DEPARTMENT OF MEDICAID SERVICES
CHILDREN'S HEALTH TECHNICAL ADVISORY COMMITTEE

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January 8, 2025
2:00 p.m.

Stefanie Sweet, CVR, RCP-M
Certified Verbatim Reporter

A P P E A R A N C E S

TAC Members:

Donna Grigsby, Chair
Courtney Smith, Vice Chair

Members not present:
Alicia Whatley
Amanda Ashley
Cheri Dimar
Natalie Crawford

MS. BICKERS: Good afternoon. This is Erin with the Department of Medicaid. It is not quite 2 o'clock so we will give it just a few minutes before we get started.

DR. GRIGSBY: Thank you, Erin.

MS. BICKERS: It is 2 o'clock and our waiting room is clear. I currently only have Donna and Courtney logged in. If I missed any other TAC members, please let me know.

DR. GRIGSBY: Perhaps in the interest of everyone's time we can go ahead and get started and table the approval of minutes.

Erin, remind me, do we have to have three or four members to have a quorum?

MS. BICKERS: Four.

DR. GRIGSBY: Okay. Okay. If we establish a quorum in a few minutes, then we can go back to the approval of minutes. Is everyone okay with that?

Okay. Well, welcome to the first Child Health TAC of the year. I am

Donna Grigsby. I am a pediatrician at UK and the chair.

And my colleague, Dr. Smith, would you like to introduce yourself and say hello?

DR. SMITH: Sure. I am Courtney Smith. I am a psychologist at the University of Louisville, Norton Children's Behavioral Health, and I also am representing the Kentucky Psychological Association on this TAC. That is a little bit about me.

DR. GRIGSBY: Great. Thank you.

Erin, would you like for those who are from the MCOs to identify themselves in the chat?

MS. BICKERS: That is up to you.

DR. GRIGSBY: Okay. A lot of times we will ask you guys just to give us your names and the organization if you don't have that on your screen. So if you all wouldn't mind sending that to the chat, I would appreciate it.

I know we do have a presentation on absenteeism, but I am going to start

with the Medicaid Services for Incarcerated Youth. We have that listed as on the January meeting.

Is anyone prepared to discuss that?

MS. STALEY: Hi. This is Sherri Staley from Medicaid and the Behavioral Health policy team. We are working. We actually just had a meeting with DJJ this morning to discuss the workflow and about some of those questions and Medicaid month purity and those types of things. Those services are going to be available for incarcerated youth.

The covered services are EPSDT screenings, medical, dental, vision and behavior health, TCF for 30 days pre-release, and 30 days post-release, and the approved settings are the youth detention centers, state prisons, and local jails. These are for adjudicated juveniles under 21, or former foster care youth ages 18 to 26.

So some of those former foster care youth could be in state prisons or

local jails.

DR. GRIGSBY: Okay. And could you repeat those list of services? I was jotting quickly and then I lost -- sorry about that.

MS. STALEY: Yes, it's EPSDT screenings for a medical, dental, vision, and behavioral health.

DR. GRIGSBY: Okay.

MS. STALEY: And then TCM 30 days pre-release and 30 days post-release.

DR. GRIGSBY: Thank you. All right. Thank you very much.

Any questions?

Do you feel like anything will change that we need to follow up with this in April, or do you feel that you are all pretty much that is what is going to happen and at that is not going to change.

MS. STALEY: Well, as always, once you implement something new, there might be some lessons learned along the way. So we are open to changes knowing that we have a tight deadline for these types of things. We don't anticipate much

changing. What we would change on our side might be regulatory or those types of things, enrollment process, et cetera, but as far as the structure, we don't anticipate that changing.

DR. GRIGSBY: Okay. Would you like to give us a brief follow up at our April meeting?

MS. STALEY: Sure. That would be great.

DR. GRIGSBY: Okay. I would appreciate that. That way we can see if there are lessons learned or things.

MS. STALEY: Yes. We may even be able to report on some preliminary data from those first couple of months so absolutely.

DR. GRIGSBY: Okay. Thank you. Thank you very much.

Any other questions, comments?

That was a timely thing on the agenda so I am really glad we were able to get an update on that. Thank you.

Is Dr. Caudill here today? I think we were going to do a follow up on

oral health emergency care, but we can certainly put that follow up to our next meeting if no one is here who can give us follow up on that.

MS. BICKERS: I don't see him logged in.

DR. GRIGSBY: Okay.

Okay. All right. Well, let's move that follow up to April and maybe if I can remember to touch base and make sure that someone can give us an update on that in April.

I am making notes on a Post-It, and the sad thing is I won't be able to read it, but that's okay. Okay.

So our next presentation is on absenteeism, and I think Christina, are you here with us?

MS. WATFORD: Yes. I am here.

DR. GRIGSBY: Wonderful.

MS. WATFORD: And Judy Vanderhaar is also here with us today as well.

DR. GRIGSBY: Wonderful. So if you guys could just introduce yourselves

and please feel free, we are turning the meeting over to you for your presentation.

MS. WATFORD: Thank you. I am Christina Watford and I am a program consultant with the Persistence to Graduation team at the Kentucky Department of Education.

I have been with the department for just a little over a year, but my background is that of a school counselor so I have a long history in the school setting not only as a school counselor, but also as a classroom teacher as well.

And then I am also going to let Judy introduce herself to you as well.

MS. VANDERHAAR: Good afternoon. My name is Judy. I work for the Division of Student Success at the Kentucky Department of Education also on the Persistence to Graduation team.

We work on a wide array of topics from human trafficking, suicide prevention, sources of strength, a lot of things related to dropout prevention, and especially we are heavily focused on tools

that support schools that identify students who need support before it is too late, as far as before they may leave the system.

Attendance is one of those areas.

Can you all see my screen?

DR. GRIGSBY: Yes.

MS. VANDERHAAR: Okay. So I am going to go ahead and start talking a little bit about chronic absenteeism and Christina will talk later about some of the key strategies that are being used.

I guess the first thing is to just talk about what chronic absenteeism is. It is basically any time students are missing 10 percent or more of time in school, that is considered chronically absent. And of course, there is a wide continuum of chronic absenteeism, from just meeting that 10 percent to very high percentages, like missing 60 to 70 percent of time in school.

How this differs from the federal definition, for example, that is

usually based on days.

Kentucky measures students' time in school by the minute. Chronic absenteeism includes not just excused absences, so when students are sick, but it also includes unexcused absences.

It includes when kids leave school early or come to school late. It includes when students are forced to be out of school when they are suspended. Again, it is just counting the percent of time that they are out of school, and then truancy is based just on unexcused absences.

The data is actually a bit delayed, so we have updated data, and I can just tell you generally as a whole, chronic absenteeism has gotten a little bit better. But because it was so bad after the pandemic, it is typically when we see things like this. If you are at the basement as far as when you look at data is concerned, it doesn't take a whole lot to move up a little bit. But that is good news. We are definitely moving in

the right direction, it is just small right now.

This is just looking at percent of students who are 20 percent -- basically the districts and the counties -- this is a map of Kentucky and these are counties. In a lot of places the district is the county, and other places there are multiple districts in counties, but this is where there were 20 percent or more chronically absent.

And before the pandemic in 2017, '18, the image on the left, you see those concentrations in Eastern Kentucky. But after the pandemic, you basically see it statewide.

Overall average in Kentucky, the change was 70 percent pre-pandemic and 30 percent post-pandemic.

What you see here is chronic absenteeism by grade level. It also shows the percentage increase. Again, this is pre- and post-pandemic. What you see is this is very problematic with kindergartners.

For kindergarten, first grade, and this is the foundation of their educational experience, so it is really challenging up to seniors. So you have that 40 percent of seniors chronically absent. Very problematic data.

When you look at it by student group, if you go on the school report card, Kentucky student report card, which you see lots of different data points. For every district and every school, a lot of times the data points are broken down to include a view of students that fall into these groups.

And I know this is probably not surprising, again, just like everyone else, pre and post, chronic absenteeism got worse, but as you can see the students who need our help the most, their indicators are really distressing, like 50 percent for homeless students. So that is something that we need to continue to pay attention to and to provide targeted resources and supports.

Some of the contributing

factors, again, some of this is probably common sense -- and you all based on all of your experience professionally and personally have your own perspective on this -- but these are, again, kind of common sense.

There are a lot of barriers including, just a lot of them rooted in pure poverty. We have a lot of that. It has been really concerning. I know in my district where I am -- and I am in Jefferson County -- it is, you know, so many students rely on schools for their food, that having another week out after the two-week break is really, really concerning for a lot of people who work in schools that know that their kids are really struggling with the basic, basic needs.

But chronic health conditions are also barriers. Transportation is a key one, community violence. And then there is a lot of the emotional and psychological factors. Some factors are related to trauma. But anxiety is a huge

one.

We also know that school climate is a huge driver of, is it a place where kids want to be? Is it warm and welcoming? Is it healthy?

And then, of course, bullying. Is bullying something that is happening? Is it being addressed? Are there reporting mechanisms? Issues with peers.

And then disengagement. If there is not an enriching and engaging teaching and learning situations happening, that is also a contributor.

Boredom, I think we can't take away the impact that social media is having on the attention spans everyone, not just students, but also us as adults. But I think disengagement is a piece.

Definitely the out-of-school suspension, when kids are excluded from things.

Really having that sense of belonging is key. We say that in dropout prevention, and it's the case for suicide prevention and everything else. If a

student doesn't feel a connection and have at least one adult that they are connected to that they trust that they can talk to, then that is a really big risk factor for all of the things that we don't want to see happen to our kids.

And then there is the misconceptions around attendance, like missing this much time doesn't matter that much, or only unexcused absences are problematic. So there is some of that as well.

As far as -- this is actually also -- this is a framework that has been used in education for a long time, so we talk about that there is an initiative called Positive Intervention and Support, so Positive Behavior Intervention and Supports, PBIS. And we now call it MTSS, which is Multitiered Systems of Support.

So it is basically a framework for how we look at what we should have in place for students who have varying levels of need. And this was actually adopted from the medical field.

It is basically looking at that intense intervention that you are going to have typically 3 to 5 percent of your population that needs that need tier 3 support, the intense level, and then you are going to have 5 to 10, or 10 to 20 percent in the early intervention piece.

That tier 2, that need some extra support beyond tier 1, where tier 1 is everyone. All kids need the tier 1 support. If you have a solid tier 1 prevention in place, if you have these universal things in place in schools, you are going to reduce the flow of kids needing that tier 2 and then tier 3.

So we when we talk about chronic absenteeism -- Christina is going to talk about -- tier 3 is really needing intense case support for students when we talk about attendance issues. Tier 2 is when kids need more support to help remove some barriers, but then, tier 1, again, is for everyone.

It is all about, do we have the

climate, that culture in our school that supports the well-being of everyone, of adults and students alike. Is there a sense of safety, both physical and psychological safety? Is there meaningful connections, meaningful curriculum and things being taught? And is there that, you know, sense of belonging, too, with families? And also, of course, staff cohesiveness.

Christina, we are focused today on tier 1, because it is the most important, so Christina is going to talk about the specific strategies with respect to chronic absenteeism for tier 1.

MS. WATFORD: Thank you, Judy. As Judy has already mentioned, one of the things that we really try to drive home in our presentation is the importance of relationship for students and staff and for their parents, as well as extending those relationships out in to the community as well, because really, relationship building is the foundation of everything that we do in a school setting.

So that is kind of like the most universal thing to think about. How we are really connecting with our students? How we are connecting with their parents, with their broader family, and also the community.

That leads us into fostering a sense of belonging in the building and creating a culture in the building where students really want to be there.

Are we using positive and nurturing language? Are we greeting them by name whenever they come in to the building each day when they walk in to the classroom? Do they feel like they are seen and recognized?

Providing opportunities in the school setting for morning meetings or advisories which can just be times that are not necessarily academically driven. It is just the time for those relationships to be built so that students do have trusted adults in the building.

Judy has already mentioned the PBIS, which is Positive Behavioral

Interventions and Supports, as well as the MTSS structure, which is kind of our overall broad structure.

Helping to provide some restorative practices for students. So if everything is punitive when a student does something wrong, or when there is a negative behavior of some kind, if it is always punitive and there is not anything that is teaching them how to restore relationships, and how to -- for the lack of a better term -- kind of pay back, then we are really doing them a disservice. And so there is a real emphasis on providing those restorative practices in the school setting as well.

Providing some attendance incentives. One strategy that Judy and I really like to talk about when we do trainings -- not only on chronic absenteeism, but on some of the data tools that are available to staff members -- is on relationship mapping. And it is just a strategy that is designed to ensure that every student in the building has an adult

that they are connected to, that they feel like that they can go to. All of these are designed to create a sense of belonging and a sense of safety for students.

Also looking at whether or not we are providing opportunities for all students in our building. Not just the most popular students, but for all of our marginalized student groups as well, through enrichment and extracurricular activities, and then, again, looking at those opportunities through advisories or morning meetings where it is not always an academic focus, there is just an emphasis on let's build relationships with students.

And then we also can't neglect the well-being of the adults in our building as well. So if I, as a staff member, do not feel that I belong, do not feel that my well-being is being looked out for, then there is a real problem in the building, because I can't feed in to other people if I don't have things

feeding into me.

In a state that is faced with a significant teacher shortage, it is increasingly becoming an area of focus as well, as it should be.

You can go on to the next slide.

The next one is just looking at making sure that the learning opportunities that students have are meaningful to them as an individual student and also relevant. So helping them to connect their learning to real-world experiences through project-based learning, providing cooperative learning environments, and also collaborative learning environments.

And then giving students who need those hands-on learning opportunities and activities to be able to engage in things that are not just sit and get opportunities, are really important as well.

If they can relate to what is being taught then their interest level is going to increase, which will increase

their motivation as well, and that will help them increase motivation and comprehend and to be able to use their learning in ways that are meaningful to them as an individual student.

And then we also have to make sure that our teaching is culturally relevant and so that is a huge focus in schools as well, because we want to make sure that what we are teaching to students is information that they can relate to in their own personal lives.

And we all bring our own set of circumstances based on our family of origin or our culture and our community, and so we just want to make sure that learning is something that they can relate to in terms of their cultural relevance.

And then providing them with frequent meaningful feedback. It used to be that the only feedback that we ever wanted to give was on learning, and a lot of times that came across very negatively, but we now understand that there needs to be an emphasis, not only on feedback about

learning and what we are, you know, not doing well, but more importantly what we are doing well on, and then also providing feedback around student behavior, so that we can help them to learn and that ties back into some of those restorative practices. As well as feedback on their attendance.

So a lot of times students just don't understand how attendance feeds into what they are learning in the classroom. Especially coming out of COVID, because for a long time during that COVID period we had flipped to a fully virtual platform for long periods of time, so a lot of times the message was -- kind of came across that the only thing that you had to do was to complete your work and turn it in, and that tells us everything that we need to know about your learning.

When in reality, what is taking place in the classroom which ties to their attendance is incredibly important, so helping them and providing feedback to them as to why attendance is so important.

Lastly, looking at setting up a system where we have an authentic assessment of student learning. Not just pencil and paper tests, but what project-based pieces are out there, how can we measure learning and how can we assess learning in ways other than just giving me a summative test at the end of a unit, and something on paper spits out whether or not I have learned or haven't learned.

So looking for opportunities to be able to assess learning through a variety of modes is actually a big initiative for the Department of Education moving forward. So there will probably be a lot of changes coming up pretty soon to our assessment system, because we feel that that will provide more meaningful assessment data and input for students so they can really figure out where they are.

Also looking at student health initiatives. A lot of schools partner -- I would say probably all schools partner with local community agencies in order to

address a lot of the critical barriers that they are up against, so that we can help turn attendance around for students and encourage them to come to school.

So there are a lot of schools that are looking at not only physical health partnerships, but also mental health partnerships. We also have dental partnerships -- I'm sure that you are all very familiar with those.

But these services really help to provide opportunities for students to come to school and to have some of those needs met that, if they didn't come to school may not be able to be met in other ways. Maybe just some of the barriers that their families are up against prevent those services being able to be provided.

Transportation is also a huge barrier for students starting with student safety. So making sure that they feel safe at the bus stop. We have communities that are using parents and volunteers or they are hiring staff to make sure that students have safe passages to the bus

stop and then getting back home.

Looking at building partnerships with public transit systems or other resources that will help students to get to school if they miss the bus, or have a doctors appointment, or if they have any other reason that prevents them from being able to catch the bus at the beginning of the school day.

If I miss the bus and I don't have any other way of getting to school then that impacts my attendance, so really taking a look at what we can do to try to address those barriers as well. And then food can also be either a barrier for coming to school or in can be an incentive for coming to school.

We have seen several articles recently about schools that are adopting open eating policies so students can eat whenever they need to during the school day. Partnering with community agencies to provide snacks for students to be able to come and pick up. A lot of times these are services that are provided by FRISK

offices, which are incredibly vital services provided in schools as well.

We also have schools that are providing breakfast for longer periods of time, so that if a student does miss the bus, they still have the opportunity to get breakfast whenever they get to school. So that is another way that schools are looking to try and help incentivize coming to school.

And then we also have schools that are providing some basic needs and basic services such as laundry services or clothing closets for students who are struggling with the ability to be able to clean their clothes at home or, you know, having clothes that they feel comfortable wearing in the building as well.

Again, a lot of times these are services that come through a FRISK office and I just cannot stress enough how important the services that that particular office provides in a school really are.

And then also looking at

communication. When we talk about communication, we have to talk about the climate and the culture of each building because that is going to dictate how attendance campaigns are perceived, because one of the challenges that schools face is that we have to teach students and teach parents and teach the community why attendance is so important.

Because if we go back to what I said a little while ago about when we were in COVID, it became a system of turn in your work so you can get your grade. Everything was online or in the computer, and all of the worksheets and assignments and projects they were doing on the computer and they were submitting them and the message that was received on the student end was, all I have to do is do my work and that is going to get me the grade that I need.

But the piece to a lot of that that was missing and we now have to do some work to undo as a result of COVID is really stressing the importance of

learning in the classroom environment. Why is it that coming to school is important and it is more than just completing your work. It is actually learning what your teachers are trying to teach you and what we want to teach you inside of the school building.

One of the big challenges is, you know, educating parents and students about that and convincing them that there is value in the classroom experience and not just completing work.

Schools are challenged with a variety of attendance campaign measures that can include sending letters, welcoming them to the school, not only at the beginning of the school year, but then throughout the year to keep parents informed about all of the things that are going on, that students really benefit and are enriched by participating in.

Sending text messages. We've got several examples of some really positive text message systems that really personalize attendance for students and

help parents to know where they are in terms of attendance for the year. Same thing with emails, email systems, providing orientations, not only at the beginning of the year, but then also family nights throughout the school year in order to engage parents and families.

As well as having staff members pick up the phone and make positive phone calls so parents and students are hearing good things coming out of the classroom. Those are all things that are really important.

I think we can go on to the next slide.

We do want to let you know that in order to help and assist schools with that communication piece and encouraging attendance, the Department of Education launched a chronic absenteeism campaign in August right as students were coming back to school, and that campaign has consisted of billboards, radio ads, we have posters that we have sent out to the school that mirror a lot of the billboards that are up

and around in some communities. We have also had streaming ads on TV. All of this was designed to highlight for students that we miss them when they're not in our building. That they belong there and we want them to be there.

It is really an effort to help build that culture statewide and create a state level tier 1, kind of universal prevention piece for all students about why their attendance is important, and the fact that we miss them when they aren't there. We can't educate them when they are not in our buildings. We want them to be there.

I hope that you all have access to this particular presentation. We have sent it over to be shared with you all and if you would click on that chronic absenteeism webpage, there are a variety of resources that the state has released for schools to use. There are letters to staff members highlighting why attendance is so important. There are letters to parents highlighting why attendance is so

important. There is an entire toolkit in there with a lot of resources that schools can print and send.

They can also customize it with their own logos and send it out, so we try to take some work out for schools and make communicating with families a little bit easier. So there are a ton of resources on there that we encourage you to go and take a look at as well.

And then as Judy mentioned, when we move up the ladder and we are looking at those tier 2 and tier 3 pieces, everything that we talked about today is designed to target every student. As students begin to show that there are attendance issues, then they would tier and they would level up into the tier 2 and to the tier 3. So a lot of these same strategies would still be used, they just become a little bit more intensive and a little more personalized when we get in to the tier 2 and tier 3 strategies, because those are the students that seem to be struggling the most.

If you all have any questions, we would be happy to answer them for you now to the best of our ability. We also provided our contact information for you in case you have any questions that come up later on, or if you have any additional requests later on. We want you to be able to get in touch with us.

Are there any questions that we can answer?

DR. GRIGSBY: Thank you all for this presentation. When you were first going through the statistics, I was like okay, do we know why? And of course, you do know why.

So it is disturbing to see that somehow families got the message that coming to school really wasn't that important, that as long as they did their lessons like in COVID, then they are fine.

And I think -- and I know that Dr. Smith can comment on this too, but a huge piece of what we saw happen with a significant number of students is that learning from peers, interacting with

peers, plays a huge role in their overall well being.

I saw a child that was just devastated by online learning. He just didn't want to do it, and he was depressed and he was sad. And he went back to school -- and I realized that it was one of those things that none of us could help, but it made a tremendous difference in his overall well-being when he went back to school to in person.

MS. WATFORD: I think that was definitely an unintended consequence, right? We had to pivot so quickly and then we stayed in that pivot for probably a much longer period of time than anyone thought that we would, right?

And then the challenge of the year that we did return, we were in school and out of school, in school and out of school. We were constantly having to shift and it was really a struggle for students coming back.

It's funny, because while -- you say to that one student -- really did not

like the virtual learning, we also saw a lot of students -- so it was kind of a mixed bag -- we had a lot of students who really struggled with coming back in to the classroom as well.

Schools are really challenged with trying to address both sides of that coin.

DR. SMITH: I would agree with what Dr. Grigsby said.

First of all, I am delighted by your presentation and all of the information was so helpful. And I'm thankful to know about the website and, you know, we do have kids that we see in my clinic and beyond that have a lot of trouble with school and we also work with the chronically medically ill population here. That's one of my areas of specialty -- who have no immune system -- so school is really scary and tricky and sometimes they can't go back for a little while.

I do think that the pandemic, it was the best solution that we had and it

feels to me from the mental health world that it now feels so easy for parents to say, my kid is anxious, they can't go to school. And I am not minimizing that it is hard to go to school when you're anxious, but usually the only way to get better is to go to school.

It is that exposure -- with support -- and I am delighted to hear of all of the things that are being done to encourage and support people to be there as much as they can, because I can't agree more that I think that so many things happen at school beyond the learning though that is obviously the critical part but the social opportunities and just separating from your family and having your own world and your people and all of those things are so important, because that is how we have constructed it in our society. If you don't have those opportunities, it can be more challenging. Not for every single kid, but for many kids if they don't.

Homeschooling is definitely a

thing and many people value that, but often they are participating in other social things and other activities.

I'm preaching to the choir, but I appreciate your presentation. It was super helpful to know that all of this is going on and exists. And where have I been? I don't know. I just didn't know all of these things.

MS. WATFORD: Well, thank you for having us. We really appreciate the opportunity for coming here today.

MS. VANDERHAAR: Thank you.

DR. GRIGSBY: Thank you again.

Any questions, comments, observations from others on the meeting?

I agree with Dr. Smith. I love seeing all of the support that you are giving all of the students and those that need additional help. How you are -- I know you didn't talk a lot about it, but just seeing what you are doing for every student is really very encouraging. Thank you again.

MS. WATFORD: Thank you.

DR. GRIGSBY: Any other questions or comments?

Okay. Moving on. The next old business or agenda item is to look at the April meeting date.

I think this week was -- the thought was that we would move this TAC meeting to the first Wednesday of the month, and in April that will be -- but we had to go to the second week because of the holiday this month -- but I believe that would put April's meeting at --

MS. BICKERS: April 2nd.

DR. GRIGSBY: -- April 2nd. Any concerns about that date or any problems with that date?

DR. SMITH: I mentioned I had a conference and I will probably be traveling that day. The conference is in Phoenix and it starts the next day, so I know that I may not be here, but hopefully there will be other TAC members able to join.

And then we were talking about moving it to June 9th, but that was spring

break and maybe it was only me that it was going to affect -- or maybe that isn't spring break. Don't let me misspeak. I don't know when spring break is.

But I know that I will most likely not be able to attend on the 2nd but the other dates, obviously, are fine. I think they are July 2nd and October 1st, I think.

DR. GRIGSBY: Right, correct.

MS. BICKERS: Donna, if you would like, we can always poll everybody after the meeting as it gets closer, and if we are not going to have a quorum on the 2nd, we can try and move it to a different date to try and work on getting a quorum.

DR. GRIGSBY: Yes. I think that is a good idea since there are only two of us here today. We can reach out to the other members to see, and what I will do is because Wednesday is a typical clinic afternoon for me -- I was just glancing -- I think my schedule has already been blocked for that first week. I just need

to make sure when we know for sure that I don't have an open template on the 9th. But let me just see.

Right now, I think I probably do have an open template, but I can have that blocked for another week until we are sure what we are going to do with the other members of the TAC.

We will poll the other members, and then as soon we hear confirmation back, we can go ahead and finalize that meeting date.

DR. SMITH: I would hate to have you change anything on my account. Please don't change on my account. If the 2nd works for most people, as long as you think you will have a quorum, it looks like I can do the 9th, and I just blocked that just in case you decided to move it. Just know that I, for sure, will probably be traveling.

DR. GRIGSBY: Okay. All right. Good to know. Thank you.

And I do believe at least for Fayette County, that spring break is that

second week. It is an odd year because usually it is that first week.

DR. SMITH: Yes, the end of March beginning of April. It is a bit later.

DR. GRIGSBY: Okay. Any other comments or conflicts that any other guests of the TAC have, or strong feelings about when the April meeting will be held?

Okay. We do not have anything listed under new business --

MS. BICKERS: Donna?

DR. GRIGSBY: Yes?

MS. BICKERS: I couldn't get off mute fast enough. A quick glance at our April schedule due to all other TACs, if you want to keep it on a Wednesday, we would have to bump it to April 30th, but I can look at alternative dates on the calendar if you would like.

DR. GRIGSBY: Okay.

MS. BICKERS: Or I can ask in the poll if the 30th works, and if not, we can look at other dates.

DR. GRIGSBY: Okay.

DR. SMITH: So we don't need to hold the 9th then, Erin. We would need to hold the 30th?

MS. BICKERS: Yes, please. It looks like on the 9th there is a TAC already at the same time, and same for the 16th. My apologies, the 23rd or the 30th would work.

DR. GRIGSBY: Okay. If we can just send that poll out sooner rather later, because if there are other dates that I need to hold, I need to get those on hold quickly.

I think right now either of those dates would work for me if I get my template blocked.

DR. SMITH: Yeah, the 16th or 23rd look like they would work for me as well. I will just hold on to them until.

DR. GRIGSBY: Was it the 23rd and the 30th?

MS. BICKERS: 23rd and the 30th.

DR. GRIGSBY: Okay.

DR. SMITH: Oh, 23rd and the 30th, sorry. Not the 16th.

MS. BICKERS: No worries. I just sent the email.

DR. GRIGSBY: Okay. Thank you.

DR. SMITH: So not the 16th. The 23rd or the 30th. Okay.

DR. GRIGSBY: Right now, that would work. Either of those dates would work if I can just get them -- if we can make a decision then I can get that date blocked without having to reschedule any patients.

Okay. Any new business?

(No response.)

Okay. The next, under general discussion is future topic suggestions. I don't know if there are any other topics.

We have previously mentioned preventive care visits for adolescence and bullying. Any other topics that we feel like are important to visit?

DR. SMITH: And real quick, we are going to keep dentist -- put the oral health emergency back on hold, correct?

DR. GRIGSBY: Yes. We are going to follow up on the first two items as old

business at the next meeting.

DR. SMITH: Okay.

DR. GRIGSBY: But right now, we don't have a new agenda item for that meeting.

Are there any topics, other than the two listed here?

And is there -- unfortunately Dr. Smith and I seem to be making the decisions today, which is okay, but are there any pressing discussions that need to occur in the April meeting, or are either of these topics more timely for the April meeting?

DR. SMITH: Can you remind me what we were thinking about the preventative care visits for adolescents, specifically?

DR. GRIGSBY: I am just trying to remember if we were going to look at information about how we were doing with that, how we were doing with our vaccination rates, and maybe that is a topic that we put out to the MCOs about what programs they have to get the

adolescents in for their visits and what kind of services are covered for adolescents.

DR. SMITH: So just well checks in other words, broadly.

DR. GRIGSBY: Yes.

DR. SMITH: That's what I thought, but I want to make sure that I didn't miss something there.

DR. GRIGSBY: For our MCO partners that are on the meeting, would this being a topic that if we discussed it in the April meeting, you guys would have time to put information together?

MR. OWEN: Yes. Dr. Grigsby, this is Stuart Owen with WellCare.

Along those lines, you all may not be aware that all of the MCOs have DMS as a value-based payment, and as of right now it's going on for three years, and we are all -- essentially there are six core measures, two or three of them are immunizations. There are four others, so they have withheld money for them and we have already -- basically, talking about

immunizations, of course they have gone down since COVID, there is a lot of misinformation. My goodness, we have all been innovative, tried so many different ways to try and reverse that trend, but it keeps going on, so it is a chronic, continuing problem.

But anyway, there is a value-based payment program related to this that we are all involved with. All of the MCOs are involved with trying to reverse that trend. Like I said, two of the six core HEDIS measures are immunization measured. So we are all tracking that and doing a whole lot of stuff.

We would appreciate all of the support that we can get, because, like, we have seen stuff like measles are coming back, it is very alarming what is going on and all of the MCOs have been trying to do everything we can think of to change it, and help kids, and make sure that they get immunized.

For example, at the state fair

last year, we partnered -- our association did -- and I think 2- or 300 individuals got immunized at the state fair.

DR. GRIGSBY: There is so much misinformation and it is frightening, and I feel like it really did come to a head with the new COVID vaccines.

And we know that, you know, measles is so contagious, and I think many people in this current generation have never seen measles and have not seen what they can do, and has never known anyone who has had the measles.

And if those immunization rates drop below 90 percent that is when you see measles outbreaks, because measles is a respiratory virus.

And I tell people all of the time, it is the one of the most contagious infections that we know, and for every indexed case, for contacts that are un-immunized there are 20 additional cases for each indexed case. So you can imagine how that very quickly spreads.

MR. OWEN: Yes.

DR. GRIGSBY: Because it is just so contagious. I would be interested to know -- I know from a healthcare standpoint, from a healthcare enterprise standpoint, I know what our measures are and what measures we have been working on, but it might be interesting for us to know what you guys are being -- what kind of measures you guys are being evaluated on.

MR. OWEN: And these are HEDIS. There is a total of ten HEDIS measures --and I don't remember them all off the top of my head, but a couple of them are immunizations and well-child, and we have seen that as well, obviously, dropping in tandem.

Particularly, we have seen just some care management and other staff talking to providers family members that particularly younger female parents have really great hesitancy on immunizations for their kids.

DR. GRIGSBY: It's, you know, there's a lot of information out in the media, reputable and non-reputable, where

they are calling -- for the first time in my significantly long career, I have been in pediatrics for over 30 years, and this is the first time that I can remember getting so much resistance to certain vaccines, and certainly it has almost bled over to other vaccines, because there is all this information about, you know, giving too many vaccines at once is a problem. So it is a challenge for all of us right now.

I don't know if you all have heard the stories about polio. There are polio cases in Gaza because they can't get the vaccine, and so we know those infections are still out there. I mean, very few infections that we saw 50 years ago have been completely eradicated, so it is very concerning. I agree.

MR. OWEN: And it will remain a key topic -- I mean, every meeting we could talk about it.

DR. GRIGSBY: Yeah. And honestly, I feel like the preventive care visits for adolescents, a lot of times get

pushed by the required vaccines, so a lot of times we may lose contact with an adolescent between 11 and 16, because there really aren't vaccines that are required. But when a school says, hey, you've got some vaccines that you need, you've got to get in for your checkup, sometimes that helps drive that.

MR. OWEN: And that has been relaxed too in laws and more exemptions.

DR. SMITH: And that adds another concern that you potentially won't see kids from 11 until who knows, when they are adults they might show back up at the doctor or whatever.

DR. GRIGSBY: And a lot of young adults don't go to the doctor.

DR. SMITH: They don't go to the doctor.

DR. GRIGSBY: Because they are not sick, or they don't have a chronic illness, or they don't feel a need. And they go through a period of time where they are not on any insurance. There are lots of folks who are on their parents

insurance and then they have that gap between when they're on their parents insurance and when they can get their own healthcare coverage. There are a lot of factors that are barriers to patients getting care.

So I guess my question, then, would be, I assume there are incentive programs for getting adolescents in for checkups that are independent from vaccines; is that correct?

MR. OWEN: Yeah. I would say probably every MCO does.

DR. GRIGSBY: So perhaps that is, maybe, what we need to touch on.

MR. OWEN: I don't want to speak for the other MCOs.

DR. GRIGSBY: But I don't know. I feel that it might be one of those situations where until we ask you guys for the information we don't know, as members of the TAC, all of the wonderful programs that you guys are doing to get patients in the door. So until we request that information, we may not know all of the

hard work that you are doing in the background to try to get patients in.

Yes. No, I see that. Leslie from Humana just commented that there are incentives in place.

So maybe if we can ask for -- let me ask for two things, and you all can tell me if this is not okay.

One is, can we have a session about preventive care for adolescents? What is covered and what is incentivized by the MCOs? But then, what are our statistics for those patients of how many of those patients are being seen? How many of those kids are getting their required vaccinations or the needed vaccinations, for our April meeting.

Is that something you guys think is reasonable?

MR. OWEN: Yeah. And I think we have the HEDIS measures and that captures, kind of like the performance, what percent are.

So I'm just kind of thinking out loud, we can use the HEDIS measures as the

uniform thing. That is my humble opinion for those data.

DR. GRIGSBY: Because one of those HEDIS measures is specifically for adolescents?

MR. OWEN: Yes. There are 90-something measures, I'm pretty sure.

DR. GRIGSBY: Okay.

Any other comments or questions?

MS. BICKERS: Donna, I just want to make sure that I captured it correctly so when I send the request to the MCOs that we would like for them to do a presentation on their HEDIS measures around preventative care and vaccinations, correct?

DR. GRIGSBY: For adolescents.

MS. BICKERS: For adolescents. Okay.

DR. GRIGSBY: Because they've already given us that information, I feel like, for the younger children.

DR. SMITH: The incentives and the outcomes are sort of what we are asking for.

DR. GRIGSBY: Yeah.

Other comments? Okay. Thank you.

Since we don't have a quorum, we can't really make recommendations to the MAC. I know that Dr. Smith and I both have clinic on Thursdays and I believe the MAC meetings are on Thursdays; is that correct?

MS. BICKERS: Yes, ma'am.

DR. GRIGSBY: So I don't know that we are going to have a representative at the next MAC meeting.

And then, we are still discussing the date of our next meeting.

Do we have any other comments, questions?

Okay. If not, we will give you all the gift of time today and we appreciate you being here and joining us and we look forward to your presentations at the April meeting.

Did any of the other TAC members join?

MS. BICKERS: No, ma'am.

DR. GRIGSBY: Okay.

So Dr. Smith, if you and Erin will stay, we will work on next time's agenda.

DR. SMITH: Perfect.

DR. GRIGSBY: But thank you guys very much. Have a great day and stay safe and warm.

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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 13th day of January, 2025.

/s/ Stefanie L. Sweet

Stefanie L. Sweet, CVR, RCP-M