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

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Via Videoconference
May 14, 2026
9:00- 9:50 a.m.

Theresa Prokop
Certified Voicewriter

A P P E A R A N C E S

TAC Members:

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

MR. SHANNON: All right. Welcome, Reentry TAC. Glad you're all here. We do not have a quorum yet, so we'll hold off on minutes and things like that. But once that does happen, we'll move to that pretty quickly. So you just give me a heads-up on that and I'd appreciate it, Danni. So we won't do the minutes either.

So let's go ahead with DMS update. Angela, is that you?

MS. SPARROW: Good morning. It is, yes. Thanks, everyone. Good to see everybody. I do want to provide some updates in terms of the Reentry 1115 implementation.

So, we did fully implement on April 1st. So again, about six weeks or so into implementation, and it's quickly flying through. We flew through April pretty fast. And again well into May.

First of all, again, I always want to say, we certainly couldn't -- Kentucky couldn't have gotten here without the support of everybody on the call and all the partnership.

So, we did, again, move forward in

implementation in the 14 state prisons and in the Youth Development Centers.

We did deploy systems. I know we've talked a lot about systems. So systems did deploy prior to implementation. There was some delays in terms of some of the testing, so, it was in place prior to implementation, but again, it did not allow as much time as we had hoped in terms of MCOs receiving notification of their assignments and enrollees.

But, again, we did start sharing information from DOC and DJJ's healthcare systems, or, again, EHR systems to the Medicaid eligibility to start calculating individuals' eligibility on 4/1.

Again, I'll give you some of those numbers here in a bit, but we'll talk through some of the process since then.

With that being said, again, we are still looking at some of the system changes that do need some updates. And so we've been working through that through the data. And again, working with DOC and the MCOs on that.

So, we-- part of those system changes were, again, updating addresses to where the individual is located at each of the prisons.

Historically, again, that has been designated as the DOC main facility, so again, that was important to know exactly where those individuals are located for the MCOs to be able to reach out, send appropriate mailing notifications, Medicaid IDs, handbooks, et cetera, as well as make those in-person visits.

So, we are still working through that. We've had to do some updates and do some fixes there. And so that has occurred. Again, we are still working through some of those that are manually need to be updated in our system, but working again to get those in place and making some of those updates.

But, again, MCOs are, again, working with DOC and DJJ and their staff to coordinate case management visits. So they are getting information. MCOs are getting information on those that are in their prerelease eligibility period. They are being assigned. They are,

again, then MCOs are assigning those case managers. They are reaching out to schedule visits with the DOC and the DJJ stuff. So that is occurring. We have MCOs and they'll certainly give you some updates on what they're doing, but we do have the MCO case managers making in-person visits into the state prisons, that is occurring.

Again, I think some of the challenges there is staffing. Certainly, we're still working on some capacity building. Know that we're -- the MCOs are working on that as well.

It was challenging in the beginning to know the volume, especially to know the volume of releases in different areas of the state to make sure that we have adequate coverage in those areas of the state prisons to know what the MCO assignments were going to look like.

But, like I said, I think post-implementation we have a much better idea of that, and the MCOs are, again, are reaching out and getting those contacts.

So I think, again, to give you some

numbers. So far, currently, again, we have 603 individuals that are within their prerelease eligibility period.

Since implementation, we did have over 850 individuals enrolled in their prerelease eligibility period.

But what is important to remember about those numbers, and what we, again, and what DOC has prepared us for, is those release dates are very fluid.

So what's important to remember about those numbers is a large number of those individuals have actually rolled outside of their eligibility period.

So, for example, an individual may have a release date, expected release date, within a couple of weeks. They do fall in their eligibility period. They will go up in front of the parole board. They may not make parole. Their release date might be pushed out, you know, another year or two. And so come at that time, again, they roll outside of their eligibility period.

So, while those numbers, again, are high, are higher here, you know, since

implementation, it's important to remember a large number, so over 300 or so of those individuals would have been deferred. And so, again, those release dates are pushed out, and so then their eligibility period is end-dated.

So, they're actually still within the prison, they're not released, but they fall outside of their eligibility period at that point in time.

So, I know that's been -- has, you know, created some challenges, but I think the MCOs and DOC are, again, kind of feeling their way through some of that.

Again, DOC did a great job, I think, of really trying to prepare us for what those -- what that would look like or what they could look like, but I think, again, still working with the case managers on how to operationalize that.

So, how are we -- again, we want to make sure that if they do leave, there's a chance that they leave, that we are making that contact. That we are providing those services, that we are prepared. But the majority of those individuals may not leave.

And so, again, I think we're trying to talk through, you know, how to prioritize those visits and contacts, how to make sure we're prepared, but knowing, again, that, you know, a large portion of those may be deferred and fall outside of there.

So when they're scheduling visits, trying to make sure that they're getting to those. You know, again, I think the teams are working through that and what does that look like.

So, I think again, that's as we're into implementation, these are things that we knew we would need to almost see, right? To know and be able to work through what this looks like.

So, again, a large number of those were paroled and -- or, again, may have been moved outside of their eligibility period and deferred.

With that being said, I think we had, since implementation, over 150, 170 releases.

Again, MCOs will give you some updates that I think combined across all of

our managed care we have had nearly 100 visits in-person and on-site to the prisons.

I think over all from the participants there has been, from the individuals have been open to participating. I think, again, still new program, still trying to understand and work through the MCO's roles, but I think, again, the feedback that we've received is there has been good participation. So I think that over all we've had 80 participating. I think there's then, maybe 20 have declined services initially.

We are working, DOC and the MCOs are working. So, the MCOs, again, at this time are not seeing that expected release date. So, again, they are working with DOC and DJJ to confirm those expected release dates. So to confirm again that they're in the appropriate eligibility period to schedule those visits.

I think another thing that we are also working through and having discussion is what is the best approach in terms of scheduling visits at the locations. Making sure, again, that we are optimizing, again,

those opportunities within the MCOs. Again, trying to staff and determine how to schedule those across. And with DOC again, working with the five different managed care.

So, looking at how to, again, best schedule visits, but again, they are making those today.

And so, I think, again, over all, what we've heard is the facilities have been very accommodating. Again, providing good feedback, working and supporting case managers.

There are, at times, again, that we are, you know, needing to provide some follow-ups, as expected. So the teams are doing great at that in terms of reaching out. When we, again, receive some feedback where we might need to provide some direction, clarity. So again, we know that they are communicating and the teams are communicating, so that's great.

But, I know, let's see, I do want to say again today DOC and DJJ are not billing for services. Again, we're really still working through the initial implementation,

ensuring that we're making the contacts. Trying to reach individuals.

We know, again, the providers do have a period in time that they can submit claims. And so, again, I think the teams are focused on initially making sure that we are making those contacts and visits and that support.

So, DOC and DJJ actually are not billing for services today. So we'll do some additional training. I think, again, it's part of just working through some of this until we see what implementation was like.

So that, again, is some of the follow-ups we will have.

DOC and DJJ, of course, I know kind of jumped in, but I think prior to our last TAC meeting, we're still working on contracting with the MCOs. So, DOC and DJJ did get contracted with the MCOs prior to implementation, so we had that in place.

Like I said, I know that I'm throwing a lot at you, so I'm going to pause and see what questions you may have.

MR. SHANNON: Anybody have questions

for Angela?

MS. ELAM: Hey, Angela, it's Brittany from Kentucky Voices for Health. I just wanted to clarify. You said you've had about 150 to 170 releases. Good participation with 80 inmates open to participation, and there are 20 that have declined. Is that right?

MR. SHANNON: Mm-hmm.

MS. ELAM: Okay. I just wanted to make sure. Okay. Thank you.

MS. SPARROW: Yeah. And, again, I think overall it's we've -- everyone has been very excited, very open, working through pieces as we expected. There are definitely, you know, some of those changes that we're saying that do need to made. Again, the systems is a big component of that. We are still working on some of those updates and some of those fixes. So, but again, you know, it's overall, we're -- and again, the MCOs will be able to share some stories, but it's been great to hear some of the feedback.

And again, I just can't thank everybody enough and the partners for the work

that they're doing.

We've had, you know, a smaller amount of youth. And so what I would say for that in terms of numbers, in the youth I think we've only had a handful or so of those, which is expected. That is a smaller number. So the majority, of course, has been from our prison population.

MR. SHANNON: Other questions?

MS. EASTERLING: Hi, this is Priscilla from Kentucky Voices for Health. I have a question (muffled speaking) 20 folks have declined services. I was wondering if you have any insight --

MR. SHANNON: We're having a hard time understanding you.

MS. EASTERLING: OK. OK. I was wondering if you had any insight into why folks were -- why those 20 folks might have declined services?

MS. SPARROW: That's a good question, Priscilla. I might see if -- maybe defer to the MCOs if they might have any feedback there. I think that's still some of the information that we're trying to glean.

Again, we do have some numbers today and some of that data, but some of that, again, we're still trying to collect.

MS. EASTERLING: Gotcha. Thank you.

MR. SHANNON: On the parole piece, so they start services before they have a release date. I guess a parole hearing date. So they start before that. And then if they don't get paroled, then they're no longer getting, you know, depending on their date afterwards. So that's what happens to those folks. And I guess, was that an anticipated issue?

MS. SPARROW: Yes, yes. Absolutely. And we know that that is going to be a high volume. And so, again, those are things that we will continue to discuss and see what that looks like, but those individuals, you know, that is -- could be their earliest expected release date is that parole date. So there is always a chance and an opportunity that they do leave. So they are, you know, eligible for services. They are technically in their prerelease window.

And so, again, we want to make sure

that we are preparing for that. That we do have that plan and those services in place to support should they leave. But we know, again, just in terms of the nature.

And Kristin Porter, not to put you on the spot there, and you might be able to speak a little bit more to that.

MS. PORTER: Yeah, I would.

MS. SPARROW: That's something that, you know, we did know that that's going to be very fluid and that's going to be a high volume where they will fall outside of that prerelease.

MS. PORTER: Absolutely. Yeah, yeah, Steve, that is something that we talked about, you know, going into this. The parole board grant rate is less than 30 percent right now.

And, you know, and that is fluid. It does change and goes up and down a little bit, but that's pretty standard. It sits at about 25, 30 percent, which, you know, if you flip that around and look at it, that means 70 to 75% of the hearings that they see, they say no, your parole is deferred.

And so, we knew the majority of people that we would -- that the MCOs would be seeing that we're seeing because of their parole eligibility date, it was -- that would end up happening with them.

The problem and the reason though we included that date is, sometimes, you know, when the parole board grants parole, they can literally say, you were granted parole and that day or the next day the person gets released.

MR. SHANNON: That was my next question.

MS. PORTER: So then it's, you know, if we don't do some sort of planning and prerelease planning with them, you know, it's a catch 22.

You know, do you -- and I hate to say waste time. I don't -- I don't ever feel like it's a waste of time because it's still beneficial to do the prerelease planning even if it is deferred, right? You know, at least -- at least that planning is done and it's just already done for a later period, right, is how we are kind of looking at it.

So it's not a waste of time, it's just it is a frustrating component though right now for our staff in DOC but also for the MCOs. But yeah.

I see Brittany saying, you know, being at the mercy of the parole board, it's -- it is a frustrating component for this process.

MS. SPARROW: Yeah. Again, I think that that's just will be ongoing conversation between partners is try to have some discussion, and how do we prioritize the visits and those dates and so forth. But that is something that will be ongoing to see how we can do that.

MR. SHANNON: And if parole is denied, is there a date for the next hearing set at that time?

MS. PORTER: Yes.

MR. SHANNON: OK.

MS. PORTER: Yes. Yeah, and it can be six months, it can be a year, it can be five years. I mean, the majority of the time it's not five years out. You know, it's usually within a year or something like that.

But, yes, the date is set out. And so our staff have been told to communicate that, and so we do know that that's, you know, a little bit of a barrier we're trying to work through. You know, is that information being communicated? You know, so there -- like Angela said, you know, there is definitely, you know, we've learned some things that we're working on, you know, through some of the communication barriers making sure that everything's being relayed.

MS. SPARROW: Yes, so --

MR. SHANNON: And what about -- sorry, go ahead.

MS. SPARROW: Right now our systems, we are needing to make some updates so that we're getting that updated expected release date if it's pushed to a year out that we get that. We can end date that segment.

Right now, again, the DOC and MCO partners are having to communicate that back to DMS so that we can do that manually within the system. So, we are working on getting that so that when they do get deferred to that later date, that we are getting that through

the DOC com system and then again, we're storing that date for that future date and then it will recalculate the eligibility period when it comes up.

Or if they have good time credits or something in between and it bumps the date back up to a sooner date, then again com system is continually sending us that most recent or that release date. So it is being calculated, but we do have to make some changes to make sure that we're always getting that date when it's changing.

MR. SHANNON: And if there's services prior to the parole hearing and parole is denied, are those services still covered services?

MS. SPARROW: They are. Yes.

MR. SHANNON: Okay. I mean --

MS. SPARROW: Because, again, it is that back to the best knowledge.

MR. SHANNON: At that point they met the eligibility.

MS. SPARROW: They met the eligibility. Yes. Yes.

MR. SHANNON: Okay. All right.

MS. SPARROW: And what I will say is, that's not unique to Kentucky. I think many states are --

MR. SHANNON: I would think it has to be the answer. Yeah, I mean, I mean --

MS. SPARROW: Yeah, that's -- that's correct.

MR. SHANNON: Otherwise you're really reluctant to do anything, right? I mean, you want the system to work, the DOC and DJJ encouraged, want to provide the services, but if they're at risk at some point, I always say, at some point the CFO prevails. The CFO is going to say, eh, can we hold off. You know? All right.

MS. SPARROW: Yeah. Yeah, so that, that is something, you know, all states, in terms of, you know, working with our justice and correctional partners, is those dates are always going to be moving. So that's something that we have to be able to account for.

MR. SHANNON: All right. Other questions?

MS. ELAM: Yeah. I do have one more

question.

MR. SHANNON: Yeah.

MS. ELAM: In relation to DJJ, what are some of the hurdles there that you all are seeing? And do you think it's just one of those slow walk things for DJJ or what's -- what's going on there?

MS. SPARROW: Their volume and their numbers of youth are much lower, so, again, you know, within the DJJ, all of the Youth Development Centers, their population may be 200 a year. So, when you think across their facilities and, you know, in a given month there may be only less than a handful of youth that are released from those.

So, it's the volume is expected to be much lower for the youth population.

MS. ELAM: I gotcha. Thank you.

MS. SPARROW: Mm-hmm. Yep.

MR. SHANNON: Good questions. Anything else? Well, it's really exciting. I mean, we've been meeting for a long time, right? Hearing about it, and it's -- you know, for those 80 people that said yeah. You know, and moving forward, you know. And the

20 that said no, that's their choice, but, you know, once they see services, you know, you never know what the conversation is, you know, prerelease you're getting this stuff, and you probably feel better about, you know -- there's someone, you know, and the whole premise is there's someone to help you make that transition, right?

MS. SPARROW: Right. And again, the MCOs probably have some more stories for you that, you know, we have heard, and it is very exciting to hear those.

MR. SHANNON: Good stuff. I've got CAA on the agenda. Anything that we need to talk about?

MS. SPARROW: Again, I think we will have some more certainly coming up in the months through the summer and the fall. Again, around the jails and onboarding jails, just transparency, right? There was a lot in terms of reentry implementation.

And so with that being said, when we did deploy our system changes for the reentry demonstration, it did also include those CAA system changes. So again, we are able to tell

and calculate when the individual is within their reentry time frame, which is 60 days prior to release, and then if they are also CAA eligible when they are in their CAA window, which is 30 days.

So again, there are different services covered under those authorities at different time frames, so that's been another layer for our partners is, and MCOs, and so they will know, again, based on those dates that we are receiving information and those eligibility indicators when they are potentially reentry and then when they fall in that dual, if you will, reentry and CAA category.

So with those system changes, again, we were able to implement, and again, you know, calculate the dual CAA and reentry piece of it.

MR. SHANNON: And the CAA-eligible, those are less than 26? Is that correct or --

MS. SPARROW: Under 21.

MR. SHANNON: Twenty-one, sorry.

MS. SPARROW: And up to 26 for the former foster care youth.

MR. SHANNON: Yes.

MS. SPARROW: Yes. Yeah. And then yes. So, and with those system changes, we have -- we did build in to allow when we bring on the jails and youth detention centers, we can also, you know, we've got those indicators built in. Systems are ready to support them.

MR. SHANNON: What's one thing that's come up that you didn't really anticipate at all? I mean, it doesn't matter. I don't want to be critical, just, you know, some surprising thing?

MS. SPARROW: Yeah. To be -- I mean, I think we knew we were going to have to work through some of the case management pieces. I think we knew we were going to have to work through some of the systems and the data pieces.

I will say, I think some of the address and the location, some of the data components, we knew, again, that once we were in it we were going to make some changes, but I think in terms of the expected release dates for the MCOs and getting that information that they don't have to date, that's one piece

that's going to be pertinent moving forward, and as quick as possible. So, I think that that was probably the piece that was less unintended. Yeah. Or unexpected.

MR. SHANNON: Well, it's really exciting to hear this is happening. So kudos both to you, Angela, and Kristin for making this happen, and the MCOs stepping up. So, it's exciting.

MS. SPARROW: Absolutely. Yes. And their case managers, I know they will give many kudos to them. And again, I think we've heard great things from DOC reentry coordinators and discharge planners as well. So everybody has stepped up, yes.

MR. SHANNON: Good deal. Very exciting. I always have Hep C on here just because, but there's, you know, continued conversation, I guess, is the answer, right?

MS. SPARROW: There is, yes. I think we have had some additional conversations. Some folks reach out. I think, again, there's some potential of funding opportunities that some partners want to discuss. So, I don't have any, you know,

details for you there yet. I think hat that's just some -- I wanted to get some additional information. And so, yes, there's -- it's still, like you said, we still keep that -- try to keep that on the forefront.

MR. SHANNON: Yeah. Thank you. Appreciate it. Anything else for Angela? Anybody?

(No response.)

MR. SHANNON: Okay. Let's go on to MCO updates. Aetna?

MS. BECKIM: Hi, this is Lana with Aetna. Aetna has 17 1115 reentry members that are CAA-eligible members through SKY. Regular line of business has 64 1115 re-entry members. We are working with DOC at Wellpath to improve access to members once enrolled.

Juvenile Justice Liaison System of Care Administrator, along with SKY Director and SKY Engagement and Developmental Director, met with DJJ executive leadership and Regional Detention Center and Youth Development Center superintendents recently. That was April 29th.

JJ Liaison along with SKY Director

and SKY Director of Care Management is meeting with DJJ leadership and the community district leadership today, focusing on education -- educating, discussing, and improving processes.

Also, let's see, gave SKY overview of the discussion of the 1115 reentry process to 160 DJJ staff from Youth Development Centers and DJJ Community Districts. And that was in April.

And I went to Western this week and visited two members, and that went really well. I was able to get them enrolled.

MR. SHANNON: Nice. All right. Thank you, Lana, appreciate it.

MS. BECKIM: You're welcome.

MS. DANIEL: How about WellCare?

MS. DANIEL: Hi. Yes, this is Emily Daniel with WellCare of Kentucky. We have three dedicated care managers that are visiting our eligible populations in the prison systems. As of -- well as of yesterday, I haven't counted today, we had 73 referrals that came through on the 834 file, and we have enrolled a whole total of nine

members into Care Management Services thus far.

I think someone noted earlier, it might have been Angela, is that there are some declines. One person, you know, did the visit with us and then afterwards, yeah, they didn't want any assistance post-release or didn't need anything.

And maybe we have another one that was slated to be seen, but they just refuse to come to the session and talk with us, and we don't really know what was going on with that person that day. But we've had a couple. One declined after -- after we will able to visit with them, and then one just didn't want to come out.

But overall, I think it's going very well. We're working well with the discharge planners in identifying members that are eligible. Of course, whenever we get our 834 file that, you know, identifies members that could be eligible, we then have to coordinate with our discharge planners to verify, did they have a parole hearing, has that been pushed out, things of that nature. But it's

communication, as long as we have an open communication and really communicate with each other, I think that's the key point in identifying which members, you know, we can get in those prisons and get visits with.

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

MS. DANIEL: You're welcome.

MR. SHANNON: United.

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

MR. SHANNON: Stephanie, how are you?

MS. KOENIG: I'm doing well. How are you, Steve?

MR. SHANNON: Good.

MS. DANIEL: Good. So, some of our report out really kind of aligns with what Kristin and Angela reported.

So, since 4/1, United Healthcare's had 174 members assigned. We have 49 active cases that are enrolled in case management. Ninety-five of the 174 were deferred. So that really kind of aligns with that high kind of deferment rate.

So they will come over on the eligibility file and we'll learn that they've been deferred through their parole hearing. We had 27 that were released prior to the initial outreach. So when they came over on the 834 file, we identified that they had already been released from the correctional facility. We were able to connect them post-release with case managers and have been able to have some successes in locating through like the reentry coordinators or parole or probation to be able to identify where they've been released to, to connect them with post-release case management.

We did have three decline, similar to WellCare. Our case managers, one, indicated they did not consent to this program and just were not willing to want case management. I think two had met with their case managers and then just declined services afterwards.

As of yesterday, we still had three new assignments that were just pending those DOC discharge planners to schedule. You know, the district's claiming that they been

responsive. I think it's a ramp p as we all know as we are trying to, you know, really understand, I think, each facility operates a little differently. So trying to understand the expectations of the facilities and working with DMS and DOC to assist and accommodate.

We have five case managers. They are regionally co-located within 50 to 60 miles of each of the correctional facilities throughout the Commonwealth.

I will say, since time of implementation, Steve, there's not been a saturation in regards to where we're receiving assignments, and we really are all over all 14 correctional facilities.

So that is kind of our report out in regards to reentry. I do want to just kind of state that we've continued to have our partnership with Goodwill, continue to sponsor expungement clinics. Over the last four months we have sponsored three different expungement clinics in Paducah, Lexington, and Bowling Green.

Our most recent one was in Bowling Green. It was cosponsored with Kentucky

Chambers of Commerce Foundation as well as Goodwill. I think there was 90 registered individuals and 90 attended. It was a pretty successful event. It was kind of more seen as a second chance fair chance with many community partners.

And up until our -- the 4/1 go-live, we've historically reported out our like enhanced reporting. So we've been able to identify those indicators when they've gone into incarceration and released. So since January 1, we have been assigned 2116 individuals. That's not just correctional. That is jails as well.

We've outreached 1182 of those individuals. Fifty-one have declined. However, 42 have agreed to case management. So, that is not part of the reentry kind of identification.

And then, Angela, I did want to bring this to your attention. We can talk maybe more in our workgroup, but we are still receiving those direct referrals through that pilot program with the women's correctional facilities. So, we have reserved 10 direct

referrals through that pilot with KSR and the Kentucky State Women's Correctional Facility.

MS. SPARROW: (Feedback interference)

MR. SHANNON: Okay. Any questions?

MS. SHROYER: Angela, you're speaking, but we can't hear you.

MR. SHANNON: Yeah, you can't hear you. Yeah, you're getting some feedback, it sounds like.

MS. SPARROW: (Muffled speaking)

MS. SHROYER: Still can't hear you. It's all metally, high-pitched. Sorry.

MS. KOENIG: That's where we are. I mean, I would say, over all given what, you know, Angela and team have reported out, you know, anticipating that there was system challenges. You know, recognizing there is a ramp up, so being able to staff to, you know, not really a true forecast of volume that were going to be assigned to each MCO.

MR. SHANNON: Right.

MS. KOENIG: I think we're working through those. And I think we'll continue to work through it.

MR. SHANNON: Yeah. As Angela said, we're six weeks in, we don't really know what's going to happen, right? It's always nice to have a plan, but it's also nice to realize not all plans are implemented as we anticipate. So, it's all right. All right. Thank you, Stephanie.

MS. KOENIG: You're welcome.

MS. KIRK: Passport by Molina.

MS. KIRK: Good morning. It's Betsy Kirk from Passport. Not to echo what everyone's already said, but I think, yep, six weeks in, we're doing pretty well. We have for CMs located throughout the state. I think we visited 10 facilities so far that we've had members at, and things have gone smoothly.

We've identified 221 members as of yesterday for re-entry, but 106 we've actually gotten in to see them. The others, we had six declines, which I think it's just they, you know, aren't trusting quite yet. So hopefully we can get that figured out. Or say they have everything set up, they're going home with family and things are okay. But many that we have met in person have been very

appreciative. It's been great with the discharge planners and the DOC staff. Everyone is really working together.

We've had 65 -- we've met 65 inmates in the facilities thus far. And we have several more. I think we had 25 in April and we should be doubling that in May.

So, I think that we're working out the kinks on visits and making sure that we have a schedule in place and things like that. But for all of the kinks, I think it's definitely the pros have outweighed them. We're seeing some impact. So that's great.

We do continue our community engagement team is in the county jails doing events, and for April we had 10 events that were focused on reentry and the transition. We have nine more. And we've met with 107 outside of the reentry staff or reentry 1115 members in either jails or after reentry.

MR. SHANNON: All right. Very good. Thank you, Betsy. Any questions?

(No response.)

MR. SHANNON: All right. Humana.

MS. MACKLIN: Good morning. Zelda

Macklin with Humana. So with Humana, I'd just like to share what we've experienced now that we're a month past go-live.

One accomplishment is just the establishment of strong partnership with the Department of Corrections, the discharge planners and reentry coordinators.

Again, just recognizing the complexity of the process is greatly appreciated. That responsiveness. Even early on I think there was a communication breakdown with an inmate being located at a different facility and we showed up at one, but the DC planner was very responsive, got us the correct information and we were still able to make that in-person visit that same day.

For Humana, we've identified, received around 158 referrals. Of that, around 45 have been eligible. Some of the ineligible, with the, again, deferred parole date or the discharge planner telling us that they didn't receive an ROI, meaning that the member didn't consent to case management. So of those eligible, we completed around 24 visits so far.

Sometimes we've also gotten members that we've outreached and are able to do the visit, but then they're actually released.

So those that are released that are eligible, we'll go ahead and connect them to our care management for post-release case management services to continue coordination with services to make sure that they are needs are being addressed post-release.

At the end of April, internally, so for the first month we were having to manually track off the dashboard based on the 834 we had our business rules successful term on April 30th. So now our 834 referrals trigger our case management referral, so they can actually pick that up in the queue, start triaging, outreaching the discharge planner. It had made our process internally a lot smoother.

Humana has 19 background checks completed. We used existing staff. We did not hire for the program, but for our case management staff we have a behavioral health team as well as physical health team, so those that had credential qualifying, we had them

background checked and they're making the visits to cover the facilities across the state.

That's about it. Again, just continuing to work close with the discharge planners to get our visits scheduled. Making sure that the members have consented, and getting out based on the schedule that the discharge planner has given us to make the visits in person.

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

MS. MACKLIN: You're welcome.

MR. SHANNON: Appreciate it. There's a comment from Brittany with KVH. It may be helpful to work directly with peer support groups like Voices of Hope when you go and talk to folks. They may be able to ease some of the anxiety, answer questions, experiences.

It's a great resource those different organizations. I've been a big fan of Voices of Hope for a long time, so I think that's an opportunity there is well.

I always include a BAC update,

Beneficiary Advisory Council, just in case there's anything they're discussing that we need to know about, but if not, that's okay, we can just move on.

MS. DAVIS: I do not mind sending the BAC minute summaries from the most recent visit -- I'm sorry, meeting, once they are completed.

MR. SHANNON: Okay, thank you Danni. Appreciate it.

MS. DAVIS: Mm-hmm.

MR. SHANNON: All right. Members, any updates you want to share?

MR. INGRAM: Yes, Steve, thanks. Some of you may have seen a couple of weeks ago, Governor Beshear's announcement that overdoses have -- fatal overdoses had declined again in 2025. The fourth year in a row. Our lowest levels since 2014. A 50 percent reduction over the highest number we had in 2021.

People on this call and people all over the state can take credit for that, there's just been a lot, a lot of work done over the last several years to achieve that.

We've still got a long ways to go. We still lost over 1000 Kentuckians, so lots more work to be done, but I'm really hopeful that this program, as it continues to grow, will also impact of those numbers.

We know the risk of fatal overdoses for those leaving incarceration is high. And this program will only get better. We're just in six weeks. It's going to continue to get better and better as time goes on.

MR. SHANNON: Yeah.

MR. INGRAM: And I would say, don't be discouraged because somebody doesn't want to participate. There will always be people like that. In our Senate Bill 90 program, we have lots of people that are qualified that just say, no, I don't want any part of that. So, that's going to happen, but I'm really pleased with what I heard so far today. It's only going to get better.

MR. SHANNON: Same message, man. I agree. Any other member updates?

MS. ELAM: I just wanted to go ahead and make a plug for the Healthy Reentry Coalition of Kentucky. We meet every third

Thursday of the month. We provide resources. There are members on there who have previously been incarcerated and are currently advocates. We have community health workers that attend. We have some of our reentry coordinators that attend. I think last month we had maybe one representative from one of our MCOs.

But if you need additional resources, it's a great place to come and just even if you just come once or twice a year, a great place to get resources for the folks that you're helping inside the facilities.

During legislative session, we go over some of the bills that may impact reentry work. And so if you are interested or if you just want to learn more, I'll put my e-mail in the chat and you all can reach out to me.

MR. SHANNON: All right. Thank you, Brittany. Any other members?

(No response.)

MR. SHANNON: Danni, did I ever get to a quorum?

MS. DAVIS: Yes, you did reach quorum.

MR. SHANNON: All right. Well,

let's go ahead. Can we get a motion on the minutes?

MR. INGRAM: So moved.

MR. SHANNON: And a second?

MR. HARLEY: Second. This is Brandon.

MR. SHANNON: All right, Brandon, thank you. All in favor, signify by saying aye.

TAC MEMBERS: Aye.

MR. SHANNON: Opposed?

(No response.)

MR. SHANNON: All right. Thank you. We got that technical piece done.

All right. Again, I want to thank everybody. I think it's really exciting. (indistinct) been talking about this for a long time. To actually see the impact on people. And I agree with you, Van, it's only going to get better, you know?

I always tell people, the first time you drove a car it was quite often awful, but you don't necessarily stop. You know, you go back again. You know, I tried to teach my daughter to drive a standard transmission and

she never went back. She was about 30 seconds in. Why am I doing this? And got out of the car.

So, anyway, so I think it will get better, and it's exciting. It's going to change the path of some individuals going forward. Hopefully many of them. And that's worthwhile.

So thank you for the good work. Perhaps on behalf of DOC, the MCOs. Medicaid, Stephanie and her team. Angela and her team, it's just really exciting to hear all of that. So congrats to everybody.

So, see you all in July, I guess, is our next meeting. July 9th. All right. You all take care. We'll see you. Bye-bye.

MR. HARLEY: Thank you, all.

MS. KOENIG: Thank you. Bye.

(Meeting adjourned at 9:50 a.m.)

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C E R T I F I C A T E

I, Theresa Prokop, Certified Voicewriter, 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 20th day of May, 2026.

Theresa Prokop

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Theresa Prokop, Certified Voicewriter