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

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THURSDAY, MARCH 13, 2025
9:00 A.M.

Stefanie Sweet, CVR, RCP-M
Certified Verbatim Reporter

A P P E A R A N C E S

TAC Members:

Steve Shannon, Chair
James Daley (not present)
Shawn Ryan (not present)
Shannon Smith-Stephens (not present)
Brandon Harley
Adrienne Bush
Van Ingram
Casey Michalovic
Kristen Porter
Kevin Sharkey (not present)
Angela Darcy (not present)
Nathan Thomas

MR. SHANNON: Good morning. How are you, Erin?

MS. BICKERS: Good morning. I am well. How are you?

Good morning. This is Erin with the Department of Medicaid. It is not quite 9 o'clock and we will give it just a few minutes while we clear out the waiting room.

So far I have Kristen, Steve, and Nathan on. If I missed any TAC members while they were logging in, please just let me know.

MS. PORTER: Steve, this is Kristen. I wanted to let you know that I will have my camera on at the beginning when we are voting and doing the minutes and all of that, but I will have to be off camera for the rest of the meeting. I am going to be driving from one location to another so I just wanted to give you a heads up.

MR. SHANNON: No worries.

MS. BICKERS: Good morning, everyone. It is now officially 9 o'clock.

I have Steve, Brandon, Van, Casey, Kristen, and Nathan. Did I miss any members logging in?

MR. SHANNON: I think that's it.

MS. BICKERS: We need one more for a quorum so I will keep an eye out while the waiting room clears out.

MR. SHANNON: Okay. Let's go ahead and get started.

MS. BICKERS: Here comes Adrienne so now you should have a quorum.

MR. SHANNON: Okay. We have a quorum. I appreciate that.

The minutes were sent out from the November meeting. Can we get a motion to approve the minutes?

MR. HARVEY: This is Brandon. So moved.

MR. SHANNON: Thank you, Brandon.

MR. INGRAM: This is Van. I will second.

MR. SHANNON: All in favor say, "aye."

TAC MEMBERS: Aye.

MR. SHANNON: Opposed and nay? So we have the minutes approved. Thank you for that. Appreciate it.

I saw Angela Sparrow somewhere.

Anyway, Medicaid update. Is that you, Angela?

MS. SPARROW: Yes, Steve, it is me. Good morning, everybody.

MR. SHANNON: How are you.

MS. SPARROW: I'm good. It looks like a few of you all might be traveling this morning, which I am glad that we have had some warmer, nicer days to be out and about. So those things we take as a win. So again, it is good to see.

Just to provide some updates around the 1115 re-entry demonstration. Again, a great deal of work continues to occur as we move forward in the progress and implementation progress.

Again, we have not heard anything back from CMS, just so everybody is aware, around the deliverables that we submitted last fall, so the implementation

plan or monitoring protocol reinvestment plan, we haven't heard any response, which isn't abnormal. And so, again, we have communicated some questions and have received some responses, but specifically around those documents, again, just no feedback at this time.

MR. SHANNON: It is my understanding that they might be a bit distracted in DC.

MS. SPARROW: Yes, yes. Again, they reassure us that they will let us know if they have any questions or need anything or if they have any feedback. But we do keep that on the radar and on the agenda to ask.

We are continuing our work groups with DOC and DJJ. Again, really around some of those policy procedures. And what implementation will look like doing some of those program design sessions. We have kind of kicked off again, pharmacy work group looking at the 30-day supply of medications at the time that the individuals are released. So we

are working, again, with DOC and DJJ pharmacy vendor on that as well and part of those discussions. Our pharmacy team within DMS to also help guide those discussions so, again, kind of keep hearing the formularies. If there are any concerns there, how are they aligning.

Addressing that, again, how are we notifying the vendor of there now, again, reimbursable medications for Medicaid. What are those system changes? So all of those conversations continue to occur.

We, again, are -- with that being said, drafting requirements for system changes. So for example, there will be changes that we will need to make through our eligibility system. So how are we identifying the re-entry population, the CA population eligible for these services in that pre-release time frame. So again, having those discussions, kind of walking through those options, and what that can look like. And again --

MR. INGRAM: Angela, can I ask you a question?

MS. SPARROW: Mm-hmm.

MR. INGRAM: In that meeting we were in yesterday, they were discussing aged out foster youth age 18 to 26 and how they could identify those and verify that that was the case. Is that an issue for us?

MS. SPARROW: No. It is the same for all states, Van. The former foster care youth, they do self attest so that is in the same and that has been the case, so we do capture that on the Medicaid application and during that process, that is something that our correctional partners have not typically captured so, again, that is part of that work in some of those changes to make amendments to that process of asking that information, again, through that eligibility screening process, that that is apart of that. So something that the correctional facilities do not currently know so that is something for those who

are currently eligible for services, we kind of have to go back and verify eligibility and if they were part of former foster care. So those will be part of the changes that will be reincorporated with the re-entry implementation that that is part of the process.

But yes, so those are the system changes. Those changes are being discussed, again, drafting those requirements so that would be the eligibility system the MMIS billing claiming system, MedImpact with their pharmacy.

So again, lots of systems that we know within Medicaid, but not just, again, within Medicaid but with our correctional partners. So again, working with them on all of those pieces and, again, pulling in MCOs and the changes, again, are certainly going to have an impact to their systems as well so, again, working on drafting those requirements for those discussions.

Again, along with the MCOs,

taking off some workgroup sessions with MCOs and, again, around requirements and expectations, case management, kind of drafting out that case management service. So those we have had some kind of preliminary discussions, but that workgroup, I think, is kicking off next week and then pulling them in with some of the other discussions with DOC and DJJ.

We, again, also continue to work with Mercer, so just want to continue to get their name out there who is the independent evaluator of the demonstration and, again, their evaluation design, so how, again, are they going to assess monitor the program and so, again, many of you all in some of the other forums -- KORE team, ACRES group, you will see that they are going to start being a part of those kind of just listening and getting a feel for the program, for the partners and, again, what is the plan for implementation.

So again, continue to work with Mercer on that and what that looks like.

We do, again, continue to participate in the NASHP learning collaborative, which is a good opportunity to learn from other states.

Certainly, many of these discussions are happening across the nation and so they are having the same questions that we are having. Some are in different spots in implementation, and some are just beginning.

So again, just having that opportunity in that space to hear from other states is important to get ideas and lessons learned back to the table as well.

I am going to pause. There has been a lot going on and will continue go to go on.

Again, we will continue to work through this quarter and next quarter and really some of those design decisions that still need to be made, system changes, and then hopefully work towards more of those deployment of changes, readiness through the summer into fall implementation.

Any questions?

MR. SHANNON: Yes. I just want to cover this. The re-entry population, are they eligible as a standalone or are they part of the expansion population?

MS. SPARROW: I think, again, the re-entry 1115 -- that population can be a combination of expansion or anyone.

So again, it is not just the expansion populations.

MR. SHANNON: Okay. The reason that I ask is because legislation there is a community engagement requirement for that population -- or will be -- and how that impacts this and (2), obviously, there is all sorts of speculation that happens at the federal level and is the expansion population -- that match rate, target, things like that -- will that have a negative impact on some folks who could participate in this.

We are hoping no, but I don't think we know that and I know the complete engagement piece will be a requirement and one was that shouldn't be a big challenge I don't think, but I do believe that that

is going to be something that we have to pay attention to.

MS. SPARROW: Agreed. Those are all things that we will continue to monitor, but as you mentioned, lots of speculations, but nothing definite and no changes have been made as of today, so certainly, we will continue to monitor, but, yes, what any of those impacts could be.

MR. SHANNON: Are there questions folks from anybody?

MS. SPARROW: I did forget to mention that it wasn't specifically to the re-entry 1115, but part of re-entry initiatives around CAA.

Again, I think we had touched some on -- but again, we are also beginning to have interviews with local jails around the CAA population and requirements. So again, we had completed the initial survey and had received a response from over half of the jails which was great, and again, we will continue to give DOC lots of credit and support there

in facilitating those responses and connecting us.

So we are also conducting one-on-one interviews with jails who did not respond to that survey so we can get, again, more granular into those survey results, information, and again, trying to determine how they align with CAA requirements, where they are, and again, kind of being able to move forward and how to onboard the jails.

But in a part of those interviews we are asking some questions around the re-entry services so that we can better know and prepare for any potential expansion in the future, so again, taking advantage of that opportunity as we start those conversations and open up those channels with those facilities.

We have had a handful of those interviews and those will continue through the end of March and probably into mid-April.

The ones that we have spoke to

so far, again, have been receptive in talking with us and, again, sharing information and wanting to know more about the CAA requirements and projects. So good things there.

MR. SHANNON: If there are no questions, let's move on to Hepatitis C treatment update. Anything new or still having more discussions?

MS. SPARROW: Correct. No new updates. I think that that could probably play into those case management discussions. I think.

MR. SHANNON: Taking notes.

House Bill 789 creates them. Changes in the creation of the Beneficiary Advisory Council. It doesn't look like it is going anywhere. Discussion of that?

As I understand, the Beneficiary Advisory Council is a federal requirement. There is some question about whether or not that will be maintained or not, but for folks on the call, the MAC is the Medicaid Advisory Council. This is a council made up of beneficiaries, family

members, or representatives. I understand the composition of it and over time, a third of the Medicaid Advisory Council members will also be BAC members to focus on the beneficiary piece of it.

I just didn't know if there was an update, Angela, or someone else, but the bill hasn't gone anywhere, which tells me that in the means of legislation to make changes to the MAC, the BAC -- the Beneficiary Advisory Council -- doesn't need legislation, necessarily. But I have heard what it looks like that maybe, it was a final rule that was issued at some point, and they may be rescinded, obviously, or it could be, but we haven't heard that. You are not involved in those discussions.

MS. SPARROW: No. Again, not directly, but those are all of the things that we continue to monitor both at state and federal at this time, so any of those. But again, most of these are speculations and there have been no definite changes. So all of those things continue to be

monitored.

MR. SHANNON: And the bill didn't go anywhere, which tells me that somebody doesn't think it is necessary to maintain, because I think the BAC right now -- I don't know if the start date is required, but it sounds that may change and other folks have said that they don't know that that is going to be a requirement.

Any questions for Angela?

Let's go to MCO updates.

MS. BICKERS: Steve, Jonathan Scott is hopping on if you wanted to ask your MAC/BAC question again.

Sorry, Stuart, I didn't mean to cut you off.

MR. OWEN: No, you're fine.

MR. SHANNON: Yes. Is Jonathan on?

MR. OWEN: I was wondering about House Bill 789 too, Steve. I think it is 7/1/25 is when the BAC has to be running so if the legislator is not moving then what is the problem, here?

MR. SHANNON: BAC can be done through a regulation. Change to the MAC cannot be because that is a statute. So those changes -- but going forward the MAC can be done through a regulation.

MS. BICKERS: And Jonathan has joined us.

MR. SHANNON: Jonathan Scott?

MR. SCOTT: Good morning. Sorry about that.

MR. SHANNON: How are you, sir?

MR. SCOTT: Good.

MR. SHANNON: We have MAC/BAC questions.

MR. SCOTT: All right.

MR. SHANNON: 789, that is not going anywhere, obviously. What are the ramifications of that and where are we at?

MR. SCOTT: We are still evaluating what is going to happen with 789 and don't really have a final update or anything like that at this point. We are just going to, you know, see what has happened at the end of this week and then, again, at the end of session, and then we

will go forward and see what options are on the table with everything.

MR. SHANNON: It could be added to something that is about to pass if there was an appetite to do that, right?

MR. SCOTT: Right. So that is still a possibility.

MR. SHANNON: And I just told folks -- and I think somebody else said -- that the BAC can be done through regulation, but changes to the MAC can't be; is that correct?

MR. SCOTT: Again, I don't have an update on that. I can't comment as to that.

MR. SHANNON: All right. Appreciated.

MR. SCOTT: Good deal. Thank you.

MR. SHANNON: All right, Stuart, now we can get to MCO updates.

MR. OWEN: Good morning, Steve.

MR. SHANNON: Good morning, sir.

MR. OWEN: Not a lot of major updates, but it is significant that our

care management team has this year been receiving a higher volume of referrals from individuals being discharged from incarceration. We have had five so far this year, and in the past it seems like it would be about one per month or one every other month, so that is positive.

And I do have just a little member success story that I would like to share. It's a 35-year-old female, and we were notified in January, within two days our care management team was able to engage with her.

She has cervical cancer and is just 35 years old, but she was released to her grandmother. She is living with her grandmother helping take care of her grandmother, but anyway, our care management team engaged with her and showed her all of the different value-added benefits and how to access them.

She already had an oncologist lined up for the cancer treatment, but she did not have a PCP or a dentist and she

particularly had dentist needs so the care management team helped her, you know, hook up with the PCP and dentist, offered to make the appointments for her. She didn't want that, but they stayed in touch with her. She also had some need for some durable medical equipment items related to the cancer and so the care management team helped her obtain all of that stuff that she needed. And they've continued to stay in touch with her to make sure that she's going to her oncology appointments and offering, you know, continued assistance to her.

Anyway, I just like to share that. Again, the volume is a little bit higher now, I'm not exactly sure why, but that is positive.

That is our WellCare update.

MR. SHANNON: All right. Thank you.

United?

MS. MILBURN: Good morning. This is Liz Milburn from United Healthcare.

I agree with Stuart. We have had two referrals thus far from the state, which has definitely increased in volume for us as well. We have some internal data too, as well, that we are using as well to get connected to folks from incarceration. We successfully reached 200 of them and (audio interruption) agreed to case management.

MR. SHANNON: You are breaking up there.

Are you back?

MS. BICKERS: I think we may have lost her. All right. We can go back if she joined us.

Passport?

MR. ZAKEM: Hey, it is Mark Zakem from Passport. We are also receiving, again, some referrals through the pilot. I know the most recent one was engaged in case management. I don't have any other details about that.

Otherwise, our community engagement is doing what they are always doing, they do seem to be doing more of

it. They have had 14 live events and 14 virtual events since the beginning of the year. They've got, I think, five more to go this month. Live and virtual events have been mainly re-entry meetings, but the live events are pre-release meetings and classes, the hiring fares, expungement clinics. I think there was one re-entry simulator that they were involved with. And virtual re-entry council meetings as well.

We are also beginning to use our own data to identify folks and set up a program for them. We will probably have a few who have been incarcerated and will certainly have more information about that at the next meeting. And that is our update.

MR. SHANNON: Thank you.

Any questions? We appreciate it, Mark.

Humana?

MS. BENDORF: Good morning. This is Kelly Bendorf from Humana. I also have just a few quick updates.

Like the other MCOs, we've actually had a huge increase in quarter 1 of our management program. We have had nine members released, which is, like I said, a huge increase from 2024.

We have actually been able to reach most of these members which is really exciting and they are all doing well and have a lot of support already in place, so that is great news for our re-entry program.

As for our community engagement team, they have also been really busy with events around Kentucky to support our members re-entering society. They've attended re-entry classes at several facilities, which include Kentucky Correctional Institution for Women, Luther Luckett, Kentucky State Reformatory, Roederer, Larue Detention Center.

Our team actually attended an expungement clinic in Hopkinsville and have plans to attend one in Somerset tomorrow, as well as the Goodwill in Louisville later this month.

Lastly, they attended TENCO partner meeting for re-entry on February 6th, a dental clinic at St. John's Shelter on February 24th, Women's Healing Place on February 28th and the Commitment Path on March 5th. So we have lots of good things happening in the community.

That is all I have. Thank you.

MR. SHANNON: Thank you. Good stuff.

Any questions? All right.

Aetna?

MS. HAM: Good morning. This is Courtney Ham with Aetna.

We at Aetna, or SKY is the supporting foster care contract, so we are busily readying ourselves for an influx of that, so we are doing staff education as well as outside education.

We have -- I have personally attended virtual re-entry meetings as well as being involved in those discussions with DJJ, but I do have a couple colleagues on here -- I don't know if Lana wanted to mention any of the members that

she has been working with.

MS. BECKIM: Yes, thank you, Courtney. This is Lana.

We have received also more referrals. We have received five so that is excellent. And we also have been using our own data and able to find members within Aetna who have been incarcerated and we have been able to connect with them.

I have also attended some re-entry meetings. I have been in the community so everything is going really good.

MS. HAM: Just for a reminder, Lana is our dedicated re-entry manager so we have that in place for the adult side and we are working diligently on the other side so I just wanted to give you that update.

MR. SHANNON: Any questions? I appreciated the reports.

MS. MILBURN: Can United have another try? I am back and rejoined.

MR. SHANNON: Hello. How are

you?

MS. MILBURN: Good. All right. So Liz Milburn from United.

Thus far, we have had two referrals from the state, and both we have been unable to reach, but we have internal data and we have successfully reached 200 of those members and 93 have agreed to case management, so our numbers are looking good and we are connecting folks.

MR. SHANNON: Thank you.

MS. MILBURN: Thank you.

MR. SHANNON: Big change. I mean, it's increasing numbers already. That's digital communication and the work that's been applying with our MCO partners and Angela Sparrow and her Medicaid team, and folks working on this. There is obviously more talk about it becoming more available and before it is approved, there's a lot being made. So that is encouraging. I appreciate that.

MS. LIBBY: I have a quick question.

MR. SHANNON: Yes.

MS. LIBBY: Several of the MCOs mentioned the different events that they either have going on or they have been attending. I was just curious if there is a place, what would be the best place to figure out more about those events and adjust the social media pages, or if there are places on the website, or if there is currently another central organization to find out about community events like that for each MCO.

MR. SHANNON: Good question.

Is there a place that people can go to?

MS. PORTER: So let me -- Steve, this is Kristen Porter.

Let me answer for the Department of Corrections and then the MCOs can answer for themselves, too.

For the Department of Corrections, the ones that we partner with the MCOs to host, we provide -- if you go to the Kentucky Department of Corrections website, under the re-entry page, there is a tab on there that lists when community

events are, and it lists the location and the date and where they will be and all of that. You can look on there for the ones that we are a part of.

I know that some of the MCOs do them on their own, too, so I won't speak for them on everything else that they are doing, but we can see -- you can see the ones that we are involved with in that way.

MR. SHANNON: Thank you, Kristen.

Any of the MCOs? Do you have a page where they are listed, your events?

MR. OWEN: Steve, this is Stuart with WellCare, and I am scrambling and pinging our community engagement team.

I do know on social media, we post stuff like that. I don't know that it is on our -- all of us have member-only pages, but I'm not sure if we post it there. I'm trying to find out, but I don't know right now for certain.

MR. ZAKEM: It is Mark from Passport. I am putting a link in the chat

where folks can go for Passport information.

MR. SHANNON: There it is. And Angela posted the DOC link as well.

Anybody else?

MS. GARDNER: My name is Katie Gardner. I am with the viral hepatitis program at the Kentucky Department for Public Health.

I just had a question for the MCOs, just kind of a general question, and also I want to respect if there are other folks who have to come off mute to talk about the events that they are having. So I just wanted to give some respect for that.

Hearing none, I was just wondering, there is a high prevalence of people with Hepatitis C among people who have been incarcerated, obviously. Is connecting people who are released from incarceration to Hep C testing and treatment, is that a specific part of the case management? Like, is that sort of on a checklist, like, this is something that

we know, you know, unfortunately a lot of people are not getting treated while they are incarcerated, but when they are released, when they are connected to health insurance is a great time to start thinking about that. I was just wondering if that was a specific part of that process.

MR. SHANNON: Anybody?

MS. MILBURN: This is Liz Milburn from United. That is part of our assessment when we are completing an assessment with the members and talk to them, we address those issues as well, and then we would, furthermore, if they did, say they were positive for Hep C, then we would link them to providers in the community to provide treatment.

MS. BENDORF: This is Kelly with Humana.

It would be the same for us as well. We do extremely thorough assessments with all of our members that we are trying to get engaged in care management, especially the ones that are

in this re-entry program that are identified by the state so, yes, those would be addressed by them.

MR. OWEN: And same. Stuart with WellCare.

We do an extremely comprehensive assessment. And back to the events, we post on our Facebook page and our Instagram page, and we also post -- our members have accounts and there is a member site for members, but you have to have an account and alerts go there as well, but most of the time an organization that we are working with will advertise in the community.

MR. ZAKEM: This is Mark from Passport.

Ditto on the assessments. They are quite thorough and there are many of them, but we usually catch everything that is there.

MS. GARDNER: That is great to hear. I am just wondering, then, and I understand you don't have specific numbers necessarily, but wondering if there is,

then, success in getting people connected to treatment and cure?

MS. HAM: This is Courtney from Aetna.

I think that is a good take away. I can't think of anything off the top of my head, but when I was working inside Kenton County there was a very high percentage -- like 90 percent -- of the clients had Hepatitis C, so I think that is a good take away for Aetna if you want to talk about it next time.

MR. SHANNON: Yes.

And Courtney, the take away is the answer to the last question that Katie Gardner asked, right?

MS. HAM: Sorry. I lost you.

MR. SHANNON: You said, "it's a good take away." But I not sure that I understand what the take away is. Is that a follow up to treatment?

MS. HAM: I meant for the take away that we can go back and see if there are some numbers, or if there is, you know, any data that we have. That is all

I was saying to do next time.

MR. SHANNON: Okay.

MS. MILBURN: It also will be great once the re-entry program starts when the case management, the MCOs are able to talk to them when they are incarcerated. We are able to link them -- and I run a program similar in Ohio where we are able to link them and talk to them when they are incarcerated, and know that they have follow-up care afterwards.

MR. OWEN: Absolutely fantastic point by Elizabeth.

MS. MILBURN: I would be interested to track that.

MS. SPARROW: Once the 1115 is implemented, and, again, that will just be with the prison population. We understand that the jail population is a larger population, but within the prison population, with the MCOs being able to engage in that 60-day prerelease time frame. Again, do those assessments pre-release, so they are already part of that assessment, doing those assessments

pre-release, that will be part of the discussions.

So while the demonstration does not currently cover treatment pre-release, except for the MAT services, that again is where we will have discussions with our partners. So again, if that is identified pre-release, what does that treatment look like pre-release? Or again, ensuring that we at least have that plan in place for that at the time of release, connecting them to those community partners.

So again, those are, I think, all of the great discussions that are very forthcoming in those things that we will see through the implementation.

MS. GARDNER: That all sounds great. I really appreciate all of this information as well as, sort of, yes, we would love any data that you have as a program. If you have data about success or failure or whatever, it would be great for us to know how it is going connecting people upon re-entry to Hepatitis C care. We know that it is difficult, but we know

that increased case management is one way to do that.

Also any resources that we can provide, we are currently working on some educational materials that we would love to share with you all once they are approved. Any education that we can provide to the MCOs, to the case managers, that is something that as a program, the viral hepatitis program, the state would be really happy to help with.

I am going to put my email in the chat if anyone would like to reach out. I am going to be finding you and reaching out to you as well.

MS. PORTER: I would love to have -- I have re-entry centers in all of the state prisons. In those centers we have, of course, resource walls, basically, where we have flyers with pamphlets and things like that to give resources to the population when they are releasing, so I would love to have copies of any information that you have that we can add to our resource centers.

MS. GARDNER: Absolutely. I will definitely get that your way, question. Thank you so much for that.

MS. PORTER: Awesome. Thank you.

MR. SHANNON: Several comments about community events that may not be necessarily listed on their website and folks are asking if there is place where they are available and I know that Nathan Thomas has posted a couple of times and he is on this TAC.

Nathan, do you know of a resource where those are posted?

MR. THOMAS: Well, a lot of it is through social media, but I'm on multiple email groups, also.

Every Monday on this one specifically, it is generally recovery-oriented, but it is not always recovery-oriented. A lot of times it is just community events and baseline, and we post -- me and a friend of mine -- we post every event that we can get a hold of statewide that come up either in that

month or week and so on, and when we talk about re-entry, a lot of people will be at these events or have just left incarceration or prior to -- a lot of people, let's just be honest -- and the experience because I have been there. I do multiple resources. I can begin to, possibly, if you guys would like, I can find a way to forward that email. It is only once a week or once a month and it literally has every community event.

MR. SHANNON: Who sends that out?

MR. THOMAS: Odell Hager. It's called Kentucky Resource -- Kentucky Outreach Resource. There is actually a Facebook page. Let me see if I can find it really fast. It is very easy. Yes. Sorry. I am actually about to meet him. Kentucky Outreach Resource is the actual page. Let me see if I can find my link for it and when it comes out. We do it every Monday. I am trying to find a link. I can email the link for the Facebook page, specifically, once I have a chance

to find it and it is an open page.

MR. SHANNON: If you go to Facebook and search Kentucky Outreach Resource, will it be listed on that page as well?

MR. THOMAS: I'm sorry, what is it?

MR. SHANNON: If someone went to this Facebook page, are the events listed on the page?

MR. THOMAS: Yes.

MR. SHANNON: I've never seen them there.

MR. THOMAS: I just sent the link to the Facebook page. I can also -- we can add anybody to the email list to see. So any MCOs, or anybody that would want to receive -- it's multiple varieties. It's like tons of different information that is sent out. One large email at the first of the week on Mondays, generally, and not a bombardment after that. But it has events and things that are going on in the community and we talk a lot about city ordinances and things

that happened recently. But it is a resource that I have.

If anybody would like to be added to that chat, I can put my email on here. And if they would like to be added I can get them added. If anyone would like to be added to that resource email I can have them added in almost immediately.

MR. SHANNON: Good stuff. I'm glad you are here, Nathan.

Any questions for Nathan Thomas? All right. Good stuff.

Thank you for the questions about the resources. That is another good question.

Let's move on. Updates federal Medicaid discussion. Again, we kind of touched on this. Obviously, we are all trying to figure out what happens. We've been hearing that Medicaid is not going to be cut, but they've got to find $800 million and if they can do that without cutting, it's kind of a miracle. But just so we have insight, but we have discussion of expansion match rate

changing, huge expense to Kentucky 9010 for the expansion population, Obamacare, essentially, but (audio interruption) we have 1 percent change is now a 9010 match rate, right, Angela? And that drops a point to 79 -- sorry, 89 and 11. That gets to $75 million. A reach point. And it is 9010.

MS. SPARROW: I'm sorry, Steve. I am not certain.

MR. SHANNON: I think that is close enough. So there is a change in that we need to find $75 million to maintain that.

The other thing we are hearing what is block raining. What does that look like? We don't know. We have heard, not personally, but it has been reported that Congressman Barr and Congressman Rogers have said we are not going to cut it which means that they get blocked, it and then it goes back to the states to decide how the dollars could spend is one possibility.

Change eligibility and work

requirement will be mandated. We moved on that road already. Is a huge percent of the expansion populations currently working, but there will be that piece.

And if you are at school, you're caring for a family member, you may not have to have that requirement, but I think that those are all things that are out there that are being talked about and what does it look like?

I have told people, obviously there is a Medicaid bill and the General Assembly in House Bill 695 that creates the Medicaid Oversight Advisory Board and that is the process that even Medicaid will go through and present to the board what happens next.

It is made out of legislators, and community involved folks as well, modeled after a certain pension. It's kind of the gateway to changes and services takes place and this is only -- what are the ramifications of that and what does that look like, because House Bill 9 doesn't actually goes away, but 695

kind of tells Medicaid slow down, don't expand without telling us, it has some language about prior authorization for behavior health, and they have added a feasibility study for long-term care for populations and things like that, nursing homes, so there is attention given to Medicaid right now and those changes have created a lot of interest in the ramifications and then add that at the federal level, and we don't know what is going to happen there.

Many folks are asking what does Medicaid look like a year from now and what is included, so I think that those are hot topics that people are trying to figure out what happens next and that will be established and that will start to meet and see what happens.

And the 695 bill will make those changes, and it is kind of linked to the Medicaid Oversight Advisory Board as well, those other big changes. So it is a lot of moving parts and people trying to figure out what is going to take place.

Anyone else on Medicaid?

We go right to the legislative updates as they were. Those are the two big pieces that have gotten a lot of attention. Any other legislative updates that we want to share?

MR. OWEN: Now Steve, you did a good summary, but it's kind of interesting with the 695, because the Senate has a different version. It looks like they are going to have it queued up to vote on Friday and in the House, and essentially they are going to have to compromise by midnight Friday, because I don't think they want to leave it for the governor to veto, they want to pass it before. So their version is different in the House, so I think Friday is going to be very interesting to see.

MR. SHANNON: Yes. And procedurally it is, the Senate bills are different. (Audio interruption) I told some other people when we speak to consumers about this -- my example is that the House can pass the cheese pizza, the

Senate can pass a supreme pizza, and the final bill is chocolate cake, because it is round. Anything can happen in that process, and then we go from there.

But the point that Stuart made needs to be resolved by Friday, because this is a 30-day session and Fridays date, they then take a 10-day break. They come back on the 27th of March and it has to be done by end of March on the 30th for the short session.

And the other thing is 10 legislative days to veto a bill and Saturdays count as a legislative day, so they go in for a break, and there is enough time during that period that if they veto to come back and override it, and if there is not a veto, then there can be no action by the governor and it can be vetoed, and they can come back on Thursday the 27th, the 28th, and override the veto.

But the other thing that is an option in terms of this legislation is that the house can confirm the Senate changes and we can go ahead with that.

Procedurally, that can take place. The other piece is they cannot concur and ask the Senate to go back to the House version.

Ideally, conversations are taking place now, but what does that look like? And it will be done by the Senate on Friday because it takes -- each chamber has three meetings by title in House Bill 695 and a bill relating to Medicaid. The first reading was yesterday, the second was today, and the third reading Friday with the vote.

So Stuart is right. It has to be done by Friday or -- the governor can veto.

MR. OWEN: He will veto, but they want to pass it before that so they can come back and override and if they wait till the end up to pass it, he'll veto and it will be dead. There will be no bill. So it may be late Friday night.

MR. SHANNON: At one point -- this is just a story -- but it used to be that they had a clock on the back of the

wall and if it was getting late in the session then they would have to stop -- by midnight in this case -- they would unplug the clock. That's true, they would do that. And if it would go past 11:55, then it went to the digital system (audio interruption) with the timestamp on it and they actually did that and they passed seven bills past midnight and they came in and staff said, "you have to stop, you have to stop," and those seven bills were not enacted. The next year they were actually passed. Six of them were. One of them never actually passed. So Friday night at midnight, the digital world is midnight. It's not -- the latest I have seen a bill pass is 1:30 a.m., but now you can't do that.

MR. OWEN: That is a good fun fact in history.

MR. SHANNON: There you go.

The last of the updates. The last thing is the Kentucky Judicial Commission has an opening. If you're interested, the meeting is next Thursday,

March 20th at 1 p.m. If you need information, I don't know how to get on there. I can put my email address in the chat and get you the information the link for that. Obviously it's a virtual meeting if people are interested in that workgroup as well. So I'll send that information and get you the link.

We've got future agenda items.

MS. BICKERS: Steve, this is Erin. Can I ask a quick question going back to Hepatitis C treatments. Are we requesting data from the MCOs or is that just an ongoing discussion that will carry to the next agenda? I just want to make sure if we are going to make a formal request that I get out that out to them timely.

MR. SHANNON: I think it's a formal request. I think we are going to follow up on what happens and maybe just add it as an agenda item. Does that make sense, Erin?

MS. BICKERS: It does. I will send the request to the MCOs after this

meeting to make sure that they are prepared for the next meeting.

MR. SHANNON: Yeah, that would be great. Thank you much, Erin.

All right. That is it. The next meeting is May 8th. Same time. All right. Thank you all. I appreciate it.

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C E R T I F I C A T E

I, STEFANIE SWEET, Certified Verbatim Reporter and Registered CART Provider - Master, 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 19th day of March, 2025.

/s/ Stefanie L. Sweet

Stefanie L. Sweet, CVR, RCP-M