

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

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11 Via Videoconference  
12 March 12, 2026  
13 Commencing at 9 a.m.

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20 Tiffany Felts, CVR  
21 Certified Verbatim Reporter

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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 (not present)  
Van Ingram  
Casey Michalovic  
Kristin Porter  
Kevin Sharkey  
Angela Darcy (not present)  
Nathan Thomas

1 MS. DAVIS: Good morning, everyone.  
2 This is Danni Davis with DMS. We are  
3 currently still working on the waiting room,  
4 so we'll probably give it a little bit more.  
5 Does that sound okay, Mr. Shannon?

6 MR. SHANNON: Sounds good, appreciate  
7 it.

8 MS. DAVIS: Okay, awesome.

9 All right, it is currently 9 a.m. We  
10 are still working on the waiting room, and  
11 right now, the committee members we have is  
12 you yourself, Mr. Shannon, Brandon Harley,  
13 and Van Ingram.

14 MR. SHANNON: Correct. That's what I  
15 have as well.

16 MS. DAVIS: Okay.

17 MR. SHANNON: Nathan Thomas.

18 MS. DAVIS: Yes, and Casey is now  
19 present as well.

20 MR. SHANNON: Okay. So we need one  
21 more, right? That's five?

22 MS. DAVIS: That is one, two, three,  
23 four, five. That is five, yes.

24 MR. SHANNON: All right.

25 MS. DAVIS: So we would need one

1 more.

2 MR. SHANNON: Yeah. Well, let's go  
3 ahead and get started with what we have --

4 MS. DAVIS: Okay.

5 MR. SHANNON: -- and if we get  
6 another one, we'll jump back and do the  
7 minutes real quick.

8 MS. DAVIS: That sounds great.

9 MR. SHANNON: All right. So again,  
10 the Reentry TAC, just to make sure we're all  
11 in the right place. This is our January  
12 meet -- I'm sorry, our March meeting --  
13 January on my mind. Then we have the five  
14 folks that we know are on. If someone else  
15 shows up, we will go ahead and we'll jump  
16 back and verify the quorum then, and we'll  
17 look at the minutes from the January  
18 meeting. Until we have a quorum, we can't  
19 do that. And again, if you're a member of  
20 the TAC, if you're voting on something, your  
21 camera has to be on; right, Danni?  
22 Otherwise, you're --

23 MS. DAVIS: That is correct.

24 MR. SHANNON: So all right. And  
25 let's go to the DMS update. I saw Angela

1 Sparrow on; is she giving it today?

2 MS. DAVIS: Yes, and I do believe she  
3 is here.

4 MR. SHANNON: Yeah.

5 MS. SPARROW: Good morning, everyone.

6 MR. SHANNON: Hello.

7 MS. SPARROW: It's good to see you  
8 this morning. I wanted to give you a few  
9 updates on implementation, so I've made a  
10 few notes. There are lots of things that  
11 are occurring through the next few weeks. I  
12 think we're just shy of three weeks for full  
13 implementation targeting, again, April 1st,  
14 so you might see a little more gray hair. I  
15 might have a little more gray hair these  
16 days, but that's good, that's good. So all  
17 good news again. We do still have some open  
18 items, but again, we've definitely made some  
19 progress and we're closing the loop on those  
20 things.

21 So our DOC and DJJ partners have been  
22 very busy. They, again, are still working  
23 with the managed care organizations to  
24 complete contracting with those entities, so  
25 again, many thanks to our MCO partners.

1           They, again, have come together to  
2           facilitate, again, a standard provider  
3           agreement for DOC and DJJ to better  
4           streamline the process, and again, ensure  
5           that we can meet that for implementation.  
6           So they, again, have been working to do  
7           that. Again, DOC and DJJ are currently  
8           reviewing that, so again, working to get  
9           those in place, and again, signed prior to  
10          go live, but I think, again, we still have  
11          time and opportunity there. I think we all  
12          understand the importance of needing to have  
13          those in place prior to 4/1. So continue --

14                 MR. SHANNON: And Angela, so just to  
15                 make sure, DJJ and DOC will bill for  
16                 services provided under this waiver within  
17                 the 60 days prior to release time?

18                 MS. SPARROW: That's correct, for the  
19                 MAT services.

20                 MR. SHANNON: Some services, right?

21                 MS. SPARROW: Yeah. Yeah, correct.

22                 MR. SHANNON: Okay.

23                 MS. SPARROW: That's right, yes. So  
24                 they do have to be contracted with the  
25                 managed care entities.

1           And again, they are continuing -- DOC  
2           and DJJ are continuing to enroll. I think  
3           we've made good progress there, and pretty  
4           well through that process, enroll their  
5           individual practitioners and prescribers  
6           that would be providing services that's  
7           billed to Medicaid that aren't currently  
8           enrolled. So again, most of those providers  
9           are, but again, there are some that work  
10          directly for DOC and DJJ that may not have,  
11          you know, provided Medicaid services in the  
12          community or enrolled prior to this. So  
13          that is a new process for some, and again,  
14          they have been very patient with us. We've  
15          tried to provide support working with the  
16          Medicaid team to get those applications  
17          through, so we've made great progress on  
18          that in enrolling those practitioners.

19                 MR. INGRAM: Can I ask you a  
20                 question, Angela?

21                 MS. SPARROW: You can.

22                 MR. INGRAM: And this may be for  
23                 another meeting, but as we try to bring on  
24                 jails later, would each one of them have to  
25                 also have contracts with the managed care

1 organizations, or is there a way around  
2 that?

3 MS. SPARROW: That -- again, the  
4 jail -- the jails may be a different model.

5 MR. INGRAM: Okay. Okay.

6 MS. SPARROW: Again, they may not  
7 have the infrastructure as DOC or DJJ does.  
8 So the jails, again -- and -- or again,  
9 there could be multiple, so some jails may  
10 or would, and have that, you know, to be  
11 able to provide and bill for services  
12 directly, some may not. So those models,  
13 yes, could look different.

14 MR. INGRAM: That's something I would  
15 like to talk to you about at a later time.

16 MR. SHANNON: Yeah.

17 MS. SPARROW: Yes, yes.

18 MR. SHANNON: And could some of those  
19 jails just bill Medicaid directly, kind of a  
20 fee-for-service model?

21 MS. SPARROW: So that's --

22 MR. SHANNON: Just to decrease the  
23 contracts and the variations.

24 MS. SPARROW: Yes, so for the jails,  
25 the jails currently, again, aren't covered

1 under the 1115.

2 MR. SHANNON: Right, right.

3 MS. SPARROW: So for the CAA  
4 services, that is the work and the planning  
5 through this year, through 2026, is really  
6 to determine what that model looks like for  
7 the jails.

8 MR. SHANNON: Okay.

9 MS. SPARROW: And again, it is  
10 challenging with the CAA population being a  
11 smaller group of individuals, smaller set of  
12 services. So again, for some jails that may  
13 only have a handful or less youth, again,  
14 you know, their infrastructure to be able to  
15 enroll with Medicaid, contract with MCOs,  
16 bill for services for those amount that they  
17 would have may be different than, you know,  
18 the DOC or DJJ population. So again, the  
19 model may look different, likely would look  
20 different --

21 MR. SHANNON: Okay.

22 MS. SPARROW: -- for the jails, for  
23 CAA, and again, you know, for a potential  
24 future amendment of the 1115 to include the  
25 jails, again, that could change with

1 additional services, cover additional  
2 populations. So those things are all, you  
3 know, being considered.

4 MR. SHANNON: Okay. I guess jails  
5 could contract with someone else who's a  
6 Medicaid provider. Would that meet the  
7 criteria for CAA for that population?

8 MS. SPARROW: It does. I think,  
9 again, so that we would have to, you know,  
10 make some policy changes, make some changes,  
11 again, in terms of systems.

12 MR. SHANNON: Yeah.

13 MS. SPARROW: So the current  
14 infrastructure is set up for those direct  
15 carceral settings to be enrolled in the new  
16 provider type. So those are, again, all  
17 things to be considered when we onboard  
18 jails, which is, again, you know, a very  
19 different structure.

20 MR. SHANNON: Right, we'll get there.

21 MS. SPARROW: Yep.

22 MR. SHANNON: We just want to get  
23 there, right, Van?

24 MR. INGRAM: That's right.

25 MS. SPARROW: Right.

1 MR. INGRAM: I don't care how we get  
2 there, as long as we get there.

3 MR. SHANNON: Yes.

4 MS. SPARROW: Right, right.

5 MR. SHANNON: Yep, I agree.

6 MS. SPARROW: Yeah.

7 DOC and DJJ, again, their staff has  
8 been participating in trainings, billing.  
9 Again, we are conducting some trainings,  
10 we'll have to conduct some trainings around  
11 submitting electronic applications, which is  
12 going to be a big step forward for those  
13 facilities. So again, they're bearing with  
14 us through those.

15 We are scheduled to have end-to-end  
16 walkthroughs with both DOC and DJJ in the  
17 next couple of weeks, and again, that's  
18 going to really include kind of the full  
19 scope from entry to the release. And so all  
20 of those activities from screening, Medicaid  
21 applications, to the pre-release period,  
22 enrolling again in the managed care -- with  
23 a managed care entity, providing those  
24 pre-release services, again, at release  
25 again, that's going to include those release

1 medications and those activities, again,  
2 with the MCOs in handing off at release. So  
3 kind of that end-to-end, full-scope  
4 walkthrough, given, again, this is a  
5 large-scope project, we want to make sure,  
6 again, we really put all of the policies in  
7 place that have been developed over the last  
8 several months and even years. And again,  
9 so we are finalizing operations manual that  
10 will support the end-to-end process for all  
11 partners to support, again, those  
12 walkthroughs, so that's going to be, I  
13 think, a great activity for our partners and  
14 for DMS to really have that end-to-end prior  
15 to go live. So looking forward to that in  
16 the next week or two with those partners.

17 Again, we are still moving through  
18 testing of our systems. So these are direct  
19 interfaces with DOC and DJJ systems. These  
20 are new, so we are having to make some  
21 changes as we go through testing. That's  
22 why we do have testing, and that's why we  
23 have testing prior to go live. So it's  
24 good, again, we do have that opportunity.  
25 We still have some time to make those

1 changes to support that 4/1 implementation,  
2 so that's still underway with our partners.

3 Again, many thanks to the MCOs. I  
4 know they've been very busy hiring  
5 additional case managers to support  
6 pre-release activities and those  
7 post-release case management activities. So  
8 their case managers, again, are going  
9 through that hiring and training process  
10 with DOC and DJJ as well; I know, again,  
11 working through contracts. Credentialing  
12 with the MCOs is still under review at this  
13 time, but I know, again, that they've been  
14 busy with those activities.

15 All partners, we've talked a lot  
16 about this, readiness assessments that's  
17 required under the demonstration, so all of  
18 our partners: DOC, DJJ, each of the MCOs,  
19 DMS, DCBS, our PBM, our MedImpact pharmacy  
20 vendor, so all partners, our ITs, have  
21 undergone a readiness assessment. So  
22 everyone's completed those initial  
23 assessments and they've been reviewed.

24 We are working, again, on some of  
25 those mitigation plans as needed in

1 different areas, again, kind of mapping out  
2 to get us through 4/1. And again, our  
3 partners will be moving into kind of that  
4 attestation phase, so that's -- that was a  
5 large initiative. And again, you know, all  
6 partners did go through that, so many  
7 thanks. In addition with all of the other  
8 activities, they are bearing with us to get  
9 through that. So final report will be, I  
10 think -- again, I think completed the week  
11 before go live, and so at this point in  
12 time, again, I don't think that we see any  
13 significant, you know, showstoppers, if you  
14 will, anything that will halt. So I think  
15 in some areas where there might need some  
16 changes or adjustments, again, we are making  
17 and planning for those to make sure that we  
18 have those in place and support full go  
19 live. So, so far, again, we are tracking in  
20 that direction. I think we talked about,  
21 again, kind of finalizing some of those  
22 operations manuals to support  
23 implementation.

24 So again, I think our groups have  
25 been pretty busy. Everybody, again, is

1 still working forward, moving forward, and  
2 on board to do so across all facilities.  
3 I'll pause there. We've -- see if we've got  
4 any questions, but it's -- it will be a busy  
5 few weeks ahead.

6 MR. SHANNON: Yeah, I'm excited about  
7 it.

8 MS. SPARROW: It is.

9 MR. SHANNON: You've got to be  
10 excited to see it actually happen.

11 MS. SPARROW: Yeah.

12 MR. SHANNON: Is there anything we  
13 need from CMS between now and April 1?

14 MS. SPARROW: We still have the  
15 implementation. I made a note here; we  
16 still have implementation plan pending with  
17 CMS. Again, for this demonstration, we are  
18 able to move forward with implementation  
19 without that official approval, and they  
20 know that. We did have a call with them.  
21 Again, I think we've talked a little bit  
22 about this that they've, last year, adjusted  
23 some of their monitoring for states and  
24 approach. So we did just have our quarterly  
25 call with CMS, again, provided all updates

1 so they're aware of the state's plan. We do  
2 have annual reporting to CMS due the end of  
3 this month, so we've talked to them through  
4 that and updates. So no concerns, again, in  
5 terms of, you know, our requirements to CMS  
6 and moving forward.

7 Again, you know, we have those  
8 requirements around the readiness  
9 assessments and documentation that  
10 facilities meet, you know, all those program  
11 areas. And so we do have that that's been  
12 the process our providers and our partners  
13 have been undergoing. Again, that was  
14 really kind of the piece there to move  
15 forward for implementation and before  
16 implementation. So from that perspective, I  
17 think we're good to move forward.

18 You know, we have in the  
19 implementation plan, it's been a little bit  
20 different than some of the other  
21 demonstrations that we have gotten some ask  
22 around, and it's more of asking for updates  
23 more so than asking us to, you know,  
24 actually change what we've proposed. So  
25 that's been a little bit different and

1 working through with CMS, and I think it's  
2 given the timeframe. So we submitted that  
3 implementation plan; it's been 14, 15 months  
4 ago, so, you know, a great deal has happened  
5 since then. You know, the state has made a  
6 lot of progress in areas that we had noted  
7 as future state, but that future state has  
8 really kind of turned into our current state  
9 in some of those things. So we've gotten  
10 some, I think, feedback or questions around  
11 that, which again, is a little bit different  
12 than some of the other projects that we've  
13 worked on with them. But I think really,  
14 again, it's just around the timeframe that's  
15 lapsed since the initial submission. So I  
16 think, again, also, like you said, kind of,  
17 Steve, they're kind of checking balances  
18 just to make sure that the state has those  
19 things in place, which we've, again, kind of  
20 will update. They know we are in the midst  
21 of implementation and our annual reporting,  
22 so they are expecting, again, not to receive  
23 those updates from us for -- until the end  
24 of the month when we get through this  
25 portion here, so.

1 MR. SHANNON: All right.

2 MS. HERRINGTON: Hi, Angela, this  
3 is --

4 MR. SHANNON: Anyone have any --  
5 yeah?

6 MS. HERRINGTON: -- it's Brittany  
7 from Kentucky Voices for Health. I was  
8 wondering -- I have two questions. The  
9 first one, are there any eligible facilities  
10 currently that are not necessarily in the  
11 implementation phase but are they working  
12 with the waiver currently? And if not, do  
13 you expect by that April 1 date for all  
14 eligible facilities to be, like, ready to  
15 go, everything live? What are you  
16 forecasting there?

17 MS. SPARROW: Yeah, thanks, Brittany.  
18 Good question. So again, we are  
19 anticipating all of our state prisons, and  
20 all of the youth development centers at this  
21 time to go live on 4/1 for the 1115  
22 services. So at this time, again, there  
23 hasn't been any of the specific facilities  
24 that, you know, we found are not going to be  
25 able to come on board. Does that help?

1 MS. HERRINGTON: Yeah.

2 MR. SHANNON: Yeah.

3 MS. HERRINGTON: And I think the last  
4 TAC meeting that I was on, or it may have  
5 been another, like, DMS call -- there's so  
6 many calls -- you all talked about, I think,  
7 a youth development center in Morehead that  
8 had rolled out the Consolidated  
9 Appropriations Act; is that right? And are  
10 they still utilizing that? Are there any  
11 other facilities that are currently  
12 utilizing that?

13 MS. SPARROW: So that's correct, the  
14 one YDC is onboarded for CAA. The other  
15 YDCs, again, will onboard with CAA post the  
16 1115 implementation.

17 MS. HERRINGTON: I got you, that's  
18 helpful.

19 MS. SPARROW: So yeah. Regarding  
20 CAA, again, we did get the -- around the CAA  
21 grant that we've talked about to support  
22 implementation, so we did receive the notice  
23 of funding earlier this year. Again, we're  
24 working with CMS to officially draw those  
25 funds down to support DMS and our partners

1 in the CAA implementation, so I think for  
2 that first year, which is through 6/30 of  
3 this year, I think the initial first year is  
4 about 1.4 million to support implementation.  
5 And again, portions of that will be  
6 allocated to DOC and DJJ for CAA  
7 implementation, and then, again, a portion  
8 of that will also be for planning on  
9 onboarding the jails. So what we talked  
10 about earlier, what does that model look  
11 like for jails? What does that model -- or  
12 what are those hybrid, you know, models look  
13 like for the jails? So again, really that  
14 planning, knowing that their systems, their  
15 infrastructure is different than DOC and  
16 DJJ, so the model could be and likely will  
17 be different.

18 MR. SHANNON: Yeah.

19 MS. SPARROW: So planning on that.

20 What we're exploring is there is a  
21 MOUD in Jails Workgroup, which some of you  
22 all, I believe, are involved in or probably  
23 aware of. That workgroup, again, I think,  
24 is moving forward with a first cohort of  
25 providers, so we are looking at, you know,

1 do we align with that workgroup with the  
2 work that they're doing with those jails?  
3 Again, different services, but, you know,  
4 there are some similarities there where,  
5 again, they are, you know, adopting new  
6 practice, new policies, new procedures. Is  
7 that an opportunity, again, to align with  
8 that?

9 I know we talked last year, again,  
10 about, you know, identifying first cohort to  
11 onboard. So again, you know, since that  
12 workgroup has kicked off in some of the  
13 initiatives there, revisiting, again, you  
14 know, maybe aligning with that initial --

15 MR. SHANNON: Yeah.

16 MS. SPARROW: -- rollout.

17 MR. SHANNON: They might be more  
18 ready than other folks, right?

19 MS. SPARROW: Right. Right, yes.  
20 And when I think -- when we -- I've got -- I  
21 don't have it, you know, specifically with  
22 me, but I think when we looked, a couple of  
23 those had -- you know, do overlap what we  
24 had identified through our work with the  
25 jails as, you know, a first group of

1 cohorts. So I think, again, like you said,  
2 I think some of those that kind of are more  
3 ready than others, and it seems like  
4 that's --

5 MR. SHANNON: And the CAA population  
6 is up through age 26, 18 to 26?

7 MS. SPARROW: It is up to 21 --

8 MR. SHANNON: Twenty-one, sorry.

9 MS. SPARROW: -- or former foster  
10 care, which is up to 26, yeah.

11 MR. SHANNON: Ah.

12 MS. SPARROW: Yeah.

13 MR. SHANNON: Okay. Any questions  
14 about those two items?

15 (No response)

16 MR. SHANNON: Y'all have been busy.

17 I keep hepatitis C up here, just a  
18 conversation, just in case something  
19 happens.

20 MS. SPARROW: Yes.

21 MR. SHANNON: You know, I have the  
22 BAC update, have it down here as a general.  
23 I don't know if there's anything to add  
24 about that, the benefit advisory council.  
25 And down lower, we can jump to that one real

1 quick, the BAC update is kind of repeated, I  
2 apologize for that. Is anything happening  
3 there that impacts this TAC? I don't know  
4 if you can answer that question, Angela, or  
5 somebody else. You know, if there's some  
6 other information they need from us or  
7 something. I just want to make sure that's  
8 available to Medicaid to use us that way to  
9 facilitate the work of the BAC.

10 MS. DAVIS: I don't mind to speak on  
11 that.

12 MR. SHANNON: Okay.

13 MS. DAVIS: So as you know, that is a  
14 confidential meeting, but you can access the  
15 meeting minutes on the Beneficiary Advisory  
16 Council website, which I do not mind sharing  
17 with you after this meeting.

18 MR. SHANNON: Okay, sounds good.  
19 Thanks, Danni, appreciate it.

20 All right. Any other questions for  
21 Medicaid?

22 MS. SPARROW: That could be a loaded  
23 question, Steve. I may not be able to  
24 answer all those questions.

25 MR. SHANNON: Let's see what they

1 say, there's lot of questions. All right.

2 MS. SPARROW: That's right. I'm sure  
3 there are some questions, yes.

4 MR. INGRAM: Just thank you for all  
5 you're doing, Angela. I know this has been  
6 a long, tedious, hard process. Appreciate  
7 you all working through it.

8 MR. SHANNON: Yeah.

9 MS. SPARROW: Thank you. Like I  
10 said, we can't give our partners enough  
11 gratitude and thanks and appreciation. So  
12 again, you know, kind of coming on board to  
13 the Medicaid system is -- we all know can be  
14 -- there's definite some challenges in  
15 addition to the many other things that they  
16 have, you know, going on and initiatives  
17 within their departments and areas, too.

18 MR. SHANNON: Yeah.

19 MS. SPARROW: So it has truly been a  
20 team effort, and I can't say that enough.

21 MR. SHANNON: Yeah. And it's a whole  
22 new piece. I mean, it's -- you know, it's  
23 not -- I -- you know, new location, new  
24 people, new providers, new concept. You  
25 know, makes you think maybe what was it like

1 back in 1965, '66, '67, you know? We gotta  
2 create this as we go, right? So it's going  
3 to have a good impact, I think. It's going  
4 to be significant for people who can access  
5 services pretty quickly now and not -- you  
6 know, our experience with mental health  
7 centers, it's a lot of people get lost at  
8 that transition, even with, you know, the  
9 best handoff we can do. This is going to be  
10 much better than that, and it's much more  
11 intentional, so I think it's a good thing.  
12 So appreciate it, good work.

13 All right, MCO updates. Aetna?

14 MS. MANN: Hello, I am Shelly with  
15 Aetna. I'm the juvenile justice liaison,  
16 system of care administrator; it's a  
17 mouthful.

18 You know, we've been working all  
19 things reentry, right? We not only have  
20 DOC, but we also have DJJ. Of course, our  
21 ongoing partnership with DJJ has helped us  
22 at least have better -- you know, a rough  
23 game plan. But I have the unique  
24 opportunity last month to go to the County  
25 Attorney Association's annual conference,

1 and, you know, they didn't know a whole lot  
2 about the 1115 Reentry Waiver, so I had a  
3 lot of opportunity to talk with our county  
4 attorneys across the state and just explain  
5 the amazing work that we're doing here. And  
6 for what it's worth, they at least seemed  
7 interested and excited, and a couple of  
8 people were, you know, like, "I want more  
9 information," and so I pointed them to, you  
10 know, there's information on the internet,  
11 feel free, or, you know, reach out to me.

12 We have developed a couple of  
13 trainings for our staff depending on the  
14 population, or we -- I have, right, just  
15 about engaging with these individuals and  
16 some barriers and best practices. I'm  
17 pretty excited about that. Our systems are  
18 as ready to go as they can be given that  
19 we're still waiting on things, right? I  
20 don't know about anybody else here at Aetna,  
21 but I've been around this field for a very  
22 long time, and I'm extremely excited that  
23 this is getting ready to happen for these  
24 folks.

25 MR. SHANNON: Yeah. Very good.

1 Thank you.

2 MS. MANN: Yep.

3 MR. SHANNON: WellCare Centene?

4 MS. DANIEL: Hi, this is Emily Daniel  
5 with WellCare of Kentucky. In regards to  
6 the 1115 Waiver implementation, we have  
7 three new hires, two have been onboarded,  
8 and we have one more that's still working  
9 through some paperwork. And again, we are  
10 excited to roll out this program, 4/1,  
11 go-live.

12 And in regards to just referrals  
13 right now coming through for reentry, we  
14 started off 2026 pretty strong. We had nine  
15 referrals for prison reentry members. That  
16 did, I guess you could say, just cut off.  
17 We haven't had any in February or March yet,  
18 so we'll continue to look out for that.

19 (Inadvertent interruption)

20 MR. SHANNON: Ashley Duncan, we can  
21 hear you. There you go, thank you.

22 MS. DANIEL: And that's all for  
23 WellCare.

24 MR. SHANNON: All right, thank you.  
25 Appreciate it.

1 United?

2 MS. KOENIG: Hey, good morning,  
3 Steve. Stephanie Koenig.

4 MR. SHANNON: Hey, Stephanie, how are  
5 you?

6 MS. KOENIG: Doing well. Kind of  
7 along the lines, thank you, Angela, for your  
8 great update. At United, we've obviously,  
9 with the 1115 reentry, been working through,  
10 as she's mentioned, the contracting and  
11 credentialing process. We were able to  
12 identify internally 3 individuals that will  
13 be supporting the 1115. We did just accept  
14 one offer, and then we have two underway.  
15 So as we start to roll out this program,  
16 we'll continue to identify the staffing  
17 needs, but as other MCOs have mentioned, we  
18 are ready and excited to go live 4/1.

19 In regards to the reentry  
20 individuals, just this past Monday, United  
21 Healthcare sponsored in partnership with  
22 Goodwill and Kentucky Chambers an  
23 expungement clinic. It kind of piggybacked  
24 off of the Fair Chance Opportunity fair down  
25 in Bowling Green. There was significant

1 community partnership and participation,  
2 along with the Kentucky Chamber Foundation  
3 and Fifth Third, their empowerment bank,  
4 which is really cool. For those that may  
5 not be aware, definitely encourage you to  
6 look into that. And really excited to  
7 report out, I think there was 90 individuals  
8 that went through the expungement process in  
9 the Bowling Green area this past Monday.

10 And then, I think I've continuously  
11 reported out on these TACs, we did do some  
12 sort of enhanced internal reporting back  
13 starting in 2023, trying to do early  
14 identification from our eligibility file and  
15 tried to do outreach post incarceration. So  
16 our total outreaches since 2026, we had  
17 identified 960 individuals; total attempts  
18 to engage those number, 783; reach and  
19 decline case management, 39; we were able to  
20 complete HRAs on 23; and 31 since the 1st of  
21 January have agreed to case management with  
22 our behavioral health team.

23 MR. SHANNON: So very good.

24 MS. KOENIG: And that's all we have.

25 Thanks.

1 MR. SHANNON: Thanks, appreciate it.  
2 Passport by Molina?

3 MS. KIRK: Good morning, it's Betsy  
4 Kirk from Passport. I will echo everyone so  
5 far, we are definitely all hands in getting  
6 ready for the 4/1 go-live. We have three  
7 new staff hired and one offer out, so  
8 getting everyone onboarded and through the  
9 process. DOC has been really great about  
10 the background check process and getting  
11 that done quickly, so lots of appreciation  
12 there. Our community engagement team  
13 continues to host events in 2025 and 2026.  
14 We had three in January and nine in February  
15 with nine more events scheduled that are  
16 kind of focused on the reentry population  
17 and previously incarcerated individuals. So  
18 a big year. I think we have about 52  
19 already planned for the year.

20 And then, as far as reentry, we have  
21 had four members officially identified so  
22 far this year. I'll echo, I don't think we  
23 had any in February -- maybe one in February  
24 and none in March so far, but we have been  
25 outreaching, trying to reach them. Of

1 course, the primary barrier is just getting  
2 a hold of them. But we have identified 99  
3 additional members through our reporting who  
4 we believe have been recently released, so  
5 we continue to outreach them and focus on  
6 easing that transition the best that we can.

7 MR. SHANNON: Right, super.

8 All right, and Humana?

9 MS. STEWART: Hi, this is Yonbretta  
10 Stewart from Humana. We are -- the team has  
11 completed their background checks and DOC  
12 training. We are still actively preparing  
13 our staff through, again, all the  
14 comprehensive training to ensure readiness  
15 for the launch of pre-release and care  
16 management services on April 1st. And then  
17 also, while these preparations are underway,  
18 we're still maintaining ongoing outreach  
19 efforts to engage members and care  
20 management and following their release.

21 We currently had -- or we have 13  
22 events for March that are geared around  
23 expungement, career resources, and then  
24 partnering, of course, with Goodwill as  
25 well. And then we have three events

1 scheduled for -- so far, for April, again,  
2 with the partner days and doing expungement  
3 as well.

4 MR. SHANNON: Very good. Any  
5 questions for any of the MCOs?

6 (No response)

7 MR. SHANNON: All right, let's jump  
8 up. I think we now have a quorum. Yeah, I  
9 think we have seven now, so can we approve  
10 the minutes?

11 MR. INGRAM: So moved.

12 MR. SHANNON: Van Ingram.

13 MR. HARLEY: Second. Brandon.

14 MR. SHANNON: Brandon. All in favor,  
15 signify by saying "aye."

16 (Aye)

17 MR. SHANNON: All right, thank you.  
18 That's really the piece of work we have to  
19 do.

20 Any updates from members?

21 MR. INGRAM: Steve, I'll just say the  
22 work of the Opioid Abatement Commission  
23 continues. Next week, we'll have our  
24 seventh meeting of the Treatment Recovery  
25 Committee. The unfortunate part is we have

1 eight and a half times more applications  
2 than we have money to fund, so there'll be  
3 some good projects that won't get funded.  
4 But that's not an indictment on anybody's  
5 proposal. It's just there's only so much to  
6 go around, and 170 million in requests and  
7 around 20 million to give away. So I guess  
8 I'm apologizing ahead of time for some folks  
9 that might be disappointed, but it's just an  
10 unfortunate thing we only got so much money  
11 available. We will wrap up our work in  
12 April, and then the staff will start  
13 contracting with grantees getting ready for  
14 the July 1st start date.

15 MR. SHANNON: All right. Well, the  
16 word's gotten out, right? Funds are  
17 available.

18 MR. INGRAM: Yeah, the word is out.

19 MR. SHANNON: Obviously, yeah. Yeah,  
20 that's going to -- makes you work a lot  
21 harder, doesn't it, Van? So --

22 MS. MICHALOVIC: I have an update,  
23 Steve.

24 MR. SHANNON: Yeah, go ahead, Casey.

25 MS. MICHALOVIC: So we got invited by

1 DOC to attend a new, I guess, program  
2 they're doing, which is having resource and  
3 job fairs. I think they said they're going  
4 to do it quarterly at the prisons for people  
5 approaching release. So we got to go to the  
6 first one at Southeast State this week.  
7 There were some kinks in there, but we got  
8 through it. We actually got to see 38  
9 people who were getting ready to get  
10 released, one of them was getting released  
11 that day, I think. So helping them get  
12 connected to -- you know, we gave them info  
13 on legal services, of course, but Kynect was  
14 there to talk about Medicaid, that's what  
15 made me think of it. And then they -- there  
16 were some job providers there, too, but it's  
17 going to be a quarterly thing. I think all  
18 of them are going to start doing it, so that  
19 was our new, fun project.

20 MR. SHANNON: All right, very good.

21 MS. PORTER: To kind of piggyback on  
22 that, so we did -- you know, many of you who  
23 are familiar with DOC, you know we used to  
24 do these quite often, and COVID hit and we  
25 had to quit doing them for a while. And

1 we've slowly come back with hosting the job  
2 and resource fairs, and so this year, we are  
3 starting to host them quarterly at every  
4 institution. And so we're really excited to  
5 kind of relaunch to the level that we had  
6 prior to COVID, and so we're coming back  
7 strong this year with them all, and so we're  
8 really appreciative. Thank you, Casey, of  
9 bringing -- you know, bringing that up.  
10 We're really appreciative of everyone  
11 showing up and coming to them all. And so  
12 we've got second chance employers that are  
13 showing up, different resource partners that  
14 are showing up, so if you know of anyone who  
15 wants to come to them, we are doing them at  
16 all of the prisons. So our first quarter  
17 event is this month. Every prison is  
18 hosting one this month, so it's a big launch  
19 this month for us, so pretty exciting.

20 MR. SHANNON: All right. Big win.

21 MR. HARLEY: Does anybody have any  
22 updates by chance -- this is Brandon -- on  
23 some of this work that KCTCS and Dr. Quarles  
24 is doing with --

25 MS. PORTER: Yes --

1           MR. HARLEY: -- some of the education  
2           and reentry stuff? Because I've been  
3           reading a little bit about that, it's been  
4           interesting.

5           MS. PORTER: Yeah, I can update you,  
6           Brandon, on that. So we have been working  
7           closely with them on that bill. I know it  
8           has passed the House at this point, and so  
9           that's very exciting. I'm hoping to see it  
10          continue to pass through. That is a project  
11          that would be located in the Northpoint  
12          Training Center. It would be something that  
13          would be a brand-new structure for the  
14          Department of Corrections and KCTCS that  
15          would provide vocational training services  
16          for our population. There would be a whole  
17          list of programming that would be offered  
18          there.

19          So it would be basically immersive  
20          reentry skills. I don't know if anyone's  
21          familiar with the Michigan model, but  
22          basically inmates live there in a reentry  
23          campus style setting. They wake up there in  
24          a reentry campus, they go to work for an  
25          eight-hour type workday, learn a vocational

1 trade, and then go "home" to their reentry  
2 campus and sleep there at night. So, you  
3 know, normally in our prisons, basically the  
4 way it works is they live in a general  
5 population setting, they have the  
6 opportunity to participate in vocational  
7 programs, but the programs, they're -- not  
8 taking away from how good they are because  
9 they're great programs, but they go to them  
10 for maybe two hours a day, and then they go  
11 back to their general population setting.  
12 So the difference in the two is this is  
13 where -- basically a community where they  
14 would be living with the same type of  
15 people, almost like a therapeutic community  
16 model if you're familiar with that type of a  
17 model in the substance abuse world. So they  
18 would be living in that type of a world for  
19 the reentry services. We would have  
20 employers in those industries specific to  
21 those programs that would be connected to  
22 where when they complete those, they would  
23 be released from custody. Of course,  
24 timing-wise, it would be lined up with their  
25 release dates to where they would be

1 released and go straight working in that  
2 industry as well. They would have all the  
3 life skills training and everything  
4 accompanied with it.

5 So in Michigan, they have had huge  
6 success, and very, very extremely low  
7 recidivism coming out of it. So that's the  
8 model we hope to bring here to Kentucky, but  
9 of course, in Kentucky, we're going to do it  
10 10 times better, right? So it's going to be  
11 even better, not there we're competitive or  
12 anything, but, you know, that's what we  
13 would do, so.

14 MR. SHANNON: Okay. And that's eight  
15 hours Monday to Friday, so they kind of have  
16 a regular life? Weekends are whatever  
17 weekends are?

18 MS. PORTER: Absolutely. Yeah, I  
19 mean, so it would really train them exactly  
20 how it would be when they get released and  
21 go to a job every day, so.

22 MR. SHANNON: Good deal. Yeah,  
23 that's exciting.

24 MR. INGRAM: By the way, Kristin, the  
25 governor gave that program a shout out at

1 the governor's prayer breakfast this  
2 morning.

3 MS. PORTER: Awesome.

4 MR. INGRAM: He was bragging on it --

5 MR. SHANNON: Yeah.

6 MR. INGRAM: -- at Northpoint.

7 MS. PORTER: That's awesome. We're  
8 hopeful for it.

9 MR. SHANNON: Very good, yeah.

10 All right, and in the chat Brittany  
11 with Voices for Health would like the MCOs  
12 to send her the events, and her email  
13 address is there. So get that.

14 Anything else? We have no  
15 recommendations, correct?

16 (No response)

17 MR. SHANNON: So all right. All  
18 right, anything else?

19 (No response)

20 MR. SHANNON: We'll meet May 7th, I  
21 think is our next meeting, yep. We'll then  
22 actually have about -- we'll have 37 days of  
23 1115 Reentry Waiver. It will be the first  
24 time we've had a meeting where they've  
25 actually -- the service has become available

1 for that, so.

2 MS. SPARROW: Yeah, I think, Steve,  
3 again, we can try to plan ahead of that  
4 meeting to kind of bring forward -- again,  
5 we'll be pretty still new into it --

6 MR. SHANNON: I'm sure.

7 MS. SPARROW: -- but we'll -- we can  
8 bring back some, you know, numbers that  
9 we've seen in terms of, you know --

10 MR. SHANNON: Mm-hmm.

11 MS. SPARROW: -- whose been eligible  
12 to that date, etc.

13 MR. SHANNON: Yeah. Obviously, we  
14 don't expect a lot of profound, significant  
15 news, but we've been meeting for many years.  
16 Now we actually have the thing we're meeting  
17 about. It's actually in place, so that's  
18 kind of exciting.

19 MS. SPARROW: That's right. That's  
20 right. Yep.

21 MR. SHANNON: All right, that's it,  
22 folks. We'll see you all next time. All  
23 right, take care. Keep up the good work.

24 MS. SPARROW: Thank you. Thanks.

25 MR. SHANNON: See you all, bye-bye.

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MS. SPARROW: Bye.

(Meeting adjourns at 9:46 a.m.)

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C E R T I F I C A T E

I, TIFFANY FELTS, Certified Verbatim Reporter, 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 March, 2026.

*Tiffany Felts, CVR*  
Tiffany Felts, CVR