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

****

SEPTEMBER 12, 2024
9:00 A.M.

Stefanie Sweet, CVR, RCP-M
Certified Verbatim Reporter

A P P E A R A N C E S

TAC Members:

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

MS. BICKERS: It is now 9 o'clock and the waiting room is cleared out and it is starting to trickle in a little more. I saw Steve, Adrienne, Brandon, Casey, Kevin, and Kristen log in. Did I miss anyone?

MR. INGRAM: Yeah, this is Van. I'm here.

MS. BICKERS: Oh Van, I'm sorry. You must have snuck in on me while I was looking down.

MR. SHANNON: That is a quorum; right?

MS. BICKERS: Yes, sir. And our waiting room is clear so I will turn it over to you.

MR. SHANNON: Thank you. I appreciate it, Erin.

Just in case you are wondering, Medicaid reported they are having some sort of TAC problem; right?

MS. BICKERS: Yes. We are having some connectivity issues.

MR. SHANNON: So if we lose it, that could be the explanation.

MR. INGRAM: It's kind of crazy here, Steve. Mine is working fine and Amy, her office is right next door, and hers is not working.

MR. SHANNON: Well, we used to have traffic jams, and now we have other problems, so.

You have the agenda in front of you, we have the roll call, we did not have a quorum in July, so we need to approve both the May and July minutes. Do we have a motion for that?

MS. PORTER: I will do a motion. This is Kristen.

MR. SHANNON: Kristen? Do we have a second?

UNIDENTIFIED SPEAKER: I will second.

MR. SHANNON: All those in favor say, "Aye".

TAC MEMBERS: Aye.

MR. SHANNON: Those opposed? Abstention? Approved. Very good. Glad we have a quorum.

I have on the agenda, DMS

updates. It may not be Leslie Hoffman, and that's okay, just so you know. I saw Angela on.

MS. SPARROW: Hi, Steve, yes. I am here.

MR. SHANNON: How are you?

MS. SPARROW: I'm good. I apologize. Again, some of the technical issues. I am on a hotspot with limited service so I'm going to keep the camera off so we can try to keep connection. Yes.

I wanted to provide some updates. I guess, again, we will start with just some general Medicaid updates. If you all have not heard, again, or are not aware of the Medicaid forums that are occurring throughout the state -- I think there were already some throughout the last couple of weeks through September and October, and I will pull up the dates and maybe even the 1st of November.

So, I can, again, Erin, we can make sure that we share that information. If you all are interested in participating

in any of the forums, just to hear from our sister agencies, some updates as well as some Medicaid updates, and again, an opportunity to also connect with the managed-care organizations. They will be present and at the forums as well. I just want to make sure if you haven't heard about those, we can get you that information and where the next ones are. That, again, in terms of DMS updates.

We do, again, still have the monthly stakeholder engagement meeting, but with the forums over the next couple of months, again, some of those might be rescheduled.

For reentry update, again, lots of work occurring since our last meeting. Just a reminder to everybody, again, the implementation plan is due still to CMS at the end of October, 30th. That is about six weeks out. And again, there has already been quite a bit of work occurring and still to occur. So we did hold an Acres Advisory Committee meeting last week, which several you all did attend.

During that, there was a lot of information to share. We did not meet in the interim since our initial kick off with the approval in trying to, again, get some of those workgroups up and going. We did just provide a high-level, preliminary, gap-analysis findings, which again, really was driven out of the stakeholder engagement that we were conducting over the last several months, again, to really support the mapping of the current state infrastructure, reentry services across the state and then again, identify those gaps.

So the stakeholder engagement, again, included focus groups, interviews, data requests, and certainly working sessions with our correctional partners. Again, we did meet with and collected data from various agencies. So individuals with lived experience was a focus group. We met with hero health providers, we met with map providers, with primary care providers in the primary care associations across the state. Again, our state

agencies, Department for Public Health, AOC, Department for Aging and Independent Living, DCS and our managed-care organizations. So again, we had conducted, like, we had talked about some initial stakeholder engagement to support the directing of the application, but this was really to get the full scope.

So that wrapped up, earlier this month and again, and again, Myers & Stauffer has been supporting us in terms of completing that gap analysis, which the department did receive this week. So we will be reviewing that and, again, providing some comments on that and then also then be able to share the full analysis with everyone again in probably, hopefully, the next week or two. And again, that will also lay out the current state, but we also want to provide our correctional partners an opportunity to review and make sure that we collected everything accurately as well. So that, again, is forthcoming.

We have kicked off some of the

core meetings with, again, Medicaid and our correctional partners, meeting again biweekly, and then we will have a broader core meeting to include some of the other agencies as we kind of talk through some of the key decision points that we identified through the gap analysis.

We are and have started meeting weekly, work group sessions with DOC and DOJ. Again, those topics will change from week to week. We do want to make sure, again, that we are transparent that even though the implementation plan that we submit to CMS is still somewhat high-level. We are continuing our implementation planning and work, even after that submission, so again, the work is going to be ongoing through the next several months and, again, while CMS is reviewing that plan and we have some conversation and discussions and feedback. So that work is certainly going to continue and, again, that's where we will get into the finer details that I know we have all been anxious to do.

Also, again, just some reminders. Obviously, implementation plan is a large component. We will also, then, begin talking about monitoring and metrics and what our monitoring protocol will be. So again, that is due to CMS at the end of November on the 29th, so some of the work group discussions, again, will be more focused around monitoring and metrics as well, and then, again, we are also looking at evaluation design that is due to CMS at the end of December. So again, that is an independent evaluator, and then needing to identify who that evaluator is going to be in bringing them on board. So they will be responsible for drafting that design and that framework, again, to evaluate the state in terms of implementation, and our progress. And then, the state is also, again, required to submit that reinvestment plan, which is due to CMS at the end of December, as well.

And again, we have started some of that initial conversation about reinvestment and what the state would be

required to reinvest, so again, we feel like the reinvestment dollars will be towards the 30-day supply of medication at the time the individual is released, but again, case management is a new service and the mat service, again, would be expanding the service so again, we feel that those two services would not require reinvestment, just the 30-day supply of medication.

MR. SHANNON: Can you explain, Angela, what exactly is the reinvestment plan?

MS. SPARROW: So, again, the state is required to reinvest the federal match that we would receive on any existing -- what the state or CMS would define would be as already existing services already defined by the correctional facility by the administration. So the states, again, need to look at the covered benefit package and services approved from the administration, and determine which of those services are the correctional

partners, again, are providing, so, again, what is existing, what is existing today. And then those other services, the federal match that the state would receive on those services. The state is to reinvest those federal dollars into use services to support the reentry population in individuals, expand services, so for instance, if the state, again, if they are already providing MAT, for example, in some of the state prisons, but needs to expand to additional -- and not even state prisons, but any setting for any state. The state can utilize those reinvestment dollars to support that expansion of that service. So it is the federal amount that the state would receive for existing services covered by the correctional facilities.

So again, we believe our reinvestment plan, initially, will be on a smaller scale with a smaller set of services, and with only the 30-day supply of medication being that service that needs to be reinvested.

So more to come on that. We are working with the correctional partners to get their formularies, data, pharmacy formularies to compare with Medicaid's, and also cost of medications that they are currently spending at the time individuals are released. And so that, again, is going to help give us a better projection of what that reinvestment cost is, potentially.

MR. SHANNON: People have asked me about what formulary will be used. What does it look like? I guess, obviously, DOC has a formulary, Medicaid has a formulary, and there will probably be a lot of overlap. But will one prevail?

MS. SPARROW: Again, it will be Medicaid covering those medications at the time the individual is released, so it will be Medicaid's formulary. What we need to do is compare that; right? See where the gaps are and what we need to address and if there's differences, and what is currently being covered, versus

what Medicaid -- so that, yes.

MR. SHANNON: Okay. Have you looked at prescribing practices within DOC? The formulary is one thing, but what are the common medications prescribed most often, or something.

MS. SPARROW: Right. So I think that is part of the next steps too, Steve, in actually getting the data in terms of -- not just what is the cost; right? But what are the medications that are, like you said, that the individual is leading with currently, so we need to know what are the medications and the cost of the medications to do that analysis.

MR. SHANNON: Yeah.

MS. SPARROW: So again, hopefully we should have that information to share next meeting.

MR. SHANNON: Good deal. And is this waiver population-specific? I've gotten those questions as well. Is anybody leaving?

MS. SPARROW: So again, any adults in the state prisons are eligible

for case management, will receive case management services, well, are eligible for case management services. Again, we have to keep in mind that it is a choice.

MR. SHANNON: Right.

MS. SPARROW: And so, they will all receive -- they would be eligible for the case management services, 60 days, prerelease, and up to 12 months post-release. And for the individuals, only the service -- only the MAT service; right? That is just specifically for individuals with substance-use disorder, and that is a required service under the demonstration to participate. So only that service would be specific to a population.

MR. SHANNON: Okay.

MS. SPARROW: And then all individuals will receive the 30-day supply of medication at the time, and the same is true for our youth population and the YDCs.

MR. SHANNON: Okay.

MS. PORTER: Angela, if you

don't mind me adding, Steve, just so everyone remembers, this is for prisons only right now, not the jail population. Because I've had several people get confused on that, so I keep reminding people on meetings that I am on of that factor, too.

MR. SHANNON: I have been asked many times, what about state prisoners in jails?

MS. PORTER: Every single time that's a question I get asked as well.

MR. SHANNON: So it's really location-specific --

MS. PORTER: Not population, necessarily. But Angela, you correct me if you feel differently about that statement I just said.

MS. SPARROW: No. That is correct. It is the setting; right? It is the facility. Yes, that is correct. So it is the state prisons as the facilities and the youth YDCs as the facilities. The individuals who would be Medicaid-eligible if they were not placed in those

facilities and settings. Correct.

MR. SHANNON: They should also address the issue we talked about here before, about getting Medicaid up on Medicaid prerelease. So that should be a smooth -- will it be assigned to an MCO prerelease?

MS. SPARROW: Yes. So again, all individuals who would be incarcerated in a state prison or, again, that would be placed -- youth that would be placed in the YDCs. They already are being screened for Medicaid eligibility and that, so in part, again, the large emphasis on the project and program is to ensure that they are screened and determine if they meet Medicaid eligibility, so that, again, they have that appropriate suspension at that time. And then again, at that 60-day prerelease time period, they already have, they have already been screened for eligibility suspended, it is now reinstating that eligibility coverage for those prerelease services at the appropriate time. So, yes, they are given

the opportunity, Steve, for the adults to select the managed-care organization, and that, again, is part of the requirements and process, ensuring that they have information about Medicaid, what is Medicaid, what about the coverage, so that they can make those determinations, but for the youth, again, that would be the SKY program.

MR. SHANNON: The expectation is that most to be Medicaid eligible; right?

MS. SPARROW: Yes.

MR. SHANNON: Income or nothing else; right?

MS. SPARROW: Right. Right. So we want to ensure that those who are not already, again, enrolled with Medicaid would be afforded the opportunity to do that and, again, in the current state analysis, then in the gap analysis, again, there are certainly opportunities for the state to enhance that where they are already. The correctional partners are already, again, assisting with that. Medicaid, again, can have more of a role

in that initial screening and eligibility process, but again, it is a manual process right now, and there's opportunities to ensure that we are incorporating that as more of a systematic-type application process and, again, it eliminates some of those challenges and barriers in terms of backlog, if you will, and so forth. And so, again, the systems component -- the IT component will be very large-scale in a demonstration, in addition to the health data exchange that needs to occur as well, which is very, very important for our case-management service, that reentry coordination --

MR. SHANNON: Right.

MS. SPARROW: -- with our communities and our providers.

MR. SHANNON: Is that going to KHIE?

MS. SPARROW: That is, again, an opportunity for the state to look at. It has not been determined. That is part of, again, some of those key decisions and discussions that need to occur. Is that

the platform that we can utilize as that universal health data exchange.

MR. SHANNON: All right. All right.

MS. SPARROW: Anything else?

MR. SHANNON: Any questions, folks?

So it is not population-specific, it is settings-specific and the MAT is just for SUD. But the case management, which is pretty significant; right?

MS. SPARROW: It is. It is. Absolutely. So again, the case management for all of the eligible individuals in those settings is to identify and, again, screen for those medical behavioral health and health-related social needs so, it is. That really, again, is going to drive collaboration between our judicial systems and our healthcare systems and our communities in assuring, again, that we have identified, holistically, those needs prerelease, the plan to address them; right? So there may be some things that

are not initially completed prerelease, in terms of some of those services and needs, but that is, again, the goal that we are establishing that plan and the connection in carrying that forward, and again, that smooth transition at release to continue to support them. Again, long-term and ongoing.

MR. INGRAM: Angela, this is probably too soon to ask, but do we have plans for the MCO case managers to learn about what services are available through adult education, in the state government? Through probation and parole in the state government? Some of the programs that we have that maybe a case manager should know about, to be able to refer clients to those.

MS. SPARROW: Yes. Good question and absolutely, Van.what we don't have, right, is we don't have those details yet. But part of the requirements in the demonstration is to ensure that we have that comprehensive community resource and write those state agency resources,

identified for the case managers and that they receive training, and again, have that, again, those resources within the region that they may be in. And so those are the things that we, again, would want to incorporate into that case management assessment; right? Identifying what those needs are. So once those needs are identified, we need to have the appropriate resources to refer them to and that would include those agencies and again, those are the things that need to be developed as part of that service and process.

MR. INGRAM: Very good. Thank you.

MS. SPARROW: And then --

MR. SHANNON: Go ahead, Angela. I'm sorry.

MS. SPARROW: Oh, that's okay. And so, again, in conversation we had with DALE, that our aging population, if you will, there are certainly other populations to be included, but just as an example. They again, they have lots of

services to support, potentially, those individuals. They are not always knowing, right, if they need those services. So ensuring, again, that we are looking at the population and the demographics and the needs and, again, developing that resource that in process, again, that that case manager can refer them, are aware of what DALE services are, and can refer them, et cetera. And again, there will be some nuances, of course, but just in that example alone, and, you know, what they may or may not qualify for. But right, we want to develop that collective and, again, resource that all case managers would be able to access and utilize. So, you know, do we leverage connect resources as that, you know that, kind of, go-to resource guide? And so again, those are the discussions that we will have to have over the next few months.

MR. INGRAM: Yeah, you know, is not a coincidence that we are at the lowest percentage rate in many, many years thanks to the reentry work that Kristen

has done. There is so much more going on, right now, with adult education, with Senate Bill 90 --

MR. SHANNON: Yeah.

MR. INGRAM: -- so many programs going on, it's hard to keep up of with all of it for me. So I think it's important that we are all rolling in the same direction, and we are not duplicating services, and that is going to take a lot of coordination.

MS. SPARROW: Absolutely. And again, I think that that's why, when we have these conversations, just the scope of the project is very large, in terms of -- and the impact; right? And so these are things that we can do without the waiver, however, again, the implementation planning and, again, having, you know, kind of, the coordination, like you said, Van, it's going to be important and again, it's just going to support the work moving forward that Kentucky can't do. Many of the things we can do without the waiver authority. Really, this is the

opportunity that we can collectively come together and develop that plan and ensure that we are collaborating, like you said, statewide. Again, it is exciting that we have the opportunity to do that.

MR. INGRAM: I think the case management is just a huge piece of all of this, more so than medication, but we want it to be as effective as it can be.

MS. SPARROW: Absolutely. And again, I think that goes back to, as we discuss the scope of the project, that that is why it is really important through the implementation planning, that we are building that infrastructure, that we can then build upon; right? And we can include additional services, and we can include additional settings, and we absolutely know that those are the needs. But if we can, again, get these pieces of the puzzle, if you will, in place to begin with, it will be such a large impact in itself, and then certainly, again, we will be better situated to then expand.

MR. SHANNON: Right. I think

Senate Bill 90 in some counties, have done that same work; right? Van, there are resources available. It is 14 months of case management; right?

MS. SPARROW: Right. And that is why, again, it is so important through, when we talk about that stakeholder engagement, and trying to collect really, again, trying to identify the current state, that is why it is important that we are trying to reach all of the possible areas that we can to get the full scope and landscape of what is being done in Kentucky and, again, it's not necessarily to direct agencies and counties and, you know, how to implement their programs, but how can we utilize the demonstration to support their work? Can we, again, make it more streamlined? So that is really again, what the work -- when there is so much discussion about current state and gap analysis, that is why it is important, while we are really trying to collect all of that information, and what is being done, because there is so much work being

done and we do want to capture it so we can really get that full picture in how we can, again, how the waiver might be able to support the work that is being done.

MR. IRBY: This is Greg from UHC. I love hearing about this project and this program. I also love hearing about the good things that are already happening for this population in Kentucky, and some of the work that has been done. A couple of things that I heard that are exciting to me -- things like making sure that we have good familiarity across MCOs with what programs already exist.

Kristen, we haven't met yet, but I see you nodding a lot on this topic, so maybe we can have some off-line conversation about what already exists.

MS. PORTER: Absolutely.

MR. IRBY: Okay.

MS. PORTER: Yes. Absolutely.

MR. IRBY: I will put my email in the chat --

MS. PORTER: Perfect.

MR. IRBY: And if you wouldn't

mind reaching out to me, that would be great.

MS. PORTER: Yeah. I will do that.

MR. IRBY: Okay.

And then, Angela, the only thing that other thing that comes to my mind, I know we are at the very initial stages of this project, and we are still waiting on CMS for specifics, but I do think there is an opportunity for some MCO collaboration. I feel like we should probably get engaged and at the table for planning out how case management services will look, and making sure that we are adequately staffed for that. I don't know where the appropriate form is to start consulting into this planning, but I do think it might be helpful.

MS. SPARROW: Hi, Greg. And, yes, thank you for saying that. I think, again, we do, kind of, have the DOC and DJJ work streams and workgroups. Again, there may need to be -- and this is where we are having discussion -- even, kind of,

a separate MCO work group around case management or, again, you know, we are pulling in, for instance, we had DCBS involved in the discussions with DOC and DJJ around the eligibility and screening process. And so, again, do we pull the MCOs in to those DOC and DJJ workgroups when we really need to focus on that service and that process, or is it even just a separate work stream and ongoing workgroup? So I think that is where we are, Greg, absolutely, is trying to decide and determine, do we, again, bring the MCOs in to the DOC and DJJ, because those are separate, or does it just need to be a separate work group and bring DOC and DJJ into those?

MR. IRBY: Right.

MS. PORTER: I that's -- absolutely. Because we need to have those discussions. Absolutely.

MR. SHANNON: How many -- go ahead Steve.

MR. IRBY: You go ahead, Steve.

MR. SHANNON: How many people

leave a prison a year?

MS. PORTER: So between the prisons and jails we do about 13,000 releases a year. For the prison side, that's about 8,000 or so per year.

MR. SHANNON: Wow.

MS. PORTER: We have a large population in the state of Kentucky. There's just a few. Just a few.

MR. SHANNON: Start hiring case managers now, Greg.

MR. IRBY: Exactly. Those are definitely discussions that we want to have. We are on board with the heart behind this program, so we want to see these folks succeed as soon as they are transitioned out of incarceration. And I think case management can really help with that. So we are excited about it, and we want to learn more about how we practically implement. I am the operations person at the health plan, so I want to understand how we can really put some clear policies around this and understand how we implement practically.

MS. SPARROW: And I will just say while we are on this topic of case management, I think one thing, through some of the working sessions, just trying to identify the current state and process, one thing around that that we are really going to just developing the service and process is one thing, but also really thinking through the individuals and just the state prison population if they are released to a halfway house, in which most are I believe, right; Kristen? So that is -- they may only be there temporarily. That is not their long-term housing, so connecting them to those initial resources and providers at that, kind of, more immediate discharge -- or release, excuse me -- time period so there's those initial needs, but there's also those long term, they may again, move to another area within the state, and then, again, need to establish where those -- those are things that are currently around case management and the actual -- when we are thinking of them initially releasing back into the

community, where the initial release may not be the community that they are in long-term. So it is almost, kind of, a twofold initial release plan and then that case manager, within, once they are -- I hate to say stable, if you will -- but almost, then working on, kind of, the next phase long-term.

MR. SHANNON: And Kristen, I don't know this, but the length of time that person has been incarcerated can impact the case management needs that they may have; right?

MS. PORTER: Absolutely. There are so many things that can impact. The family supports; the nature of their offense; their age; there's just a million things that can impact the needs, for sure.

MR. SHANNON: Wow. Hadn't really thought about that.

MS. PORTER: Yeah. And I don't know, Steve. If you think it would just be helpful for this group as a whole, I am more than happy to meet individually with

the MCOs that are wanting more information, but if you think it is helpful for this group as a whole to just have a meeting, maybe on the next agenda --

MR. SHANNON: Yeah.

MS. PORTER: -- for the Department of Corrections to present a lot of the programs and stuff we are doing --

MR. SHANNON: Yeah.

MS. PORTER: -- I am more than happy to do that, too. So however you think --

MR. SHANNON: I think that is a good topic.

MS. PORTER: That works for me.

MR. IRBY: I think that's a great idea. I think all of the MCOs are interested, not just us. So I think the more we speak collectively, rather than individually, the better this program will work.

MS. PORTER: Absolutely.

MR. SHANNON: All right. I will give you as much time as you need. Three

or four hours?

MS. PORTER: You do not want to give me a microphone for that long, I promise. No. No. Forty-five minutes to an hour, we can get it all in there.

MR. SHANNON: Okay. That can be the next topic, if that is okay with everybody. I think that is worthwhile.

MS. SPARROW: I think that's a great idea, because we have certainly learned a great deal from Kristen and our DOC partners. And it has been a great opportunity in learning, so I think there's --

MS. PORTER: If you know me -- for those of you who don't know me -- I give it all. I don't sugarcoat it. So I will tell you our gaps, too. We have them. Everybody needs to know our gaps too, because that is where our projects like this can help us fill our gaps.

MR. SHANNON: All right.

MR. INGRAM: On the same token, Steve, another topic for down the road would be DJJ.

MS. PORTER: Yes.

MR. SHANNON: Yes.

MR. INGRAM: To talk about their programs and their populations.

MS. PORTER: I agree, Van.

MS. SPARROW: Because they are doing a lot of work as well, and certainly have, I think, some plans that they probably want to share down the road in terms of the work they are wanting to do around reentry as well.

MR. SHANNON: Very good. Any other questions for Angela? Thank you.

Any Hepatitis C update?

MS. SPARROW: Not specifically. Again, I think that as when we really get into talking about that case management services and what some of the screening for services and how that can play in, we will have to circle back with, I think it was with the primary care, I think, some of our FQHCs, primary care centers applied for the HRSA grant, that was, again, to receive some funding to support these types of services prerelease. So that

would be outside of reentry, right, but how we can, for those that potentially are awarded, how we can also incorporate that into the reentry planning. But I do need to circle back. I'm not sure when they were expected to hear any notification on that.

MR. SHANNON: All right. Very good.

Anything else?

MS. SPARROW: I will just say -- I do have to jump around ten. Chrystie Troyer from Medicaid is still on if there is anything that comes up after that, but again, appreciate the time and always feel free to reach out.

MR. SHANNON: Good information.

All right. MCO updates? Aetna? Courtney?

MS. HAM: Hey, good morning everyone. I actually don't have a lot of updates, but I do see Cat Jones is on here. I wanted to give her an opportunity to update if she had anything she wanted to update.

MS. JONES: Thanks, Courtney. I don't have anything for anyone this morning.

MS. HAM: Okay. Yeah. I think we are still in the same boat. We are definitely anticipating what is happening, and we are excited about the opportunity to figure it all out. And then, I know Lana, our Start Strong Reentry Coordinator, has been working that program and, of course, attending as many, sort of, statewide reentry meetings as possible and just doing the work. We are just preparing for what is to come.

MR. SHANNON: For 8,000 people.

MS. HAM: Yes. Not just a few.

MR. SHANNON: Pretty cool, though.

MS. HAM: It is.

MR. SHANNON: Thanks.

Anthem?

MR. CROWLEY: Good morning, Steve, this is David.

MR. SHANNON: Hi David. How are you?

MS. JONES: Doing well. Doing well. A lot of great updates from the group today. Anthem continues to work with our reentry coordinators, our reentry councils across the Commonwealth, as well as coordinate our expungement clinics. Still a relatively low number of referrals, but we are looking forward to that increase soon.

MR. SHANNON: Super. Appreciate it.

Humana?

MS. EDWARDS: Good morning. This is Lynn with Humana. Our team is continuing to be active and engaged in the reentry meetings and throughout the state to ensure to remain informed and connected amongst the activities that we have been participating in. Our coalition meetings, in August, we attended the KCIW Correctional meeting, we attended the Hardin County Detention meeting, and starting off in September, we attended the Western Kentucky Reentry meeting; and looking forward to be part of the

Community Impact Council meeting held in Frankfort.

Going into October, we have a significant amount of events on our calendar, which include a couple of outreach tables that will allow our team to set up booths at the Maysville Hands of Hope on September the 25th; and Neighbors Helping Neighbors on September the 26th. We will also be present at the Wellness Fair that will take place in French Park at Job Corps. That will be held on October the 1st and we will be partnering with Morehead Goodwill for their Community Partner Day.

We will wrap up October with an Expungement and Job Resource Fair that will be held in Lexington that will allow the team to process critical resources to those who need expungement. These events are part of our ongoing efforts to stay educated and engaged, as well as support our community, and we believe these activities are vital to our mission and we look forward to continuing our proactive

engagement.

MR. SHANNON: Thank you, Lynn. Very good.

Passport?

MR. ZAKEM: It's Mark. Good morning.

Erin, if it is okay, I am going to share my screen, because I don't think you want me to read all of this, if that is okay. I can't. Nevermind.

MS. BICKERS: Give me just a second. With the connectivity issues, everything is moving very slow.

MS. EDWARDS: Don't worry about it.

MS. BICKERS: You should be able to share now, hopefully. Okay.

MS. EDWARDS: Okay. We've had several activities specific to the DOC in the last quarter. Some of these might have been discussed at the July meeting, which I wasn't a part of, but we sponsored five events, including two expungement clinics, and then some reentry councils. We participated in five other agency

meetings that we did not sponsor, although some of those did take place at some of our one stop shops across the state.

We have six more events that we will run through October, including one that I am including for Monday, because I don't have the numbers on it. And those are also a jail prerelease class in Butler County as well as some more expungement clinics. These are all sponsored by our community engagement folks, including Priscilla Schwartz, who is on the call, in case you have other questions.

The first three expungement clinics from July and August had a total of attendance of 148 folks, which are not just Passport folks. Anyone can attend those.

I think that is all I've got. I will stop sharing.

MR. SHANNON: Thank you, Mark. Very good.

There is a question. Is 8,000 people leaving state prisons? Not total population; right?

MS. PORTER: Yes. That is correct. There are, on average, 13,000 releases from all locations, so that includes our jails. But the 8,000 number was specific, and that is, of course, on average, that is not an exact quote, but specific to our prisons.

MR. SHANNON: Wow. And how many folks are in the DOC custody, roughly?

MS. PORTER: We have, on average, between 16- and 17,000, you know, depending on the day, of course. It fluctuates. But I will say that the recent passage of House Bill 5, changing sentencing structures and sentence credits, we are anticipating our incarceration numbers to rise a little bit. We are -- if you look -- I will say this when I talk to everybody, but when you look at Kentucky in comparison to other states in the United States, we are high in comparison in incarceration rates. So we have high populations in the state.

MR. SHANNON: Okay. And that 16- to 17,000, that is at DOC state

prisons; right?

MS. PORTER: No.

MR. SHANNON: Total, okay.

MS. PORTER: That would be all of our locations and then you have to think, under the Kentucky Department of Corrections, we also encompass people on supervision --

MR. SHANNON: Right.

MS. PORTER: -- in the community with probation and parole. They have approximately 50,000 people on supervision in the community.

MR. SHANNON: Wow. Okay.

MS. PORTER: We have a big system.

MR. SHANNON: Yes, you do.

United is up.

We appreciate that information, Kristen.

MS. KOENIG: Hi, Steve, it's Stephanie Koenig.

MR. SHANNON: Hi Stephanie.

MS. KOENIG: Doing well. Thank you, Angela, for the updates.

So we continue to do our enhanced reporting on a monthly basis. I know we've reported out on this previously in the TACs, we began this at the beginning of the year to try to identify those. I will report that we have not received any of the referrals from the pilot from the DOC, but with the enhanced reporting year-to-date, we have been able to identify 958 individuals reentering society from incarceration. Out of the 958, 148 of them were reached and we were able to complete 107 HRAs and then 71 have agreed to case management. So those have been our outreach efforts.

We have continued our partnership with Goodwill. We don't have any continued support, but expungement clinics. We do have three upcoming Community Health Fairs that will be tailored, and we are sending out and doing active outreach to the locations for the reentry. So there will be services available, as well as Hep-C, HIV testing and those events will take place in

October and November.

MR. SHANNON: All right. Super. Thank you.

MS. KOENIG: You're welcome.

MR. SHANNON: All right. And WellCare? Centene?

MR. OWEN: Good morning to you, Chairman Shannon.

MR. SHANNON: How desperate have we gotten, sir?

MR. OWEN: I give you the honor you have earned. You are the chairman. I've got to give it to you.

I thought I would give an update. WellCare has a -- it is a Community Impact Council, and we have different ones of these, but we have a particular one in Franklin County. The whole point of these councils is to identify community leaders in a given area, people who are smees on a given topic, identify a problem in the community that we want to collaborate and help improve and find some sort of solution for.

So anyway, we set this one up last year. It's for Franklin County reentry to society. So it's the local jail, not the state prison system. What's supercool, is at least three other MCOs that are on this council as well. And I don't think Lana from Aetna is on, she may have been on from the get go. She is a wonderful participant with that. But anyway, this year, we have been meeting -- I've only been to a couple of meetings -- but almost every month. So at the last one in August -- I was not there, but I have notes -- it has grown. We now have a council -- just at the last meeting alone, we had a couple of people from the Franklin County Jail that are actually on the Council now. DOC, somebody from the Division of Addiction Services that is on it, someone from the Franklin County Trial Office, someone from Public Advocacy, New people from Probation and Parole, also the Franklin County Health Department, Harm Reduction program -- all of these are new people who joined at the last meeting.

And there was -- Friday, some of the members from the council met with the new Jailer, Tracy Hopper, and staff -- I don't know how that went, but that was last Friday, they met the new Franklin County Jailer, but anyway, it is definitely cool. Obviously, it is growing to get more people who can actually influence and get something accomplished. One of the things -- one of the takeaways was, and I believe that we got a response maybe even yesterday, but I haven't seen it, to contact the Department of Vital Statistics, it is a nominal fee, but it is still a fee. You have been released from incarceration, and anything is a problem. And, I believe, there was a response from vital statistics about what exactly would have to happen and what somebody would need. I believe they do have different -- I think different where it could actually even be free, based on certain criteria, or something.

MS. PORTER: Stuart --

MR. OWEN: Yeah, go ahead.

MS. PORTER: I will help you with some information that I can send you --

MR. OWEN: Yes.

MS. PORTER: -- because the Department of Corrections has been meeting with Vital Statistics and the recent House Bill passage that allows homeless -- and I wish I was good enough to quote the number, but I am not.

MR. SHANNON: I bet Adrienne Bush knows the number.

MS. PORTER: That's what I was going to say. I don't know the number as I am driving.

But there was a recent passage that allows a homeless individual to receive a free birth certificate, so the Department of Corrections has been working with Vital Statistics to figure out what the definition of what our population -- because we believe if they are coming out of incarceration and they have to go into a halfway house, or something like that, that defines them as homeless, because

they have nowhere to live, obviously.

MR. OWEN: Right.

MS. PORTER: And Vital Statistics agrees with us. So we are setting up a process with them, currently, to get those birth certificates free of charge. So I will get you some information. It won't be today, because I literally have back-to-back meetings all day. It won't be today, but it will probably be tomorrow. I will get you some information. We are still -- that is still in the works of us working everything out, but that will help you out with that venture.

MR. OWEN: That is some awesome news, Kristen. Thank you very much.

MS. PORTER: Absolutely.

MR. SHANNON: It is a good topic for people who are leaving. They don't have a birth certificate, they don't have a social security card anymore, they can't go to work.

MR. OWEN: And you know, the MCOs, we pay for state IDs, but that is

for our members. It's a value-added benefit for our members. And other MCOs do to, but that's just if you're a member, it's not for anybody.

MR. SHANNON: Right.

MR. OWEN: And that's one of the things that the council has identified to keep looking for ways to get more funding and possibilities to do more stuff like that to get the state IDs.

Somebody else who is on the council, and is a wonderful resource, is Dennis Hall with DBHDID, Department of Behavioral Health and Intellectual Disabilities, he oversees a program -- the acronym is SOAR. It's really long, the actual words, but it is for individuals who eventually qualify for disability, SSI or SSDI, and it has tried to address homelessness. There is mental illness or co-occurring with substance-use disorder, and, obviously, you have that prevalence so he oversees that. I suspect that it is SAMSHA, S-A-M-S-H-A, and I think it is probably a grant from them. He has been

providing information, because that is, obviously, critical to be released from jail or prison. Where are you going to go? He has been a great resource for that, so that has been a good topic as well.

And then we have community engagement coordinators, like other MCOs are out in the state -- there we go -- SOAR works. Thank you, Dennis.

We've got community engagement coordinators going around to different reentry councils -- events -- around the state, as well.

Chairman, that concludes the WellCare.

MR. SHANNON: Thank you, sir.

MS. BUSH: Steve, before you move on --

MR. SHANNON: Yes.

MS. BUSH: -- to the next agenda, I just wanted to hop in and say a couple of things.

Related to the birth certificates at no cost for people who are

experiencing homelessness, this was thanks to the passage of House Bill 100, and it was one of our priority pieces of legislation for this session, so we are really glad to see that it passed. And I would encourage folks who are interested in making use of this law to reach out to the Department for Vital Statistics because, they are interested, like, they want to implement this. We held a training back in August. If you need a training, just send me an email and I will be happy to get the materials to you.

And then, I am glad to hear about the collaboration between DOC and Vital Statistics. And secondly, with SOAR, I just want to be clear, that is to help increase income for people who are housing insecure, and stuff like that. I don't want to say -- I just want to -- obviously, we want to increase income when people qualify for it. It is a way to try to get Social Security applications through faster and with a better approval rating, but I want to remind folks on this

call, that the amount of SSI or SSDI is not even reaching what a one-bedroom apartment costs in every county in this Commonwealth. So, you know me, I am always the harbinger of good news.

MR. SHANNON: No. That's good information to know. SSI, SSDI, a piece, but not the solution; right?

MS. BUSH: Yes. It is a piece.

If I send out that training material -- I will put my email in the chat -- but if I send that to you, Steve, or you, Erin, can you send it out to the group?

MR. SHANNON: Yes.

MS. BUSH: I will send it to you both. And then that way everybody has it.

I've got to host a 10 o'clock meeting that I am now one minute late for, so I will catch you all later.

MR. SHANNON: Thank you, Adrienne.

MS. BUSH: Thanks.

MR. SHANNON: And that is Adrienne's, abush@hhck.org.

I'll keep it on the agenda, Medicaid eligibility post-release. Someday this will no longer be an issue, and we can take it off. I have not heard anything about that, if folks are still on, it hasn't come across my way, recently.

Are there any legislative updates?

I will keep it on here if you are interested, we can send out a link to the Kentucky Judicial Commission of Mental Health, it really substitutes IBB, but KJCMH is long enough. They now have a reentry workgroup. I think it kind of partners well with this workgroup. If you are interested in participating in that, you can reach out to, maybe, Erin, if you have her email, or mine, and we can let you know when meeting takes place, when the next one is going to occur. I think it worthwhile hearing about what they are looking at as well, moving forward.

In future agenda items, we will have Kristen and DOC on our November

agenda, and we will reach out to DJJ, maybe Van, you can help coordinate that for, maybe, a January agenda.

We always have recommendations. I don't that we have any. I think we are making good progress. It was really -- I've said it before -- we are moving away from talking about what this looks like, to how to operationalize it. And I think that's pretty significant.

MR. INGRAM: Really quick, Steve, before we lose anybody else, Monday September 16th we are covering the rally on the South lawn of the Capitol, speakers starting at 10:30.

MR. SHANNON: This coming Monday, at the Capitol.

MR. INGRAM: Yes, sir.

MS. BICKERS: Van, I'll be there. I hope to get to meet you in person.

MR. INGRAM: All right. I'll be there.

MR. SHANNON: That's 10:30; right, Van?

MR. INGRAM: Yes.

MR. SHANNON: Speakers.

Anybody else? Anything to share before we wrap up? Just be prepared, maybe November might go a little bit longer than an hour, but that probably will be okay.

And thank you, Khandaker Sultana, her email is in here, or his email in here. I appreciate that.

Thank you, all, for a great meeting.

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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 18th day of September, 2024.

/s/ Stefanie L. Sweet

Stefanie Sweet, CVR, RCP-M