, DOC, DJJ, our MCO partners, and then again, our other state agencies will be involved as a partner in the core team. So they, again, will also be overseeing the implementation and the project needs.

And so what are the policy development -- overseeing policy development and execution of the policies? That, again, they are going to provide that direct oversight to our project workstreams. And

so again, project workstreams, we can envision that as, you know, typical, like, sub workgroups.

And again, these will be comprised of subject matter experts of each of the workstreams. And so the workstreams, again, you can see where we will be working through operations, right? And we'll get into the -- we'll show you kind of what the workflow is going to look like.

So how are we going to implement the policies that need to be developed? So the policies and procedures to do that, right? That's going to be another workgroup. Fiscal management, our IT systems, so again, part of the demonstration is really integrating our IT systems and able to share data, our health records about these individuals because, again, it is going to take a collaborative effort to ensure that we are working together to meet the needs of these individuals returning back into the community.

And so there, again, will be extensive monitoring metrics and reporting.

There will need to be training and technical assistance for our partners that are involved in implementation. And so again, workforce development, capacity building, several things here that you can see. And so each of these workgroups will pull in from our Core Project Team. They'll identify who are the subject matter experts in their area to work on each of these workstreams. In addition, we will pull in individuals from the ACRES advisory committee, and if there are any individuals, again, outside of these that need to be pulled into these workstreams, we'll do that as well.

But the project team and the workstreams will be kicking off hopefully here at the end of May, and you all will hear from us in invites about that. So our advisory committee will meet every other month, our Core Project Team will meet monthly, and then our workstreams will be meeting bimonthly -- or excuse me, every other week.

So again, I'm not --

MR. SHANNON: And TAC members may participate in some of those?

MS. SPARROW: Yes, so we can --

MR. SHANNON: Some of the TAC members -- yeah.

MS. SPARROW: -- identify, Steve -- yeah, we can identify some of those individuals that might be appropriate in the different workstreams.

And so the workstreams, again, are really going to develop the proposed reentry process. And I -- again, I'm not going to go step-by-step. We'll send you these slides so you can look at this, but this is really kind of breaking down the steps from the time that the individual enters the correctional or justice system until they are released and post-release.

And so our workstreams will really -- and the components of the demonstration will be mapping out and planning how do we implement this proposed workflow in order to implement, right, the demonstration? And so that's really kind of to bring it all together, this is the big picture: Our

workstreams, the core team, our advisory group is really going to be our governance structure to ensure that we meet the goals, the milestones, and able to implement this very complex and comprehensive demonstration.

And so this, again, is for our adults. Oh, go ahead, Steve.

MR. SHANNON: Yeah, JAI is justice involved individuals, right?

MS. SPARROW: Yeah, justice involved individuals, yes.

MR. SHANNON: It's a very --

MS. SPARROW: And then this --

MR. SHANNON: -- complicated flow chart.

MS. SPARROW: Yeah. And this is just the proposed --

MR. SHANNON: Congratulations, to whoever did that, they have more talent than I do.

MS. SPARROW: Right. And again, hopefully if -- and we may have them sit on some of the, you know, welcome if they want to be a part of the TACs too, but again,

Myers and Stauffer has been assisting us with project management and, you know, oversight of this, and so you will hear from them in terms of invitations and invites and meetings. And so again, if you do -- if they reach out to you, they are assisting with the state in this project.

And so again, this is just the proposed workflow and process for our youth. And so again, our stakeholder -- when we do say that there will be more stakeholder interviews, like I said, it will be different than those initial pre-submission. This is where we really start -- those initial stakeholder interviews helped us create this map and workflow. And then the stakeholder interviews that we will be having over the next quarter, so -- is to really get into the weeds of this and the current process and policies and procedures. So it will be different. It was more high-level. We'll be actually really getting into the step by steps in those as well. And so those stakeholder interviews may also be an addition to the workstream

subgroups as well, so.

All right, so where are we now? Again, we have been receiving some communication from CMS and discussion. In April of this year, they did announce that they are piloting, again, a strategy to expedite application reviews for pending states with reentry demonstration applications. And they're going to be utilizing a bundled cohort, if you will, approval approach. And so it will be through -- it will be like a quarterly approval for the pending states, or those states that come on board. So selected states will be approved each quarter together in kind of a cohort. And they are implementing more standardized approaches to the approvals in order to expedite this process.

Again, the importance -- understanding the importance for the states to be able to obtain approval and continue through the steps to actually implement and ensure access to these much-needed services, and so I think there were 15 or so states

with pending applications, 4 have been approved so far. So again, you can see they've communicated to states that the bundles were based on just a combination of factors: Applications, you know, are they a part of pending applications, demonstration applications, and so forth.

But -- so Kentucky is included in the first bundle --

MR. SHANNON: Good.

MS. SPARROW: -- which is great news --

MR. SHANNON: Yeah.

MS. SPARROW: -- and it's with the expected approval by July 1st. So in this quarter, we're hoping, again, to obtain that approval. I think there may be six other states in the -- and I have them down in the notes, and I can look at the end -- that are included in the first bundle.

So with that being said, they're really kind of going through the application and through that more standardized process to ensure that we meet the requirements for this expedited path. So that's, again, why

it was important that we really -- again, if we wanted to obtain the expedited approval and be eligible for that, you know, to stay really in the guardrails of that app -- of the letter and guidance.

So states that don't meet the expedited path or they can opt out, they again, would go through the regular review process, and that's going to be later in 2025. So with the amount in volume we can see, again, why we really stress the importance of we know there are many needs, but we do want to go ahead and be able to seek approval and build as we go. So once we get approval, we can amend and move forward, but we really -- again, this again, just kind of outlines the complexity of if we don't fit into the expedited approach, what the time frame might be for a later approval.

So next steps, again, we are doing obviously everything that we need to do and intend to do to comply with the expedited approval process, and so CMS has asked us to complete some documents and information.

Our teams are working through that, and we do intend to return those as requested by the end of this week. And then CMS will review those, come back to the state if there's any questions, and then they will begin to create the standard terms and conditions, so our STCs. And their plan is to get those to states by the end of June -- early June, and allow the states to review those, if there are any concerns, and then get those back to CMS in order to meet the end of June approval date.

Again, we talked about core team, workstreams. These are to kick off hopefully, end of May, and you'll hear from us about those. And so also wanted to make sure that -- some of you are aware, but we also have a pending application, NASHP and HARP released an opportunity, the state reentry learning collaborative. When you get the slides, it will -- there -- this is a link, and you can -- if you want to read more about it, obviously all the details -- you can.

We submitted our application in

April. We're hoping to hear back next week if we've been selected. So five states that have been either approved or have pending reentry applications are eligible to participate. It is an 18-month collaborative, so with the collaborative we have an opportunity with the other states to have peer-to-peer calls, which would be very beneficial, and discuss, you know, how are they implementing, what are their concerns, what's working for them.

Again, I think that that would be a great opportunity, and then we can also receive technical assistance through the learning collaborative, but really, we feel like after looking at the requirements, that the learning collaborative is really going to fit in what our framework already is in terms of our Core Project Team, our workstreams, we're already developing our implementation design and plan. And so the learning collaborative will just, I think again, be able to supplement that in terms of if we have any concerns or things, we'll have technical assistance that we can, you

know, be able to leverage. But again, really feel like the learning collaborative is really what we're already -- what we've discussed on these calls in terms of our plan and design and implementation.

MR. SHANNON: And what are those two groups, who are they?

MS. SPARROW: The National Association of State Health Plans.

MR. SHANNON: Okay.

MS. SPARROW: Somebody else might have to help me out. And then HARP is a -- it was a -- sorry.

MR. SHANNON: That's okay.

MS. SPARROW: Let me look up here, Steve.

MR. SHANNON: That's all right, don't worry about it.

MS. SPARROW: Yeah, we'll look it -- I'll look it up -- when we get to the end, I'll look it up. I should have put it in there. When I put the link, I meant to put that in there.

MR. SHANNON: I thought HARP was just a wannabe carp. It's a joke.

MS. SPARROW: (Laughter). No, it's, uh, honestly, we'll have to -- it was a --

MR. SHANNON: It's all right.

MS. SPARROW: Yeah, it was a CMS I think initiative. And so again, this is a -- they -- this is also a CMS initiative that they've asked these agencies to oversee the learning collaborative.

Okay, so implementation roadmap, I know this is a lot of information, and some of you, you probably might get tired of hearing it. So this is -- we're kind of -- and I say this, right? So typically, we are in this CMS negotiation phase. Because of this expedited approval process and approach, again, there is I think some room for negotiation, but at the same time, again, it is a kind of standard approval approach, right? So there is kind of less negotiation, if you will, typically, and so if there's really things outside of, you know, the guidance that states want to request, you can absolutely do that. You may fit in another bucket and the negotiations may take longer if that makes

sense. So that's why I say, again, the typical CMS negotiations.

We, again, hoping in the next bit for the waiver approval. So what happens once we let's say hopefully get the waiver approval before July 1st? The states will I think have 180 days to submit. It's a little bit longer for the reentry process because there are additional components. One hundred and eighty days to submit our implementation plan to CMS.

And so all of the work that we talked about through the advisory workgroup, workstream, and core team, that's what we're doing, right? Developing what is that implementation plan, and so we'll have 180 days to complete that. So that would be required to be submitted to CMS by the end of 2024 essentially, right? So if we -- obviously, the goal would be to, you know, not need all of that time, but that's what would be permitted.

And then CMS would review the implementation plan in that time period. I think they're giving themselves 180 days

under the expedited approach. I'll have to go back and look at the guidance to be sure, but, you know, again, it's in their hands in terms of approval from the implementation plan. So the states could not go live and implement until CMS approves the implementation plan. So that's kind of the next steps in terms of that.

In addition, the states also have to submit monitoring protocols, and our evaluation designs, and a reinvestment plan which is outside of the implementation plan. Historically I think, again, through other waivers CMS has -- states have been able to implement without monitoring protocols and so forth being approved yet. And so that hasn't always been, you know, a must have before implementation. But again, you can also see prior, so we get approval for the implementation plan, and then we have to undergo provider readiness assessments, our system changes, all of that before go-live. So just wanted to be transparent about, you know, what's to come after that.

MR. SHANNON: So it could be a year

implementation approval process maybe we could be waiting?

MS. SPARROW: Correct.

MR. SHANNON: Okay.

MS. SPARROW: Yeah, and so again, you know, that is another factor in, right, wanting to try to obtain a timely approval because even once you get the timely approval, the --

MR. SHANNON: There's still --

MS. SPARROW: -- other approval components are still, you know, can be a lengthy process. So I just want to mention this because you may start to hear more about this, and we'll say that there is definitely more to come, but this doesn't fall into the reentry plan, but if you are familiar with the Consolidations Appropriations Act, CAA, there are requirements that state Medicaid agencies must meet under the act, and there I think again, there's information that's forthcoming to states so we don't have a lot of information, and, Steve, we might talk about this in, you know, the next TAC or so.

What we -- although this doesn't fall under the 1115, there's going to be some overlapping with the 1115 and things that we will have to work with CMS on to identify what that means. So as a part of the Consolidated Appropriations Act of 2023, again, Congress included -- there's a section, 5121, and it is to address Medicaid and CHIP requirements for certain Medicaid and CHIP beneficiaries that are incarcerated. And so this is for the youth -- our youth.

And so section 5121 is mandatory for state Medicaid agencies and the provisions do take effect on January 1st, 2025. So some of the things that we learn about the state's requirements to meet under CAA may impact our timeline for reentry because there's going to be some overlapping components.

So there's some things we were planning to do through reentry and for our youth that we may have to have in place sooner, and so again, there's lots to still be determined as you can see. We -- all

states are asking for it, but we have been told that we are tentatively supposed to really be getting guidance, and they said spring of 2024, so we think, again, this month, sometime this month. So until we really -- this is just -- this is just overview of what, you know, what states know to-date, and again, there's still a lot of information to come, and we're going to have to have some conversations with our CMS 1115 folks about this as well. So again, I just wanted -- you'll probably start to hear more, and you'll probably have many of the same questions that we have.

So section 5121: For the purposes of section 5121, an eligible juvenile means that it is a Medicaid eligible individual who is under 21 years of age. So that age is different, if you will, than what we in Medicaid typically would define a youth. And again, in the reentry waiver the youth who are typically placed in our juvenile -- in our detention centers that would be eligible for services, again, usually would not go up to 21. So there is, again, some

things that have to be worked out and discussed, but that has been made clear to states. It is an eligible individual who is under 21 years of age, or again, for those that are 18 to 26 that are from a foster care that fall into that category.

Whoops, sorry, let me go back.

MR. SHANNON: We've got some folks who are 19, 20, 21 who are at a correction facility. So that now has to be tracked to cover -- okay. Right?

MS. SPARROW: So their -- yes, yes.

MR. SHANNON: Kristin Porter understands that I think.

MS. PORTER: I do.

MS. SPARROW: It is, yeah. Yeah, it's -- yeah, it -- we're -- anyhow. It's --

MS. PORTER: Yeah.

MS. SPARROW: That's all, right? It's just --

MS. PORTER: Right.

MS. SPARROW: -- a little speechless right now at the moment. I think we all are until we get some guidance --

MS. PORTER: Yeah.

MS. SPARROW: So, yes, absolutely. So there are going to be some gaps in, you know, the CAA requirements and the reentry demonstration ask. And so again, it was the guidance just was not available to states at the time that we submitted, but we will work through it as we always do, right?

MR. SHANNON: Mm-hmm.

MS. SPARROW: So we'll get there.

So under section 5121, state Medicaid and CHIP programs are required to have a plan in place, and so that's what's really to be determined is what does a plan in place mean by January 1st of 2025? And so that's what we are, I think, really anticipating in the next few weeks to hear.

So 30 days prior to release -- and they also say or, you know, within a week to your best of knowledge, right, but at least 30 days prior to release -- certain screenings and diagnostic services in accordance to EPSDT requirements for Medicaid or the approved CHIP state plan. And so this will also include behavioral

health screenings or diagnostic services to those eligible juveniles, which again, is anyone under 21 years of age who is post-adjudicated in public institutions, and then targeted case management services for Medicaid in the 30 days prior to release and for 30 days following release.

And so what we're really, again, waiting to hear in guidance through the reentry demonstration, you know, we had requested 60 days, and so what does that mean? You know, we were hoping to be able to meet CAA requirements through the reentry, but we are still going to have to submit some state plans according to what we've heard thus far to meet those requirements. And, you know, and again, some of the services that we were planning would be the case management through the managed care organizations up to 12 months. And so again, there's some things in the reentry -- under the reentry waiver that we asked that was more than just the minimum requirements under section 5121.

So just to be determined. I just,

again, put this out here because you're probably going to hear much more of this, and so while it doesn't fall under the reentry demonstration, it is going to have some impacts on the demonstration and some overlaps, so.

Okay, so I'll pause. Like I always said, I know this is --

MR. SHANNON: A lot of information.

MS. SPARROW: -- a lot of information to throw at you all, but we just want to make sure that you're, again, aware of the requirements and the asks. And we're very thankful, I know we all are for the opportunity.

MR. SHANNON: Yep.

MS. SPARROW: We, again, know that this is -- there are more asks that we would like to include, and again, over time, would love to do that. We've talked about and we will through some of the workstreams and our workgroups. Hopefully there's some avenues that we can still start to address some of those known needs, and also be able to use some braided and blended funding to do that

until Medicaid, again, gets the waiver off the ground and again, amend and grow our benefit package and our coverage settings over time.

So any questions?

MS. PORTER: Hey, Angela, I can't remember, do you remember -- I know California, but I can't remember who the other states are that have already been approved. Do you remember off the top of your head? I can google it and find it later if not.

MS. SPARROW: Good question. I did, but on the spot, um, is it I think Montana maybe was one of --

MS. PORTER: I can look and find out --

MS. SPARROW: We'll Google it. No --

MS. PORTER: -- I just didn't know if you remember off the top of your head.

MS. SPARROW: -- because you're correct. Is Washington -- Washington I think was one of those.

MS. PORTER: Okay.

MS. SPARROW: Let me -- Washington --

it was one of the M states. I think Montana.

MS. PORTER: I know, I know, it's okay, it's okay, don't -- I don't want to take up time from the group, so I'll --

MR. SHANNON: Marcie Timmerman just reported Montana and Washington.

MS. PORTER: Montana and Washington.

MS. SPARROW: Montana, Washington, California, and then I think maybe Mass was the other one. There was one that just within the last couple of weeks.

MS. PORTER: Okay.

MS. SPARROW: And so here is the -- I did try to put that in the notes here. So the first bundle, so the other states that are included with Kentucky: Oregon, Utah, Vermont, Illinois, New Hampshire, and New Mexico. Those are the other states included in this first approval bundle.

MS. PORTER: Thank you.

MS. SPARROW: You're welcome.

MR. SHANNON: Other questions? That was a lot of information.

(No response).

MR. SHANNON: It's kind of exciting though. I mean, we've been meeting for a couple of years, and now we have something tangible before us. So -- and we'll all get those PowerPoints, you know, so they'll be available for folks, they can look at them and maybe generate more questions.

But, Angela, that's great work, you, and your team. We appreciate that; Leslie, you as well. And you spoke nonstop for an hour, so take a breath.

So normally we're done by ten. We can keep going, but if folks have things they need to do, it's okay by me if we pick up the MCO reports in two months. What's the will of the group?

MR. INGRAM: I'm going to have to sign off, so if there's anything we need to vote on, I'll stay though for a minute or two.

MR. SHANNON: Yeah, let's do the minutes real quick. I think that's the real deal, and then we'll pick up where we left off in two months. So we initially had a vote. Cameras need to be on for voting,

right?

MS. BICKERS: Yes, please.

MR. SHANNON: So let's get the minutes done. Do I have a motion to approve?

MR. INGRAM: So moved.

MR. SHANNON: Van Ingram. Do I have a second?

MR. HARLEY: Second, Brandon.

MR. SHANNON: Brandon. All in favor, signal by saying aye.

(Aye).

MR. SHANNON: Approved. And MCO partners, I apologize that you are on, but you got to hear good information I think, so it was worthwhile. Maybe --

MR. OWEN: Yeah, we greatly -- I just want to say -- this is Stuart Owen, we greatly appreciate the presentation by Angela today by the way.

MR. SHANNON: Yeah, it was really good.

MR. HARLEY: Yeah, agree. Well done, Angela.

MR. SHANNON: All right, we'll see

everyone July 11th.

MR. OWEN: Have a great rest of the day.

MR. SHANNON: You too, take care. Nice work, Angela.

(Meeting adjourned at 10:09 a.m.)

* * * * * * * * * * *

CERTIFICATE

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

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

Dated this 31st day of May, 2024

Tiffany Felts, CVR