

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

\*\*\*\*\*

Via Videoconference  
November 13, 2025  
Commencing at 9:00 a.m.

Theresa Prokop  
Certified Voicewriter

## A P P E A R A N C E S

## **BOARD MEMBERS:**

Steve Shannon, TAC Chair

Van Ingram

Casey Michalovic

Brandon Harley

Adrienne Bush

Nathan Thomas

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1 MS. WASH: So, Steve, it is 9:01 and  
2 who I have on currently is yourself, Brandon  
3 Harley, Adrienne, Van, Casey, and that's all I  
4 have. I don't see James Daly or Shawn Ryan or  
5 Dr. Shannon Smith-Stevens on there yet.  
6 Kristen Porter.

7 MR. SHANNON: Yeah. She told me she  
8 can't be here today.

9 MS. WASH: Okay.

10 MR. SHANNON: And nothing from  
11 Nathan Thomas?

12 MS. WASH: No. I have not --  
13 Nathan, are you on? I don't see him. How  
14 about Angela Darcy? I don't see Angela Darcy  
15 either.

16 MR. SHANNON: Adrienne -- yeah, we  
17 can't. Yeah.

18 MS. WASH: Adrienne? Okay.

19 MR. SHANNON: Adrienne Bush. Yeah,  
20 I don't see her. And I don't see --.

21 MS. WASH: It's currently just five  
22 and we need six for quorum. But we could give  
23 it a minute or so if you would like to.

24 MR. SHANNON: No. Let's go ahead.  
25 And if we get there, we will jump up and do

1 | that stuff for quorum.

2 MS. WASH: Okay.

3 MR. SHANNON: The minutes really are  
4 whatever was set out, you know, the  
5 transcript. Which, I think they are not  
6 really minutes. But that's okay. So let's  
7 jump down to -- the screen is all messed up.  
8 I don't care. -- To where we are at.  
9 Medicaid report. There it is. Can we do  
0 that part? Angela, how are you?

11 MS. SPARROW: Good morning. I'm  
12 good, thanks. It's good to see the sun out  
13 today. It's been a chilly week.

Again, continuing discussions with  
DOC, DJJ, our vendors, around systems.  
There's a lot of systems work that's underway  
right now.

Again, the DOC and DJJ systems that will be sending and sharing information to DMS

1 to help determine appropriate eligibility for  
2 those pre-release services in the different  
3 categories that we've talked about.

4 In addition, again, ensuring that  
5 DJJ and DOC also have confirmation of those,  
6 eligibility. That again is going to support  
7 billing of those services.

8 So a lot of that work is continuing  
9 and we are moving into the system testing. We  
10 do have a lot of partners involved in that.  
11 End-to-end testing with our claims, with our  
12 MCOs, with our pharmacy vendor, so a lot of  
13 work around that's being occurring. And that  
14 will continue on, again, into the first of the  
15 year.

16 We are also working with DOC and DJJ  
17 on some of the provider enrollment efforts.  
18 Again, supporting them and the enrollment  
19 process for their individual practitioners  
20 that are providing and will be providing  
21 services.

22 So we've worked with them to  
23 identify those that are currently enrolled and  
24 those that will need to enroll with Medicaid  
25 individually, providing services under DOC and

DJJ. So that work has begun. Kicked off, again, with the provider enrollment team.

They're going to work closely with DOC and DJJ to make sure we get those applications processed and those individuals enrolled.

We are also working with the MCOs in DOC and DJJ around a standardized provider agreement for contracting with the MCOs. So we are appreciative of our partners coming to the table to work with us on that. I am trying to streamline the process for DOC and DJJ in contracting with the MCOs as much as possible.

And also, again, making sure that we execute those contracts prior to the full implementation. So that work has been underway.

Again, giving some feedback from the MCOS around that standard agreement before we can again move forward with DOC and DJJ working with them through that. So that work again is under way and again, hopefully into before the end of the year we will have that process going with DOC and DJJ.

MR. SHANNON: Angela, will DOC and

1                   DJJ have to go through the prior authorization  
2                   process?

3 MS. SPARROW: This will not because  
4 the only services they will really be billing  
5 to the MCOs are the MAT services, and just  
6 given that it's a small set of services and a  
7 very short period of time. No, we do not  
8 expect prior authorizations.

9 Now on medications, for medications  
10 there can certainly be we still have to follow  
11 those prior authorization requirements for the  
12 release medication.

Again, supporting kind of what that  
will look like. Those CAA services are going  
to be fee for service and then the reentry  
services are MCOS, so really trying to help

18 I think since the last time we met  
19 we did have a site visit with DOC at one of  
20 the prisons, CHF staff. The MCOs, again, did  
21 go on-site to take a walk through with DOC  
22 staff to see, again, where visits would be  
23 provided in the facilities. Had some good  
24 discussions. It was, again, I think a really  
25 good activity for us, certainly, to make those

connections, be in person, really just to get to see the process. Be able to kind of all of the work that we kind of discussed. Work flows over several months. Be able to really see kind of more in person what that will look like and can look like in implementation.

17 Some of the access around  
18 technology, you know, again, developing care  
19 plans, completing assessments, et cetera. You  
20 know, we live in a very even virtual and tech  
21 world in how we are providing services these  
22 days. So it definitely did give us a few  
23 things to think through in terms of the case  
24 management policies. So we are trying to  
25 close the loop and finalize, zip up, if you

1 will, the pre-release case management policy.

2 Those roles, again, between DOC, DJJ, and the  
3 MCO case managers. So I think we've made some  
4 definite progress there.

9 I will say, we have had  
10 communication with our CMS team. They have  
11 had just very minor questions to come back  
12 around the implementation plan, so I think we  
13 are pretty close. We actually just sent  
14 something back this week. I think we only had  
15 one question. So I think we should be fairly  
16 close on that, but we do not, again,  
17 officially have that approval yet. But again,  
18 like I mentioned, you know, we have had  
19 communications with the reentry CMS team  
20 there.

21 We did participate --

22 MR. SHANNON: Angela, you didn't see  
23 a slowdown with the shut down? I mean  
24 approval but work was still being done?

25 MS. SPARROW: Work was still being

1 done. Yes. Yes. There are some areas in  
2 some of the projects that it was a little  
3 slower, but for the most part, across the  
4 board we still -- you know. Well, let me just  
5 say I don't know if it was any slower than any  
6 other time because again --

7 MR. SHANNON: We'll put that in the  
8 minutes, Angela.

9 MS. SPARROW: But we know. We have  
10 talked, right? It can take months for these  
11 approvals so that's not, you know, it's not  
12 out of the ordinary. So we were, again, very  
13 fortunate that we still heard and had  
14 discussions with our teams. But that process  
15 is still underway. Hopefully, again, we will  
16 be able to close that out soon.

23 So that was one of those  
24 initiatives. It was an 18-month learning  
25 collaborative. There were the seven states

1 that were chosen. When we started, back last  
2 year, again, only two of the states had had  
3 official approval of the demonstration. And  
4 so many of the states were waiting on  
5 approval. Some, you know, weren't even close  
6 at that point. So it was good to be with  
7 those states to see where everyone is and the  
8 progress that we've made. I know we talk  
9 through these discussions. Many of the work  
10 groups, I know, again, that it seems like it's  
11 just slow moving, but when we really are  
12 trying to make changes to systems and policies  
13 that have been in place for decades, it does  
14 take -- and when we are working across these  
15 systems, it is, it's a large -- it's a large  
16 project, it's a large initiative, but we are  
17 thankful, again, that we all continue to come  
18 to the table to do that.

19 So, I still think there are only  
20 three states that have actually implemented,  
21 so Kentucky is the right there. We did get a  
22 chance to visit with the Utah team that had  
23 just started to implement in October, and  
24 they, again, are just kind of rolling out  
25 across. They are doing a phased rollout.

1 So, again, states were able to kind  
2 of talk through where we're still having  
3 challenges. It's pretty, I think, consistent  
4 across the board systems is a big thing. But  
5 again, you know, really to also talk about  
6 some of those successes that we've had along  
7 the way. So just mention that because it was  
8 good to be with the other states, and again,  
9 just knowing that the work that they are  
10 doing, you know, we're in it together. And  
11 we're not alone. So that was, that was a good  
12 visit there.

15 MR. SHANNON: And we are still  
16 looking at an April 1 go-live date?

17 MS. SPARROW: That's correct. That  
18 will be full implementation. Yes.

1 that this is the last updates that we need to  
2 make to receive those funds. Hoping again, by  
3 the end of the week of first of the next week  
4 to get that back to them so we can receive  
5 those funds, and again, also be able to  
6 support our justice partners in the CAA  
7 implementation.

I know we've talked about this fall  
approval. With the jails, again, and with the  
extended timeline, looking at, again, what an  
onboarding of our jails and regional  
correctional facilities could look like into  
the spring and summer period of 2026.

17 MR. INGRAM: Angela, I hate to back  
18 track, but I just want to make sure I  
19 understand. For medications that treat opioid  
20 use disorder there will be a prior auth. Is  
21 that correct?

22 MS. SPARROW: No. Not for the MAT  
23 services under the reentry demonstration.

24 MR. INGRAM: Okay, good. All right.  
25 Thank you.

1 MR. SHANNON: But is the other  
2 medications?

3 MS. SPARROW: Yes. Really, it's  
4 medications. Just your general medications we  
5 still have to follow those. Yes.

6 MR. SHANNON: Okay. There was some  
7 confusion. Thanks for that question, Van.

8 MS. SPARROW: Yep. Any question?

9 MR. SHANNON: No. All right. And  
10 you continue working on Hep C stuff whenever  
11 that. Right?

12 MS. SPARROW: Yes. I know we -- I  
13 think we have gotten some questions there and  
14 I need to take a look around again when we  
15 could reimburse for the medication. So, I  
16 think just to be clear around that, at this  
17 time, under the demonstration, we could only  
18 reimburse for the medication as a release  
19 medication.

20 So DMS could not reimburse for that  
21 during that 60-day period in that pre-release  
22 period. It would have to either be started at  
23 release or, again, you know, within one of  
24 those treatment -- one of those dosings at  
25 release. But we cannot do that, reimburse in

1 that 60-day period up to release.

2 MR. SHANNON: Really? That's  
3 unfortunate. But maybe that follow along,  
4 maybe they will get that 90-day dose cycle in.

5 MS. SPARROW: Right. Right. And  
6 again, you know, identifying that as a risk  
7 for potential need as a part of that -- the  
8 part of the release. The case management  
9 plan.

10 MR. SHANNON: Okay. Any questions  
11 about that?

12 I have a backup date. I will just  
13 leave it on here. It's met, right? The back  
14 is met and -- or is that someone else's, you  
15 know?

16 MS. SPARROW: Oh.

17 MR. SHANNON: The Beneficiary  
18 Advisory Council.

19 MS. SPARROW: Yeah. I am not sure.  
20 Is Jonathan on this morning? Sorry. Not to  
21 put Jonathan on the spot.

22 MS. WASH: I can actually talk to  
23 that. This is Barbara again from DMS.

24 MS. SPARROW: Thank you, Barbara.

25 MS. WASH. Yes. We have already met

1 and we are scheduled for another BAC meeting  
2 in January. MAC has met as well, which is  
3 last Monday. And we are basically trying to  
4 get MAC on the calendar for meeting dates.  
5 And that's basically all I have on the MAC and  
6 the BAC. They are up and going.

7 MR. SHANNON: Good. Good. For the  
8 folks on the call, the BAC is called the  
9 Beneficiary Advisory Council, that was  
10 established, I guess, some federal action, and  
11 it's been formed. And the MAC is the Medicaid  
12 Advisory Council or whatever?

13 MS. WASH: Committee. Yeah.

14 MR. SHANNON: Committee. Thank you.  
15 Committee. And there's the relationship  
16 between the two is just starting to really  
17 form. Is it six BAC members serve on the MAC?

18 MS. WASH: Yes. That is correct.

19 MR. SHANNON: [Indistinct] And go  
20 from there. The MAC are open meetings. They  
21 are posted. You could go online and watch the  
22 MAC meeting?

23 MS. WASH: Mm-hmm. Yes, you can.

24 And the BAC is not. So it's not --

25 MR. SHANNON: The BAC is not.

1 MS. WASH: No. Mm-hmm.

2 MR. SHANNON: Yeah. And that's  
3 really the membership of the BAC's decision.  
4 Right?

5 MS. WASH: Correct.

6 MR. SHANNON: Yeah. And it's a good  
7 decision. You know, these are all individuals  
8 who have lived experience or a family member  
9 with lived experience with Medicaid, right?

10 MS. WASH: Absolutely. Absolutely.  
11 Mm-hmm.

12 MR. SHANNON: It's a shift in how  
13 this process works, and I think it's we're all  
14 are coming to understand how best to move  
15 forward with the new BAC. And it is an  
16 important role and it really had not existed  
17 until I don't know. I mean, one meeting,  
18 right?

19 MS. WASH: Yes. Just one meeting.  
20 Just that's all we've had so far, but we do  
21 have 2026 all scheduled. Ready to roll.

22 MR. SHANNON: Oh, good.

23 MS. WASH: Yeah.

24 MR. SHANNON: Yeah. And the BAC  
25 meets before the MAC?

1 MS. WASH: Yes.

2 MR. SHANNON: Okay.

3 MS. WASH: Yes. Mm-hmm. Always.

4 MR. SHANNON: Yeah. So, just in  
5 case you have free time on your schedule,  
6 there's an opportunity.

7 MS. WASH: Go ahead.

8 MR. SCOTT: Good morning, everyone.

9 I just wanted to say, Barbara did a great job.

10 I don't have anything else to add to that.

11 Sorry I was a little bit late getting off the  
12 -- getting my audio on.

13 MR. SHANNON: All right. Thanks,  
14 Jonathan. Good report, Barbara.

15 Any questions about these two  
16 things? I mean, I think, you know, we've been  
17 thinking we are getting -- we are getting  
18 closer and closer. Appreciate the good work of  
19 Angela and her team. I think it will be a lot  
20 more exciting when there's real things to talk  
21 about. You know, but we do understand, and  
22 friends at DJJ and DOC, welcome to the  
23 wonderful world of prior authorization and all  
24 that stuff. I mean, you know, it is an  
25 important piece to understand and it's always,

1 can be challenging. You know. I don't know  
2 much about it, but I know you have to put the  
3 right thing in the right box, so figure that  
4 out. So, go from there.

5 All right. MCO updates? Let's  
6 start with Aetna.

7 MS. MANN: Hello, this is Shelly  
8 with Aetna, the Juvenile Justice Liaison  
9 System of Care Administrator. Our outreach  
10 team has had like 85 outreach events since  
11 this quarter. Some of them are scheduled.

12 As far as related to the reentry  
13 population, we are really focused on food  
14 security and ensuring that our members are  
15 racked up and have those needs met through  
16 various resources across the state.

17 From the system of care side we did  
18 meet with Katie Gardner with the Department of  
19 Public Health recently to talk about Hep C and  
20 what they are thinking in related to the  
21 reentry population. And I am continuing to  
22 work with and develop just different  
23 relationships with various community partners  
24 and stakeholders so that we can continue to  
25 build our own resources for this population.

And of course, we are working with DJJ on the CAA and the waiver and DOC as well.

MR. SHANNON: Thank you, Shelly.

Humana.

MS. BENDORF: Good morning. This is  
dorf from Humana and I just have a  
ate. Our team is diligently  
for the upcoming launch of the  
component of the 1115 waiver. In the  
e continue to conduct outreach to new  
dentified for release through their  
program.

We have actually had eight new individuals released over the past two months, which is really exciting and something that we are pleased to report.

As for our community engagement team, we have two initiatives supporting our reentry efforts next week.

On November 19th we will be attending the Season of Success Career and Employment Fair in Morehead.

And on November 21st we will participate in an expungement clinic at -- sorry, Clark County Public Library. So that's

1                   all we have for today. Thank you for the  
2                   opportunity to share this morning.

3                   MR. SHANNON: Thank you, Kelly.

4                   Appreciate it.

5                   All right. Passport by Molina.

6                   MS. STONE: Hello. This is  
7                   Stephanie Stone from Passport. I am  
8                   pinch-hitting for Marc Zakem whose Internet  
9                   went out mid-meeting. We have 13 events  
10                  scheduled in November related to the reentry  
11                  population that includes four goodwill events,  
12                  six pre-release classes, one expungement  
13                  clinic, one career and resource fair, and one  
14                  adult education event.

15                  We only received one referral  
16                  recently from DOC related to the reentry  
17                  population, and that member ended up becoming  
18                  ineligible with us, so we were not able to  
19                  work with them. But we continue to  
20                  proactively outreach to members that we  
21                  identify who are releasing via our own  
22                  analytics and outreaching that population on a  
23                  monthly basis to try to engage in care  
24                  management as we prepare for the rollout of  
25                  the 1115 Reentry Waiver.

1 MR. SHANNON: Thank you, Stephanie.

2 Where are we here? United.

3 MS. LEWIS: Good morning. Can you  
4 hear me okay?

5 MR. SHANNON: Yeah, hear you fine,  
6 Suzanne.

7 MS. LEWIS: Okay. Good. This is  
8 Suzanne Lewis. I am the Health Services  
9 Director for United. And so year-to-date  
10 we've done outreach for members. 653 members  
11 have been outreached. We've been able to  
12 enroll about 35 in case management and have  
13 been able to complete 63 HRAs.

21 I think that's all. I don't know if  
22 Liz Milburn is still on. I think that is all.  
23 We were working with the reentry team to  
24 coordinate with them and develop our internal  
25 processes for the reentry program.

1                   Identifying individuals that have the  
2                   expertise and background and skill to work  
3                   with our reentry members. So we're looking  
4                   forward to that. I think that's all.

5                   MS. MILBURN: Yeah, Suzanne, you  
6                   covered everything. This is Liz. The only  
7                   thing that I wanted to point out is that our  
8                   referrals from the state have increased this  
9                   month, so I have received several more than I  
10                  have within this past year. So, it's been  
11                  good.

12                  MR. SHANNON: Good deal. And you  
13                  referenced HRAs. What does that stand for?

14                  MS. MILBURN: Oh, Health Risk  
15                  Assessment.

16                  MR. SHANNON: That's what I thought.  
17                  I just wanted to make sure.

18                  MS. MILBURN: And that's -- that  
19                  reporting that Suzanne was talking about,  
20                  Steve, was all -- it's all internal data that  
21                  we're getting and we're having staff outreach  
22                  these members just kind of proactively seeing  
23                  if we can link them to services.

24                  MR. SHANNON: Good deal. All right.  
25                  Sounds like folks are getting ready.

1 WellCare?

2 MS. DANIELS: Hi. Yes, this is  
3 Emily Daniels. WellCare of Kentucky. We,  
4 along with the others, of course, are joining  
5 all the meetings in regards to the 1115  
6 reentry program. We're getting staffed and  
7 just working through all the things to get the  
8 rollout for 4/1 to be successful.

17 MR. SHANNON: All right. Folks, any  
18 questions for the MCOS? Okay. Thanks for  
19 those updates. We appreciate it. Again,  
20 looking forward to April 1. All right. Any  
21 updates from members of the Reentry TAC?

22 MR. INGRAM: Steve, I would remind  
23 folks that want to bring projects or ideas to  
24 the front of the Opioid Abatement Commission.  
25 Those great opportunities have been open about

1 a month and they are open for one more month  
2 before they close down for the year for  
3 projects to be funded in 2026. So the clock  
4 is ticking if you've got a grant application  
5 idea, now is the time.

6 MR. SHANNON: And that will end at  
7 the end of the year?

12 MR. SHANNON: Okay. It's a great  
13 opportunity. They fund a lot of pretty cool  
14 stuff.

15 MR. INGRAM: Yes.

16 MR. SHANNON: Anybody else? Any  
17 updates?

18 And Barbara, I think Nathan Thomas  
19 joined so we now have a quorum?

20 MS. WASH: You do have a quorum.  
21 Basically, you have Brandon, Adrienne, Van,  
22 Casey, Kevin, yourself, and Nathan. So you  
23 have quorum.

24 MR. SHANNON: All right. Let's go  
25 ahead and approve the minutes that were sent

1 out. Really the transcript. Is that okay,  
2 folks? And I'll do the minutes for this  
3 meeting.

4 MR. INGRAM: So moved.

5 MR. SHANNON: Thank you, Van Ingram.

6 Do we have a second?

7 MS. MICHALOVIC: I'll second.

10 MR. INGRAM: Aye.

11 MS. MICHALOVIC: Aye.

12 MR. SHANNON: Opposed? And  
13 abstentions. All right.

14 Future agenda items, I just think we  
15 ought to keep doing this. We will meet in  
16 January. I think it's January 8th is the next  
17 meeting. Hard to believe we're already in  
18 January. And we will keep the same format and  
19 we will keep, you know, moving forward. And  
20 then we have a meeting in March and then our  
21 May meeting we will get some actual feedback  
22 on how we are progressing with the 1115. It's  
23 kind of exciting.

24 So, anybody else have any additional  
25 agenda items? Okay.

1 MS. WASH: So, Steve, this is  
2 Barbara from BMS. I'm just going to send out  
3 some future 2026 meeting dates for you all,  
4 and I will make sure I include everybody who  
5 is on the committee. So this way you all can  
6 look at those for 2026.

7 MR. SHANNON: Yeah. And typically  
8 we meet the second Thursday in odd numbered  
9 months, so.

10 MS. WASH: Okay. Second Thursday?

11 MR. SHANNON: Uh-huh. In odd number  
12 months.

13 MS. WASH: Okay. I've got that down  
14 and I'll send those out to you as soon as I  
15 can.

16 MR. SHANNON: All right. Appreciate  
17 it. I don't believe in dragging on if we are  
18 done. You all have a super day. Appreciate  
19 it. And good work.

20 MS. SPARROW: Thank you, everybody.

21 MS. WASH: Thank you.

22 MR. SHANNON: Bye-bye.

24 (Meeting adjourned at 9:33 a.m.)

\* \* \* \* \* \* \* \* \*

## 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 2nd day of December, 2025.

Theresa Prokop

Theresa Prokop, Certified Voicewriter