

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

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

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

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**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  
Brandon Thomas

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CAPITAL CITY COURT REPORTING  
TERRI H. PELOSI, COURT REPORTER  
900 CHESTNUT DRIVE  
FRANKFORT, KENTUCKY 40601  
(502) 223-1118

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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.)

1 MS. HUGHES: I'm going to go  
2 ahead and do a roll call. As I call your name out  
3 for the TAC members, if you don't mind, turn your  
4 video on so that you can actually be considered as  
5 being here. The open meetings law says you have to  
6 be visible.

7 (ROLL CALL)

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

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

21 All meetings are subject to the  
22 open meeting laws, and I know there are several of  
23 you that are state employees that are on this  
24 committee, so, you're familiar with that, but if you  
25 have questions on any of the meeting laws, you can

1 let me know.

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

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

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

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

21 So, once you see that after a  
22 couple of meetings, Steve, if you wanted to carry it  
23 through until the January meeting, then, we can hold  
24 another election, if that suits you guys. That would  
25 give you an idea of what's going on.

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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

1 the Director of Policy and Operations with Medicaid.

2 MS. HUGHES: Leigh Ann

3 Fitzpatrick.

4 MS. FITZPATRICK: Good morning.

5 My name is Leigh Ann Fitzpatrick and I'm a Behavioral

6 Health Specialist with the Department for Medicaid

7 and I'm also the Program Manager for the Reentry

8 Program.

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

11 Okay, Leslie, we'll let you  
12 introduce yourself and then go into your opening for  
13 us. Thank you.

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

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

20 We have got an 1115 SUD Waiver  
21 Amendment with CMS. They've had it for quite some  
22 time. Actually, I think we completed everything that  
23 was necessary sometime around January the 9<sup>th</sup>.

24 We are the first state in the  
25 nation that is asking to cover for pretrial, during

1 incarceration and, then, thirty days prior to release  
2 to hook that person up with the MCO of their choice  
3 for a very intense care coordination.

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

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

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

21 So, since we've sent ours in,  
22 before us, there were one or two states that tried to  
23 either do like change termination to suspensions in  
24 the Medicaid world with incarceration folks, and  
25 they've also had several states since we have turned

1           ours in that have asked for the thirty days prior to  
2           release.

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

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

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

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

24                                We've decided to do those town  
25          halls whether we have the amendment approved or not.



1 We were looking at August and I think I'm waiting  
2 back for some answers from AOC to see if those dates  
3 are going to work.

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

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

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

20 MS. GUICE: Leslie, it's the  
21 Consumer Rights TAC.

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

25 I have been working with them

1 just to keep them apprised of what we've got going on  
2 and what we're trying to do locally.

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

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

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

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

24 So, we've got a lot going on  
25 and you're probably aware that we've got a diversion

1 initiative that's going on here in Kentucky as well.

2 There was one more thing. I  
3 also will mention that we have started an MST pilot  
4 project and that's for Multi-Systemic Therapy and it  
5 allows for like a very intensive case management type  
6 of service and therapy with a child who may have  
7 gotten into legal issues or situations with the  
8 Juvenile Justice system and that's to prevent them  
9 from ever getting in a confinement type of situation.

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

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

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

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

24 MS. HOFFMANN: Angela Sparrow -  
25 I think you're familiar with her that's in the

1 behavioral health field - she has been working on a  
2 federal initiative and we were pared off with I think  
3 it was Washington State and Arizona I believe was our  
4 partner or sister partner, and we were pared off with  
5 a group and we worked collaboratively and timely here  
6 in Kentucky. There's folks that are from the Housing  
7 Authority, DBH, DMS, OIG.

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

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

21 The opioid group here in  
22 Kentucky. It's just a huge group to come together,  
23 but it really helped us to see - and I've worked in  
24 housing in the past years ago. There's definitely  
25 some gaps and the systems don't talk well to each

1 other. So, Angela has been really working on trying  
2 to figure out some options with that.

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

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

16 So, I'll keep you apprised of  
17 anything else that goes on or any updates that I can  
18 give you.

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

25 We've not ruled out taking a

1 look at other groups in the behavioral health world,  
2 and we're also looking at other options for SMI/SED  
3 waiver populations here in Kentucky as well.

4 I think that's probably it.  
5 Thank you, Van.

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

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

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

17 MS. HUGHES: Okay.

18 MR. SHANNON: James Daley.

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

24 MR. SHANNON: I think that's the  
25 goal. Get out and stay out is a simple role.

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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.

MR. SHANNON: Okay. Glad you're here, sir. Shannon Smith-Stephens.

DR. SMITH-STEPHENS: Good morning. I'm Dr. Shannon Smith-Stephens. I am representing the Kentucky Coalition of Nurse Practitioners and Nurse Midwives.

1 I'm a Family Nurse Practitioner  
2 with a Doctorate Degree. My day job, I am a full-  
3 time professor for Morehead State University's online  
4 nursing programs, and I have a primary care private  
5 practice in Northeastern Kentucky.

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

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

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

17 MR. SHANNON: Thank you.  
18 Brandon Harley.

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

25 I help lead one of the larger



1 Community Actions here. We're located here in  
2 Owensboro, Kentucky. I'm familiar with some of you  
3 guys with some of my work around there. We operate a  
4 multitude of programs including things like Owensboro  
5 Regional Recovery which I know I've talked to Van in  
6 that aspect in the past.

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

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

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

24 MR. SHANNON: Great. Glad  
25 you're here. Adrienne Bush.

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

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

11 MR. SHANNON: Glad you're here,  
12 Adrienne. Van Ingram.

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

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

24 We're located in the Justice  
25 Cabinet. I can tell you our Department of

1 Corrections takes their role in reentry extremely  
2 seriously. We have a Reentry Division that works  
3 tirelessly to give folks the best chance possible  
4 when they leave the Department of Corrections'  
5 custody to be successful.

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

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

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

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

20 At AppalReD, we help people  
21 with public benefits' problems and certainly  
22 including Medicaid issues and we also have a growing  
23 role in helping people in reentry and recovery and  
24 remove as many of the legal barriers as possible to  
25 avoiding re-incarceration.

1 I won't go into a whole lot  
2 more detail about that but I'm very happy to be a  
3 part of this group and to learn a lot more about the  
4 policy side of Medicaid.

5 MR. SHANNON: Thank you.

6 Kristin Porter.

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

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

18 And, then, we newly have  
19 positions also located in some of the jails across  
20 the state. So, that's something for, if anyone is  
21 not aware, in the State of Kentucky, we are a little  
22 unique. We house half of our state population in  
23 county jails and the other half in prisons. So, we  
24 have some positions that have newly started to help  
25 with those releases, of course, in the jails as well.



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

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

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

19 MR. SHANNON: Great. Brandon  
20 Thomas.

21 MR. THOMAS: My name is Brandon  
22 Thomas. I am brought here because I'm a formerly  
23 incarcerated person.

24 So, during the daytime, I work  
25 for a consulting firm. We consult and oversight

1 contractors who do storm debris cleanup. I also do  
2 some work with the ACLU of Kentucky. We do some work  
3 with the criminal justice system. We do some reentry  
4 stuff, IP's, anything that we can do to help make the  
5 transition easier and to allow people to be able to  
6 break the stigma and hopefully the cycle of people  
7 going back to jails and prisons.

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

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

18 I'm Steve Shannon. I'm the  
19 Executive Director for KARP and KARP's association  
20 with fourteen mental health centers. So, that's who  
21 I am.

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

25 MS. HUGHES: The Technical

1 Advisory Committees serve and is like a subsection to  
2 the technical term is the Advisory Council to Medical  
3 Assistance. We've kind of shortened it to the  
4 Medicaid Advisory Committee or the MAC.

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

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

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

22 MR. SHANNON: So, procedurally,  
23 if we have recommendations, and quite often - and  
24 help me understand this, Sharley - that TACs make  
25 recommendations to the MAC, the Medicaid Advisory



1 Council, who then sends those on to Medicaid. Is  
2 that the correct sequence?

3 MS. HUGHES: Yes, sir.

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

8 MS. HUGHES: right.

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

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

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

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

25 Every one of the TACs has a

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

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

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

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

25 Then, someone from the

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

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

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

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

20 Today is the third Monday. We  
21 could continue the third Monday schedule if that  
22 works for people which would be September 20<sup>th</sup>. If  
23 that's a date that works for folks, we could confirm  
24 that. If we need to poll people, if there's a better  
25 time to meet, 9:00 Monday, that may not be good for

1 everybody. There may be other things going on, but  
2 if we can come up with a standard time to meet, I  
3 think it's easier for everyone just to go and be able  
4 to lock that in.

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

10 MR. SHANNON: Yes.

11 DR. RYAN: Personally, 9:00 a.m.  
12 on Monday is usually really busy for me. I actually  
13 had two conflicts this morning but I chose this.

14 So, if we could find out what  
15 their cadence is and meet, like I said, maybe two  
16 weeks before them or whatever you recommend, and,  
17 then, find a different time other than Monday at 9:00  
18 a.m. would be great. That's just for me, though.

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

22 DR. RYAN: Yes, something like  
23 that.

24 MS. HUGHES: Let me check here  
25 to make sure. The second Thursday in September. We

1 have so many TACs that meet, I'm just trying to make  
2 sure we don't get in a conflict. So, for September,  
3 the second Thursday looks fine.

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

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

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

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

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

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

1 So, we don't want to wait until the end of August and  
2 you all say, oh, we would like to see blah, blah,  
3 blah and us may not being able to get it together for  
4 you by September 9<sup>th</sup>.

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

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

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

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

22 MR. SHANNON: So, you will get  
23 us some data. I'd like to know what's the percent of  
24 the Medicaid population who have been incarcerated,  
25 just some idea, and maybe if Corrections had some

1 idea of that SUD piece, how many folks who are  
2 leaving a facility have a diagnosis of SUD.

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

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

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

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

21 MR. SHANNON: Does that make  
22 sense, everybody?

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

1 introduce yourself.

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

5 MR. SHANNON: Glad you're here,  
6 Kevin.

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

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

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

23 MR. SHANNON: And we have a lot  
24 of folks here - twelve members. So, hopefully, we  
25 can have a quorum on a regular basis. I serve on one



1 TAC that has I think it's five or six members. If  
2 you lose two or three, people start wondering about a  
3 quorum. So, we need to make sure we have enough  
4 people to conduct business. So, I think we all  
5 understand that, that we're all busy.

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

8 MR. SHANNON: Correct. Right,  
9 Sharley?

10 MS. HUGHES: Yes, that's  
11 correct, Steve.

12 MR. SHANNON: Good question,  
13 Evan.

14 So, our next meeting is  
15 September 9<sup>th</sup> at 9:00 a.m. and we'll hear what  
16 Corrections is doing in terms of reentry and get some  
17 data on the SUD population. Does that work for  
18 everybody?

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

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

24 MS. FITZPATRICK: Sure. I will  
25 do that. Do you want me to put that in the Chat or

1 send it to Steve?

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

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

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

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

11 All right, folks. Anything  
12 else? That is all I have and we're relatively  
13 operational and we'll speak to you all on September  
14 9<sup>th</sup> at 9:00 a.m.

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

23 I'll send out to everybody the  
24 Zoom link for the September 9<sup>th</sup> meeting and I will  
25 also post it on the website.

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MR. SHANNON: Great. Thank you  
all. Appreciate it.

MEETING ADJOURNED