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

Via Videoconference
January 12, 2023
Commencing at 9:00 a.m.

Shana W. Spencer, RPR, CRR
Court Reporter

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APPEARANCES

BOARD MEMBERS:

Steve Shannon, Chair

James A. Daley

Shawn A. Ryan, MD (not present)

Dr. Shannon Smith-Stephens (not present)

Brandon Harley (not present)

Adrienne Bush

Van Ingram

Evan Smith

Kristen Porter (not present)

Kevin Sharkey

Angela Darcy

Brandon Thomas (not present)

1 MR. SHANNON: Well, let's get
2 started.

3 MS. BICKERS: Okay. It looks
4 like -- hold on. Let me --

5 MR. SHANNON: We don't have a
6 quorum, do we?

7 MS. BICKERS: We do not, but if we
8 get two more that join throughout the course,
9 I will let you know, and we can go back and
10 re-establish.

11 MR. SHANNON: Right. We can jump
12 back pretty quick. We haven't had a quorum
13 the last two meetings, and I understand why.
14 It's hard to get fired up when we're waiting
15 patiently on our friends at CMS.

16 So let's go ahead. I know we have
17 Adrienne Bush, Van Ingram, Kevin Sharkey,
18 Angela Darcy, and myself.

19 I guess, Angela, this is your last
20 meeting. That's unfortunate, but we hope
21 Jason Reynolds will be joining us.

22 MS. DARCY: He will.

23 MR. SHANNON: Okay. Great. Well,
24 thanks for being here.

25 Any DMS updates?

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MS. FITZPATRICK: Yes. So we are still in monthly talks with CMS. No yes or no yet, so they are still working on -- CMS is still working on their processes on their end, and our next meeting is next Thursday with CMS. So we'll just continue to keep our fingers crossed.

Current Medicaid data, there's 1.7 million, which is an increase of, like, 17,000 from our last meeting in November. Total Medicaid population incarcerated is 20,046 which is -- it's just a five increase from November. And it continues to look like that we are able to get benefits reinstated. It's gone up a little bit, so within five days, and we're continuing to follow that.

And we continue to have providers that contact me about needing assistance with their incarceration dates due to the -- oh, sorry. I'm not really good in storms. Now I can't think of the word that -- the system we've put into place to talk with the Medicaid eligibility system. So when someone else is -- they're incarcerated or released, it automatically talks. I cannot think of

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that word to save my life this morning.

MR. SHANNON: Okay. Interfaces maybe?

MS. FITZPATRICK: Yes. It's a --

DR. THERIOT: It starts with an A.

MS. FITZPATRICK: Yes. Oh, my gosh.

DR. THERIOT: Appresis (phonetic). There you go.

MS. FITZPATRICK: Appriss. Yes.

MS. HAM: Appriss. Appriss.

MR. SHANNON: Appriss. All right. Thank you, Rachael.

MS. FITZPATRICK: Thank you. I am so sorry. So we can -- so that continues to happen, and sometimes when the data comes from Appriss, it kind of erases data. So OATS is still looking at that.

But if you have anybody that contacts you that has that issue, just have them email me, and we get that started. And that's -- it takes about -- basically about 24 hours to get that redone and then the provider can once again bill again.

So if I've confused everybody, I

1 apologize. But if you have any questions,
2 let me know.

3 MR. SHANNON: Yeah. I was on a
4 call yesterday. You know, the CMHCs have
5 monthly calls with five of the six MCOs.

6 MS. FITZPATRICK: Uh-huh.

7 MR. SHANNON: And an issue -- we've
8 discussed this issue the last couple of
9 meetings, and I shared it -- maybe three
10 meetings. I shared it before. It's still a
11 concern. One issue that people are now
12 encountering are those folks who are
13 incarcerated on the weekend.

14 MS. FITZPATRICK: Okay.

15 MR. SHANNON: They show up on
16 Friday, and they're incarcerated through
17 Monday morning and then they can go to work
18 and go home. And there's always some -- the
19 call yesterday, that was the target of most
20 of the concerns by the MCO and by a provider
21 as well, that it just doesn't make any sense.

22 You know, some refer to these as, you
23 know, weekend inmates, you know. And then I
24 guess somehow the system logs them in, and it
25 doesn't log them out or something. I don't

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know.

MS. FITZPATRICK: Okay.

MR. SHANNON: And I don't know if it's something there -- Angela is shaking her head. She must have heard about this.

MS. DARCY: Yeah. I --

MS. FITZPATRICK: It's supposed to be -- if they're incarcerated under 48 hours, it's not supposed to change, but it sounds like that is happening. Okay.

MR. SHANNON: Yeah. And if it's Friday night to Monday morning, I guess it's --

MS. DARCY: I think it -- I think that in -- I'm the executive officer from pretrial. And just my understanding from some communications with people that were in custody, it does trigger -- they lose their Medicaid and then it -- there's some kind of delay there, is my understanding.

MS. FITZPATRICK: Okay. Right. So when the person is --

MR. SHANNON: Is this the Friday to Monday people, Darcy?

MS. DARCY: Yeah.

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MS. FITZPATRICK: Yeah. They have to call -- they have to call DCBS and tell them that they're released for them, and that's -- I think that's -- that's the issue that we're having. And then, of course, then on weekends. Okay.

MS. DARCY: So we're trying to spread that word throughout pretrial, to let our pretrial service specialists -- when they talk to the people that are picked up, that they need to call -- if they're on Medicaid, they need to call Medicaid immediately to let them know that they were released. But since it's on the weekend, there's also difficulties, I think, doing that.

So one of the things we're working on -- and maybe we can help bridge this gap a little bit -- is with Senate Bill 90. We're hoping to get access to Medicaid, the Medicaid system as well. So -- and I think we're working on that with drug court as well, so maybe that'll help some.

I don't know if it'll help any. I don't know anything about the Medicaid system and the interface that will look like but...

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MS. FITZPATRICK: Right.

MS. DARCY: So can I ask you a question?

MS. FITZPATRICK: Yes. Absolutely.

MS. DARCY: If they call -- so let's say that they get out on Sunday, and they've lost those Medicaid benefits. How soon between the period that they call and the period that they -- how soon do they get signed back up?

MS. FITZPATRICK: Okay. So let's say they're released Sunday night, and they don't call till Tuesday. Benefits get reinstated as of Sunday. It goes back to their release date.

MS. DARCY: Okay.

MR. SHANNON: Okay.

MS. DARCY: And then my next question is: Is there a way that we can get that phone number, so we can give that to them? And maybe we can start partnering with the jails and see if the jails can give that to them upon release.

MS. FITZPATRICK: Okay. I can get that phone number and then --

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MR. SHANNON: It's on right now.
It's in the comments. 855 --

MS. DARCY: Oh, great. Okay.

MR. SHANNON: Also, Courtney Ham
raised a question. The eligibility may
happen, but how long does it -- will it
report that on the MMIS system?

MS. FITZPATRICK: So once they call
and get it on and -- you're asking about --
so it takes some time for the systems to talk
to each other to get activated.

MS. HAM: Yeah. I think -- I think
my issue with that is that, you know, we're
dealing with people who might be going back
to outpatient; right? They might be going
back to getting SUD, you know, services.

And so just making sure that that
bridge -- or at least it's communicated in
some way to the person through pretrial or
however it looks. So they know that they can
still go to maybe their outpatient on
Monday -- right? -- without a fear of, you
know, someone checking their Medicaid, and
they can't go; right?

Because that's the fear; right? If

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they're going to jail, I mean, for weekend stuff, you know, we're probably looking at misdemeanor stuff; right? And there might be something else going on; right?

So mental health, substance use disorder stuff still needs to be in place, and that's when I worry about the disruption happening. Even though it does jump back to that Sunday, exactly like Leigh Ann said, it's the "what's happening in the present moment" that is the issue.

MS. FITZPATRICK: Okay. So as long as the individual, you know, can tell the provider, hey, I was released on this date and had that date, there -- like you said, it does take time for that to get on and show back up in the system. But yeah, they should not worry about being seen the next day.

And there is also a process in place for the provider. There's a MAP form that they can fill out and send in that they were released yesterday, they were seen in the office today, and their Medicaid benefits are not on.

MS. DARCY: Okay. That's helpful.

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Because that'll make a big -- that'll make a big impact on Senate Bill 90 and how providers are paid.

MR. SHANNON: Yeah.

MS. FITZPATRICK: Yes. Yeah. If they were to look and see if they had eligibility on Monday, it would probably show that it wasn't there. But they should -- that should kind of flag the provider's mind. He said he got out, or she got out, on Sunday, but I just need to wait a couple days before I check eligibility.

MR. SHANNON: Yeah. Angela, can you give us a brief summary of Senate Bill 90? Because it does impact the work of this TAC.

MS. DARCY: Sure. So right now where we're at with Senate Bill 90 is it was scheduled to be implemented on January 1st. But due to a funding issue -- like, my understanding is BHDID didn't get the money over. So we didn't have -- we weren't able to fully begin implementation in Letcher and Kenton County. Those were supposed to be the first ones that we rolled out on.

1 And we did kind of do a soft rollout in
2 Letcher County. So right now, we are
3 implementing the bill in Letcher County. We
4 don't have any funding, so we're hoping that
5 most of those defendants will be Medicaid
6 eligible. And that's a really good
7 information piece for me that I just learned,
8 so that will be helpful. We've only had
9 about -- I want to say as of Wednesday, we
10 only had 30 people eligible for
11 Senate Bill 90.

12 So in pretrial services, we have started
13 doing the eligibility screener on all
14 defendants in 11 counties. Because we think
15 it's important -- even though we're not
16 starting in those counties, we thought it was
17 important to go ahead and track, and so we've
18 been tracking. And as of Wednesday, we had
19 30 individuals that were eligible.

20 Now, that's not a lot of people, but in
21 the beginning of January, it's slow. Crime
22 doesn't pick up until typically about the
23 beginning of February. So we expect --

24 MS. FITZPATRICK: Super Bowl time.

25 MS. DARCY: Yeah.

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MS. FITZPATRICK: Around Super Bowl; right?

MS. DARCY: It's Super Bowl, Valentine's Day. Yeah. That's when you start seeing some of those low-level crimes like theft by unlawful taking and --

MS. FITZPATRICK: Yes.

MS. DARCY: -- you know, stuff like that so...

MR. SHANNON: Senate Bill 90 was passed last session, so you can go to the website, the LRC website, to the 2022 session and click on Senate Bill 90 to get, you know, the actual text of the bill.

The intent is really to get those folks, as Angela said, out of the criminal justice system and into treatment. And if they participate down and dirty in treatment, as recommended, and do -- you know, follow the -- they actually won't have any record of those charges; right, Angela?

MS. DARCY: Yes. That's correct.

MR. SHANNON: So, you know, the goal really is to have these folks who -- you know, as I've said before, there's no future

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in having a criminal record, you know. So get those people out of that system as quickly as we can and into treatment and use that opportunity of not having that record anymore as kind of a reason to remain engaged in treatment and follow through and complete that treatment.

MS. DARCY: So, Courtney, just to answer your question, I do have some -- I have a PowerPoint presentation that we can send you, and I'll be happy to send that to everybody on this committee. Once we get off this call, I'll get it from Jason Reynolds.

But there is an eligibility factor. So they have to be a Kentucky resident. They have to be 18 years of age or older. They have to be a low level on our pretrial risk assessment for failure to appear. There has to be a low risk for failure to appear and a low risk of committing new criminal activity. So if we have low on both of those scales, then they're deemed eligible for the program.

And then we have a bunch of qualifying offenses that we have to go through on the list to determine if the offense is eligible

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as well. If the offense isn't eligible, then the only way that they can get into the program is if there's a prosecutorial override.

My understanding is that a lot of these prosecutors are very eager in these counties to do -- to do this program, so I expect that there will probably be a higher rate of prosecutorial overrides.

I know in Letcher County, they're very willing to do a prosecutorial override. Some of the people that have come across in Letcher County are just doozies, and there's no -- it would be too much obviously to do a prosecutor override on a moderate and high-risk defendant who, you know, has a huge criminal history. So we haven't found anybody in Letcher yet that comes close.

But we do an eligibility screener with pretrial. We then make the referral to get them assessed to see if they qualify with a mental health disorder or a substance use disorder. If they do, then we send that to the prosecutor and the defense attorney and then they decide if the defendant is eligible

1 and will enter into the behavioral health
2 conditional dismissal program. If they
3 complete it, their charges are dismissed.

4 And it has the promises of being a
5 really great program that can hopefully
6 impact Kentucky and defendants in the system.
7 And this is the hope, to get them treatment
8 on the front end versus going through the
9 whole criminal justice system, pleading
10 guilty, and then getting treatment on the
11 back end.

12 MS. HAM: Yeah. Thank you so much.
13 You know, I just needed a little bit more
14 information. You know, I'm sure I heard
15 about it but then, of course, it got lost in
16 my brain somewhere. So thank you for that,
17 and it does sound like it has a lot of
18 potential to be, you know, just a really
19 great program. And I love that you all are
20 in the middle of that, so great job.

21 MR. SHANNON: And they have some
22 scheduled meetings, kind of the coordinating
23 group. And those are open to the public;
24 right? I mean, so if you want to go to
25 those, you can, Courtney, and just see what's

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happening.

MS. DARCY: Yep. Yep. They are open to the public. I'll let you know when the next --

MR. SHANNON: And they're probably virtual as well; right?

MS. DARCY: Yeah, they are. There's a virtual component, and they are -- they are -- I think the next implementation council is probably going to be scheduled in February.

But we also have the community meetings that we've been doing. We haven't had -- we don't have -- we have one scheduled, I believe, on February 2nd in McCracken County. That's our next meeting.

MR. SHANNON: Yeah. It's being rolled out in 11 counties initially, so it's not statewide. It's a pilot in those 11 counties.

MS. DARCY: Correct. At the end of the study -- so it's a four-year pilot. And at the end of the study, they really want to see the viability of the program.

We have a huge data reporting

1 requirement with this. So -- and AOC is
2 tasked with gathering all that data, which is
3 not something that we're used to. We're used
4 to doing our own data, but we're not used to
5 taking other agencies' data. So we are
6 working on building a platform right now to
7 interface with the providers and Medicaid and
8 BHDID, so we can track that data.
9 Prosecutors have the requirements. Providers
10 have the requirements, and pretrial has the
11 requirement to determine who's eligible.

12 So once we -- and it'll really be -- our
13 goal is -- because with pretrial services, we
14 have a lot on the line. We're getting ready
15 to get case navigators, which the case
16 navigators are going to help the defendant
17 through the process and coordinate help with
18 the case managers to coordinate services.

19 So we're really excited about it because
20 our goal is for it to be successful. So
21 we -- we're pretty excited about that.

22 MR. SHANNON: Thank you, Angela.

23 MS. BICKERS: Dave, I don't know if
24 you saw in the chat, but you do have a quorum
25 now.

1 MR. SHANNON: Yeah. We have a
2 quorum. We're going to move quickly to adopt
3 minutes, so we can procedurally do that. And
4 we -- I sent them out, and what I send out is
5 a summary. And we get the text of the
6 minutes, but that's what I report to the MAC.
7 And that meeting is coming up, I guess,
8 whenever -- I had it written down someplace,
9 and you can watch the MAC online. It's the
10 Medicaid Advisory Council. So the summary is
11 what I report back.

12 So if members can take action on -- and,
13 you know, I would entertain a motion. And
14 I'm okay if you roll it into a single motion
15 for both minutes.

16 MR. INGRAM: Yeah. Steve, I move
17 that we approve the minutes from the
18 September and November meetings in 2022.

19 MR. SHANNON: Thank you. And do we
20 have a second?

21 MS. DARCY: I second that.

22 MS. BICKERS: Do our voting members
23 have their camera on?

24 MS. DARCY: I second.

25 MR. SHANNON: Yeah. You've got to

1 have your camera on to be a real person.

2 MS. DARCY: I'll second that.

3 MR. SHANNON: Thank you, Angela.

4 All right. All members, signify by saying
5 aye if you support the motion.

6 (Aye.)

7 MR. SHANNON: Opposed and
8 abstentions?

9 (No response.)

10 MR. SHANNON: All right. We got
11 procedurally done, the minutes. Thank you
12 for that. Appreciate it. And I'm glad we
13 have a quorum.

14 Anything else from DMS? I think that's
15 it; right? Leigh Ann?

16 MS. FITZPATRICK: Yes, sir. That's
17 all I have.

18 MR. SHANNON: Super. Thank you.
19 Any MCO updates? And if not, that's okay.

20 MS. BENDORF: Hi, Steve. This is
21 Kelly from Humana. I just wanted to give
22 kind of a brief update today on our program
23 that we're doing with reentry.

24 MR. SHANNON: Uh-huh.

25 MS. BENDORF: Do you mind if I

1 share my screen really fast? We also want to
2 talk a little bit about our value-added
3 benefits that might really benefit members
4 returning to society so...

5 MR. SHANNON: Yeah.

6 MS. BENDORF: Okay.

7 MS. BICKERS: You should now be a
8 cohost, Kelly.

9 MS. BENDORF: Okay. Thank you.
10 Can you guys see my screen?

11 MR. SHANNON: Yes.

12 MS. BENDORF: Okay. Thanks. So
13 this is just going to be really brief. Like
14 I said, I just want to give a brief update on
15 our reentry program. I kind of talked about
16 this in the last couple of TACs, but we still
17 have pretty low referrals to this program.

18 In Quarter 4, we received nine referrals
19 from our members that were reentering
20 society. We have about a 33 percent
21 engagement rate with these members.
22 Obviously, we would really like to have 100
23 percent engagement rate. That's really what
24 we strive for because we really want to do
25 whatever we can to help these members in

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whatever capacity we can, and I feel like we do have a lot of resources that we can help benefit them with.

Some of the -- some of what we're seeing as barriers to engagement continue to be we have some members that are being released and go right to Sober Living, and they don't have, like, a personal phone, which we can definitely help them get. But it's really difficult to reach them. We only have the number to the facility, and that's really difficult to reach. Then when we contact the facilities, they're often not there, and it's just really hard to connect with them.

Another barrier we're seeing is we're still having some difficulty reaching the reentry coordinators and parole officers. And that would be really helpful for those members that -- you know, that don't have their phone, that we can't really contact individually, just to be able to maybe coordinate with them and get connected maybe with a member through them. That would be really helpful for all of us, I think, together, if we can have those collaborations

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working together.

And when we do reach the members, another kind of barrier we're running into is that some of these members -- you know, there's some trust issues there; right? You know, they don't understand why their MCO is calling them. We have to verify, you know, date of birth, phone number. So we're asking for personal questions on the front end.

So I think them having a really good understanding before release that we will be calling, what our purpose is, and how we can help them. Like, we're really trying to partner with them. We're really trying to get them connected with whatever we can to help support them while they're transitioning back to the community so...

MR. INGRAM: Kelly, this is Van Ingram. If you would email me, it's van.ingram@ky.gov.

MS. BENDORF: Okay.

MR. INGRAM: And we'll get a conversation with the Department of Corrections and see if we can increase the availability of the reentry coordinators and

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parole officers.

MS. BENDORF: That would be great, Van. I really appreciate that. So I will email you after this meeting, so thank you.

MR. INGRAM: Thank you.

MS. BENDORF: One last thing I want to do -- we had a really, kind of, weird incident happen. This was a new something that -- I never had seen this before.

But it occurred in December, where we had a member that was released in December. And we got the referral around December 9th and were finally able to make contact with this member kind of towards the end of December. But this member was highly motivated and ready, like, wanted all these types of connections. We were able to get her set up with a lot of different services.

And then when we made -- tried to make contact in January, the first of January, we realized that her eligibility with us had termed. So she really only had eligibility with us from December 1st through December 30th. So we reached out to all of our reentry partners. And right away, everyone

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was amazing, trying to help us get this figured out.

So I just really wanted to give a special shout-out to Jadina (phonetic) Todd with DCBS because she worked really hard to get this figured out for this member and got everything back on track for her.

So it kind of worked the way it was supposed to, so I really wanted to point that out. Like, it -- and thank you for all that support that we got on this individual.

So I'm now going to go ahead and turn it over to Jeff Hadley, and he's just going to go over some value-added benefits that we have that could help our members returning to society.

MR. HADLEY: Thanks, Kelly. Yeah. We wanted to highlight, just as Kelly said, those value-added benefits that we provide for our Medicaid enrollees that we think would have some value and be noteworthy for this TAC.

Criminal expungement. Obviously, we have assistance and reimbursement for fees related to criminal expungement services.

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A free cell phone that's available for Medicaid members.

Post discharge meals. If folks are being discharged from an inpatient or residential treatment facility or hospital, we offer a series of meals delivered to the home.

For individuals with diabetes, there's a smartphone app that assists with diabetes management as well as us providing some remote monitoring devices like blood pressure cuffs, weight scales for those individuals whose diagnoses or medical conditions would require monitoring for those measures.

We also have nicotine replacement therapy and coaching that we provide for tobacco cessation.

And our doula services for individuals that are coming out that are pregnant and need maternal -- assistance with maternal care. We have doulas available that do a host of prenatal visits with the expectant mother in advance of the delivery as well as assisting with the delivery and postnatal visits as well.

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And then our workforce development program, we provide assistance -- job coaching and assistance with preparation for the workforce as well as childcare assistance related to job searches.

And we have -- our Humana Beginnings, basically, is our maternal care assistance where we provide a lot of coaching and oversight and support services for individuals that are expectant mothers. And then after delivery, we offer a crib and car seat as part of that program.

And in addition to that, we have quite a few smartphone apps that help with -- for instance, our Pacify app will help provide 24/7 coaching and support to individuals related to lactation, breast feeding, and newborn and infant care.

And then our GED -- I think I skipped over our GEDWorks program. That program is really a great benefit because it provides coaching and prep for the GED. And there is a pass -- test pass guarantee. So individuals in that program can keep taking the GED with our support services until they

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pass.

And then we also have a host of healthy behavioral rewards, so basically incentives, monetary incentives around childcare assistance -- I'm sorry, around our weight managements and screenings, a host of screenings, cervical cancer screenings, breast cancer screenings, health risk assessments, and other things that would help our members promote healthy behaviors.

All right. Thanks. Thanks for your attention. Any questions about that?

MR. SHANNON: The expungement. So expenses are reimbursed?

MR. HADLEY: Yes. 340 -- up to \$340 for expungement fees --

MR. SHANNON: Okay.

MR. HADLEY: -- we would reimburse the member.

MS. HAM: I have a question. And just because I've just always been intrigued by the expungement fees. And I'm -- I know that they can be really expensive, but how does that reimbursement work? And I guess my question would be: Why not just reimburse

1 the attorneys -- right? -- and take it off
2 the member's back?

3 And just -- just because I've been
4 thinking about this because expungement stuff
5 comes up all the time, and it's really
6 important. I'm just curious if you all have
7 approached attorneys in that way and seen if
8 there's a different way to do it. Because
9 reimbursement with Medicaid members can be
10 really -- it can be a long process.

11 MR. HADLEY: Yes. Yeah. We have
12 been looking into that, ways that we can
13 enhance and make the expungement process a
14 little more user friendly for our members.
15 So we are -- it's not currently -- we don't
16 currently pay the attorneys directly. You
17 have to have a certificate of expungement in
18 order to be reimbursed.

19 But that's great feedback, and we do
20 realize that that is a barrier to utilizing
21 that reward. Thanks for mentioning that.

22 MR. SHANNON: Yeah. Jeff, I was
23 thinking the same thing. It's great you're
24 doing it. It's wonderful. But for some
25 Medicaid folks, \$340 might as well be

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100,000; right?

MR. HADLEY: Yes. I agree.

MR. SHANNON: Yeah. But you've got to start somewhere; right?

MR. HADLEY: Yes. Thank you.

MR. SHANNON: Yep. Appreciate it.

MS. BENDORF: Thank you, guys.

MS. BICKERS: And, Kelly, I dropped my email in the chat to you. So if you could make sure to email that to me, so I can send it out to the TAC members, I'd appreciate it.

MS. BENDORF: Okay. Yes. No problem. Thanks. I'm going to stop sharing now.

MR. SHANNON: All right. Thanks, Kelly. Another MCO? Anybody? What about Anthem? Are you on?

MR. CROWLEY: Hi, Steve. This is David Crowley, director of behavioral health from Anthem.

MR. SHANNON: Yeah.

MR. CROWLEY: And just to Kelly's point, our volume continues to be relatively low for our reentry, our return to the community folks. We've had one member since

1 our last TAC meeting, and we continue to try
2 to engage those members with our dedicated
3 case management program, try to get them
4 squared away with all their community needs
5 and resources and whatever treatment
6 recommendations might come the way once they
7 are discharged from incarceration.

8 And like Kelly mentioned, we do have a
9 lot of those. Criminal expungement, GED
10 training, return to workforce training, fresh
11 fruits and veggies program, as well as our
12 empowerment team that works to try to remove
13 the social determinants of health barriers
14 for folks that are returning to the community
15 with -- whether it be rental arrears or
16 utility arrears, things of that nature.

17 MR. SHANNON: Yeah.

18 MR. CROWLEY: As I mentioned, our
19 volume continues to be relatively low.

20 MR. SHANNON: Okay. Well,
21 hopefully, 1115 changes that; right?

22 MR. CROWLEY: Right. That's the
23 overall goal and intention. Looking forward
24 to that opportunity.

25 MR. SHANNON: All right. Thank

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you, David.

What about Aetna? Are you on?

MS. HAM: Yeah. Hey, that's me, Courtney, and I have --

MR. SHANNON: Of course it is. I'm sorry, Courtney.

MS. HAM: No, no, no. It's okay. I also have a coworker here who's new, and her name is Joy Varney. So she's joining from Aetna. She's our --

MR. SHANNON: Joy Varney.

MS. HAM: Yes, Joy Varney. Do you want to introduce yourself, Joy?

MS. VARNEY: Sure. Hi, there. My name is Joy Varney. Good to be here. This is my first meeting. The Recovery and Resiliency System of Care Administrator here for Better -- Aetna Better Health in Kentucky.

And hi, Steve. How are you doing?

MR. SHANNON: Good, Joy. How are you? Good to see you.

MS. VARNEY: I'm doing well. Thank you.

MR. SHANNON: All right.

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MS. HAM: Awesome. Thank you, Joy.

We continue to have also really a low referral rate from the prison project -- right? -- with DMS. So we have pretty much -- we also got one referral, I think, from that project.

And, really, you know, our barriers are being able to go inside the jails to do that one on one. So, you know, our strength with our reentry program is to be on the ground going into those jails to prepare people for reentry and also to tell them that we, as an MCO, are probably going to be calling them.

So we continue to have barriers to go into facilities as well as -- I know families are, you know, having those same barriers as well. So that's our biggest barrier.

And we also have a long list of VABs that I can send out, but that's our update for right now.

MR. SHANNON: Thank you, Courtney.

What about Passport?

MR. ZAKEM: Yeah. Oh, I've got a

mic this time around.

We are working with some teams of

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specialists on our end. We have some success stories to report.

We recently had a person who'd been incarcerated for 24 years. He moved in with his brother, did not really like that. He started working with our case manager, our housing specialists, and a peer support. He has since received a housing voucher and is actively looking for a place to live.

He is making all of his medical appointments, and he has gained at this time about five weeks of sobriety, at the time that I got this story anyway, and is looking forward to helping others through his story.

Otherwise, it's pretty much business as usual, but we really liked this story.

MR. SHANNON: Yeah. 24 years is a long time, isn't it, Marc?

MR. ZAKEM: Yep.

MR. SHANNON: All right. Any questions?

(No response.)

MR. SHANNON: All right. What about United?

MR. DAVIS: Hi. This is Eric Davis

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with United. And I brought the success story before Christmas, but I don't have a new one this time around so really no new updates.

MR. SHANNON: Okay.

MR. DAVIS: And thank you, Courtney. We're doing a lot of the same things. I appreciate your presentation.

MS. KOENIG: And -- hey, Steve. This is Stephanie as well on the call.

MR. SHANNON: Stephanie.

MS. KOENIG: I wanted to just give you some updates on our reentry. Thank you, Eric.

We, I know, presented in our last TAC meeting a success story and really good to hear as well from Aetna on theirs.

We are low as well. I think we had only received one referral last month. Zero individuals reincarcerated (phonetic). To date -- year to date in 2022, we served 59 individuals, and we continue to have the same similar experiences as others that have already reported out on just -- with the challenges and barriers to connect with these individuals upon release.

1 We still are actively participating in
2 the pilot that started in January of 2021
3 which includes the two prison systems, the
4 Kentucky State Reformatory and the women's
5 prison. So that's still active and going on,
6 but I don't -- I don't really see -- and I'm
7 newer to this -- that that's really, kind of,
8 produced more successful contact.

9 So that is what United has to report
10 out, Steve.

11 MR. SHANNON: Okay. Thank you.
12 I'm trying to figure out: What's the
13 contact? How do we change that? But it
14 seems to be a big barrier for everybody and
15 will continue, I guess.

16 What about WellCare?

17 MS. MCFALL: Hey, this is Paula
18 with WellCare, and Stuart is on as well.

19 We only had three referrals fourth
20 quarter and have some difficulty connecting
21 with the member.

22 We do have a new program that we're
23 working towards, and that's to have our cell
24 phones accessible to the care manager
25 real-time versus waiting a week or two to get

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the phone to the member. So, hopefully, we can work with the systems to get that person a cell phone before they even leave or on the day that they leave. So that would be helpful in connecting with them.

We also -- I think Stuart is going to talk about our value-based information.

MR. OWEN: Yeah. Thank you, Paula.

A couple things for 2023. We have -- which we did last year as well. We pay for criminal record expungement. I scrambled to find out details and -- while we're on the call, and we only pay for the cost of the expungement. So I just want to be clear on that.

But we also pay for the state ID which is also critical for people, you know, being released from incarceration, to have an ID. If you don't have an ID, you can't get a job, and you can't do anything.

So I guess that was the two things I wanted to mention. Also -- and I forgot who it was from Humana. I forgot the name. I thought that was an awesome -- awesome to hear that situation, by the way. I just

1 wanted to say that, too, with the member,
2 with the member that's lost eligibility
3 and --

4 MS. BENDORF: Yes. Thank you. We
5 were -- yes. We were very excited that
6 everything worked out the way it did.

7 MR. SHANNON: Yeah.

8 MR. OWEN: That's awesome.

9 MS. MCFALL: One other thing is
10 that all the health plans have submitted to
11 the State their behavioral health benefits
12 and value-added benefits in a side-by-side
13 document, and that should be published soon.
14 The State is asking for some, you know,
15 review of it first before it's released so
16 just you know that.

17 MR. SHANNON: Yeah. The Behavioral
18 Health TAC kind of asked for that. I guess
19 we saw that on the physical side for
20 value-added, so they're replicating that.
21 And we'll share that with this TAC when it's
22 available, so you'll see that.

23 All right. Thank you.

24 What about a round robin member updates?
25 Any legislation you want to talk about?

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Adrienne Bush, what about you?

MS. BUSH: Thanks, Steve. So we are working on -- you know, we've got our policy agenda. One thing that I wanted to highlight for folks is House Bill 21 that helps address that ID issue that was described for people experiencing homelessness. It was filed as House Bill 197 last year, made it through the house, got -- ran out of time in the senate.

And so Representative Randy Bridges from Paducah has filed it again as House Bill 21. So if you're interested in learning more about that, just follow us on social media. We've started our messaging on it.

One -- another priority that we are working on that we don't have a bill number on yet would be eviction expungement. We know that for folks trying to obtain housing, apply for rental housing, if you have an eviction on your record, it is just one more barrier to obtaining a home of your choice.

We also know that there's a ton of errors made in the filings and that also, even if an eviction is dismissed before it

1 actually goes through, it still shows up on
2 someone's record. So we're looking for an
3 automatic expungement process after a certain
4 period of time.

5 And that also -- like, if you look at
6 bankruptcies and how those go, those tend to
7 roll off after a certain period of time.
8 We're looking for some parity here.

9 So -- and then lastly, we are doing
10 work, trying to get some housing -- disaster
11 housing relief money to our disaster-impacted
12 counties which are, you know, pretty much
13 half the state now so...

14 MR. SHANNON: Yeah.

15 MS. BUSH: Yup. That's all I got.

16 MR. SHANNON: Thank you. That's a
17 big deal. Appreciate it, Adrienne.

18 Anyone else?

19 MR. INGRAM: Yeah. This is Van.
20 Leigh Ann, could we arrange a call between
21 the MCO representatives here and Sarah
22 Johnson and Kristin Porter at the Department
23 of Corrections and see if we can't figure out
24 a better mouse trap here to help these folks
25 that are doing the reentry?

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MS. FITZPATRICK: Yes. Absolutely.

And it's funny. A few minutes ago, I just emailed Ann and Leslie and said, I think we need to reinstate the reentry monthly calls so...

MR. INGRAM: Yeah. I think we're on the same page.

MS. BENDORF: I was going to actually suggest that, Leigh Ann, so I'm glad we're on the same page with that.

MR. INGRAM: Good deal. Yesterday, my Recovery Ready Communities Advisory Council approved the rubrics that we've come up with for communities, cities, and counties to be certified as recovery ready. There will be a press release and a rollout of that next week.

VOA has been our partner with that project, and I think what we've developed together is a really good measure for communities, not so hard that it's unattainable but not so easy that it's a rubber stamp. So we're looking forward to rolling that out.

Had a good meeting yesterday with

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Representative Moser on fentanyl test strip language, to remove it from the definition of drug paraphernalia. And hopefully we'll get that moving next week as well.

MR. SHANNON: Thank you, Van. That is good work on the Recovery Ready Communities.

MR. INGRAM: Yeah. I'm excited about it. I've been around a long time. I don't get excited about a lot of things, but I think this is a really good program.

MR. SHANNON: I agree.

Anyone else want to share? And I think it impacts the work in this --

MR. OWEN: Steve.

MR. SHANNON: Oh, sorry. Go ahead.

MR. OWEN: Sorry. I don't mean to be an intruder here.

I just want to mention -- you're probably aware of this, a lot of scrutiny on the Department of Juvenile Justice right now. And there's a senate resolution to basically take a deep dive into all that and possibly create a workgroup about basically just some problems apparently with the juveniles, you

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know, when they're being incarcerated and jailed and some, I guess, abuse and stuff like that is going on.

So that's kind of high profile. There's a resolution right now. It hasn't passed yet but to look at that.

MR. SHANNON: Yeah. Thanks for that, Stuart.

MR. OWEN: Sure.

MR. SHANNON: Also, it impacts especially the Sober Living, that there's draft language. There's a bill floating, not been filed, not even that what we have is going to be the final product, that adds some regulatory oversight to Sober Living houses and some expectations. It's brought by the League of Cities. They may have a role.

The City can actually be the one that issues a license or a permit to operate Sober Living. You know, the initial review I have of it is can restrict access to Sober Living. We want Sober Living homes to be as, you know, effective and good and quality as possible. There's NARR, National Association of Recovery Residences. You know, there's

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that standard, so we'll see how that plays out.

But if you're interested, email me, and I can get you a draft of that bill that we've seen so far. The folks who sent it to me said please share it widely, so we can send that out if people are interested so...

Anybody else?

MS. HAM: I am interested in that so would love to hear more about that. That sounds great.

MR. SHANNON: Okay. Courtney. So we'll send that to you.

All right. Any future agenda items you want included?

MR. INGRAM: You know, if we could maybe do a report back next quarter and see if we've been able to approve this reentry thing. I think we need to stay on this.

MR. SHANNON: The accessing benefits and contact stuff, Van?

MR. INGRAM: Yes. Yes, sir.
Yes, sir.

MR. SHANNON: Yeah. And maybe get a report back on that call that you talked

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about, Van?

MR. INGRAM: Yes, sir.

MR. SHANNON: All right.

Appreciate that, Van. Thank you.

Anybody else?

(No response.)

MR. SHANNON: All right.

MS. BICKERS: And, Steve, this is
Erin.

MR. SHANNON: Yeah.

MS. BICKERS: I just wanted to give
a friendly reminder to make sure to copy
Kelli Sheets on anything MAC and TAC related.
Your next meeting is March 9th, and I may or
may not be with you guys for that meeting.
So I might not --

MR. SHANNON: Do you want to tell
us why, Erin?

MS. BICKERS: I am expecting, and
that's around my due date. So, of course,
you never know when baby decides when he
wants to come into the world. So I might be
with you guys. I might not be with you guys.

So just a friendly reminder to keep
Kelli in the loop. That way, if I'm not with

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you guys, she has got your agenda and is prepared to run with your March meeting.

MR. SHANNON: Super. Well, congrats.

MS. BICKERS: Thank you.

MR. SHANNON: All right. Motion to adjourn?

MR. INGRAM: So moved.

MR. SHANNON: And a second?

MR. SMITH: I second.

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

Y'all take care. Have a good day. Be safe out there.

(Meeting concluded at 9:46 a.m.)

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C E R T I F I C A T E

I, SHANA SPENCER, Certified
Realtime Reporter and Registered Professional
Reporter, do hereby certify that the foregoing
typewritten pages are a true and accurate transcript
of the proceedings to the best of my ability.

I further certify that I am not employed
by, related to, nor of counsel for any of the parties
herein, nor otherwise interested in the outcome of
this action.

Dated this 19th day of January, 2023.

/s/ Shana W. Spencer
Shana Spencer, RPR, CRR