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

****

Via Videoconference
January 8, 2026
Commencing at 9 a.m.

Tiffany Felts, CVR
Certified Verbatim Reporter

APPEARANCES

BOARD MEMBERS:

Steve Shannon, TAC Chair
James A. Daley (not present)
Shawn A. Ryan, MD (not present)
Dr. Shannon Smith-Stephens (not present)
Brandon Harley (not present)
Adrienne Bush
Van Ingram
Casey Michalovic
Kristin Porter
Kevin Sharkey (not present)
Angela Darcy (not present)
Nathan Thomas

MS. SPARROW: Hey, good morning, Steve. I was just going to let you know I've got a conflict a little bit later, so I may have to jump off around 9:30 or so.

MR. SHANNON: Okay, thank you.

MS. WASH: So, Steve, this is Barbara from the Department of Medicaid Services. It's 9 a.m., and I'm still clearing the waiting room.

(Mr. Shannon speaks on mute).

MS. WASH: Do you want to wait a few more minutes?

(Mr. Shannon speaks on mute).

MS. PORTER: Steve, you're muted.

MR. SHANNON: All right. I apologize. Let's go ahead and clear the waiting room, and then we'll see where we're at.

MS. WASH: Okay.

MR. SHANNON: And I'm trying, you know, for a quorum and we're not quite there yet.

MS. WASH: Well, currently we have yourself, Adrienne, and Kristin, but I'm not -- trying to keep up with who was all here.

I only have three so far.

MR. SHANNON: Van Ingram's on.

MS. WASH: Oh, yes, I did see Van.

MR. SHANNON: Yeah.

MS. BICKERS: Hey, Barbara, this is Erin, and this happened to me once before, the invite also has a Teams link on it, so I am trying to catch people as they log in.

MS. WASH: Hmm.

MS. BICKERS: Zoom did that to me once before, I don't know why, but I'm trying to monitor Teams to let everybody know to go to the Zoom link.

MS. WASH: Okay. That could be the problem. I already let Steve know there was a little problem with Zoom yesterday, so, okay. Thank you, Erin.

MS. BICKERS: They're still trying to get with the new year, so.

MS. WASH: Kind of behind the times. So currently, Steve, you have four.

MR. SHANNON: Right.

MS. WASH: Mm-hmm.

MR. SHANNON: Well, let's go ahead and get started because you know Angela

needs to hop off at 9:30.

MS. WASH: Okay.

MR. SHANNON: So -- and I suspect, Angela, you're providing the Medicaid update?

MS. SPARROW: I will, yep.

MR. SHANNON: All right. Let's go ahead and start with that, and we can go back and confirm quorum and minutes and things like that afterwards.

MS. WASH: Okay.

MS. SPARROW: That sounds good. Welcome, everybody, in 2026. So it's good to see everybody this morning. Thanks for joining. We'll provide some updates on the 1115 Reentry Waiver for everybody. Things are moving quickly. It's hard to believe that we are in the new year. So it's a very busy quarter ahead of us as we march towards our April 1st full implementation of the demonstration.

So just to kind of kick us off, I know we've talked a lot about some of the deliverables that Kentucky is required to provide to CMS and meet under the

demonstration, so just to provide some updates with that. Our implementation plan is still pending with CMS. We did receive some information back from CMS before the new year, agreed to some of the language that they had proposed and okayed that and sent that back to them, but we haven't gotten -- so we think we're -- should be pretty close. But just to remind everybody, it's a little bit different than some of the other 1115s that we talk about. In this instance, we can actually move forward with implementation without that approval, but that's still something that we have to keep on our radar and do receive and obtain. So that's still pending. I think we had submitted that maybe even back in October of 2024. It's been a while, so those things that we talk about, again, do take some time.

Again, we also have an independent evaluator. We talked about that, and again, some of you all, certainly through this year, will hear from our evaluator. Mercer is the independent evaluator, and that's a

requirement of the demonstration as well. Excuse me. That evaluation design has been submitted to CMS. CMS did review that, and they provided some feedback to the state, our evaluators. So they're working on those updates to get back to CMS later this month, but that's another deliverable that we do have to track. It does have to be approved, but again, is not going to hold our implementation. And we'll talk a little bit probably about Mercer. I know in some of the other discussions, we've talked about and introduced Mercer, but again, their role, and again, we'll be hearing more from them post-implementation. So a couple of those things are still pending, although, again, it is not going to halt implementation.

Contracting and credentialing, so our partners, DOC and DJJ, they are still working with our provider enrollment team and with our MCOs, again, around contracting and credentialing. So our individual practitioners, so prescribers that will be prescribing for MAT, or our therapists that

would be providing some of those therapies under the MAT services, especially again, for some of the CAA services, even dental providers, etc., the individual providers that have not been enrolled with Medicaid, are required to enroll with Medicaid. So we're working with DOC and DJJ to enroll those individual practitioners that aren't currently enrolled. So those efforts had kicked off before the new year.

We've provided some trainings to DOC and DJJ around that and for their practitioners, so that's something that we're tracking and monitoring into the new year. We're working with our provider enrollment team to make sure that we get those applications processed again, and in place before implementation. So certainly, again, for some of those folks, that's a new process, and we know, you know, a big step into Medicaid.

So working through that, we do have a final review of the standard contract agreement that we have drafted and developed for DOC and DJJ to contract with the MCOs.

So we're hoping, again, that that will be finalized at least this week or first of next week, and the MCOs, again, can initiate -- know that we're eager to start that process in contracting with DOC and DJJ. So that work continues.

Again, there's -- we've talked a lot about systems over the last few months. There is, you know, definite significant system changes that are underway across many, many areas, and so we have started testing. Testing is underway, and that is going to continue through February from end-to-end testing in all of the systems. So again, working with vendors around that and our partners to coordinate those efforts.

Also, again, working with partners, DOC and DJJ, for syncing Medicaid IDs. So again, prior to the initiative -- excuse me -- DOC and DJJ's EHR systems were not capturing Medicaid IDs, and that's going to be very important in implementation, knowing, again, who's eligible for services, when they're eligible. That information,

again, is going to help determine eligibility, billing for services, etc. So we have been working with partners to do some sync-ups between their current population and matching them to the Medicaid population, knowing that DOC has a very large population. So working through that with that, we've identified -- you know, there is a large volume of individuals, especially with DOC, that have needed updated Medicaid applications, so DOC has been working with our DCBS team on those applications and getting those updated and processed prior to implementation. So there's a couple of efforts and rounds of that syncing that's been underway so that we can match the populations to the appropriate Medicaid ID, they can then store that in their system prior to go live. So we've been working through that as well.

Lots of trainings underway. Again, we talked about provider enrollment. We are doing -- we will be holding some trainings around billing for our partners. Again, this is going to be, you know, certainly

knew for them. Also, we've talked about some of the system changes that we're incorporating will allow DOC and DJJ to submit electronic applications, and so those training efforts, once we have those system changes in place, will occur. MCOs, again, are still working. I know that they have been hard at it in terms of hiring case management -- case managers, so they will be working with DOC and DJJ. Their case managers will have trainings that they'll have to complete with participating with both of those entities and facilities, so again, getting those trainings completed prior to implementation.

We've talked a lot about workflows and policies that have been developed over the last several months. So again, we've been drafting and hope to have a complete draft of our standard operating procedures to support implementation by mid-January to share that with our partners, finalize those. And that, again, is going to help lead us to -- we've talked about those readiness assessments that have to occur

prior to implementation, and that's a requirement by CMS in the demonstration for each of the facilities. So those readiness assessments will occur in March prior to implementation. So again, that's really going to support that process.

There is a lot going on. I know some of you are, you know, directly involved, so certainly chime in if we've missed some things, but I think those are high-level pieces. For CAA, I'm going to skip to that, Steve, if that's okay, provide CAA update.

We did just receive -- and haven't even gotten to notify our partners of that as well, but we did receive just a bit ago that the CAA funds have been released and will be released. So that's great news. It's been a long time waiting for that, and that will certainly help support our partners in implementation of CAA and some of the reentry efforts, so that was great news to start the new year off with. We'll work as quickly as possible with our partners to get those funds distributed and support implementation, so that's good news.

Just a reminder there, for the first year for DOC and DJJ, I think the award was 450,000. Again, you know, that can support some of the IT changes, hiring of new staff, training, etc. There, again, is also some funding to support onboarding of jails to develop the model to support jails in coming into compliance with CAA, so it's good news to hear that to start the new year with. So we'll have some more updates around the release of that funding.

I think we did talk about maybe in the last --

MR. SHANNON: Angela?

MS. SPARROW: Oh, yeah, go ahead.

MR. SHANNON: This is year one, how many years will that funding be available?

MS. SPARROW: Oh, see, Steve, I should know. It's -- I think it's a four or five-year grant.

MR. SHANNON: You could really make up a number, we won't know.

MS. SPARROW: No, I know, it's four or five years.

MS. ALBILLO: It's four years.

MR. SHANNON: Four years.

MS. ALBILLO: It's four years, Angela.

MS. SPARROW: Okay. Thank you, Loreenne. I get them all mixed up. So it's, yes, four years, there you go. So I think it was about a total of 5 million over the 4 years.

MS. ALBILLO: 4.9 to be exact.

MS. SPARROW: There you go. Thank you, Loreenne.

MS. ALBILLO: Mm-hmm.

MR. SHANNON: Thank you, Loreenne.

MR. SHANNON: Yeah. So that's good --

MR. SHANNON: And by the end of this four-year period, all the local jails will be on board? Was that a requirement, or the expectation?

MS. SPARROW: So it's not a requirement that they participate. We will have -- certainly, we, the state has through 2026 to become in compliance with CAA. So we as in Medicaid do -- certainly will be required to have the infrastructure and the

mechanism to support jails to onboard and provide services. It is not mandated at the state or federal level that the jails participate.

MR. SHANNON: Okay. But DMS has to be ready, right?

MS. SPARROW: Right.

MR. SHANNON: But the jails, they don't have to participate.

MS. SPARROW: That's correct, yes. So we, again, had kicked off some of those efforts with the jails last year with the extension of the 1115 and full implementation. We, again, have updated that work plan for onboarding the jails, finalizing that, so what that will look like at 2026. Again, initially, was bringing on a first cohort of jails that, again, is best suited to do so, and then kind of phasing them in, and so we can share more in our next meeting about that approach. But again, it will be -- we were hoping to align that first cohort with the 1115 implementation, but it will likely be post the implementation with those activities

that we still have ahead of us for that.

We did -- we are required -- we -- I think we talked about this, or you may have seen there, we, the state was required to submit an adult benefit package, an ABP SPA for CAA, so again, that's for our expansion population. That was just one of those requirements to ensure we will have some youth because of the age of the CAA youth that fall in the expansion group. And so again, those states with those benefit packages were required to submit those falls, so we did do that before the new year. Those fall approvals and packages will be backdated to January 1st of 2025, which is when the CAA was effective. So we have an upcoming call with CMS about that to get some initial feedback on that SPA package and potential changes that we might need to make to get that approved. So we'll keep you updated on that, but -- so that is one of those pieces that the state's required to meet to meet that full compliance. And then, again, we talked about the finalizing the work plan for

onboarding jails in 2026.

A couple other things that we are also keeping in mind with implementation and as we move into the new year, you know, there are several other initiatives within DMS -- excuse me -- that overlap and will align with the reentry, and so I know many of us are probably going to hear a lot about H.R. 1 through 2026. And so under that federal requirement, again, there are some exemptions for the incarcerated population, and those are things that we want to -- our group wants to work with and be involved in the H.R. 1 workgroup and planning for Medicaid and implementation of those requirements to see how we can support our population, our incarcerated population, and those exemptions, obtaining those exemptions. So there's some exemptions, again, I think in the infrastructure that we're already building with DOC and DJJ and keeping in mind with the jails as we onboard them to help support that process. So that planning, again, is, you know, kind of kicking off and will be underway through

2026, and so those are some of the discussions that our team will hope to be involved in around this population. So more to come. I know definitely through the year we'll be hearing more of that, so we're keeping that on the radar.

Also, there are other 1115 demonstrations that are kicking off in 2026. So we did have a component that was approved for recovery residence supports, and that, again, is a service that can be provided by recovery residents that meet criteria. One of the populations that's eligible for that service is our reentry population, our 1115 population. So for those individuals that are being released from state prisons with SUD and would meet requirements for that service and be placed in those appropriate recovery residences, are going to be eligible for that. And that's being implemented -- excuse me -- targeting, again, 4/1 of this year as well, and so we've started some dialogue with DOC around that, coordinating those efforts, again, for those individuals that would be eligible to

transition from the state prison into one of those recovery residences that would be, you know, eligible to provide those services. And so trying to coordinate those efforts as well and keeping that in the discussions. And so trying to, again, align those projects.

And some of the things that we need to keep also on the forefront through the year as well, we have other initiatives, such as -- I know many of you all are familiar with the SMI (i) RISE project. So again, for individuals that are being released that might be -- that could qualify for these programs and receive services at, you know, post-implementation of the project. These are things that we do need to keep in mind with our partners and with our managed care partners, how we can screen for those individuals, how we connect them to those services. So again, kind of really aligning those projects I think is going to be important in the new year as well.

MR. SHANNON: Angela?

MS. SPARROW: Yep.

MR. SHANNON: If folks are interested in how a recovery resident meets criteria, are those available? Is it NARR? Is it something else?

MS. SPARROW: Yeah. We're planning kind of a provider webinar for this month.

MR. SHANNON: Yeah.

MS. SPARROW: We'll be getting out the information soon, so we will have that information available in the next few weeks.

MR. SHANNON: Okay.

MS. SPARROW: Yep. I know I said a lot, so --

MR. SHANNON: It's all good.

MS. SPARROW: -- if you all have any questions --

MR. SHANNON: And I keep Hep C on the agenda just so we're at least thinking about it. No new news with that I suspect.

MS. SPARROW: No, not at this time.

MR. SHANNON: Okay. And I have the BAC, and the only reason is it's meeting, it's new, and it occurred to me if they have a conversation that impacts reentry, would we know about that, or would we see the

agenda? And I don't know the answer. I mean, and I don't know if I know what I would like the answer to be, but I just think it's important that as they discuss a variety of issues, the Beneficiary Advisory Council, that if they impact the workings of the Reentry TAC, or I serve on the BH TAC as well, would that be -- at least the agenda items would be shared with the TAC to see if there's some information we can provide them as, you know, a lot of folks here are kind of experts, with the exception of me, in the field do a lot of reentry work.

MS. BICKERS: Angela, I think Barbara can answer that for you.

MS. WASH: Yes. Steve, that is something I can bring back to the committee or actually bring it back to the Commissioner just to double check. I know that I can't post up the agenda.

MR. SHANNON: Okay.

MS. WASH: And so -- but I can get back to you and let you know.

MR. SHANNON: I appreciate that.

MS. WASH: Okay.

MR. SHANNON: I think it would help us all kind of be on the same page on different issues, I think.

MS. WASH: Sure. Sure. Let me double check, and I will get back to you on that, Steve.

MR. SHANNON: Okay.

MS. WASH: Okay.

MR. SHANNON: All right. Any other questions for Angela?

(no response)

MR. SHANNON: You have been very busy, and will continue to be so, you and your team.

MS. SPARROW: Well, it's certainly not all me, so --

MR. SHANNON: Yeah.

MS. SPARROW: -- we're very fortunate that we've got lots of partners that are involved, and so -- and again, lots of initiatives at the same time, so it's -- we're getting there.

MR. SHANNON: All right. Sounds good. Looking forward to April 1. It'll be an exciting time. We've been talking about

this for how long now, Angela?

MS. SPARROW: Well, like I said, I lose track, especially if I can't tell you the --

MR. SHANNON: Yes.

MS. SPARROW: -- grant years. So the years are running together very quickly.

MR. SHANNON: All right. Thank you.

Barbara, I counted six members.

MS. WASH: I have the same six members. I have yourself, Adrienne, Van, Casey, Kristin, and Nathan.

MR. SHANNON: Correct. So that -- that's quorum, right, or not?

MS. WASH: That's quorum, yep.

MR. SHANNON: That's quorum.

MS. WASH: Yes, 'cause there's 12. Yep, that's quorum, 50 percent.

MR. SHANNON: All right. Well, I'd like to review the minutes from the meeting in -- when was that -- September 11th. So I sent those out to members of the TAC yesterday. Any questions about those?

MR. INGRAM: Motion to approve the minutes from the November 13th, 2025,

meeting of the Reentry TAC.

MR. SHANNON: All right, thank you for that. Do we have a second?

MS. MICHALOVIC: I'll second.

MR. SHANNON: Thank you, Casey. All in favor, signify by saying "aye."

(Aye).

MR. SHANNON: Opposed?

(no response)

MR. SHANNON: And abstentions?

(no response)

MR. SHANNON: All right, thank you very much. I'd say that got done, appreciate it.

All right. Now let's jump down to the MCO updates. WellCare? Anybody from WellCare on?

MS. DANIEL: Yes, sorry. This is Emily Daniel with WellCare. We continue to work towards implementation of the 1115 waiver. We are currently in the process of hiring the care management positions that will be going on-site at our state facilities. And we're just excited to move forward with the plan. There's several

meetings going on with 1115, I think some of you folks are in there as well, and we'll just continue to move forward. Thank you.

MR. SHANNON: All right. Thank you, Emily.

United.

MS. KOENIG: Hey. Good morning, Steve. Stephanie Koenig.

MR. SHANNON: Hey, Stephanie.

MS. KOENIG: Happy New Year. So similar to WellCare's update, we are also under -- in process of preparing to post positions for hiring for our case managers as well as attending the implementation calls. Our population health director is the point of contact, Suzanne Lewis, on that, so I work hand-in-hand with her on the ongoing implementation.

We currently do not have the final report out for our numbers in December, Steve, but we've continued the efforts with our enhanced internal reporting from the 11 -- from the eligibility file that we tried to engage those that have been released from incarceration. So

year-to-date at the end of November since we've been doing the enhanced reporting, Steve, since August of 2023, we've successfully outreached to 1,978 individuals that have been released from incarceration that are UHC members. We've been able to successfully reach 300 of those, complete 199 HRAs, and 129 have agreed to case management. So we continue those efforts until we go live, obviously with the Reentry Waiver on 4/1.

United Healthcare did sponsor two expungement clinics in the fall with Goodwill and Legal Aid. One of those expungements were -- was held on October 23rd in Paducah. There were 66 individuals that were registered, and 36 attended and were able to receive assistance from Legal Aid through that process. And then we sponsored a clinic in Lexington in November; 97 were registered, Steve, and I believe 33 attended and were able to go through the expungement process. And that is --

MR. SHANNON: Very good.

MS. KOENIG: Yeah. And that is all we have for today. Thank you, Steve.

MR. SHANNON: Thank you.

Where are we? Passport by Molina.

MR. ZAKEM: Hey, good morning. It's Marc Zakem. First of all, I know this is not discussed in this meaning a lot, but we had a significant jump in NGA pilot members. The last month, it more than doubled the number we had received the rest of the year.

We're also working on 1115 implementation. In --

MR. SHANNON: Can you tell us what that means, the N --

MR. ZAKEM: Oh, sure, sure. It's the National Governors Association pilot that started years ago where the state prisons in La Grange, the MCOs get notified when folks leave and are enrolled in that particular MCO, and then we outreach those members quickly, you know, like right upon release as opposed to some of the other outreaches we do, which might be within, like, 30 or 90 days of their release. But it's been going on for a while. I don't know, we used to

have meetings with DOC, we don't anymore. I assume it will eventually go away with the start of 1115 in April. But anyway --

MR. SHANNON: Interesting.

MR. ZAKEM: -- it was kind of a trickle this year, and then it really exploded quite a bit in December.

And then as far as activities, in December, we had an expungement touch base at our Bowling Green office, participated in a Hopkins County Reentry Council meeting, a Munfordville reentry meeting, Warren County and Daviess County pre-release classes. And then we stopped traveling fairly early on in December just because of the holidays and the weather and all of that.

In January, we're picking up and are having or have already had Daviess, Ohio, and Hopkins County pre-release classes. And I think that's where we're at right now. Thank you.

MR. SHANNON: Thank you.

Humana.

MS. BENDORF: Good morning. This is Kelly Bendorf. Similar to what Marc just

reported with Passport, we had an explosion with those members as well for the reentry program. In November and December, we had 24 individuals released from KCIW and KSR. That's actually more than the whole rest of 2025 for us, so that was really exciting to see.

Similar to all the other MCOs, we're actually also working extremely hard to get ready for the implementation of the 1115 waiver. I think everyone's really excited about that starting in April.

As for our community engagement team, they continue their collaborative work with local detention centers. Today, they're actually on-site at Larue County Detention Center, and will visit Marion County Detention Center on January 20th. Additionally, on January 22nd, the team will participate in the Kentucky Voices for Health Reentry Coalition meeting.

And that's all we have today. Thank you.

MR. SHANNON: Thank you. Trying to take notes.

All right. Aetna.

MS. MANN: Hello. This is Shelly Mann with Aetna. I forgot I had this meeting today, so I don't really have anything other than, you know, as the other MCOs, we are working on all things reentry. We have our test files and that process going. Just working on -- you know, we have some case managers on our adults -- our ICM side who are already just as focused, and then, of course, our DJJ focused on the SKY side.

Just working on personally developing -- not really developing but changing some of our trainings regarding the justice population just so that we have some more up-to-date information on the waiver for our case managers, and of course, we're working on expanding case managers where we need to. And just working on, myself, engaging our stakeholders throughout the state. I have not been traveling most of 2025, but I have personally a whole bunch of traveling in the next upcoming weeks focused mostly on developing relationships with community

partners around reentry, so.

MR. SHANNON: Very good. All right, thank you, all. Anybody have questions for any of MCOs before we move on?

(no response)

MR. SHANNON: Okay, great.

Round-robin member updates. Obviously, the session started.

MR. INGRAM: I'll tell you --

MR. SHANNON: Yeah.

MR. INGRAM: Steve, I'll tell you the Opioid Abatement Commission has closed its grant application cycle. We have a record number of applications and a record number of dollar requests. Staff is going through those now to align those with the priorities of the commission, and I'm excited to see the applications and see what we have. But they'll all be coming in the next few months.

MR. SHANNON: Record apps and record dollars, right?

MR. INGRAM: Yeah. And our goal is by April 15th to have gone through all the applications and make recommendations on

funding.

MR. SHANNON: You're trying to make April 15th a positive date?

MR. INGRAM: Yeah, we'll see. I hope it's a positive date all around, Steve.

MR. SHANNON: It's Tax Day as well. So anyone else?

MS. MICHALOVIC: That made -- Van said that, so that made me think, you know, the legal aids have been receiving the state opioid money for a while now and we continue that work, but we've now collaborated and we're approaching the counties to partner with the fiscal courts or the municipalities to see what the needs are in each individual County and request funds to help AppalReD, specifically our efforts. We've been using it to host expungement clinics and recovery clinics, so we don't just limit it to expungements. You know, it opens the door to, you know, custody, wills, divorce, you know, whatever the need may be. But we've had some success, so that's an ongoing effort. And we actually did a presentation with KACo in their monthly series that they

host for counties.

MR. SHANNON: Hmm.

MS. MICHALOVIC: So that's one of the big updates from the legal aids on what we're trying to do to move forward.

MR. INGRAM: So glad that you're doing that, Casey.

MR. SHANNON: Yeah.

MR. INGRAM: So many counties are struggling to figure out where to spend money.

MS. MICHALOVIC: Yeah.

MR. INGRAM: And the work that AppalReD has done and in your partner organizations is certainly in line with the goals of the opioid abatement process.

MR. SHANNON: Yeah. And half those funds --

MS. MICHALOVIC: And KACo has been a big help, too.

MR. SHANNON: Yeah. And, Van, help us understand, half those funds go to local communities, and half go to the trust fund, or --

MR. INGRAM: Yes. Over the 16 years,

now it's over a billion dollars, and half of that goes directly to cities and counties impacted by a formula based on population and overdose fatalities over the years, and then 50 percent goes to the state Opioid Abatement Commission hosted by the Attorney General. And we --

MR. SHANNON: And that's the grants you referenced, right, the applications?

MR. INGRAM: Yes.

MR. SHANNON: Yeah.

MS. MICHALOVIC: If you go to KACo's website, they have a whole section dedicated to the county opioid abatement funds, and they actually track how much -- well, they share because, you know, it's tracked by other places, but they share how much each county's been allotted, and then they also share updates on what some of the counties are doing with the funds. There's a whole lot of information. They have a lot of resources on that one particular section on KACo's website, though.

MR. INGRAM: And that's about to get even more transparent. The commission has

entered into an agreement with UK to handle reporting and put -- and make that public on what counties are spending their money on. And so it's going to get even more transparent in the future.

MR. SHANNON: Yeah. And KACo is the Kentucky Association of Counties.

MR. INGRAM: Right.

MR. SHANNON: Good information, thank you all.

Anyone else? Any updates?

(no response)

MR. SHANNON: All right. Future agenda items, anyone has any, send them to me, we can add them to our next meeting. And again, I don't think we have any recommendations today. But think how busy we'll be in our May meeting, we'll actually have a month of 1115 Reentry Waiver activity, so.

MS. SPARROW: I'm not sure if there will be much sleep between now and then, Steve.

MR. SHANNON: Ah, you never know. I'll announce, you know, something, you

know, we can pitch this forward. You all move from the doing to the move -- doing them from the talking, and we've been talking this a long time. So that is all I have. Welcome to the General Assembly 2026 budget session. It's always fun and intriguing.

All right. Anyone have anything they'd like to add before we wrap up?

(no response)

MR. SHANNON: All right. See you all in March. Take care. Have a great day.

MS. SPARROW: Thank you, all.

MR. SHANNON: Yeah, bye-bye.

MS. SPARROW: Thanks, bye.

(Meeting adjourns at 9:40 a.m.)

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C E R T I F I C A T E

I, TIFFANY FELTS, Certified Verbatim Reporter, herby 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 8th day of January, 2026.

Tiffany Felts, CVR

Tiffany Felts, CVR