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

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12 Via Videoconference
January 11, 2024
13 Commencing at 9:00 a.m.

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23 Shana W. Spencer, RPR, CRR
Court Reporter
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1 **APPEARANCES**

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3 **BOARD MEMBERS:**

4 Steve Shannon, Chair

5 James A. Daley (not present)

6 Shawn A. Ryan, MD (not present)

7 Dr. Shannon Smith-Stephens (not present)

8 Brandon Harley

9 Adrienne Bush (not present)

10 Van Ingram (not present)

11 Casey Michalovic (not present)

12 Kristin Porter

13 Kevin Sharkey

14 Angela Darcy

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1 **P R O C E E D I N G S**

2 MS. BICKERS: Steve, it is 9:00,
3 and your waiting room is cleared. I saw
4 yourself, Brandon, and I believe Kristin log
5 in. If I missed any other TAC members, can
6 you please let me know?
7 CHAIRMAN SHANNON: Yeah. That's
8 what I had.
9 MS. BICKERS: Okay. Sometimes when
10 you guys come in in a big group, I don't
11 catch you all.
12 CHAIRMAN SHANNON: Right. That's
13 understandable.
14 All right. Well, absent a quorum, we
15 cannot move forward with the minutes;
16 correct?
17 MS. BICKERS: Correct.
18 CHAIRMAN SHANNON: All right.
19 Well --
20 MS. BICKERS: And I'll keep an eye
21 out to see if you have other members join.
22 CHAIRMAN SHANNON: Okay. Sounds
23 good.
24 Well, let's go on to the DMS update.
25 MS. HOFFMANN: This is Leslie. I'm

1 sorry. Angela is going to be giving the
2 update today. I apologize. I had trouble
3 getting into the meeting, so I apologize.
4 CHAIRMAN SHANNON: Okay. Thank
5 you.
6 MS. SPARROW: Good morning. Hope
7 everyone has had a good start to the new
8 year. It's quickly flying by into January.
9 So wanted to provide a few updates since
10 the last meeting. Again, through the
11 holidays, I know that there was a lot going
12 on for everyone.
13 Again, Angela Sparrow. I'm the
14 behavioral health -- one of the behavioral
15 health supervisors within the Department For
16 Medicaid Services. I wanted to provide some
17 updates and the status of the reentry
18 application and where we left off last time.
19 So, again, thank you for everyone who
20 was able to join and listen to the public
21 forums to hear the information regarding the
22 application draft. The public comment period
23 did run through the 9th or 10th of December,
24 I believe. Following that, again, we did
25 receive, I think, again, 13 submissions,

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1 official submissions regarding comments,
2 again, from different agencies and
3 individuals. Again, a lot of support
4 received.
5 We did receive some overall comments.
6 They were, again, generally regarding the
7 settings that were being requested and the
8 services that were being requested. So just
9 want to let everybody know the responses to
10 those comments that we did receive. And,
11 again, a summary of those are posted to the
12 Medicaid website. And so I'll go ahead and
13 drop that in the link when we get finished
14 here, so everyone can review that.
15 So we certainly appreciate the
16 information and participation in reviewing
17 the application. I think, again, we tried to
18 be very transparent through the process, that
19 we do anticipate as we go through the
20 implementation planning process that we will
21 consider. And then, again, once the --
22 hopefully to seek more timely approval from
23 CMS, that we will look at expanding and
24 growing as we -- we work together through
25 that process.

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1 So, again, we will send that information
2 so that you all can see that. For everyone
3 who did submit comments, hopefully, again,
4 you did receive an email back acknowledging
5 that and where you could find response to
6 that as well.
7 So with all of that being said, again,
8 we did make some minor changes to the
9 application, again, nothing significant in
10 the way of the services and settings and the
11 benefit package but did include some of those
12 recommendations.
13 That -- the application was submitted to
14 CMS on December 30th. We should have that
15 posted to the website by the end of the week.
16 I needed to make some updates with some of
17 the links that were included in that. And so
18 that should be posted and can be viewed in
19 the same location as the comments. So you
20 all should, again, be able to view the
21 official submission to CMS.
22 They do have 14 days to review that for
23 completeness. And so, again, that's by no
24 means approval, just saying that, again, the
25 State did include everything in the

1 application that was needed for them to be
2 able to review that. So we hopefully
3 anticipate receiving that letter next week
4 and then the next steps would be for them to
5 move forward with a federal 30-day public
6 comment period before they can begin
7 reviewing that.
8 And so we, again, anticipate working
9 with CMS through the first of the year and
10 then again throughout this year. We do have
11 several pending 1115 initiatives, and so we
12 really want to work with them as to how we
13 can streamline those requests and, again,
14 hopefully seek, as quickly as we can,
15 approval for all of those.
16 They are very complex in terms of the
17 implementation plans that are required, the
18 monitoring, evaluation protocols. And so,
19 again, each of those initiatives require
20 those separate things, and so we want to work
21 with them to see how we can move those things
22 forward and hopefully align all of those
23 initiatives as well.
24 So I'll pause there to see if anybody
25 has any questions. But, again, in terms of

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1 the SUD waiver, we anticipate, you know,
2 receiving beyond the temporary one-year
3 extension -- we felt, in conversations with
4 CMS, that really that temporary extension was
5 to align many of these initiatives that they
6 knew were coming forward with our SMI
7 amendment, with the reentry amendment, and so
8 forth.
9 CHAIRMAN SHANNON: Angela, I ask
10 this question a lot. I never remember the
11 answer. I apologize.
12 What's the time frame? I know 14 days,
13 they just confirm they've received it. What
14 happens after that?
15 MS. SPARROW: So, again, their
16 30-day federal comment period before they
17 officially start reviewing the application.
18 And so they initially -- and, again, it can
19 vary and differ. Typically, within 30, 45
20 days or so after they officially begin
21 reviewing it, we'll get an initial round of
22 questions and then -- so we'll take a look at
23 those, respond to that. And then they'll
24 take some time to review those and then that
25 kind of starts the negotiation period.

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1 One thing that we want to have a
2 conversation with with CMS, knowing their
3 timeline -- and, again, the amount of
4 requests that they have from State reviewing
5 as well -- is what we can do in terms of our
6 standard terms and conditions that's
7 typically issued with the approvals, is how
8 much of that, again, the State can draft and
9 help them through the process as well.
10 And so, again, that's just -- as we
11 start to meet with them, again, into the new
12 year, those are the conversations we'll have
13 and what we can do to help with all of the
14 initiatives that we've requested to move
15 those forward.
16 And so, again, do have to remind
17 everyone even once we receive an approval,
18 the State then has to submit the
19 implementation plan to CMS and then they have
20 to review that, approve that before we can
21 actually implement. So even once we receive
22 an approval, there is still that period that
23 we have to work through before we can
24 actually implement and go forward.
25 So we do hope to kick off the AKRS

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1 (phonetic), the advisory workgroup. We were
2 hoping to get those invites out before the
3 first of the year, but those should be coming
4 out, again, soon so that we can get that
5 group together.
6 The plan is to be able to work through
7 some of that implementation planning prior to
8 the approval so that we really have a head
9 start on the implementation plan in less
10 time, again, to turn that around to CMS and,
11 again, try to move it as -- move it forward
12 as quickly as possible.
13 CHAIRMAN SHANNON: Okay. July 1?
14 September 1? Is that realistic?
15 MS. SPARROW: Yes. So, again, our
16 extension period for the overall 1115 is --
17 runs through September 30th of this year. We
18 hope, again, to be able to seek approvals
19 prior to that and not wait that long. So
20 that's the goal. That's what we'll push for
21 into the new year.
22 CHAIRMAN SHANNON: Any questions?
23 MS. BICKERS: Steve, this is Erin.
24 For the record, Angela and Kevin both logged
25 in, but we still don't have a quorum.

1 CHAIRMAN SHANNON: Right. We're at
2 five. I'm counting.
3 MS. SPARROW: And -- oh, sorry.
4 Not to jump ahead. But I can also provide,
5 as part of the DMS updates, the number of --
6 I think we typically provide the number of
7 incarcerated individuals, if you want me to
8 go ahead and give that, that we have
9 currently.
10 CHAIRMAN SHANNON: Yes.
11 MS. SPARROW: As of this week,
12 there are 13,832 individuals that have
13 suspended coverage due to incarceration, and
14 I think the total enrollment is at 1.5
15 million or so.
16 CHAIRMAN SHANNON: Lot of people.
17 MS. SPARROW: Yeah.
18 CHAIRMAN SHANNON: All right.
19 Thank you.
20 MS. SPARROW: You're welcome.
21 CHAIRMAN SHANNON: Appreciate it.
22 I had an opportunity to talk to some UK
23 folks, and it really relates to Hepatitis C.
24 And it's the 90 days for a 60-day
25 pre-release. I know CMS is 60 days. I'm

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1 sure the comments were maybe 90, and I'm not
2 sure we can do much of that from CMS'
3 perspective.
4 But I have two folks who were able to
5 join us this morning to talk about really the
6 1115 waiver and maybe some federal comments
7 we may want to submit, or someone may want to
8 submit. And that is -- they are -- where's
9 my list? I'm messing myself up here. Oh,
10 Maribeth Wright and Deborah Duckworth. And
11 they're with -- really want to talk Hep C and
12 what can be done and their experience within
13 facilities.
14 All right. Ms. Wright --
15 MS. DUCKWORTH: Hi, Steve.
16 CHAIRMAN SHANNON: Yeah.
17 MS. DUCKWORTH: Thank you very much
18 for inviting Maribeth and I today on behalf
19 of UK HealthCare. I'm Debbie Duckworth, so I
20 am the senior director over UK's specialty
21 pharmacy and pharmacy infusion services team.
22 We started our Hepatitis C program back
23 in 2013-2014. And right there at the
24 beginning of that, I was able to coerce
25 Maribeth Wright into joining our team, and

1 she has been working in the infectious
2 disease and Hepatitis C space ever since.
3 So just to give you a little bit of
4 background. You know, despite a really
5 strong collaboration within our clinic -- our
6 pharmacists were embedded in our clinics and
7 had really strong relationships with our
8 providers and our clinic staff -- we were
9 only able at the height of our program prior
10 to the pandemic to put 10 percent of our
11 identified patients linked to care and on
12 Hep C treatment. And that was taking, on
13 average, 500 days to do so. That's pretty
14 abysmal when you think about it.
15 CHAIRMAN SHANNON: The 500 days was
16 for what? What was being measured?
17 MS. DUCKWORTH: Average time to get
18 a patient on therapy. Now, we have a large
19 cohort of patients but, you know, there's
20 many struggles within the patient population,
21 as most of you probably realize. That -- you
22 know, Hep C is a syndemic with substance use
23 disorder and many other things.
24 Daniel Moore -- Dr. Daniel Moore,
25 Maribeth, and myself have been on the

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1 Kentucky Hepatitis TAC and, you know,
2 working -- trying to work with that group.
3 It's a very challenging project for the State
4 of Kentucky, and I think everyone realizes
5 that we are the hotbed of Hepatitis C in the
6 United States.
7 So the three of us got together, and we,
8 you know, feel like we are beating our heads
9 against the wall in terms of moving the
10 needle on Hepatitis C in Kentucky. Of
11 course, we're trying to eliminate by 2030.
12 And so, you know, our premise is, well,
13 you're going to get the same outcomes if you
14 keep doing things the same way.
15 So we invited our process engineer in to
16 meet with our teams. We did almost a full
17 day of project work with that engineer trying
18 to eliminate waste and see how we could make
19 a dent in this 500 days and treat more than
20 10 percent of our identified patients.
21 Now, Maribeth is going to show some
22 slides that will help you understand what our
23 results have been, which, with the general
24 population, has been very successful with the
25 outcome of that initial project. But we also

1 know that we cannot eliminate Hepatitis C in
2 this state without a strong partnership and
3 very innovative approaches for our
4 incarcerated and paroled populations.
5 So we've been working with Commissioner
6 Cookie Crews, who -- those of you who know
7 her know she's very passionate, and we are
8 very blessed to get to work with her and her
9 team to try to make a difference for this
10 population.
11 So what we wanted to share today has
12 been that journey and so why we, you know,
13 commented on the waiver initially from the
14 perspective of UK HealthCare and these
15 patients. So I'm going to turn it over to
16 Maribeth right now and let her share what
17 we've been doing.
18 DR. WRIGHT: So I'm Maribeth
19 Wright. I'm the pharmacy manager for our
20 infectious disease team. I'm very passionate
21 about Hep C. You're going to see that very
22 quickly. As Debbie said, the 511 days was
23 just not acceptable and less than 10 percent
24 treatment.
25 What we have found with our numbers --

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1 and I'll just give you a very brief
2 overview -- is that we now are treating close
3 to 62 percent of the patients, meeting them
4 where they are in the system, not creating
5 additional visits, streamlining those visits.
6 Of those patients that have -- and it's
7 taking an average -- a median of 17 days with
8 an average of 26 days to get them on
9 treatment.
10 We have substantially decreased -- we've
11 increased treatment uptake by over 500
12 percent, and 86.5 percent of those patients
13 have either completed therapy -- we just now
14 are starting to draw SVRs. We've been doing
15 this over six months now this week. We're
16 getting outcomes, and 86.5 have been
17 compliant and completed all three fills of
18 their medication. That is unheard of in this
19 population, so it is working.
20 What I am begging is that we consider
21 something similar, that we decrease and make
22 this as accessible as we can to all
23 prisoners. And that is what I hope the
24 waiver will do, will allow you to get them
25 drug in hand before they leave that prison,

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1 and we can get those fills completed. If
2 that could occur, I think that you will
3 see we will hit a very high score.
4 Here are the numbers that I want to
5 share with you. Our program -- Cookie was
6 able to obtain a screening grant to begin HIV
7 and Hep C screening in our prisons -- in our
8 county jails; okay? We screen the state
9 prisons, but state prisoners housed in the
10 county jails have not had that opportunity.
11 They're getting that upon discharge when
12 they're within 30 days, and we've now moved
13 that to 60 days.
14 So what's happening is those patients,
15 when they're within 60 days of discharge,
16 they get re- -- they get a screening test for
17 Hep C and HIV. What we are finding -- we are
18 doing this in -- we started in five county
19 jails. We've now expanded to six. We're
20 going in our seventh this month. As a matter
21 of fact, the first meeting was yesterday, and
22 we intend to add one county jail a month.
23 Here are the numbers for positivity
24 rate. We have 60 -- almost 60 percent
25 positivity rate in those six county jails of

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1 antibody positive; okay? Just a little
2 history here. An antibody positive means
3 that you've been exposed to Hep C. You may
4 or may not have a chronic disease. Of that
5 60 percent, 67 percent have an RNA positive,
6 which means they have chronic infection.
7 So you can see of those patients that
8 have been discharged just out of these six
9 county jails, we have close to a 70
10 percent -- at one time, it was running as
11 high as 76 to 78 percent positivity.
12 We have an issue. And we can't begin to
13 address the epidemic of Hep C in the state of
14 Kentucky if we don't somehow include the
15 entire prison system. We have -- that's a
16 potential not only for your workers but for
17 your other prisoners housed in that area.
18 Transmission and -- it scares me. I'll
19 be honest with you. And I've been doing this
20 since 2015, as Debbie said, and I have a real
21 passion. I know the cost. The costs are
22 high, and I know that we would have to figure
23 out an innovative way to try to find funding
24 for that. I'm not -- I'm not unrealistic.
25 Realism here is that it is a very high

1 dollar.

2 The other issue here is it may be high

3 dollar, but the cost of inaction -- here at

4 UK, when we decided to look at our

5 numbers; okay? And we've had

6 approximately -- if we were to cure 34,000

7 patients; okay? And that's realistic. We

8 have 5,000 that have been identified that

9 have never been treated already, currently.

10 We could save the State in five years

11 downstream costs of advancing liver disease

12 4.2 to 6.5 billion dollars if we were to

13 treat 34,000 people over five years. The

14 cost of inaction is much greater than the

15 cost of action.

16 You have a captive audience with them in

17 the prison system. If we could get 60 days,

18 we could probably get it treated. The

19 screening period might be longer. But if we

20 could get 90 days, you could get all three

21 months of treatment in before they're

22 discharged. And all you've got to do, then,

23 is check one lab level 12 weeks after they

24 complete therapy to know that they have a

25 positive outcome.

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1 The potential here is fabulous, and you
2 have a captive audience. We could do
3 something about this epidemic and slow down
4 the syndemic of all the substance abuse and
5 things like that if we could get both
6 substance abuse and Hep C combined to be
7 addressed in this waiver.
8 CHAIRMAN SHANNON: What happens if
9 they get the treatment for 60 days, released,
10 and don't -- and then they don't get the rest
11 of the treatment? What's the outcome?
12 DR. WRIGHT: Well, I'm supposed to
13 tell you there's a possibility that they
14 might not be cured. I have seen patients
15 that have -- and this is not the norm; okay?
16 But I have seen patients that have taken as
17 little as seven days of treatment, and it
18 cured their Hep C. I've seen them take the
19 full three months and not be cured. So
20 there's no way to predict that.
21 The literature shows that if you are 50
22 percent compliant -- at least 50 percent
23 compliant, that you should cure the -- that
24 they have studies showing that you could cure
25 the disease. So if we were to get two of the

1 three fills -- if we could arrange this right
2 so that the screening is done at 90 days and
3 you have that fill right at the 60-day mark
4 where that waiver were to kick in, you could
5 get two fills.
6 You can proactively -- we do proactive
7 refill management, so you can fill meds at 21
8 days. They get a 28-day supply. You could
9 fill them at 21 days. You could fill them 21
10 days later, and they would have all of their
11 drug in hand when they were discharged from
12 the facility. You can do this. You have a
13 much tighter window of time to do that in,
14 and you would have to be very good at your
15 time window and your dates, but this is
16 possible.
17 Now, I will say, if they go back into
18 community and they have not -- and they
19 reuse, they can be reinfected and then it's a
20 much more complicated treatment. However,
21 you make your jails safer. You make your
22 employees safer by curing this disease and
23 getting them on treatment. Of course, it's
24 at the end of their stay. Realistically,
25 it's at the end of their stay.

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1 CHAIRMAN SHANNON: Wow.

2 DR. WRIGHT: The numbers, to me,
3 are very concerning, as I think they are to
4 you, and some of you on this committee have
5 heard me say those numbers before. They're
6 very concerning.

7 CHAIRMAN SHANNON: Is there any
8 data on correction staff who become infected?
9 I mean, do you know the numbers of that?

10 DR. WRIGHT: I don't. And I don't
11 think there's any way to know short of
12 testing them pre --

13 CHAIRMAN SHANNON: Right.

14 DR. WRIGHT: -- and during if any
15 symptoms come up. And that's the problem
16 with Hep C. It's a silent disease. If
17 you're not having regular labs, you're
18 probably not going to see those liver enzymes
19 creep up. You're not going to know until you
20 have a more advanced disease. It's a
21 silent -- it's a silent disease.

22 MS. SPARROW: Debbie and Maribeth,
23 I think, again, we absolutely appreciate the
24 information and you sharing, and it's
25 something that -- it is -- we do want to

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1 partner. It is a great concern. And you are
2 correct. The numbers are very alarming.
3 I think, again, we do have -- we do have
4 an opportunity, and we -- I think we
5 certainly have an opportunity to begin
6 addressing it with the initial request as
7 well. And so, again, I think the initial
8 thought -- because there were -- there are
9 and were other legislation initiatives that
10 did require the State to, you know, submit
11 the request more timely.
12 And so when we do request that, we do
13 have to have the budget portion of that and
14 all the services that we request included.
15 This waiver was very different in terms of
16 the reinvestment component as well, and so
17 those things were certainly a factor.
18 Again, I think the intent is to, through
19 the implementation planning process, begin to
20 think and consider the other facilities and
21 settings and services, although they weren't
22 initially included in the initial request.
23 But to consider that as we began to build out
24 so that when we have an opportunity to
25 request an amendment, to change the

1 demonstration, that we -- and expand the
2 demonstration, we really have that already
3 thought out and that we have those procedures
4 in place and our system set up to do that.
5 And so I think, again, the intent is to
6 consider many of those other things that have
7 been suggested as we move along. It is
8 difficult with the -- the jails being -- that
9 they -- there are so many in the state. Many
10 of those have different policies and
11 procedures.
12 Under the demonstration, again, any of
13 the -- the benefit package has to be
14 available in every facility, and so that is
15 very challenging with our jails. And so
16 that, again, was one of the reasons to begin
17 to request with our state prisons and our
18 youth detention centers.
19 But, again, the intent is even though
20 that they were not included in the initial
21 submission, to consider them as we planned so
22 that we can think of corresponding in
23 parallel what an amendment would look like
24 and how we can bring them on board more
25 timely. So that was a piece of that.

1 So in terms of Hepatitis C, I think that
2 we have some initial thoughts on how we can
3 include and start in the -- through the
4 initial ask. And so that's something that we
5 want to work with Department For Corrections,
6 as you mentioned, through the health risk
7 assessment that they initially receive when
8 they enter the facility.
9 But, again, through the reentry process
10 and the post-release process, through the
11 case management services that the individual
12 will receive, and through some of those
13 requirements, there's an opportunity, again,
14 that through the case management assessment,
15 where we really need to identify their
16 physical, behavioral health, and social
17 determinants needs, that that screening,
18 again, is a part of that case management
19 process so that, again, we kind of build that
20 into that service so that we, again, are
21 picking that up and screening and capturing
22 that then.
23 And as you mentioned, if they do screen
24 or if there is a positive, that through the
25 request to cover the medications at time of

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1 discharge and, as you mentioned, they're in
2 hand, that that -- again, the medication then
3 is included in that part of the benefit
4 package.
5 So we feel like that there is an
6 opportunity to start through the initial
7 request and start addressing pieces of this.
8 And, again, it's not the long-term, I think,
9 solution or, again -- but it is a starting
10 point.
11 And it's certainly something that we
12 want to work with you all on through the
13 advisory, again, workgroup. We do anticipate
14 once we get that going, we will have
15 subgroups and start bringing in other
16 expertise, again, for those types of
17 planning. And that's something, again, we
18 certainly would want to include your group
19 in.
20 But I think those are the initial
21 thoughts, so I'll pause there to see how
22 you -- what you think about that and, again,
23 if you think that that's an option to help us
24 get started in the planning but, like you
25 said, also the budgeting moving forward as

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1 well.

2 DR. WRIGHT: Angela, I applaud you.
3 This is a very difficult topic, and we are --
4 we are very well-versed. We've been doing
5 this a very long time. We've navigated and
6 changed and altered our processes to finally
7 feel like we are making a difference, and I
8 am thankful that you all are looking at this
9 and making a change in how these patients can
10 have access.

11 We are definitely -- Debbie and I both
12 and our leadership above us are committed to
13 working with you and helping you. I can tell
14 you that our models -- we in the last month
15 have met with the CDC. They are very
16 interested in our models as well, and so I
17 would like for our State to make a
18 difference. And so we are committed to that,
19 and I think that Debbie is as well to assist
20 us. And I would be willing to help in any
21 way possible.

22 MS. HOFFMANN: This is Leslie. I
23 just wanted to say that Angela and I -- this
24 was brought to our attention early on. So
25 thank goodness that we were in so many

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1 collaborative meetings that, you know, we
2 were learning about this very early.
3 So as you can see, Angela had a set
4 answer that we've been -- we've been planning
5 on not only Hep C but other things that we
6 can identify and address early on so that
7 when the folks leave from incarceration, that
8 they are prepared to leave in good -- in a
9 good situation going out into the community.
10 So I just wanted to applaud Angela, too.
11 We've addressed many areas in our Cabinet and
12 even some outside of our Cabinet with this
13 initiative, so thank you so much.
14 And we do want to work with you and
15 figure out -- the long and short of the 1115
16 is hard to understand because it's complex.
17 But we do want to figure out a way to how to
18 work with you in the beginning implementation
19 and what -- we can get into that case
20 management responsibility.
21 As you're aware, we're looking at 60
22 days prior to release right now, and that was
23 based on CMS' guidance in March, I believe.
24 So we do want to partner with you. We do
25 want to work with you, and we do want to move

1 forward in any way we can integrate on this
2 initiative. So thank you all.
3 CHAIRMAN SHANNON: Any questions?
4 (No response.)
5 CHAIRMAN SHANNON: I wish we could
6 figure out how to do the screening before the
7 60 days. Because if that happens before the
8 60 days, you could at least start the
9 treatment at 60 days; right? Then we're
10 consistent with the CMS.
11 But if there's not a way to get that
12 screening done -- that doesn't happen
13 until -- right? -- 60 days prior. Then
14 probably treatment doesn't start until 30
15 days prior; right? Is that fair to say?
16 MS. SPARROW: Right, Steve. And so
17 I think that that's part of the collaboration
18 that we'll need to have with Department For
19 Corrections and, again, as a starting
20 point -- right? -- as they are for funding,
21 that may need to support components that
22 Medicaid can't currently cover during a time
23 period as we move and then, you know, amend
24 and expand the demonstration.
25 So, you know, there may be things that

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1 we need to discuss in the interim as a
2 starting point. But, again, those are all
3 things that we need to work with Department
4 For Corrections and our other agencies to
5 determine, again, what they're able to
6 support and, you know, how we can kind of
7 blend the funds to meet those needs.
8 CHAIRMAN SHANNON: Yeah.
9 DR. WRIGHT: And your state
10 facilities -- the state facilities, they're
11 already testing. They're screening.
12 CHAIRMAN SHANNON: Okay.
13 DR. WRIGHT: They screen upon
14 admission, so they have that data already.
15 It's the county jails that house state
16 prisoners that don't do that.
17 CHAIRMAN SHANNON: Well, it's
18 encouraging, Leslie and Angela. Medicaid has
19 already had this conversation; right? It's
20 on the radar screen already. That's an
21 opportunity to move forward, so I appreciate
22 that.
23 Courtney Ham asked: Is there any
24 information on Hep C at DJJ facilities?
25 MS. SPARROW: Right. Honestly, I

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1 can't speak to that. I don't think that that
2 is something that we have discussed in the
3 conversations with DJJ from our standpoint
4 and have that -- that data. I'm not sure
5 that that's come up in our discussions.
6 CHAIRMAN SHANNON: Okay.
7 Dr. Wright, anything else? That was good
8 information. It's a scary thing, isn't it?
9 DR. WRIGHT: Yes, sir. Yes, sir.
10 And unfortunately, we lead -- we are one of
11 the top three leads in the nation of Hep C,
12 have led at times. The University of
13 Kentucky has led in treatments being offered
14 in the United States at one time or another,
15 not a statistic that you want to be the lead
16 in. But at least we're treating. At least
17 we're treating, and that's the good news
18 here.
19 MS. DUCKWORTH: Steve, thank you
20 for inviting us today. We really appreciate
21 that. It's going to take all of us.
22 CHAIRMAN SHANNON: Yeah.
23 DR. WRIGHT: And thank you.
24 CHAIRMAN SHANNON: Thank y'all.
25 Good work, Angela.

1 All right. Next, Medicaid billing for
2 clients referred by DOC. I keep this on the
3 agenda. It comes up occasionally when I talk
4 to the CMHCs. I have not heard about this
5 recently, so I think we're making some
6 progress there.
7 Let's go to MCO updates. Flipped the
8 order this month. WellCare?
9 MR. OWEN: Yes. Yes. Stuart Owen.
10 WellCare. Chairman Shannon, I guess I whined
11 at the last meeting about WellCare always
12 going last, so thank you for responding to my
13 whining. I guess there's a lesson there for
14 everybody that whining can be effective
15 sometimes. We are super --
16 CHAIRMAN SHANNON: I just like the
17 alphabet, too, Stuart.
18 MR. OWEN: We got to get a little
19 spicy and mix it up, you know. W is a nice
20 letter. Yeah.
21 CHAIRMAN SHANNON: Yeah.
22 MR. OWEN: Different reasons. Not
23 just my whining, I guess. Okay. All right.
24 We are really excited, and we sent an
25 invite to each member of this TAC. I hope

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1 they got it. If you didn't, please tell us.
2 We have -- we have these different community
3 impact councils, and so we -- we identify
4 community leaders to tackle a given issue,
5 problem in a given community.
6 And so we have created -- we've got such
7 an awesome outreach team that does this, and
8 Laura Chowning is heading this up. Darren
9 Levitz is the key person over all of that.
10 But we have one for Frankfort where we
11 are going to do a reentry simulation. So,
12 literally, this is simulating what it's like.
13 You're just now being discharged from prison.
14 And so the event is Wednesday, the 21st. We
15 did send the invite out. It's 11:00 to 2:15
16 at Paul Sawyier Library in Frankfort.
17 If anybody doesn't have the invite,
18 please let me know. Please say so in the
19 chat, for example. Lunch will be provided,
20 so there is such a thing as a free lunch
21 sometimes. You've got to RSVP, though.
22 But this is a super cool thing, and I'm
23 going to be there as well. I'm really
24 excited about it. So it's February 21st,
25 Paul Sawyier Library, 11:00 a.m. to 2:15 p.m.

1 And let me just stop right there. Did
2 anybody -- can you confirm -- Steve, did you
3 get an invite? Anybody else on the TAC get
4 an invite?
5 CHAIRMAN SHANNON: I did. I did,
6 Stuart.
7 MR. OWEN: Okay. Good. All right.
8 Good. Very good.
9 MS. HAM: I also got an invite,
10 too. I mean, she's doing amazing work, so,
11 you know, I've sent it out to as many
12 partners as possible.
13 MR. OWEN: Awesome. Awesome.
14 Awesome. Thank you for confirming that.
15 Just some other updates we have is, you
16 know, our care management team, we've been --
17 I mean, not me, but our care management team
18 has been meeting with individuals at
19 different correctional facilities in Kentucky
20 trying to get relationships there,
21 participating in some events with them, you
22 know, all geared toward when members get
23 released from prison in advance so that we
24 can be ready quickly to help coordinate care
25 and everything.

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1 But some of those -- some of the
2 facilities that we've been talking with,
3 working with, Blackburn Correctional, which
4 is in Lexington, KCIW. Luther Luckett
5 facility, and they've got an event. We're
6 meeting with them next week. Bell County
7 Forestry Camp in a couple of weeks.
8 Kentucky drug -- also the drug courts.
9 We've got a meeting with drug court tomorrow,
10 so the care management team has been very
11 active in doing that. And, of course, you
12 know, this will obviously ramp up a lot when
13 this demonstration waiver gets approved.
14 CHAIRMAN SHANNON: Yeah.
15 MR. OWEN: So those are the
16 WellCare updates.
17 CHAIRMAN SHANNON: Any questions?
18 (No response.)
19 CHAIRMAN SHANNON: Thank you,
20 Stuart.
21 United?
22 MS. MILBURN: Yeah. Good morning.
23 Liz Milburn with United. The only update
24 that I have is that we're going to be
25 attending the Expungement Resource Fair at

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1 the Northside Library in Lexington on
2 February 22nd.
3 We had a staffing shortage in 2023, so
4 we have two additional case managers that
5 have joined our team and then I have one open
6 rec for another position. So hopefully in
7 the 2024 year, we continue to build on our
8 partnership with the prisons.
9 CHAIRMAN SHANNON: Thank you. A
10 lot of us have had the staffing challenges in
11 2023.
12 Passport?
13 MR. ZAKEM: Thanks, Steve. It's
14 Marc Zakem. We had no new NGA members in
15 December. We're continually actively working
16 with three. We did receive one new member
17 last month, but they weren't eligible until
18 January. And we've had another member that
19 we've received this month so far.
20 In the fourth quarter of 2023, our
21 community engagement team held or
22 participated in 14 events. That includes six
23 expungement clinics and resource fairs at
24 four of our statewide offices. They also
25 participated in expungement clinics at

1 community partners in Warren County, Wayne
2 County, Bourbon County. One of those was
3 also a vaccination clinic.
4 They also attended three pre-release
5 classes or resource fairs at local jails or
6 state correctional facilities. And they
7 participated in two reentry simulations at
8 the Goodwills in Fayette and Warren counties.
9 All told, we had over 650 attendees for the
10 events.
11 So far, for the first quarter of 2024,
12 we are participating in five pre-release
13 classes at local jails or state facilities
14 and also five expungement clinics, three at
15 our offices and two with community partners
16 in Barren and Boyd counties.
17 And I believe that's all I have today.
18 CHAIRMAN SHANNON: Great. Thank
19 you.
20 MR. ZAKEM: Uh-huh.
21 CHAIRMAN SHANNON: Humana?
22 MS. BENDORF: Good morning,
23 everyone. This is Kelly Bendorf with Humana.
24 I'll start with our updates on our
25 reentry program. We actually had five

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1 released members in quarter four of 2023.
2 That was a slight increase since our
3 previous -- our previous report at the last
4 TAC.
5 We have had a little bit more
6 difficulties reaching members by phone with
7 these kind of new members that we've gotten.
8 So we're really looking at more creative ways
9 to outreach those members and increase that
10 engagement. We also continue to have some
11 great collaborations with reentry
12 coordinators, so I appreciate that so much.
13 As for our community outreach, our
14 community folks have been busy. They did
15 some Goodwill Second Chance Days in Rowan
16 County in November and December. They also
17 participated with Goodwill Resource Fairs in
18 Louisville at the Broadway and Preston
19 Highway locations.
20 And we have two upcoming expungement
21 clinics that we will be attending, one at
22 Community Action in Lexington in January and
23 the Madison County Public Library one in
24 February, so really excited about those
25 events.

1 So that's all we have.

2 CHAIRMAN SHANNON: Thank you.

3 Appreciate it.

4 Anthem?

5 MR. CROWLEY: Hello, Steve, and

6 members of the TAC.

7 Quick update from Anthem. We continue

8 to participate in pre-release classes as well

9 as expungement clinics throughout the

10 commonwealth and also continuing to cover the

11 GED supports and costs with that, with the

12 GEDs.

13 We have six members referred over to our

14 release case management team in Q4 with a

15 little bit of an uptick in December with

16 three. As always, you know, we -- you know,

17 we continue to strive to get in contact with

18 these members, and that's kind of been the

19 largest challenge that we continue to see.

20 CHAIRMAN SHANNON: Thank you,

21 David.

22 MR. CROWLEY: Yep.

23 CHAIRMAN SHANNON: And Aetna?

24 MS. HAM: Hey, everyone. This is

25 Courtney from Aetna.

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1 I just wanted to report on a couple of
2 things. One, we have -- on the SKY side of
3 things, us supporting Kentucky's youth
4 through our foster care contract. We are
5 starting to present to probation and parole
6 offices statewide just to talk about that
7 transition age youth; right? So that 18 to
8 26, 18 to 24 population. We want to let them
9 know about our SKY program and all the case
10 management support that is received through
11 that program.
12 And then, also, we are working on an
13 initiative in Clay County jail working to
14 bring in a program around fatherhood, and so
15 that's going to be really interesting down
16 the road.
17 Our Start Strong reentry coordinator has
18 been very busy going to all these expungement
19 clinics that have been going around the
20 state, so we're really excited that we've
21 been able to get out and about.
22 And then she's been building a caseload
23 on her own because we just have had just a
24 really small trickle from the State. We get
25 one, like, every couple months, so she's been

1 building a caseload on her own.
2 And really the only barriers that she
3 runs into, which I think probably everyone
4 really runs into, is not being able to talk
5 with our members when they're in SUD
6 treatment. So just sort of waiting until
7 they're out of treatment and, you know, they
8 can get those services. But it would be
9 great to be able to build that bridge before
10 they get released from SUD treatment.
11 CHAIRMAN SHANNON: Yeah.
12 MS. HAM: Really, the barrier is,
13 you know, they can neither confirm or deny
14 whether that person is there even though as a
15 healthcare organization, you know, we get
16 claims. We know where they are. So that's
17 one of our -- that's one of our barriers.
18 I'm sure other people have run into that.
19 But Lana is on the line and listening to
20 all of this and is always here. She says
21 she's also going to be meeting with drug
22 courts in Warren, Butler, and Edmonson County
23 also to work on, you know, bridging those
24 gaps with members.
25 So we've been trying to stay busy and

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1 focus on this population and looking forward
2 to figuring out this waiver.
3 CHAIRMAN SHANNON: Super. We're
4 all excited about the waiver.
5 All right. Round robin update from
6 members. Anybody?
7 (No response.)
8 CHAIRMAN SHANNON: All right. Any
9 legislative updates people want to share?
10 (No response.)
11 CHAIRMAN SHANNON: I'm sitting back
12 waiting on the budget. I want to see the
13 House budget. That's really what the focus
14 is for us.
15 I keep on hearing Medicaid eligibility
16 post-release. That comes and goes as a
17 problem. We've had some issues. We've
18 started working some with AOC, some of their
19 folks who are involved to see if they can
20 help us accelerate that process to get people
21 back on. You know, if it's suspended, get it
22 reactivated. Some of the people I work with
23 have great success. Others, it takes a
24 little bit longer so...
25 MS. HOFFMANN: Steve, this is

1 Leslie. I just want to mention if anybody
2 has some really weird situations they are not
3 able to get corrected and can't get that
4 eligibility moving, just go ahead and -- you
5 know, Leigh Ann and I have been working on
6 any of those cases that come in. I will say
7 that they're trickling down, though. I'm not
8 getting as many now as I used to.
9 CHAIRMAN SHANNON: That's good to
10 hear.
11 MR. OWEN: Hey, Steve.
12 CHAIRMAN SHANNON: Yeah.
13 MR. OWEN: Real quick, I saw a
14 bill -- I don't remember -- regarding
15 expungement that if it's a certain level of
16 crime, that you would be automatically
17 expunged upon release, wouldn't have to go
18 through the process. I forget the number. I
19 can email that to you but...
20 CHAIRMAN SHANNON: Okay. I'll send
21 that out. Yeah. I saw that. It would be a
22 good thing, wouldn't it?
23 MR. OWEN: Yeah.
24 CHAIRMAN SHANNON: It looks like
25 our next meeting is March 14th. Any other

1 agenda items? I always ask for future agenda
2 items, and someday I'll get one.
3 (No response.)
4 CHAIRMAN SHANNON: In the chat,
5 Dr. Wright thanked everybody. I think it was
6 good information to have. I was glad to see
7 both -- that Medicaid is paying attention to
8 this as well. It's a topic I didn't know
9 much about until about four months ago, so I
10 think we need to pay more attention.
11 All right. See y'all in March. Y'all,
12 take care.
13 MR. OWEN: Thank you. You, too.
14 (Meeting concluded at 9:49 a.m.)
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2 C E R T I F I C A T E

3

4 I, SHANA SPENCER, Certified

5 Realtime Reporter and Registered Professional

6 Reporter, do hereby certify that the foregoing

7 typewritten pages are a true and accurate transcript

8 of the proceedings to the best of my ability.

9

10 I further certify that I am not employed

11 by, related to, nor of counsel for any of the parties

12 herein, nor otherwise interested in the outcome of

13 this action.

14

15 Dated this 19th day of January, 2024.

16

17

18 */s/ Shana W. Spencer*

19 Shana Spencer, RPR, CRR

20

21

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