COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

IN RE: PERSONS RETURNING TO SOCIETY FROM INCARCERATION
TECHNICAL ADVISORY COMMITTEE

July 19, 2021
1:00 P.M.
(All Participants Appear Via Zoom or Telephonically)

APPEARANCES

Steve Shannon
CHAIR

James Daley
Shawn A. Ryan, M.D.
Shannon Smith-Stephens
Brandon Harley
Adrienne Bush
Van Ingram
Evan Smith
Kristin Porter
Kevin Sharkey
Angela Darcy
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APPEARANCES
(Continued)

Judy Theriot
Angela Parker
Lee Guice
Sharley Hughes
Leslie Hoffman
Leigh Ann Fitzpatrick
MEDICAID SERVICES

Court Reporter’s Note: At the request of DMS, all other participants appearing via Zoom or telephonically will not be listed under Appearances.)
MS. HUGHES: I’m going to go ahead and do a roll call. As I call your name out for the TAC members, if you don’t mind, turn your video on so that you can actually be considered as being here. The open meetings law says you have to be visible.

(ROLL CALL)

MS. HUGHES: So, you all do have a quorum. I’ll just go over a little bit here about open meetings and, then, we’ll have election of a Chair. And because of the size of the TAC, I kind of recommend that you have perhaps a Vice-Chair as well. That way, if one of you is out, the other one would be able to fill in for you.

This is the TAC meeting of the - let me pull it up here because it’s a long name - Persons Returning to Society from Incarceration Technical Advisory Committee, and we do shorten that to at least the TAC. So, it makes it a little bit quicker.

All meetings are subject to the open meeting laws, and I know there are several of you that are state employees that are on this committee, so, you’re familiar with that, but if you have questions on any of the meeting laws, you can
let me know.

Basically it just says all discussions regarding this TAC have to be held in an open forum so that anybody and everybody can hear the conversations.

So, do we have anybody who would like to be Chair and Vice-Chair? Don’t everybody speak up at once but somebody needs to speak up.

MR. SHANNON: I’m not dying for this assignment, but I’ve served on other TACs. So, I don’t mind stepping up and doing it maybe at the outset. As we get established, someone else could take it over at that point.

MS. HUGHES: Okay. If you want to do that, Steve, then, we’ll let everybody get familiar because I’m sure some of you don’t – I mean, this is an assumption on my part that maybe you don’t know for sure what the charge is and what all is going to be involved.

So, once you see that after a couple of meetings, Steve, if you wanted to carry it through until the January meeting, then, we can hold another election, if that suits you guys. That would give you an idea of what’s going on.
MR. SHANNON: Again, I’m open to that. If someone else wants to chair, I’m more than willing to pass it on to them.

MS. HUGHES: Okay.

MR. SHANNON: But this will get us started.

MS. HUGHES: Okay. And we’ve got Leslie Hoffmann on here that is going to give a little bit of an update and, then, we’ll open the floor up to the TAC members for whatever discussions you all want to have. So, Leslie.

Before we do that, the DMS staff that’s on here, if you would, turn on your video and introduce yourselves so that the TAC members can see your face and know they may be working with. So, Dr. Theriot, do you want to start?

DR. THERIOT: I’m Judy Theriot. I am Medical Director with Medicaid.

MS. HUGHES: Okay. Angie Parker.

MS. PARKER: Good morning, everyone. I am Director of Program Quality and Outcomes in the Department for Medicaid Services.

MS. HUGHES: Okay. Lee Guice.

MS. GUICE: I’m Lee Guice. I am
the Director of Policy and Operations with Medicaid.

MS. HUGHES: Leigh Ann

Fitzpatrick.

MS. FITZPATRICK: Good morning.

My name is Leigh Ann Fitzpatrick and I’m a Behavioral Health Specialist with the Department for Medicaid and I’m also the Program Manager for the Reentry Program.

MS. HUGHES: Okay. And other than Leslie, is there anyone else from Medicaid on?

Okay, Leslie, we’ll let you introduce yourself and then go into your opening for us. Thank you.

MS. HOFFMANN: Good morning. My name is Leslie Hoffmann. I’m Chief Behavioral Health Officer for the Department for Medicaid Services.

As far as updates go, I can tell you a little bit of what we are working on in Medicaid related to incarceration in general.

We have got an 1115 SUD Waiver Amendment with CMS. They’ve had it for quite some time. Actually, I think we completed everything that was necessary sometime around January the 9th.

We are the first state in the nation that is asking to cover for pretrial, during
incarceration and, then, thirty days prior to release
to hook that person up with the MCO of their choice
for a very intense care coordination.

CMS has told me that they are
very hopeful that this can move forward. Since we’ve
sent our initiative in, several other states are
looking to do so. So, it’s become a compiled issue
for CMS to take a look at in general.

And I’ll let you also know
they’ve had administration changes that changed
earlier in the year, but their policy decision-makers
have just taken place in May.

So, I meet with CMS every
month. They have never at no point said that they’re
not going to approve the amendment. They’ve never
said that it’s something negative, it’s something
that the previous administration wanted to move
forward with and they are waiting for policy
decision-makers now to make a decision, as well as a
path forward.

So, since we’ve sent ours in,
before us, there were one or two states that tried to
either do like change termination to suspensions in
the Medicaid world with incarceration folks, and
they’ve also had several states since we have turned
ours in that have asked for the thirty days prior to release.

So, since that time, other states have now started looking at our amendment which is out there in the federal world and was out for public comment in the federal world, and other states are wanting to come on board like we have.

We’re also looking at DJJ and see if there’s anything that we can help there. There’s about 280 children who we consider confined youth and those children are in need of Medicaid services as well. So, that’s something we’ve been taking a look at.

Another thing that we’re doing here in Kentucky is developing kind of like town hall meetings and Van Ingram has been involved and several other groups from AOC have been involved, Rachel Bingham.

And we’re going to go out and kind of do a town hall to talk about what our vision is for folks who are incarcerated here in Kentucky and that we want treatment, not incarceration, and what their options are in the local community.

We’ve decided to do those town halls whether we have the amendment approved or not.
We were looking at August and I think I’m waiting
back for some answers from AOC to see if those dates
are going to work.

So, that’s kind of what we’re
looking at. This will go all the way down to the
caseworkers, the judges, the drug courts and get
those folks on the line to listen to what our mission
and values are for incarcerated members here in
Kentucky.

Our main goal would be not to
be incarcerated, to receive those treatments outside.
So, that’s what we’ve been working closely on and
I’ve been working with the Rights - Sharley, what’s
the name? Is it Human Rights? No. It’s the Rights
Committee TAC or Rights Committee.

I’ve been working with them as
well to ensure that we don’t have increased
incarceration if we get the services through with
CMS.

MS. GUICE: Leslie, it’s the
Consumer Rights TAC.

MS. HOFFMANN: Thank you. I’m
sorry. I couldn’t remember the name of it. I kept
wanting to say Human Rights but that’s not right.

I have been working with them
just to keep them apprised of what we’ve got going on and what we’re trying to do locally.

We have figured out a way to track the days of stay during our demonstration to ensure that those aren’t getting increased, and we have also figured out a way to see if not just the length of stay but the number of people who are incarcerated and that are receiving treatment, that that’s not increased. We don’t want incarceration to ever be a step to a treatment. That’s all voluntary, correct?

Another thing that we’ve been working on, and Leigh Ann has been involved with me as well, is the 988. We’ve got several initiatives going on that kind of tie in with that.

We’ve also been working on a federal housing collaborative which started out with SUD but we’re kind of across the board now. So, our staff are not just looking at people with SUD but also looking at others with housing needs as well.

I’ve also been working with Pam Smith on the HCBS side who have some very similar issues for folks who have dual diagnoses.

So, we’ve got a lot going on and you’re probably aware that we’ve got a diversion...
initiative that’s going on here in Kentucky as well. There was one more thing. I also will mention that we have started an MST pilot project and that’s for Multi-Systemic Therapy and it allows for like a very intensive case management type of service and therapy with a child who may have gotten into legal issues or situations with the Juvenile Justice system and that’s to prevent them from ever getting in a confinement type of situation.

So, the more that we start working on things, it’s all intertwining. I’ll just mention that, and Leigh Ann also has worked with the Reentry Program and we’ve got reentry folks from DBH as well.

I can tell you that the State of Kentucky has worked very collaboratively on these initiatives and our mission and values here in Kentucky.

So, that’s probably my update for right now unless anybody has any questions.

MR. INGRAM: Leslie, could you elaborate a little bit on the housing piece that you all are working on? I’m not real familiar with that.

MS. HOFFMANN: Angela Sparrow – I think you’re familiar with her that’s in the
behavioral health field - she has been working on a federal initiative and we were pared off with I think it was Washington State and Arizona I believe was our partner or sister partner, and we were pared off with a group and we worked collaboratively and timely here in Kentucky. There’s folks that are from the Housing Authority, DBH, DMS, OIG.

We’ve got all kinds of folks that work internally to figure out what we have here in Kentucky and where we want to go; but, like I said, we started that on an SUD initiative but it has totally just spanned out to the homeless population and any type of dual diagnosis.

So, we’re taking a look at that collaboration and what we can do after that is over. We do have a few housing options. When I say housing, that’s not paying for room and board but we do have a few options that we’ve been looking at in other arenas and we’re all working together. Even Pam Smith from HCB is on that group with us.

The opioid group here in Kentucky. It’s just a huge group to come together, but it really helped us to see - and I’ve worked in housing in the past years ago. There’s definitely some gaps and the systems don’t talk well to each
other. So, Angela has been really working on trying
to figure out some options with that.

We’ve listened to CMS trainings
related to 1115’s, 1915(i)’s which 1915(i)’s are when
you – you’ve probably heard of 1915(c)’s. Those are
waivers here in Kentucky, and 1915(i) can combine
populations. So, that’s something that we are taking
a look at as well or any other options that we might
be able to help with.

But the most I could tell you
today is that definitely the housing, the employment,
the dual diagnosis, the incarceration, all of it is
just kind of coming together in Kentucky which is
something good. We’ve all known that for many years
and trying to pull it together now.

So, I’ll keep you apprised of
anything else that goes on or any updates that I can
give you.

I’m so hopeful that CMS will
just reach out to me. Even if it’s a lot of work,
we’re ready. Leigh Ann and I are ready. Give us the
work. We’re going to get it done on this
incarceration piece. We’re ready to move on to the
next group.

We’ve not ruled out taking a
look at other groups in the behavioral health world, and we’re also looking at other options for SMI/SED waiver populations here in Kentucky as well.

I think that’s probably it.

Thank you, Van.

MR. SHANNON: Sharley, would it be okay of the TAC members went around and introduced themselves so we know who our members are and some idea of how they got here and who they represent?

MS. HUGHES: Yes. And I apologize. I meant to do that and I thought about it about the time Leslie got started. So, apologies to all. So, do you want to go ahead and start, Steve?

MR. SHANNON: I think I wrote down names. I’m going to call people out and do it that way. Does that work?

MS. HUGHES: Okay.

MR. SHANNON: James Daley.

MR. DALEY: I much prefer Jim. I’m the President of the Kentucky Jailers. I’m not quite sure why I’m here or what all we’re involved with yet but I’m willing to learn; and if it will get people out of jail, that’s a good thing.

MR. SHANNON: I think that’s the goal. Get out and stay out is a simple role.
MR. DALEY: Yes, sir.

MR. SHANNON: Dr. Ryan.

DR. RYAN: Good morning, everyone. I’m Dr. Shawn Ryan. I’m a Board-certified Emergency and Addiction Medicine Physician. For my day job, I am the President and Chief Medical Officer of BrightView Health which serves the citizens of Kentucky in several areas. We’re also in Ohio, Virginia and Delaware.

I had a long list of things on my CV that I describe as my chronic inability to say no, including this new committee that I’m on. So, I serve as the Federal Legislative Advocacy Chair for the American Society of Addiction Medicine. I also serve on similar committees to this in Ohio as I have been practicing there for quite some time.

I appreciate the opportunity to serve you.


DR. SMITH-STEPHENS: Good morning. I’m Dr. Shannon Smith-Stephens. I am representing the Kentucky Coalition of Nurse Practitioners and Nurse Midwives.
I’m a Family Nurse Practitioner with a Doctorate Degree. My day job, I am a full-time professor for Morehead State University’s online nursing programs, and I have a primary care private practice in Northeastern Kentucky.

I’m also a medical provider for the Department of Juvenile Justice. My facilities are Fayette Regional Juvenile Detention Center, which has been in the news overnight, and Jefferson Regional Juvenile Detention Center.

So, that was my rationale for stepping up with the Coalition and wanting to get involved because I do have a passion with juvenile detention.

So, I look forward to working with you all. Thank you.

MR. SHANNON: Thank you.

Brandon Harley.

MR. HARLEY: Good morning. My name is Brandon Harley. My day job, I am the Deputy Chief Executive Officer of Audubon Area Community Services. I am the appointed representative for the Community Action Association here in the State of Kentucky.

I help lead one of the larger
Community Actions here. We’re located here in Owensboro, Kentucky. I’m familiar with some of you guys with some of my work around there. We operate a multitude of programs including things like Owensboro Regional Recovery which I know I’ve talked to Van in that aspect in the past.

We operate a large transportation system, a lot of Head Start programming, things of that sort. We also started up a Federally-Qualified Health Center about four years ago here in Owensboro as well. So, we employ quite a bit of primary care practitioners, substance use disorder professionals.

Prior to coming to Audubon Area about six years ago, I actually came from Regional Management out of Community-Based Services. I was the Head Program Director of all Child Protective Services and Adult Protective Services dealing with quarterly liaison work here in this part of the state and down around the Bowling Green area.

So, I’m familiar with a lot of the pieces involved with this and I look forward to working with you all.

MS. BUSH: Adrienne Bush. I’m the Executive Director of the Homeless and Housing Coalition. We are a statewide non-profit advocacy organization working to end homelessness.

And the reason I am here is I believe just because of the inextricable length between homelessness and incarceration. We want to try to decriminalize some housing options and talk about the barriers that people face to stable housing post-incarceration. So, thanks for having me.

MR. SHANNON: Glad you’re here, Adrienne. Van Ingram.

MR. INGRAM: I’m Van Ingram and I’m the Executive Director of the Kentucky Office of Drug Control Policy. I have been with the office about seventeen years next month.

After a 25-year law enforcement career, I never thought I would have to learn anything about Medicaid but I’ve had the opportunity to work on two 1115's with some really talented people at the Department for Medicaid Services here in Kentucky. It has been a great honor to work with them.

We’re located in the Justice Cabinet. I can tell you our Department of
Corrections takes their role in reentry extremely
seriously. We have a Reentry Division that works
tirelessly to give folks the best chance possible
when they leave the Department of Corrections’
custody to be successful.

And, so, I’m excited about this
initiative that we can maybe do even more than what
we’re doing today.

MR. SHANNON: All right. Thank
you. Evan Smith.

MR. SMITH: Hi. My name is Evan
Smith. I’m an attorney and Advocacy Director at
AppalReD Legal Aid. I work in Prestonsburg, Kentucky
but at AppalReD, we cover a 37-county area in Eastern
and Southern Kentucky.

And I believe I’m here because
the General Assembly said that I or someone else from
Legal Aid had to be, but, anyway, it’s a pleasure to
be here and to get to overlap with you all.

At AppalReD, we help people
with public benefits’ problems and certainly
including Medicaid issues and we also have a growing
role in helping people in reentry and recovery and
remove as many of the legal barriers as possible to
avoiding re-incarceration.
I won’t go into a whole lot more detail about that but I’m very happy to be a part of this group and to learn a lot more about the policy side of Medicaid.

MR. SHANNON: Thank you.

Kristin Porter.

MS. PORTER: Good morning, everyone. I am Kristin Porter. I’m the Director of the Division of Reentry Services for the Kentucky Department of Corrections that Van was referring to.

As he said, we have staff throughout the state. I have staff that work in each of the prisons throughout the state to help with the pre-release components before people are released from incarceration and to help with every barrier possible, and, of course, Medicaid is one of those barriers.

And, then, we newly have positions also located in some of the jails across the state. So, that’s something for, if anyone is not aware, in the State of Kentucky, we are a little unique. We house half of our state population in county jails and the other half in prisons. So, we have some positions that have newly started to help with those releases, of course, in the jails as well.
So, I’m super excited to be here. This is my whole job is trying to help people and remove the barriers from the incarcerated individuals. So, thank you all.

MR. SHANNON: Great. Thank you. Kevin, is it Sharpey? I didn’t get Kevin’s last name.

MS. HUGHES: Let me pull it back up here. I don’t think he was on.

MR. SHANNON: Okay. Let’s go on to Angela Darcy.

MS. DARYC: Hello. I’m Angela Darcy. I am the Governmental Affairs Liaison for the Administrative Office of the Courts.

Previously, I was a former Public Defender for almost nine years. So, I think I was appointed by Lori Dudgeon with my experience as a former Public Defender and also I was Deputy General Counsel with the Administrative Office of the Courts and previously in our Legal Division.

We’re not quite sure what our role is but I believe it is to assist in whatever we can do to help with the reentry. We definitely have an interest in that.

Previously, we worked with the
Department of Corrections on House Bill 497 which a component of that was to provide a criminal background check for all the prisoners that were released and we worked with them to facilitate that.

So, now we have that which I hope is a good thing for prisoners who are able to reenter to show employers kind of what their criminal background or just to correct mistakes because oftentimes there may be mistakes on that background check. So, it just gives them a little bit more knowledge and more of something in their toolkit when they’re released.

So, I am here to assist. In my role as Governmental Affairs Liaison, it’s just that I am the intermediary for AOC and other government agencies. So, if you have any questions or need anything done, come to me and I will see what I can do.

MR. SHANNON: Great. Brandon Thomas.

MR. THOMAS: My name is Brandon Thomas. I am brought here because I’m a formerly incarcerated person.

So, during the daytime, I work for a consulting firm. We consult and oversight
contractors who do storm debris cleanup. I also do some work with the ACLU of Kentucky. We do some work with the criminal justice system. We do some reentry stuff, IP’s, anything that we can do to help make the transition easier and to allow people to be able to break the stigma and hopefully the cycle of people going back to jails and prisons.

So, we do a whole lot of work around that so that people can be successful hopefully once they’re released with proper things in place and wherever they may need help with housing or whatever that may be. So, that’s why I’m here.

MR. SHANNON: Great. Glad to hear that, Brandon. I think you’re going to bring a voice to this TAC that we don’t necessarily always have. I guess you were appointed by Mental Health of America of Kentucky. Great. We’re glad you’re here.

I’m Steve Shannon. I’m the Executive Director for KARP and KARP’s association with fourteen mental health centers. So, that’s who I am.

Sharley, can you tell us the function of a TAC just so that we all understand that?

MS. HUGHES: The Technical
Advisory Committees serve and is like a subsection to the technical term is the Advisory Council to Medical Assistance. We’ve kind of shortened it to the Medicaid Advisory Committee or the MAC.

Basically for the majority of the TACs, they are representatives of various provider groups. There are a couple of consumer groups. And what the role of the TAC is to offer expert advice on policies that can be implemented within the Department for Medicaid Services.

Recommendations from the TACs go up to the MAC and they are presented to DMS for us to make a decision on whether or not to implement or not. Of course, typically, what is not implemented that is recommended is if there is a budgetary impact, we may not be able to follow through with it. That doesn’t mean it’s not a good idea but we have to work within the budget.

So, you all are basically in an advisory capacity to the Department for Medicaid Services up through the Medicaid Advisory Committee.

MR. SHANNON: So, procedurally, if we have recommendations, and quite often - and help me understand this, Sharley - that TACs make recommendations to the MAC, the Medicaid Advisory
Council, who then sends those on to Medicaid. Is that the correct sequence?

MS. HUGHES: Yes, sir.

MR. SHANNON: Okay. And, then, you all, Medicaid responds to those and we get those responses back, right, more or less, those recommendations?

MS. HUGHES: right.

MR. SHANNON: And how often does the MAC meet?

MS. HUGHES: The MAC meets every other month. Steve, before we let everybody go, we do need to set up meeting dates for you all.

The MAC meets every other month starting in January. So, it’s January, March, May, July, September and November. It’s always the fourth Thursday of the month except for November because the fourth Thursday would be Thanksgiving. They meet on the third Thursday.

They meet from 10:00 to 12:30. Right now, they are continuing to meet via Zoom and they do have a website that has all their meeting dates and meeting information and so forth, and I put that in the Chat.

Every one of the TACs has a
website that we use and it lists all the meeting
notices and it lists - your meeting today is being
recorded by a court reporter and she will present us
with a transcript of what has transpired. We’ll send
that out so that at the next meeting, you all will
approve that. And after that, that transcript will
go on the website as well.

The statute says the TACs
should meet quarterly. Some of them meet every other
month like the MAC does and some meet once a quarter.
So, it’s up to the individual TACs as to how often
you all meet and when.

MR. SHANNON: And if there are
recommendations from a TAC, because I don’t think
we’re going to have a lot of recommendations
initially - we’ve got to figure out what we’re doing,
I think - but, either way, those recommendations,
what is the time frame we have to make those for the
MAC?

MS. HUGHES: Like, whenever you
have your meeting, if there’s any recommendations,
you would have to work on the language and present
that language during the meeting and the TAC would
vote on it.

Then, someone from the
committee, normally the Chair, but if the Chair is not able to make it, then, someone else from the committee would present those recommendations to the MAC.

And, then, after the MAC meeting, the Department has forty-five days to respond to the recommendations.

MR. SHANNON: Okay. So, I guess we have to decide on our meeting schedule, whether it’s quarterly or every other month.

My own personal - again, this is just what I think based on other TACs I attend - it makes sense as the MAC meets every other month for us to maintain that schedule so we’re consistent with their time frame; that if we go quarterly, we’re going to meet in December. I think we miss out on the opportunity, maybe not initially, but over time of making recommendations to the MAC in a timely manner.

Today is the third Monday. We could continue the third Monday schedule if that works for people which would be September 20th. If that’s a date that works for folks, we could confirm that. If we need to poll people, if there’s a better time to meet, 9:00 Monday, that may not be good for
everybody. There may be other things going on, but if we can come up with a standard time to meet, I think it’s easier for everyone just to go and be able to lock that in.

DR. RYAN: Steve, this is Shawn Ryan. I just had a question. Would we not want to meet a week or two before the MAC so that our recommendations are sequentially lined up to be delivered to them?

MR. SHANNON: Yes.

DR. RYAN: Personally, 9:00 a.m. on Monday is usually really busy for me. I actually had two conflicts this morning but I chose this. So, if we could find out what their cadence is and meet, like I said, maybe two weeks before them or whatever you recommend, and, then, find a different time other than Monday at 9:00 a.m. would be great. That’s just for me, though.

MR. SHANNON: It’s good for me. If they meet the fourth Thursday, we could log in the second Thursday.

DR. RYAN: Yes, something like that.

MS. HUGHES: Let me check here to make sure. The second Thursday in September. We
have so many TACs that meet, I’m just trying to make
sure we don’t get in a conflict. So, for September,
the second Thursday looks fine.

    MR. INGRAM: I’m going to say
Thursday works better for me than Monday morning.

    MS. HUGHES: Monday morning, I
think, typically is not a good time for most people
to have a meeting. This one was one at the time we
could get the most people here. So, if you all want
to do September 9th at 9:00.

    MR. SHANNON: Does 9:00 work for
people or is 10:00 better? Nine is okay? No one is
saying no to 9:00.

        Well, believe it or not, our
next meeting is 9:00 a.m. on 9/9. So, if you play
the Lottery, there may be a message there.

    MS. HUGHES: There’S one thing,
Steve, as far as what topics you all - and this is
certainly not something you need to decide today, but
what topics you want to discuss.

        And if those topics include
data or information that you may want from Medicaid,
if you have ideas on that because pulling that and
getting reports together, if it’s not something we
currently are pulling, it may take us a little bit.

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So, we don’t want to wait until the end of August and you all say, oh, we would like to see blah, blah, blah and us may not being able to get it together for you by September 9th.

So, if you have ideas, any of you, of data that you may want to see presented, if you could just think about that. And if you know today, that would be great; but if not, if you could just kind of let me know in advance, I will get that together for you.

DR. RYAN: Are there any previously published reports on the topic? That would help us get some frame of reference as to other questions to ask.

MS. HUGHES: Leslie, can you help out as to what kind of data you all pull and so forth related to something that they would be interested in?

MS. HOFFMANN: Sure. Steve is involved with a lot of things that we are pulling now anyway.

MR. SHANNON: So, you will get us some data. I’d like to know what’s the percent of the Medicaid population who have been incarcerated, just some idea, and maybe if Corrections had some
idea of that SUD piece, how many folks who are
leaving a facility have a diagnosis of SUD.

MR. INGRAM: Yes, and, Kristin,
maybe at our next meeting, you could an overview of
what services you are offering today and, as Steve
mentioned, how many of those folks who are getting
reentry services who also have an SUD and where they
fall in that spectrum.

Before we start throwing out
ideas of what we need to do, we need to know what we
have for us to develop policies on.

MS. PORTER: I think that sounds
great. And I’ll tell you, too, I could see for our
next meeting if I could bring a co-presenter with me,
our Director of the Division of Addiction Services.

Her and I work so closely
together that we could really kind of give a good
presentation on just what services we offer overall
and, then, she could dive into the SUD piece as well
for you all.

MR. SHANNON: Does that make
sense, everybody?

MS. HUGHES: And, Steve, just so
you know, Kevin Sharkey just joined us as another one
of your TAC members. So, Kevin, if you want to
introduce yourself.

MR. SHARKEY: Hi. My name is Kevin Sharkey. I’m an attorney with the Kentucky Protection & Advocacy.

MR. SHANNON: Glad you’re here, Kevin.

MR. SMITH: This is Evan, as I said, from AppalReD Legal Aid. While we’re talking about meeting logistics, for example, I’m just looking at my calendar for September and I think I’m not going to be able to make that time, but I assume that we can basically delegate and have a stand-in for someone else from our organization or does that cause any sort of problem?

MS. HUGHES: The statute doesn’t allow for proxies to be voting members but that does not mean you can’t have someone else attend and listen in to advise you or let you know the next day or whenever you’re available. They just would not be a voting member of the TAC.

MR. SMITH: I understand. That sounds fine. Thank you.

MR. SHANNON: And we have a lot of folks here – twelve members. So, hopefully, we can have a quorum on a regular basis. I serve on one
TAC that has I think it’s five or six members. If you lose two or three, people start wondering about a quorum. So, we need to make sure we have enough people to conduct business. So, I think we all understand that, that we’re all busy.

MR. SMITH: And for our TAC, a quorum is 51% - seven people?

MR. SHANNON: Correct. Right, Sharley?

MS. HUGHES: Yes, that’s correct, Steve.

MR. SHANNON: Good question, Evan.

So, our next meeting is September 9th at 9:00 a.m. and we’ll hear what Corrections is doing in terms of reentry and get some data on the SUD population. Does that work for everybody?

Would it make sense, Leslie, if you could send us the 1115 SUD Waiver application?

MS. HOFFMANN: Sure. Leigh Ann, can I get you to send that to them just like we’ve done before, just send the link, what’s online?

MS. FITZPATRICK: Sure. I will do that. Do you want me to put that in the Chat or
send it to Steve?

MS. HOFFMANN: Yes. If you can
do it now, that would be wonderful or you can send it
to Steve or both.

MR. SHANNON: Or Sharley. She
has all the emails.

MS. FITZPATRICK: I’ll post it
here and, then, I will send it to Sharley.

MR. SHANNON: That would be
great. Thank you, Leigh Ann.

All right, folks. Anything
else? That is all I have and we’re relatively
operational and we’ll speak to you all on September
9th at 9:00 a.m.

MS. HUGHES: It’s nice meeting
everybody. And I assume that we’re going to continue
for now via Zoom because I notice we’ve got some
folks from all across the state, but right now we’re
in the process of looking to purchase equipment to be
able to have microphones in a conference room. So,
Zoom probably works better for the Cabinet for right
now, if that’s agreeable to everybody.

I’ll send out to everybody the
Zoom link for the September 9th meeting and I will
also post it on the website.
MR. SHANNON: Great. Thank you all. Appreciate it.

MEETING ADJOURNED