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

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Via Videoconference
July 9, 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
Adrienne Bush
Van Ingram
Casey Michalovic (not present)
Kristin Porter
Kevin Sharkey (not present)
Angela Darcy (not present)
Nathan Thomas

MS. DAVIS: Good morning, everyone. This is Danni Davis with DMS. The time is now 8:58. We are currently still working on clearing the waiting room. Mr. Shannon, as of now, we just have yourself, Brandon Harley, and Van Ingram here for quorum.

MR. SHANNON: Okay. Thank you.

MS. DAVIS: Of course.

I now have nine, and Ms. Kristin Porter has joined. Would you like to give it a moment longer?

MR. SHANNON: Let's go ahead and get started. And if we get the quorum, we can come back.

MS. DAVIS: Sounds great.

MR. SHANNON: All right. Appreciate Van being on. Brandon, and Kristin Porter are on, and myself. And just making sure we're all in the right place, this is the Reentry TAC, Persons Returning From Incarceration. Reentry is so much easier to say. Right now, we don't have a quorum, so we can't do the minutes for the May 14th meeting. So once we get to that number, we'll come back and go on from there.

Appreciate you all being here.

Let's just real quick, Van, tell us who you represent.

MR. INGRAM: Steve, I'm executive director of the Kentucky Office of Drug Control Policy and assigned to this TAC by statute.

MR. SHANNON: Thank you.

Brandon Harley, how about you?

MR. HARLEY: Brandon Harley. I'm the CEO of Audubon Area Community Services, but I represent the Community Action Kentucky Association across the state of Kentucky.

MR. SHANNON: Very good. Thank you.

And Kristin Porter?

MS. PORTER: Good morning, everybody. I am Kristin Porter. I'm the director of Reentry Services, and I represent the Kentucky Department of Corrections.

MR. SHANNON: Thank you. And I'm Steve Shannon. I represent the CMHCs and KARP. So just so we're all in the same place.

All right. Angela Sparrow, you want to talk to us about the DMS update?

MS. SPARROW: I sure will. Thanks, Steve. Again, I'm Angela Sparrow. I'm one of the technical project specialists with the Department for Medicaid Services. Again, I know most of the folks on today, but for anyone who's new with us, it's good to have you. The department, again, has been operating under what we call a Section 1115 Demonstration approved by the Center for Medicare and Medicaid Services, CMS, which is our federal authority.

So we were very fortunate to be able to implement our state's demonstration in April of this year, which we all know was quite a time in the works. And we were not alone in that in other states by any means. So it was great just to provide an update. We don't always get to talk about it, but in the last year or so -- over the last year or so, Kentucky did participate in a Reentry State Learning Collaborative with seven or eight other states across the country who are and were in different phases of implementation. We did have an opportunity to meet and regroup with those states. That

learning collaborative had closed out; it was 18 months last fall. It was good to come back together with those other states and for us to kind of look back over, again, it had been a couple years, which was hard to believe. But to see where the states were. So when we started that work together, again, you know, only a couple of states had been approved. Everyone really trying to understand requirements, understand, again, what this looks like for their states, developing implementation plans and workgroups. And then again, over that course of those couple years, a couple of those states had started to implement.

So to hear the work -- again, Kentucky along with another one of those states since the interim had been able to implement. So I think, again, just to kind of put it in perspective, I think across the United States, we have about five states that have implemented; most of those other states have implemented in phases. So even California and Washington, again, that kind of took those first steps. We're still just

bringing on many of their correctional facilities in their phased rollouts.

So I just say that, again, it is a very large project. This has been a definite change for Kentucky and our other states, again, in what these projects look like and the opportunities that we have to partner with our justice facilities and our healthcare partners to be able to do this work. So I just say that, again, it was good to hear and see and be able to kind of come back together and say, "You know what? We have. Now we've implemented. And what does that look like and what's our next steps?"

MR. SHANNON: Yeah.

MS. SPARROW: So that was good; it was good work. Good to see, and again, you know, although that collaborative has ended, looking for opportunities to continue to work with those states; we see the importance in that. They're also developing opportunities for other states for technical assistance and what those opportunities look like. As we know, more states are receiving

approvals, and again, trying to look to other states for guidance. So with all that being said, again, it's -- we're still very new into this, but we are not alone in the work by any means.

We have wrapped up our first quarter of implementation, and it has gone very quickly. We've learned a lot in the first quarter, and we have a lot to go. Just to give you some numbers here -- and again, to be transparent, I think we're still working through even some of the data and understanding the numbers ourselves. But as of yesterday, when we looked at our pre-release eligibility in our enrollment numbers, there had been 800 individuals that had open pre-release eligibility segments. So it had been actually enrolled in their pre-release period. That's since initial implementation. Again, what we have to keep in mind when we're talking about these numbers, while 800 may have fallen in that pre-release period, that does not mean that they have been released. So we had -- with that being said, we had 670 closed records.

So that -- meaning that 670 of those individuals, pre-release eligibility segments had been end-dated. And that could be because they had actually been released into the community, or again, we've talked through those scenarios that individuals, this really is based on their expected earliest release date. So again, they could have a parole date, go to parole, and not make that date, and then, again, fall outside of that.

So when we talk about the numbers, again, and I say that we're still really trying to understand that, I think our MCOs are still trying to understand that, and with our correctional partners, you know, what that looks like. So we really are, to the best ability, trying to make sure that we capture those individuals that could potentially be released. So that's a large volume, and that is a large volume that falls in and out of that. So with that being said, part of the work -- we'll follow up with you, maybe, Steve and group, in our notes or for our next meeting as well -- is

to report those who we actually had an actual release date segment on. So we can see from those that the volume that may have fallen out of that, and again, you know, we also mentioned that -- and I'm going to talk a little bit about the data fixes.

We are still working through some of the data fixes as well. So some of those individuals may have, for whatever reason, inadvertently been enrolled and needed to be end-dated or vice versa. So some of this -- again, some of the data we're still working through with our partners as well.

But of that -- just to let you know, of those numbers, only 26 were in our dual category, dual reentry category. So when we talk about that, the dual category is for members that are Reentry 1115 and the Consolidations Appropriations Act. So that's Section 5121, so that's our CAA youth -- eligible youth. So that dual category means that they are in our 21 and under group, which we, again, expect to be very small. There's going to be a small -- very small portion subset in our DOC

facilities that fall into that, and of course, our DJJ, our youth development centers are small numbers as well. Of that, of course, vast majority of those are our DOC members in our adult population, so just 26 of those, again, fall into that dual category.

Any questions about those pieces before we kind of --

MR. SHANNON: So the dual category, are they treated differently? Do they get the similar rate of services?

MS. SPARROW: They're not treated any differently.

MR. SHANNON: Yeah.

MS. SPARROW: They still receive the Reentry 1115 services. In addition to that, they're eligible -- our partners are eligible to receive reimbursement for some of those screening and diagnostic services, those EPSDT CAA services. And again, most of the time, you know, our correctional partners are already providing those services. And again, they're only eligible to be reimbursed if they fall within that

30-day pre-release window, so not everyone is going to, you know, warrant -- based on the early periodic schedule are, you know, not going to warrant the need for those services. Or have they already been provided by partners? So it is a smaller -- that's going to be a much smaller group and much smaller set of services. But that also kind of, again, is, like I said, you can kind of see the volume of our youth compared to our adult population.

Over -- again, since we met in May, we do continue to work through some of our systems updates. Again, our interface between our eligibility system and DOC and DJJ's electronic healthcare record system, we know is a huge piece of this project, and was a very heavy lift. And so really, again, syncing up that data, those systems, and making sure that it is working, you know, as we had designed, thinking through some of those pieces that we've, you know, seen we do need to make some changes. We have had to do some rounds of address sync-ups, and again, I'm going to speak

probably mostly here about DOC because that has been, you know, the largest population in numbers and information that we're receiving.

But again, historically, the information that our IES system and eligibility system has received has been the DOC main location. And so we have not up until this implementation and this project in terms of our eligibility system, known exactly what facility and location the member or individual is in, which has been critical for several reasons. Certainly, again, making sure when our MCOs are engaging, we do know what location, what facility that member is in in terms of also providing when the pre-release enrollment is reinstated, making sure that we're also providing those welcome packets and Medicaid IDs that are issued to those individuals, that we're getting them to the correct location. So that has been a large piece that we continue to work through is making sure that we get those correct addresses coming from the comm system, DOC comm

system, over to that IES system, and then downward to the MCOs and the information that they're receiving. So that has been again, you know, looking and trying to sync that information up, the DOC population can move frequently, and so that is also -- not frequently. But, you know, they certainly can move from facility to facility. So again, making sure that we are getting that most up-to-date information, and getting to pass that. So we've done some work there around addresses. Do feel like the high volume of the data fixes have been completed and have been in place turning into the first of July. So I think we are seeing some of the refresh data. if you will.

Other things that we've been working through are those earliest expected release dates and that information. And so that, again, is really what is driving that pre-release eligibility determination, and our MCOs have not been receiving that information. So they're receiving information in terms of when is the effective date, and really, again, then

trying to calculate or work with DOC on, "Okay. So I am Angela, and I'm in -- my effective pre-release is July 1st." We know that they're 60 days eligible, but that does not mean my expected release date is necessarily 60 days out. So really knowing, again, what that looks like, you know, has been a challenge initially for our MCOs, but they have worked closely with DOC and the discharge planners and reentry coordinators in terms of getting that information. So we have been working on some solutions and have been able to recently, again, start sharing that information with the MCOs through some supplement files. So again, those are still really guides, if you will, in terms of those dates because we know -- and we have seen it and what DOC, you know, really spoke to us all along the way, that they really can change it at any time and any moment, and those are, you know, very, very much what we are seeing and what the MCOs are seeing. So I think, again, they have done great jobs communicating, working together, and collaborating around those instances and

the information, but it is we're still trying to feel our way, I think, through that some. And that, I think, might be always ever ongoing because I don't know that we're ever going to be able to solve for that, right?

MR. INGRAM: That's kind of a question I had, Angela, and Kristin as well. I am very aware of the challenges with good time credits and program credits and all the stuff that goes into that that impacts a release date. Is there something legislatively we could or should do or should look at to be able to more effectively determine a release date?

MS. PORTER: So I don't know if -- I don't know if I want to say could or should, but the facts -- so what I'll say -- I'll say the facts are --

MR. INGRAM: Be careful.

MS. PORTER: I know, right? I know. I don't know if I'm being recorded or not. No. But the --

MR. SHANNON: You are.

MS. PORTER: See. See.

MR. SHANNON: Yeah.

MS. PORTER: No, I'm just kidding, guys. But here's the facts: You know, I mean, we do have educational good time; we have meritorious good time; we have good time for completing work assignments; we have programmatic good time. There's so many good time categories, and our population earns that because of statute. It also gets taken away because of statute. Because of maybe disciplinary or, you know, whatever. So can that statute go away? Yes, it could, and it would make Kentucky more of a truth in sentencing state like other states. Now, would that be -- would that cause lots of waves, I guess is how I'll say that? It would, and our population definitely wouldn't like that. And I surely don't know where our commissioner would fall on that, or our justice cabinet either. So I'm not going to speak to whether we would support or anything like that, but those of the facts. I mean, that is the piece of legislation that dictates that, and so --

MR. INGRAM: Is that the largest

factor in this inability to determine when a person is going to be released?

MS. PORTER: Yes.

MR. INGRAM: I mean, I know the parole board factors in as well, but --

MS. PORTER: It is. Yeah, the parole board is a huge factor, too, because good time is definitely a factor because you're trying to -- if they complete this program, then they'll get out on this date, but then sometimes they don't complete the program. And so it's very much -- you know, Steve, it's like nailing Jell-O to a wall. I mean, you're predicting human behavior the whole time while someone is incarcerated, so it's hard.

And then, like Van said, the parole board is also a huge factor, too. You're predicting, "Do we think they're going to grant them parole, or are they not going to grant them parole?" And our parole board rates are around 30 percent right now. So you flip that and look at it, that means about 70 percent of the people they see, they don't grant parole. And, you know, we

-- that would be a huge help as well if we could predict that, but, you know, you can't predict that either. So it is a lot of a guessing game in the state of Kentucky.

MR. INGRAM: So I think if we go back to Angela's answer, we're probably going to be struggling with this from now on.

MS. PORTER: I know. Yeah. Yeah. I mean, it's --

MR. SHANNON: And I suspect corrections has struggled with this since it started.

MR. INGRAM: Yeah.

MR. SHANNON: Right? I mean, so it's been your world. What's the real date, right? From a correction's perspective, and from us folks who do the Medicaid world, you know, you get the card, you're in, you know? And that's not how -- so I think Van's right. It's not going to ever.

MR. INGRAM: Yeah.

MS. PORTER: No. And we've -- and I know Angela said this, too. I mean, you know, we've expressed this from day one: It's hard to predict. I mean, we -- in

corrections -- and I -- you know, the Division of Reentry was created in 2018, so for 8 years, this is my struggle, right, guys? So it's like, this is my struggle of my mission and my division is to prepare people for release. So you -- I mean, for 8 years this has been my guessing game of, "Okay. Let's try to figure this out." And it -- that's why in corrections, we say a lot of time, you know, we've put these things in place. We put the -- and we literally do the best that we can with the information we have a lot of times, so --

MR. INGRAM: Thank you.

MR. SHANNON: Yeah.

MS. SPARROW: And that's a great ask, Van, and I appreciate you asking that --

MS. PORTER: Yes.

MS. SPARROW: -- and bringing that up because -- and again, that's something I think we probably from time to time should and could revisit.

MR. SHANNON: Yeah.

MS. SPARROW: And with all --

MR. SHANNON: And you're probably

better off including the whole universe of people as opposed to selecting people who you think are going -- you know, then someone who does get released an earlier date than anticipated, are you prepared? So you're -- you know, so I don't know if there's a better way to do that than making contacts, right? And probably, Kristin, that's your day every day, right?

MS. SPARROW: Right.

MS. PORTER: Absolutely.

MS. SPARROW: And the MCOs can certainly share, you know, with their updates, you know, what that looks like from their perspective in trying to engage in that pre-release period. But it certainly is very challenging, and it's very challenging for them to know and to try to prioritize and try to make these -- you know, the visits. And so we really are trying to, I think, you know, like I said, feel our way through what services realistically can be provided. How can we best engage with that individual? Because again, if it really was based on, "We know

this, we're definite that individual's walking out the door," there would be very, very minimal small number of individuals that would really be able to access any services at all.

So it really, again, to our best knowledge, they are eligible, they do have, you know, an opportunity to leave. They are eligible, you know, under the program requirements for that engagement, and again, that's in -- like I said, we'll certainly see as we move through this program where there's opportunities. But I know our MCOs in the discussions is really trying to understand how can we best -- we want to make sure that we're reaching everyone we can, but it truly is a very fluid process.

Go ahead, Brittany.

MR. SHANNON: Yeah.

MS. ELAM: Yeah. Thank you. So I was reading -- well, first of all, when I first got on, I heard that you were talking about California and a couple of states, which I think I saw North Carolina or South Carolina, California, and Maine had listed

on a website their implementation plan, and they talked about -- at least California and Maine talked about challenges with parole. And in the meantime, it looked like their plan for that was to make sure that there was community follow-up. If you couldn't get with a person within that 60-day window, that that would be noted. If they were released because of things like good time and you couldn't really calculate it, that they at least made sure -- or at least it was in the plan that there was some follow-up in the community with that person that was released. Is that something that you all have been talking about, or something that maybe you're tracking or trying to do?

MS. SPARROW: Absolutely. And that is part of the project, Brittany, and expectations. And again, our MCOs can speak a little bit to that, but I would say that that is a good portion of the work that they are seeing right now is that follow-up, that they may be released sooner than expected, or again, those quick releases. And so they

are certainly working with DOC to get the information from DOC, again, regarding that individual so they can work with them in the community then in terms of their release plan, their case management plan, and meet those needs.

So again, the goal is to really be proactive, right? And really be able to engage in the pre-release, but certainly, again, they are conducting post-release, and that is a large portion of the program. Again, there's always those challenges in trying to reach those individuals for information, but -- those individuals after they've released. But I think, again, the work that we have done to ensure, right, we're getting more information, more accurate information, more timely information from DOC in that partnership and with those interfaces than we have historically. So again, you know, there are opportunities that that information is being updated in terms of their release placements, contact information, and so I still think it's still fairly new in the

process to see if we are able to contact and make those follow-ups more officially or effectively than we have historically.

But again, you know, MCOs can certainly maybe speak to that a little bit more if they have any feedback on that piece. But that is another, I think, large volume of cases that they're seeing, Brittany. So that's definitely that post-release follow-up is the work that they are doing. Yeah.

MS. ELAM: Thank you.

MS. SPARROW: And I am -- I wish I could say that "Yes, Brittany, our implementation can be found out there, our implementation plan." But unfortunately, it still has not been approved by CMS almost two years later, so it is an ongoing -- you know, we do follow-up and ask for some feedback. We certainly had some rounds of some questions and updates earlier this year, but we haven't had as much communication here, but that is one thing that's still pending. But it -- this demonstration, this project was a little

different than some of our other 1115s that we were able to move forward with our implementation without that being approved. So we were very fortunate to have that opportunity, I think, from CMS to do so.

I know we've covered a lot. I'll talk a little bit about the pre-release case management engagement, and then, you know, kind of turn that over to the MCOs to provide some additional information. Let me pull up some information to give you here.

So since we've -- and this is one thing, moving into this next quarter, that we are standing up some additional workgroups, and we'll have certainly more discussion with partners, and again, this is something that, you know, we can talk about here as a group as well in terms of monitoring. But again, transparency, you know, certainly we've talked about monitoring what, you know, our metrics and measures would look like, what is important in terms of evaluating and monitoring the program. There was -- it was a very heavy lift to get the program off the ground in

April, and so again, we are, as we've moved through the initial, I think, quarter of implementation, we'll be doing more focused work on monitoring and requirements. But again, we have been collecting some information from our MCO partners initially, and so I wanted to give you some updates here in terms of the pre-release case management engagement.

So in May, there were -- across all MCOs, there were 283 members enrolled in case management. So this would be that there were 283 new members that were enrolled into a managed care plan with a managed care plan in their pre-release period. So of the 283, there are 192 that in May were actively engaged and participating in case management services. And so during that time in May, our MCOs and their case managers were able to complete 187 in-person case management visits on-site in our facilities and within our state prisons. So from those, we did only have seven members report declining of services, so I think that that's outstanding to hear.

Again, I just think that speaks volumes to the work that our DOC partners and our MCO partners are doing to get the information to our members, reaching the member. So out of, again, 192 -- or excuse me, 283 that were enrolled and eligible, only 7 declined case management services initially.

So we did start to do some virtual visits in May. In June, to give you some June numbers, there were 227 members identified for case management, and there were -- and so again, this could be rolling from the month before -- 269 members that were actively engaged and participating in case management services. In June, our MCOs completed 216 in-person case management visits, and then, again, it looks like we had about 11 that were virtual case management visits. So again, still really trying to work through some of that data, you know, what exactly are we wanting to track and monitor.

I will say, initially, I think we have focused on our pre-release engagement ensuring again, you know, that we're able

to, to our best ability, engage with the member, are we enrolling the member? Are we reaching the member? I think, in terms of, you know, our next quarters and our next steps and phases is to look at the post-release engagement. I know that, you know, our groups have had some discussion around there: What does that look like? I still say, you know, the first quarter here is a little too early to get some of that information and to know, and so that's, you know, certainly some of the discussion we'll definitely have in our monitoring work looking forward. So I think, again, starting to look at the post-release engagement so how many, again, are retaining services. I know we've had some questions, you know, what does it look like from community-based providers and engagement and referrals? So again, I think we'll get to more of that and have some information to provide you there.

But with that being said, again, I'll open that up for an opportunity to the group if you have any thoughts and suggestions,

you know, through that post-release, some of the things that we should take an opportunity to look at and track and monitor, and if you have any thoughts and feedback there.

MR. SHANNON: And post-release they're still getting the case management function, right?

MS. SPARROW: And that's a great point, Steve, and so thanks for bringing that up, and I should have -- I've made a note here and I kind of skipped through that. That's a good point, and that's something I think our teams have talked about. There has been questions from, you know, our MCOs and our partners for us, and we do need to be clear and provide, I think, more clarity around that in the program.

The individual is eligible to receive post-release case management services up to 12 months post-release if they maintain enrollment in Medicaid. So the Reentry program itself does not mean that they will maintain Medicaid enrollment post-release. They still -- they have to meet the standard

Medicaid requirement -- enrollment eligibility requirement post-release. So should they maintain and keep Medicaid enrollment, then yes, they would be eligible for those services.

We have had some instances where we are seeing members be disenrolled post-release, and again, looking at some of those instances and what that is, so -- that they have fallen off of the MCO rosters and enrollment. But again, and what I should do there and we still have some questions, I think, you know, to -- I would have to kind of defer to our eligibility SMEs a little bit more than probably myself. But yes, that is, I think, a majority of folks, again, you know, maintain eligibility, especially initially. But yes, as we are looking at their placements, you know, their living arrangements, their working, so all of those factors, as anything, would apply for standard Medicaid eligibility in the --

MR. SHANNON: You would think the income criteria might keep them eligible for a while, right?

MS. SPARROW: Right. So -- but we are seeing some of those cases, MCOs have shared some of those cases for us to look at. So that is something, you know, that we've asked MCOs when we do see that to send, you know? It certainly could be that it is correct eligibility determinations, but since this is new, we do want to take a look at those cases just to make sure that there isn't, you know, a data -- something on the data side or the information that we're receiving that we need to make some corrections on.

There was one thing. And so this is kind of just to start some of the conversations about this, too, when we're talking about post-release eligibility. With H.R. 1 changes coming down the road, we know very soon, first of the year, and workforce engagement requirements, it is one thing that, you know, our Reentry teams and our teams have had some discussion with those that are working on the workforce engagement in H.R. 1 requirements to keep us tapped in and keep us in the loop. We do

know that our reentry population, you know, are eligible for exemptions post-release up to three months following the incarceration. Our reentry population could also be eligible for other exemptions outside of even just the reentry that are, you know, more longer-term. So that is some of the discussions we certainly want to have in the upcoming weeks and months to make sure that we -- with what we've already implemented and the infrastructure that we have in place for the Reentry project to be able to support our members in that as well. So we'll kind of keep that -- try to keep that on the list there, Steve, to give the group some updates.

MR. SHANNON: Yeah. Yeah.

MS. ELAM: Hey, Angela --

MR. SHANNON: That appears to be a concern. Yeah.

MS. ELAM: Sorry.

MR. SHANNON: Go ahead.

MS. ELAM: I think it was one of the last calls, I think it was the ACRES' call, Emily Beauregard had mentioned maybe a

survey or something. Have you all thought about developing one that the MCOs could maybe reach out to those justice-involved folks who had been released, maybe like three months post-release, to kind of get their feedback on what they think about how the process went and how maybe it can be updated?

MR. SHANNON: Did we lose --

MS. SHROYER: I think she froze and got kicked out.

MS. PORTER: Yeah. I was going to say, I think we lost her.

MR. SHANNON: All right. She did?

MS. DAVIS: I think she lost connection. Let me see if she was able to get back on. Give me one moment.

MR. SHANNON: Yeah.

MS. PORTER: While we're waiting for Angela to get back on, did anyone -- I only caught one of the numbers she said for June, which was 216 prison visits in June. Did anyone else get the other June numbers?

MR. SHANNON: I got 11 rejected --

MS. PORTER: Okay.

MR. SHANNON: -- services. So 205 out of 216 --

MS. PORTER: Okay.

MR. SHANNON: -- accepted by case managers.

MS. PORTER: Thank you.

MR. SHANNON: Yeah. While we're waiting, I think we have a quorum; right, Danni? I got six.

MS. DAVIS: That is correct; you do have a quorum at the moment.

MR. SHANNON: All right. Well, good. Let's go look at the minutes. Can we get a motion on the May minutes?

MR. INGRAM: So moved to approve the May minutes.

MR. SHANNON: Do we have a second?

MS. PORTER: I'll second.

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

(Aye)

MR. SHANNON: Opposed and abstentions?

(No response)

MR. SHANNON: All right. Got the technical piece done.

Well, let's jump down and she can join us when she gets back on. These are our MCOs updates, kind of cut into that and go back to Angela.

MS. DAVIS: I do believe she's getting on just now.

MR. SHANNON: Okay. We won't do that.

MS. DAVIS: All right.

MS. SPARROW: Can you all hear me?

MR. HARLEY: Yes.

MS. SHROYER: Yes.

MR. SHANNON: We hear you. Yes.

MS. SHROYER: I think I was just asking about a post-release survey that the justice-involved folks could complete after their incarceration has ended, maybe a three-month follow-up, which I know can be difficult to capture everyone. But is that something that's in the works? Just so we can get feedback from them because I feel like the MCOs and those who are eligible who are getting the services, can provide the

most accurate feedback.

MR. SHANNON: That's a question for you, Angela.

MS. SPARROW: Yes. Sorry about that. Apologies. Brittany, I think, again, those are certainly discussions that we would like to have around monitoring. I think it is very valuable feedback. Certainly, I would -- I'm not sure again, Kristin Porter to put you on the spot here, but you may have some feedback in terms of, you know, if DOC has done any post-release --

MR. SHANNON: Yeah.

MS. SPARROW: -- follow-up.

MR. SHANNON: Good question.

MS. SPARROW: Prior and historically in some of the feedback or, you know, the responses that you've received or, you know, what we would think MCOs, might also be able to weigh in other populations in other work that they do. I know, again, that they are surveying to get that information back, and so again, some of that and how we can incorporate that in, you know, to the part of the services that they're receiving.

Because I agree, you know, Brittany, I think there's definitely opportunity and that's, you know, some of the discussions and work we can definitely include in the monitoring workgroups. But --

MS. PORTER: So what I'll say so far for reentry is the answer is no, we have not. One of the things that we are behind the scenes working on, so this is a little literally the first time I've said it out loud at a meeting, is reentry focus groups. And so we are working on that pre-release and post-release, so once we get all of the logistics figured out about that, Angela, maybe we can work in some ways, the MCO involvement in the community, too, for the post-release portion of it, too. So we could talk about how to work that in.

MS. SPARROW: Yeah. I think that that'd be good to have that discussion. So Brittany, just again, try to answer, we don't have that currently in place as a part of the program. But again, I think it is certainly a good recommendation to see how we can --

MS. PORTER: Yes.

MS. SPARROW: -- within our own, right? So our evaluator of the -- Mercer, the evaluator, will certainly do that work as well, and that is, you know, part of their evaluation design. But again, we certainly have the opportunity internally to do that.

MS. SHROYER: Yeah. And if --

MS. SPARROW: And it's --

MS. SHROYER: -- if you all need any additional support if, Kentucky Voices for Health, like, I'm offering myself up, you know, wholeheartedly. Like, I want to be a part of this and will help with anything that you all need there.

MS. SPARROW: Thank you. Yep.

MR. SHANNON: Thank you, Brittany.

MS. SPARROW: And again, with that being said, Brittany, some of the monitoring, you know, work to be done in workgroup, we'll certainly keep that in mind, too, to also pull in others outside of, right, just our state partners. So thank you.

MR. SHANNON: Yeah. It is -- yeah.

MS. SPARROW: I know -- again, I apologize for dropping off there. Just to sum up, I know we've had really great feedback from MCOs and our DOC partners. They really are -- I think we're working through scheduling facilities and times and consistent MCOs, you know, working with specific facilities and that's really, I think, been great in building those relationships already. So that, I think we've really, really made great progress in. There's lots of opportunities still, and we're getting that feedback from MCOs in how to improve process, be more streamlined. Again, I'll let them talk to some of that experience, but just a kind of close out the pre-release engagement.

Quickly, we are starting to see pharmacy. We've had to make some changes with -- DOC partners have worked with us to make some changes to make sure that we -- that their -- the vendor, pharmacy vendor can bill Medicaid and MedImpact for those pre-release medications, so that has started

this week. Again, you know, MCOs -- or excuse me, DOC and DJJ have continued to provide the pre-release medication. They're -- you know, so it's not that individuals have been going without medications in the interim, but that is starting to be billed under the program, so we're taking a look at that. But all of that, again, I'll pause and see if you all have any questions, and then we certainly can turn it over to MCOs for any follow-up.

MR. SHANNON: Any questions for Angela?

(No response)

MR. SHANNON: Okay. And I think you touched on CAA in the discussion. I just keep hep C on there, but, you know, the pharmacy will have an impact on hep C treatment as well, right?

MS. SPARROW: Yes. Actually Steve, we have started some discussion with Department for Public Health, have engaged, again, in some opportunities to work with the program. So we've had some preliminary discussions; really again, you know, would

need to pull in our DOC partners, but just trying to understand the work that they are currently doing, you know, the resources they have available, not just specific to hepatitis C, but again, through Ryan White program. So there is some discussions, but outside of that, I'm not sure that, you know, I have any other details at this time to give you.

MR. SHANNON: And at some point, maybe the folks who presented from UK be involved in that discussion as well.

MS. SPARROW: Yeah. Yeah. Yeah.

MR. SHANNON: To keep on top of the issue. Okay. Thank you, Angela.

All right. MCO updates. Aetna?

MS. MANN: Hello.

MR. SHANNON: Anybody from Aetna?

MS. MANN: This -- yeah. This is Shelly with Aetna. Sorry. I was having problems finding a mute button.

On my June report, I guess, you know, our numbers are 52 for June. That includes 12 with -- that are from DJJ. Our biggest issue with our DJJ members is just waiting

for that release of information, and so to say I'm actively working with DJJ, their community districts, to get those releases to us -- or to the YDCs because without that, that's just kind of a brick wall. And so that is something that we can't move forward with on our reentry members until we're able to get information on family and where they're returning home to, that sort of thing. So --

MR. SHANNON: And will the DJJ folks be enrolled in Aetna SKY?

MS. MANN: Yes. Yeah. And then our SKY case managers, you know, the reentry process is completely different from the normal SKY process and so wrapping their heads around that. Starting officially after tomorrow, I'm going to be taking a more hands-on approach so that we can help get what's sorted out. But I know, like, the very end of June, I met with DJJ and they had received two only new releases of information.

So just trying to work with DJJ on how we can help because we can't really get

the releases for them, but, you know, if there's just confusion that we can help answer for the JSWs or for the families, that sort of thing. And a lot of our families, you know, by the time they get to where their child is committed to DJJ, they want nothing to do with any part of the system, and unfortunately, they see Aetna SKY as part of the system, too. So those are the barriers we're working with -- working to overcome there.

MR. SHANNON: Okay. Thank you, Shelly.

WellCare Centene?

MS. DANIEL: Hi. Yes. This is Emily Daniel with WellCare.

Our June numbers, I think we had 23 referrals in June, and 3 were not eligible. You know, we're just working the program. It's going as smoothly as possible. No issues getting into these facilities. I think that, just to mirror what we talked about earlier, you know, the eligibility on the 834 file isn't necessarily the eligibility in real life, and so we do have

to work closely with our DOC partners to verify, you know, the expected release date, see if they fall within the program guidelines.

The supplemental file, we started receiving those. I'm still looking through those to confirm if that's as accurate as what the DOC has given us in real time. I haven't had any feedback that it's not, so I'm hopeful that those supplemental files will be proved beneficial at least for determining that moving target of when they are expected to be released.

MR. SHANNON: Right.

MS. DANIEL: That's always the name of the game, honestly. If I had to say, like, what a lot of time is spent on is, you know, of the 834 files, who is really eligible versus not.

MR. SHANNON: And Angela, have other states faced this same issue?

MS. SPARROW: So -- sorry for the chuckle. I think Kentucky is ambitious, right? So we're go-getters. I will say, probably to answer that, Steve, the

difference there is one -- only one other state that we're aware of is utilizing managed care pre-release, and so others are fee-for-service. So to answer that, you know, I don't think that -- their projects and pre-release services, I think, are handled a little bit differently.

MR. SHANNON: Yeah.

MS. SPARROW: So if that --

MR. SHANNON: Okay. All right.

MS. SPARROW: But again, I think we see the importance and hopefully we'll continue to see the importance already being able to engage with that member and connect them to their managed care organization and build that rapport and ongoing supports. Very excited, hopefully, to see some of those outcomes and what that looks like for Kentucky versus some of the other states, for sure.

MR. SHANNON: Good deal.

Thank you, Emily.

United?

MS. LEWIS: Hello. This is Suzanne from United. Can you guys hear me?

MR. SHANNON: Yes, we can.

MS. LEWIS: All right. Great.

So we have numbers from the reentry from incarceration as well as the 1115 Waiver. So from reentry from incarceration not on the waiver, we've done outreach to 2,700 members. We were able to reach about 150 members, complete 116 health risk assessments. Of those who completed the assessments, we had 64 that agreed to case management and 87 declined, and then we had about 1,00 -- 1,500 unable to reach.

For the Reentry Waiver, let me pull that up. Okay. So just for the month of June, we had 89 members assigned to United, and again, kind of talking about what Angela was explaining earlier, out of those 89, 66 were actually eligible and assigned to case management. Sometimes the data or the release dates change after they've been assigned, so there's a little bit of work that happens after we get the member on our 834 file, and so it's not always 100 percent of those are going to be assigned. There may just be, like, a deferred release date

or something like that, so about 66 members.

And then we did -- let's see. I want to make sure I give you the right numbers here. So we have about 53 this month total engaged from both behavioral and medical, meaning they signed a release form, they've been assigned to a case manager, and they've had a visit -- completed a visit and a health risk assessment this month. And so our members -- let's see. We've had about 45 visits in person this month at different facilities all over the state. Lots of visits going on, and I have not had really a lot of issues with the different facilities. I think we're -- we've gone to just about every facility by now.

I do have one member success story, just wanted to share. We had a member out of Green River who was released at the beginning of the month, was able -- our case manager was able to work with that member and get them into sober living, and they are now employed part-time and they plan to complete the program. There's an eight-month program at this particular sober

living facility, and so we've got them engaged in case management, working on a program, and employed part-time. So very excited that we've been able to engage and help this member get to this point, and we'll continue to support that member as long as they need it. So again, just very excited to be able to share that particular member success story.

MR. SHANNON: Good.

MS. LEWIS: Any questions?

(No response)

MS. LEWIS: Okay. Thank you.

MR. SHANNON: Thank you, Suzanne. Appreciate it.

All right. Passport by Molina?

MS. KIRK: Good morning. It's Betsy from Passport. So for June, we had 53 individuals identified and 37 confirmed eligible. We had 98 in-facility visits, so that includes, you know, members maybe identified in late May, as well as some second and even third visits in person from those early-identified members. So far, since April, we are 2 short of 200 facility

visits, and things really have been going well with all of the facilities. We really haven't run into any snags. We're doing pretty well with keeping in touch with most members post-release. I think really getting to build that rapport a little bit prior to release has helped us a lot with ensuring that we can stay connected.

And then in addition to the 1115 Reentry work, our community engagement (indiscernible -- audio issues). So far this year, we have had 22 pre-release classes, and then for the rest of the year, we have 7 more expungement clinics set up, a job fair, and 6 prerelease classes that we are looking forward to so far.

MR. SHANNON: Thank you. Any questions?

(No response)

MR. SHANNON: All right. Humana?

MS. BENDORF: Good morning. This is Kelly with Humana.

I actually kind of combined our May and June numbers just because I know that was since the last TAC. But during those 2

months, we had 99 kind of active members identified, and out of those 99, most were pre-release; however, we also have them identified at post-release. So we were -- as we were getting them, they had already been released. Of those 99 members, so we have actually gotten 58 members who are actively participating with care management with us. And again, that is both pre-release and post-release members. During the same time period, we have had 66 in-person visits, and we've been to all the prisons except for KSP; that's the only one we have not yet been able to go visit.

I know we talked a lot about barriers earlier, especially on implementation. I just wanted to kind of report that we have seen a lot of those kind of implementation barriers that we were foreseeing, especially with those mailing addresses, kind of starting to resolve themselves. Most of the addresses that we're now seeing are accurate, which has been super helpful not only to make sure that we're getting the correct information and packets to those

members, but also, you know, being able to know where they're actually at so that we can go see them. Also, I've noticed that most of the members that have been identified have been closer to actually being eligible for that pre-release care management. So I feel like we're moving in the right direction on a lot of those things.

Also, I just wanted to kind of give a shout out. I mean, our discharge planners that we work with are incredible, and I just kind of want to kind of publicly call them out. Paula and Beth have been amazing. I know they get bombarded with emails from all of us all the time, but they're always so responsive, they're always very professional, and they give us so much information. So I just wanted to let them -- let you guys know how much we appreciate them. And that is really our update.

MR. SHANNON: Thank you. I bet Kristin Porter's glad to hear the pre-release discharge planners recognized.

MS. PORTER: I just hope that they're all helpful. That's our goal, right?

MR. SHANNON: Yeah. Yeah.

All right. I always keep the BAC update on here. The minutes were sent out this morning. Thank you for that, Danni. So you could see what the BAC is up to, the Beneficiary Advisory Council. So just remain informed of what's taking place there, and do we need to take some action.

All right. We're doing good. Thanks for that. Any updates from members?

MS. ELAM: Yeah. So Priscilla and I from Kentucky Voices for Health, we chair the Healthy Reentry Coalition of Kentucky, and we've got individuals from University of Kentucky under the RITA Hub. I know that they partner with the Kentucky Judicial Commission on Mental Health, and they did a survey. And so they're going to be presenting the outcomes of that survey, the findings at our next meeting. And I will put a link for registration in the chat if you all are interested.

MR. SHANNON: All right. Thank you,

Brittany.

Anyone else?

(No response)

MR. SHANNON: Now is the future agenda items just in case someone has any suggestions. And the process is TACs can make recommendations to the Medicaid Advisory Council. I don't know if we have any recommendations we'd like to make. I think early stages, I'm pretty excited about the numbers we heard. Go on from there. And the success story. I mean, so I think it's -- we're moving in the direction we want to be moving. I think we're making progress, so that's kind of exciting. Anyone else?

(No response)

MR. SHANNON: All right. Our next meeting is September 10th. Thank you, all. Appreciate your participating. Go on and have a good day. We'll see you. Bye-bye. Thank you, Angela.

(Meeting concludes at 10:04 a.m., Eastern Time)

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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 21st day of July, 2026.



Tiffany Felts, CVR