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

IN RE: CHILDREN'S HEALTH TECHNICAL ADVISORY COMMITTEE

ZOOM MEETING

March 9, 2022
2:00 P.M.
(All Participants Appeared Via Zoom or Telephonically)

APPEARANCES

Mahak Kalra
CHAIR

Cherie Dimar
Donna Grigsby
Courtney Smith
Michael Flynn
TAC MEMBERS PRESENT

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(Continued)

Leslie Hoffmann
Judy Theriot
Lee Guice
Angie Parker
Erin Bickers
Jonathan Scott
MEDICAID SERVICES

(Court Reporter's Note: At the request of DMS, all other participants appearing via Zoom or telephonically will not be listed under Appearances.)

AGENDA

1. Welcome and Introductions

2. Establish Quorum

3. New Business
   * COVID-19 Vaccine for Kids
   * How is rollout going?
   * Ideas to get vaccines to kids based on rural/ urban gap.

- Issue: Low number of preventative visits for kids.
  * Does DMS have data around this?
  * Discuss ideas to ensure kids get their routine visits

- Issue: Large number of students throughout the school districts who are opting to do home school or home/hospital due to their anxiety levels from COVID and being out of school for a lengthy period of time and many students who are seeking mental health services
  * Pat Glass was going to reach out to Directors of Pupil Personnel in school districts to have informal presentation.

- Any other topics?

4. Medicaid/MCO Updates/Questions

5. General Governance Issues
   * Discussion around new chair or vice chair for instances when the chair can't attend?

6. Other Business

7. Action Items

8. Adjourn

MS. KALRA: We will go ahead and get started. I want to be mindful of everyone's time and knowing that we have several who have not logged on yet.

Welcome, everyone, to our March meeting. I hope you all are doing well. I think we could go ahead and just dive in and do welcome and introductions right now and I could kick us off.

(INTRODUCTIONS)

MS. KALRA: Did we get all of our TAC members or is there someone else joining?

MS. BICKERS: I don't have anyone in the Waiting Room right now.

MS. KALRA: Okay. Sounds good. I would assume that means we don't have a quorum. Is that correct?

MS. BICKERS: I counted four of you but I'm still learning. So, I may have missed over one of you during introductions. I have a list here.

DR. GRIGSBY: I think there are five of us.

MS. KALRA: Yes, there are five of us.

MS. BICKERS: Are there? Okay.

I'm sorry.

MS. KALRA: Dr. Grigsby, there's myself, there's Cherie, there's Michael, there's Courtney. So, that's five of us.

MS. BICKERS: I missed Courtney. Sorry about that, Courtney.

MS. KALRA: Would you like to introduce yourself? I know this is your first Children's Health TAC. So, I just wanted to give you the space to introduce yourself to all of us as well.

MS. BICKERS: My name is Erin Bickers and I will be your new Sharley. She has retired at the end of January, well-deserved. So, I will be stepping in and trying to help oversee and take care of everything and I will drop my email address in the Chat as well so that you guys can reach me. I look forward to working with everybody.

MS. KALRA: Thanks, Erin. All right.

So, from my understanding, that means we do have a quorum established with five of the members here. Is that correct, Erin, before we proceed? I just want to make sure.

MS. BICKERS: Yes.

MS. KALRA: Okay. That sounds

good. All right. We can go ahead and get started. I know we've been waiting for this for a while.

So, let's just go into the New Business. I know we wanted to talk about COVID-19 vaccinations for kids, kind of getting just a sense of how it's going, ideas on whether we have some gaps.

So, I don't know if I'll just turn it over to folks on Medicaid if they have any update or any of the MCOs. It would just be helpful to know what's happening and ways that we can kind of support.

MS. STEPHENS: This is Cathy Stephens. We put together a few slides if you guys would like to see those on the requested information for this meeting. Is it now when you would like to see that?

MS. KALRA: Yes, please.

MS. STEPHENS: Okay. I believe Sanggil with Humana is going to start us out. Sanggil, do you want to share your screen?

MS. TSAI: So, this is the item on the low number of preventive visits for kids.

MS. STEPHENS: We can't see your slide yet, Sanggil.

MS. GUICE: Erin, you have to give her permission to share.

MS. BICKERS: Okay. Thanks.

MS. GUICE: And, then, you have to stop sharing the agenda. There you go.

MS. STEPHENS: And this is kind of what they reached out earlier to ask us to have prepared for this meeting. So, we can just go through our slides at this point.

MS. TSAI: Can you see my screen?

MS. STEPHENS: Yes, we can see it now. Thank you.

MS. TSAI: Okay. So, this is about improving preventive visits for children. So, what we prepared was there's two points that we can address.

The first one is does DMS have data around this? Yes, they do. What we do is we track the data on preventive visits for children and adolescents included and, then, we submit the data to DMS.

There are three major documents or reports we submit. The QM-03 report we submit quarterly. It includes the rate for each quarter and

also the changes from last year and it includes also the activities we have taken and anything planned for the next quarter. So, that's the one report.

And, then, there is another report called the NCQA HEDIS report. This is an annual report that we submit annually and it is submitted in August and the last time we submitted it was in 2021.

And, then, also we have a CMS-416 report that we submit every year and the last submission was actually a few days ago. So, that's what we submit to the State.

And the next two slides, our team is going to present what we have done to improve our children's preventive visits. So, I'm going to give this to Josh.

MR. BEGLEY: Thanks, Sanggil. Good afternoon, everyone. This is Josh Begley with Humana. I'm the Associate Director for Case Management, and I want to bring you all a couple of things that we are doing across our Case Management Program, the Moms First Program and our EPSDT team to kind of support the wellness initiatives.

So, in our current state, we're identifying and outreaching those pediatric enrollees

via a call, via a text, email across several different campaigns including COVID.

We are outreaching some of our pediatric members who are at risk not just for COVID but for complications from COVID, so, looking at (inaudible) who have a high BMI, who are diabetic, who have some of those other chronic conditions that may put them more at risk. So, we are doing some outreach to those unvaccinated members in those categories.

We assess for - really in all of our assessments, we assess for vaccinations, wellness visits. We have those conversations with every member that we engage, both pediatric and adult.

We educate and goal plan around those wellness gaps when they are identified. So, we want to follow those through until completion for our pediatric enrollees and their families when we know about something.

We also identify these enrollees out of our Moms First Program and make sure that they are getting those well-child visits and reinforcing that. Our population for our Moms First is relatively small but we do reinforce that with all

of our contacts there.

We leverage our rewards that are tied to that area of well-child visits. So, we try to push those incentivized rewards and make sure that families know about them because a lot of times the education around what they may receive if they complete the wellness visits, there can be a gap there.

We use a vendor called Pacify for our mothers and they help us in pushing notifications and reminders of appointments and vaccines for both the mom and the baby. It's another path that we take there.

We promote the Text 4 Baby app that also gives text reminders. That's a free resource out there for families and for us to use to remind folks about those visits.

I mentioned the targeted outreach to at-risk enrollees.

We have started to explore a few provider collaboration pilots, one with a provider in Louisville to really target those enrollees who are at risk for a high BMI and are at risk for (inaudible) issues and things of that nature. So, we're doing some enhanced provider

collaboration.

We've done social media campaigns to encourage the well-child visits.

We've tried to really push the collaboration with all of our case-managed members with providers outside of the pilot that we're doing to promote those as well.

We've done flyers for well-child visits, prenatal and postpartum. We include those things in those packets for our Moms First members and, then, we have a couple of Community Baby Showers scheduled throughout 2022 where we will be reinforcing that as well.

And that's not everything that we're doing but we've put a lot of effort in this over the past year. So, I wanted to share those with the group as well.

MS. MORGAN: And I'm Traci Morgan and I am the Associate Director for the Provider Engagement Team for Medicaid here in the State of Kentucky and I'm going to talk a little bit about what we do to support our providers in improving these rates.

One of the first things is out on our provider portal, you will find education and

flyers to help explain what the measures are and best practice tips to help get these gaps closed and, then, some coding guidance on how to submit a claim to close out the gap.

We do offer a couple of quality recognition programs. The first one is the Medicaid Quality Recognition; and in this program, practices would be eligible for incentives based on achieving targets for the various measures that are in this program.

We do have an adult and pediatric membership category. And the requirements for this program is, one, you need to be contracted for the Medicaid line of business and, then, meet a threshold of thirty paneled patients in the adult and/or the pediatric category.

And, then, for our Value-Based Programs, we do have the Model Practice Recognition Program. And in this particular program, practices can earn a per-member-per-month incentive for reaching the targets.

There is an opportunity for shared savings.

This program also has the adult and pediatric membership categories.

And to participate in this program, again, you need to be in a value-based contract with us with a threshold of two hundred and fifty total patients and, then, thirty paneled patients in the adult and/or the pediatric category.

We do have several reports that we do share with providers, one being a member level care gap report; and on this report, you will see your paneled patients and their open gaps.

And, then, we will meet with you and have collaboration meetings to prioritize those patients to get them in. We do those rates and your outcome.

MS. TSAI: So, that's all we have.

MS. KALRA: Are there any questions for those folks from Humana? All right. It doesn't look like it.

I think we can go to our next presentation, whoever is doing that.

MS. ARFLACK: This is Cindy Arflack from Aetna Better Health of Kentucky. We have a presentation as well. Do you want us to go ahead and do that or do you all----

MS. KALRA: Please do.

MS. ARFLACK: Can you all see my screen?

MS. KALRA: We cannot.

MS. BICKERS: I made you a co-host, Cindy. So, you should be able to.

MS. KALRA: We can see it now.

MS. ARFLACK: Okay. We took what the agenda had and we kind of developed just three slides that we wanted to share with you on the well-child, the immunizations, the dental visits, and we kind of decided to do it compared nationally.

So, as you can see on the screen, we've got 2018, 2019 and '20. Some of the NCQA codes retired - they retired their measures. So, those have changed. So, we'll have to get those to you when we get the data.

The '21 data is not finalized. So, we by all means can share that with you at that time.

So, this is what we are looking like currently for the routine visits that I think you all were inquiring about.

Coordinating care for SKY enrollees - that's our population that we have - this is the percentage - 35% medical visits, 35% dental

and 32% vision visits. These are some of the services that we provide to them initially when they come in. We've increased those. So, we're really proud of that.

Our care for SKY enrollees continues to be a challenge but we're up for that and we continue to try to get their services immediately.

Improving routine visits, we have block scheduling for Medicaid members which is a really good initiative we have.

Our vendor, Avesis, has got an onsite mobile service that is going to the SKY residential facilities. That's working out really well as well. That way they don't have to try to take them to different places.

Our value-based providers, we incentivize them for increasing well-child visits. We also gave them an incentive for our COVID vaccines. They didn't have to do anything. If they were able to get an adult or a child in for a COVID vaccine, we would give them I think it was a twenty- or twenty-five-dollar payment.

We sent them a list every month to tell them which of their members would need that. And, so, we were working with them to try to get

those folks in to their offices.

We have a SKY incentive for completing the medical/dental/vision within fourteen days of entering placement. Like I said, that's a really - you know, we wanted to try to get that done as soon as we can because we know it's very important.

We have clinic days with value-based providers. That is working and it's a great initiative as well.

We started using texting which has really opened the doors up for a lot of different - we used it during COVID to get folks to tell them where the closest vaccine center was, and now we're really utilizing it to kind of get the care gaps addressed.

We now have a mobile unit that's equipped with a medical-grade freezer that we can utilize. We started utilizing it with our COVID vaccines and we hope to try to get some immunizations in there as well. We also incentivize providers for those immunizations.

So, those are just a couple of things that we're doing.

We thought it would be nice to

show you what our COVID vaccination rates are for these age groups. As you can see, the 16 to 21 is our greatest, 35.3%. We were giving out Visa cards to our members and we sent those out. The member didn't have to do anything. We would get the report from DMS and we would take those and, then, we would send them a Visa card.

We incentivize the providers $50 for each - I'm sorry - I had the wrong amount - for each vaccination obtained by their members on their roster.

Like I said before, we use the mobile unit. It's kind of like a little van with a medical-grade freezer in it.

We use our partnership with our independent pharmacies to provide onsite vaccination clinics. Those worked out really well. These pharmacists were willing to go out to our SKY residential facilities. That was another great thing, that they didn't have to transport all of these folks.

The member incentive for the adults was $50 if they got a Moderna, $50 for each one and, then, $100 if they got the Johnson & Johnson. We decided to not go the - we got a $25 one

for our children. The reason, we just didn't really feel like we wanted to give them a $100 Visa card; but, like I said, this is some of our numbers that we have so far.

Do you have any questions?

MS. KALRA: I have a quick question about the vaccine amount. Is it per shot? So, if you just get your first dose, it's $50 and, then, your second or is it the complete set?

MS. ARFLACK: You get $50 for the first, and, then, you get another $50 for the second.

MS. KALRA: Okay. And, then, if you get a booster, that's another $50?

MS. ARFLACK: Yes. Currently, when we get the list from DMS, we can't tell if it's the first, you know. So, that's kind of been our struggle, but that's just what we have right now. What we utilized is the immunization list from DMS and they send that to us weekly. That's a weekly list that we get.

MS. KALRA: Okay.

DR. GRIGSBY: You had said on one of your previous slides something about clinic days with value-based providers. Can you explain

that?

MS. ARFLACK: The value-based providers are a group that we give an extra, kind of like incentive payments to do. And, so, certain days they will have a clinic. It's mainly, I think, currently just for the SKY population, that they will just take certain - they will take the SKY children. I could be wrong. I don't know if----

MS. NACHREINER: Hey, Cindy.

MS. ARLFACK: Okay . There's Jennifer. Thank you, Jennifer.

MS. NACHREINER: This is Jennifer Nachreiner, the Director of Quality for Aetna Better Health.

So, clinic days are something that are effective and we like to do more of. They're essentially working closely with provider groups to bring our members onsite to their clinics at specific times, almost like a block schedule, if you will.

So, those are intended to target those members that we know have multiple open gaps in care. So, it could be different immunizations that they're missing. So, it's close coordination with providers knowing which open gaps

our members have and making multiple services available in a convenient way.

DR. GRIGSBY: Thank you. And the SKY members are - I'm sorry if you explained this and I just didn't hear it but SKY members are a special subset of patients?

MS. NACHREINER: Within Aetna, we have a separate contract with the State to support the - SKY is an acronym for Supporting Kentucky Youth. So, we support children who are involved in the foster care system, adoptive assistance, Juvenile Justice-related, those DCBS, DMS----

COURT REPORTER: I'm sorry. This is the court reporter. You're cutting out. I'm sorry.

MS. NACHREINER: I'm sorry. I don't get great reception. Is this better?

COURT REPORTER: Okay.

MS. NACHREINER: All right. Perfect. I'm not sure where I cut out. So, I'll just start from the beginning.

So, the SKY Program stands for Supporting Kentucky Youth and it is a separate contract with the State where Aetna provides services for kiddos in the state who are involved in the

foster care system, adoptive assistance, former foster, Juvenile Justice-involved youth.

So, it's a separate, high-touch contract with lots of care management involvement. We have a one-to-one ratio where every member in that contract has a care manager. So, it's very high touch, lots of care coordination; and under that contract, there are different requirements in terms of getting preventive visits for certain subpopulations within that contract.

So, some kiddos who come into care, we work diligently to get a physical, like, a clinical visit, a dental and a vision visit within fourteen days of coming into care under that contract.

So, that is a population that - the contract started January 1st of 2021. So, we're just now finalizing some of that data and looking at that separately since it is a different risk population and a different care management model. I hope that helps.

DR. GRIGSBY: Yes. Thank you. That was very helpful. Thank you.

MS. KALRA: All right. Do we want the next MCO to present?

MS. KUNTZ: It's Stephanie with Anthem. I can share the screen.

MS. BICKERS: Give me just a second to make you co-host, Stephanie. You should be good to go.

MS. KUNTZ: Can you see my screen?

MS. KALRA: We see nothing.

MS. STAMPER: Stephanie, it's Amanda. Why don't you let me share.

MS. KUNTZ: That's fine.

MS. BICKERS: You should be the co-host now, Amanda.

MS. STAMPER: Thank you.

MS. KUNTZ: This is the children's preventative visits with our health overview.

` This year for 2022, we kind of changed our strategic plan. We have Elevate, what we're calling Elevate. So, it encompasses Population Health and we have eight different domains of health, and one of our domains is focused on maternal child health. And within that domain, one of our goals is to increase CIS Combo 10 and our IMA Combo 2.

So, it's a very cross-

functional collaborative where we are working with the folks in our Marketing Department, our providers, our care management team, quality team. So, we all kind of come together and meet twice a month to work on these different areas of focus.

So, that has been very helpful for us to break down barriers within Anthem and really let everyone know for Kentuckians focused on Kentucky Medicaid what our priorities are for the year.

We also updated our Healthy Rewards. We updated the awards and those are specific to children's health. We added the HPV to our Healthy Rewards this year for $50.

And our Care Delivery Team which is kind of a shared services enterprise team is outreaching to targeted provider groups of the higher number of children that are missing the vaccinations, of course, to alert them that they need to engage and educate with those members.

And we have new reporting that they are utilizing which gives them the exact due dates, if they're thirty days out, sixty days out or ninety days out. So, we have found that to be very useful and we're using that both with the providers

in the value-based programs as well as providers that aren't in those programs. We do have some staff dedicated to the providers that are not in those programs utilizing those same reports.

And, then, another shared services enterprise team is our National Quality Team which is our Outbound Call Center. They outreach to members via text and phone calls regarding childhood immunization status, well-child visits in the first thirty months of life, annual dental visits and childhood/adolescent well-care visits.

And, again, they have folks that are dedicated to Kentucky and we meet with them monthly to ensure that if our priorities change that they're aware of that and can move in that direction and change things as needed.

And, then, we have our Member Outreach Team, our Health Promotion Consultants, who are creating and distributing flyers on the importance of immunizations and your well-child visits and they are connecting with our community partners, our health departments, schools, other CBOs, and are attending community-wide vaccination events with our marketing team to, again, really help, since this is one of our domains of focus this

year, to really help promote the preventative visits which encompasses the immunizations.

And, then, it's not on here but I just did want to note that we also are in the process - well, it's not completed yet, so, it was a little maybe premature to put it on here, but we are in the process of updating our EPSDT toolkit that is on the provider website.

The one that we are moving to, it has been sent for approval - we don't have that back yet - but it is a lot more robust. It has very colorful photos on it, a lot of good charts and there's one page dedicated to resources for the providers.

And, then, as I mentioned with our new Elevate Population Health strategy where we're kind of breaking down the silos, we are meeting with our provider team in those meetings twice a month.

And, then, also we're having some sort of ad hoc meetings with the providers and they have kind of come up with a calendar for what they're going to do each quarter with the providers, and we have actually started to have input more than we used to into what they're going to educate the

providers on and we're able to help tweak those training sessions for the providers, again, to make sure it's really targeting our areas of focus for Kentucky Medicaid and what the health plan really, you know, the direction we want to move in.

MS. STAMPER: Thanks, Stephanie. My name is Amanda Stamper. I'm the Director of Marketing and Community Outreach for Anthem Medicaid and I also lead the COVID domain for Anthem, so, a lot of the COVID outreach that's happening.

This is a high-level overview of what we are offering members and providers in terms of incentive programs, and this is also in conjunction with education programs as well that includes the text messages, the phone calls, the postcards that we've been mailing out to members.

But we do have a member incentive program for all Anthem Medicaid members ages five and up who are fully vaccinated. They receive $100 as part of our Healthy Rewards program and they have the ability to, once they are fully vaccinated, they've received those two doses, to go in and pick from a different variety of gift cards, including Walmart and Visa gift cards among other retailers and restaurants, and that program is

currently running through 2022.

To date, we've paid out about $460,000 in member incentives and we have close to about 5,000 members who have actually taken advantage of the incentive program. Later on, I will show you the numbers of people who have actually been vaccinated.

We also have a provider incentive program where any Anthem provider that has an Anthem Medicaid panel that they vaccinate at least one dose receives $50 per member vaccinated members ages five and up and that runs through 2022.

We've paid out some money so far. We've paid out about $1.25 million in that program and, then, that second payout will happen in January, 2023.

We also, as part of our partnership with the Foundation for a Healthy Kentucky, launched a public service campaign directed specifically at helping to get individuals ages five to eleven vaccinated.

And as part of that, we held focus groups to talk to families and children to kind of learn what are the key messages that we need to be focused on to help parents feel comfortable getting

their children vaccinated and we got a lot of great information out of those focus groups, one of those really being, probably the thing that we heard the most are that parents really want to hear from their providers specifically and directly that the vaccine is good for their child.

They felt very hesitant to go to big COVID vaccine clinic days. They wanted to be inside of their provider's office and getting that information directly from their providers. That was overwhelmingly the response that we heard from the focus groups that we had.

And as part of those focus groups and the work that we did, we were able to develop the High Five for Health action campaign to give parents the tools and the resources they need to feel comfortable to get their children vaccinated.

And if you go to highfiveforhealth.com, there's actually a toolkit that can be downloaded for providers to use in the office to help talk to parents about getting their children vaccinated, and these are just the five points that we were able to develop as talking points as part of the campaign to help get children vaccinated and to give the community resources to do

that.

And, then, this is the COVID-19 overall vaccination rate and this is as of January 31st of this year for Anthem. And you can see over there to the left the vaccination percent by age group, that that five to eleven, it's low compared to the higher age ranges.

And that's another thing that we heard in the focus groups is that even parents who felt comfortable vaccinating themselves, their spouses, older children, there's really a lot of hesitancy around vaccinating younger children.

And, so, I think having conversations in the doctor's office, getting that level of comfort that the vaccine is safe is really what's going to help us drive those vaccination rates up amongst that lower age range.

And, then, you can also see down in the right-hand corner the bottom ten counties by vaccination rate where there tends to be a little more hesitancy, a little more work to be done to get the people vaccinated and, then, the top ten counties are next to that on the left.

And, then, the full map, you can see there kind of where we really need to focus

on in terms of helping to drive those vaccination rates.

And, so, what we're doing moving forward is really focusing on educating our members, incentivizing our members, educating our providers, incentivizing our providers and, then, bringing access to the vaccine.

So, we are focused on creating inner-generational COVID vaccine events for families that would be enticing for not only the grandparents to come out but for the parents to come out and the children to come out, and we're hoping to roll those out in the spring when the weather gets a little bit nicer, but to also couple that, you know, having providers onsite as well to do some counseling to parents as they're there at those events.

So, we continue to provide the access, we continue to educate and incentivize, and we find that coupling those things together tend to be the best way to move forward with the COVID vaccinations.

Any questions?

MR. FLYNN: I have one question, if you don't mind, real quick.

MS. STAMPER: Sure.

MR. FLYNN: And maybe I misheard something, but when I was listening to you go over the incentives that were paid out to providers and to members, did I hear correctly that the providers' payout for vaccinations was one point something million while the other was like $460,000?

MS. STAMPER: Yes. So, the provider incentive program, we actually had a program that ran last year as well back before ages five to eleven were eligible to be vaccinated.

And, so, what we did with that program when it first launched in October of last year was we sent a check to providers based on the number of members that had already been vaccinated, and that payout rate was higher than the $50 at that point.

And, then, what we did was we said, okay, here's the number of members you had vaccinated and we're paying you based on your percent of members vaccinated $125 per member that you've had vaccinated.

If you are able to increase your vaccination rate amongst your Anthem Medicaid panel, we're going to pay you even more per member for helping us get individuals vaccinated.

So, that was a program that ran from September - it actually paid out from September through December. And, then, once they approved for ages five to eleven to be able to receive the vaccine, we expanded the program for ages five and up and, then, switched it to a flat $50 payout per Anthem member that is vaccinated. So, that's the total for that, correct.

MR. FLYNN: Thank you.

MS. STAMPER: You're welcome.

MR. COX: Amanda, this is Stuart Cox. If I can just add in something real quick. I'm with the Anthem Quality Management Team.

One of the things we saw was with the member incentives, Michael, kind of to your question, we saw a peak in the September - October time frame and, then, it started to drop off significantly from that point.

So, we saw growing member incentive requests early on through the fall. So, we just noted it, and in January, you know, starting this year, we've had the same drop-off continue there.

MS. STAMPER: And I think that wraps it up for Anthem. Thank you for the

opportunity.

DR. GRIGSBY: Thank you all. Does anyone else have a presentation?

MS. ROSS: This is Tabitha from WellCare. And I apologize, I do not have a presentation. This is my first time being able to join you all.

I do have some high-level information and I've sent an urgent request to get the data that you all have requested I see that's on the agenda. So, I will get that sent over, but just some high-level overviews from WellCare's perspective on that vaccine response.

We've offered an in-home vaccination program. So, that's going on I think in the rural areas. I'd have to get specifics on that program, but WellCare was the first MCO to offer an in-home vaccination program.

We do also offer a $100 vaccine incentive campaign as well for our members who do receive the vaccination.

We did some what we call a Shot Across the Bluegrass event in our rural counties and we had those live with the KRS broadcast. We've had several vaccination clinics, back-to-school events

that was back in the fall for our under-served and refugee communities.

We've had about 95,000-plus at-risk outreaches to our members to just encourage and talk about vaccinations to see what some of those barriers may be that our members would put out there as to why they would not be interested at that time and, then, also connecting them to appointments so that they could get the vaccination if that was their desire.

We have also had onsite clinics at our homeless shelters, domestic violence victims, faith-based organizations and African-American communities.

We've done some live music events across the state and the American Heart Association radio series both in English and Spanish so that we could also put out the word for all individuals.

So, those are just a few high-level overviews that I have today. Again, I will get a presentation and get that information sent out to you all as well.

DR. GRIGSBY: Thank you.

MS. BICKERS: Tabitha, if you

can email that to me and I can make sure to get it out to everyone on the TAC.

MS. ROSS: Absolutely, I sure will. And, again, I apologize for not having that ready for you.

DR. GRIGSBY: Is that all of the MCOs or are we still waiting for one?

MS. BEAL: Passport can present if you'd like.

DR. GRIGSBY: Okay.

MS. BICKERS: You should be good to go, Jessica.

MS. BEAL: Yes, it looks like I am. Thank you. Can you all see my screen? I see Mahak nodding.

I apologize. I was unaware that COVID data was part of this, and, so, I did not prepare that. If you guys would like us to prepare some high-level information around COVID vacs rates, etcetera, we can go ahead and do that. We'll work on it and get it sent out to you later.

My understanding was this was focused on preventative care visits. And I think both Anthem and Aetna pointed out that we don't have our HEDIS run-out complete. And, so, reporting out

on 2021 HEDIS rates around well-child checks is a little bit hard for us to give you a truly accurate count at this time.

But as some of you know and we're used to seeing, one of the things that all MCOs have to report out on is the CMS-416. The State bundles that up and sends that to the government every year, and, so, we have to report out on a very specific form to the State every year.

This is actually a fiscal year. So, it is not the 2021 calendar year, but I wanted to give you a quick summary of what our well-child screenings look like by the age ranges that we have to report out on the 416 to the State.

And, again, the time frame for reporting is a fiscal calendar year. So, that's 10/1 through 9/30, but that captures the majority of 2021 for you to give you an idea.

And from what we're seeing from our HEDIS rates, we're definitely seeing an uptick in well-child exams and other preventative measures for kiddos in 2021 compared to what we saw in 2020 when we all know COVID hit (inaudible) to see those rates at normal rates in a really hard way but we were happy to see the uptick continue.

So, as you can see, and this is very consistent probably across all the MCOs, most of our kiddos under the age of one are getting at least one of their screenings, if not multiple screenings.

We do not have a really hard time getting our littles screened. It's our older children and adolescents when those requirements are gone and parents are out of the habit. Where we start to struggle when schools are no longer saying they need to see that well-child check like they do for kindergarten and entering into middle school, that's where we start to see struggles with getting our kiddos in for well-child checks and their vaccinations, etcetera.

So, again, this is just a really high level of where we fell in that fiscal year on what we sent the State from the 416.

I did a quick peep at the State website and occasionally you can see that entire upload for the year on the website if you're ever curious to look and that would include all the MCOs' data. So, you can see the Medicaid kiddos' population as a whole for the Commonwealth there.

Similarly to the other Health Plans, of course, we have a number of incentives for

well-child exams that we have had in place last year and we have in place now again this year.

We do a lot of work just like the other MCOs around member and provider education. Those are obviously the two areas we target, along with offering some education to our community partners and other advocates. For example, last year, we had a session for our advocates specifically on EPSDT where I presented and went over all things related to well-child exams and screenings related to EPSDT during that call.

So, we do a lot of education through multiple avenues. We really try to make sure that our families remember well-child checks are critical.

And, so, for every kiddo, every one of our EPSDT members, they get a special postcard in the month prior to their birthday. They get one that's dedicated to one-year-olds, one that's designed for children, one that's designed for teens and one that's designed for young adults to remind them that they need to schedule that visit, and it has a few pointers on there about what they might be looking for as part of that visit to explain what to expect and what to ask for and be ready for what's

coming when they come to that visit.

In conjunction with that, we outreach every one of our EPSDT members at the beginning of the month of their birth month or the month prior via telephonic outreach and usually that call includes you may be getting a birthday postcard. Happy Birthday. We're excited your birthday is coming up.

And we ask if they have their well-child check visit already booked; and if they don't, we offer to help with that scheduling process. And, then, if we have helped with that scheduling process, we actually follow up, do a follow-up call to the member to make sure they got that visit done.

We make sure that there is no wrong door to catch kiddos when they come in to the Health Plan when it comes to identifying gaps in care around preventative screenings.

So, whether a caregiver calls in to Member Services or they're engaged in care management, there's a flag in the system that would alert the person talking to the member that they are missing a well-child check or a preventative dental exam, for example, or maybe they're getting another immunization, to open up that conversation so that

they can work with the member.

And both our Member Services and our care management team also do the same thing that our outbound call team does which is helping to schedule those visits and break down any barriers around transportation, etcetera to make sure that those kiddos get in to their very critical well-child exams.

Occasionally, we have barriers we can't surmount, as we know, and I can think of a few kiddos we haven't seen in care management this last year who had some significant medical (inaudible), for example, and had really anxious caregivers around COVID and they did not want to go to any doctor appointments for well-child checks.

And in those cases, we have our nurse practitioners on staff and we can dispatch them to the home to complete that well-child check, and we did that several times last year.

We know that the ideal is that they will go to their health home and their primary care provider for those well-child checks. As the EPSDT Coordinator for the Health Plan, I am pretty passionate about that from my own experience for seeing primary care; but when we can't, when all else

fails, we do have our nurse practitioners that they can go perform those well-child exams, and that has been very successful and it really helped soothe the anxiety of some of our caregivers last year.

Of course, we want to serve providers as much as possible. So, we have avenues for our providers to refer directly to care management any member that was scheduled for a well-child check that didn't show up.

If they didn't show up, you can go ahead and refer to us after your own efforts have been made and we're going to try to bring that child into compliance and help get them scheduled and look for some of those barriers that might be existing as to why they didn't show up or couldn't show up for a visit so that the next time they're scheduled, that missed appointment doesn't happen and we can bring them back into adherence with the periodicity table as quickly as possible.

Some of the tools and resources that I use and the quality team uses, we have a specially-designed EPSDT dashboard and, of course, our HEDIS dashboard and that allows us to drill down on both member- and provider-specific preventative care data so that we can target outreach

interventions to both members and to our providers.

We have an amazing team of quality specialists who work with our provider offices and bring them that data quarterly and update them and let them know how they're doing with their panels and we use that dashboard in particular to do that.

And, then, similar to other Health Plans, our value-based models for our provider practices around pediatrics, of course, include well-child checks and incentivizing providers in those value-based model arrangements around well-child checks and immunizations.

So, that's just kind of a high-level overview of what we're doing specifically around well-child exams. And, again, I'm happy to pull that data for you all around COVID and send it back to the group at a later date. Any questions?

DR. GRIGSBY: Hi, Jessica. This is Donna. I just want to make you aware of something, and, again, I'm not sure what happened in this case, but we recently had a family who came in for their well-child care.

They had received a call and had a video visit with someone through their

insurance plan who was a nurse practitioner from the State of California is what they relayed to us, and they thought they were just communicating about questions or whatever.

And they came in for their checkups. They were not a family that had missed checkups previously. What we figured out or what we were told and found out was that that was actually a telecare visit by that nurse practitioner that counted as their well-child care.

So, we could no longer bill for well-child care for those children for those visits because they had already been done via telemedicine.

So, can you help me understand maybe how that could hAve happened?

MS. BEAL: I'll have to dig into that because, again, our nurse practitioners are boots on the ground in Kentucky and we dispatch them to the home. They have done some telehealth visits when that was what was preferred by the caregiver but that was very rare situations.

MS. DICKEY: This is Ivana. They also do not bill or send a claim and we don't deny claims if a well-child check has occurred within the 365-day window and whatnot.

So, that claim could have still been sent for the well-child check. Those care connection visits are just submitted as an encounter but they aren't an actual billed claim.

DR. GRIGSBY: Okay. So, maybe that was a miscommunication.

MS. BEAL: Maybe, but, Donna, if you need me to look into it further, why don't you just email me and we can figure out what happened with that member in particular. That is confusing to me as well.

DR. GRIGSBY: Okay. I was very surprised by that and we were checking into it and maybe it was a miscommunication; but since we were talking about that, I did want to bring it up to see maybe if that was a miscommunication or exactly what happened, but, yes. Can you put your email----

MS. BEAL: I just did. It's in the Chat.

DR. GRIGSBY: Okay. Thank you so much. I appreciate that.

MS. BEAL: Wait. It went direct messaging. I will send it directly to you, Donna.

MS. BICKERS: I copied it to everyone.

MS. BEAL: Now you can all bug me. No, I'm just kidding. I'm very used to providers reaching out to me directly around anything related to EPSDT. I welcome it.

DR. GRIGSBY: Dr. James, you're lighting up.

DR. JAMES: Yes, I am because I'm also a member of the American Academy of Pediatrics here in Kentucky. So, you can get a hold of me, too, in terms of finding different issues that we don't want to be process issues. We want to be able to resolve them.

DR. GRIGSBY: Any other questions?

MS. KALRA: Thank you, Jessica. Do we have another MCO that is going to present or did we get all those?

MS. FEATHERINGILL: This is Carri with United Healthcare. I'm here. And I apologize. I don't have a presentation to share right now. I'm sort of filling in last minute but I will certainly get this put together and sent over to you along with the data that was requested.

But I will just go over kind of what we are doing toward those preventive health

visits and, then, a little bit about our COVID incentives as well.

Obviously, we provide the UMO-6 and CMS-416 to the State, and our HEDIS data, we will only have HEDIS data for '20 and '21 since we just started in January of 2021 but that will be finalized in June or July. So, we currently don't have that to show as well.

As far as our current activities to improve member participation in well visits, we have quite a few campaigns going on, postcards for missed visits, for immunizations at six, eight and sixteen months and, then, IDR calls post that and, then, another set of postcards to our sixteen- to seventeen-year-old members that have either missed a meningococcal immunization dose or haven't started that series, and, then, also sort of beyond those measured guidelines also to our eighteen- to twenty-three-year-olds to try to get those meningococcal vaccines done and, then, calls are happening post those postcards also.

We're also doing targeted live calls to non-compliant members, and, really, for the people that we reach for those, really doing sort of a bigger conversation about all of the things at that

time - immunizations, well-child visits, making sure they have a PCP that's in network, making sure they have a dental provider that's in network, transportation and all of those things; and if the member is not reached or the caregiver of the member obviously is not reached, then, leaving a message just about the importance of those visits and, then, asking to please call back if they have any need for assistance with either scheduling or finding a provider or transportation to appointments because we know that is sometimes a barrier for our members.

Our gift card incentives are changing for this year but we have been providing gift cards for members twenty to twenty-one who had a comprehensive well-care visit with PCP or an OB/GYN and, then, also a $15 gift card for members two to twenty that had a dental visit.

And just to go ahead with our COVID incentive at this point, we give a $100 gift card for members once they become fully vaccinated. So, it's not per vaccination but once they are fully vaccinated.

And, then, we are also providing what's called Moms Meals which is a program - and I believe other MCOs may participate as well -

but meals that are delivered to Moms postpartum and we also utilize that for some other special groups, but we added to it our COVID vaccine families as well. So, for anyone in the family that became fully vaccinated, we would send fourteen meals delivered to their home.

As far as outreach goes, our clinical quality consultants are providing a report to clinics with member participation information and, then, they're also meeting with them to talk about best practices for getting members in for their well visits.

And, then, we've done quite a bit of training on billing and coding with those providers with the clinical quality consultants and, then, larger in our town hall type meetings where we've done more teaching on billing and coding and trying to make sure that the well visits that are happening are being billed and coded properly so that they count toward as an EPSDT visit.

I have found in my, you know, when I've dug just individually into some claims that I feel like I'm seeing some well visits that are happening for members but they're not coming into our data as an EPSDT visit. I don't have a really deep

dive on that yet but I'm not sure. Is it just a coding or billing issue? Is just one piece of that EPSDT visit missing, so, it's not counting, so, trying to look a little bit deeper into that.

Our community outreach team has held a lot of events to provide education and, then, also participated in a lot of community vaccine clinics. Some of our care management staff have participated in those as well. We had some participation at the Kentucky State Fair.

I know there's some incentive program for PCP's that's currently being developed by our quality team. I don't have details on it today.

And we have a provider newsletter, a member newsletter that's going out quarterly that has encouragement to have immunizations done and well visits done on time.

And I believe that is all that I have at the moment but I'm glad to take any questions.

MS. KALRA: Any questions for Carri?

DR. GRIGSBY: Thank you all. It seems like that most of you guys provide transportation services. Is that true?

MS. FEATHERINGILL: Yes. We'll pay for transportation to any medical appointments.

MS. BEAL: Sometimes members need help arranging it and understanding how to use it.

DR. GRIGSBY: Thank you.

MS. KALRA: All right. So, not hearing any questions, additional questions, I believe that the Department of Medicaid and Dr. Theriot has a presentation that she wanted to do.

DR. THERIOT: If you can allow me to share my screen. I just have a few slides.

MS. BICKERS: You should be good to go, Dr. Theriot.

DR. THERIOT: I just pulled some information, some claims information. So, this should kind of give you guys a picture of all of the MCOs basically and fee-for-service.

So, when I look at this, this is an unduplicated member count and those are people that we see a preventive care visit, one during the year.

So, you can see blue is 2018, orange is '19, gray is 2020 and you see how much it dropped and, then, 2021 is the yellow. It's coming

back up but it's still not where it was even in 2019.

So, then, some people have more than one visit during the year, anybody less than a year of age and the little ones.

So, this is the number of claims for preventive care visits during the year. So, you can see the numbers jumped up by about a half a million but the shape of the bars really didn't.

So, you have a big drop in 2020 but, then, coming back up in 2021 but still not near where it should be which is a little worrisome because I would expect that it not only be up to where it was in 2018 and 2019 but even more than that because you're making up for lost time. So, that was worrisome.

And, then, breaking it down by age, very surprising, the one-year-olds or less than one, there was almost no change. There was a little bit of a drop but you can see that there's almost no change.

And as the children get older, fewer and fewer of them are making it to those well-child visits.

Obviously, glancing at it, 2020 was the big drop; but, again, in 2021, it's not near

where it really should be. It's above 2020 but it's not up to where it was before and you don't see any of that catch-up that you would expect.

Then, it's like, okay, well, let's look at the shots because what do kids get at their checkups? They get shots. This is a slide from Julie Miracle in DPH - she's in charge of Vaccines for Children - and this is very worrisome because the red counties are counties where they have at least a 30% decrease in ordering through VAC and this is comparing the 2017 to '19 time period compared to 2020 through September of 2021.

So, I didn't count them. There's at least fifty counties. So, almost half of our counties have dropped at least 30% in the vaccines that they are ordering through VAC.

The orange counties, they have a drop in ordering or needing vaccines between 10 and 30%.

When I went in and looked at some individual counties, some have a decrease of 70%. So, whatever they were getting in 2018, they ordered 70% less in 2020 and 2021. So, that is very worrisome.

And, then, just looking overall

on the vaccines, it kind of looks similar to those well-child visits which is kind of expected, but the blue bars are 2019, red bars are 2020, and, then, the green bars are 2021.

And, so, again, you can see there's some catchup above the 2020 red bars but not near what it would need to be to be equal to or greater than what we were doing in 2019.

So, to me - I don't know - you guys let me know what your thoughts are - but, to me, this is very worrisome that we saw a big drop in vaccines and in preventative care visits and we haven't seen a rebound at all, and I think that's it. That's all I have.

DR. GRIGSBY: That is really worrisome. I agree with you, Judy. Do we have a sense of why folks aren't coming back yet? Are they still concerned? I'm just trying to understand.

DR. THERIOT: I don't know. When you look at the little ones, the less than one, it's not near as bad as the adolescents, and I don't know if there's kind of lead-over, the concern about COVID shots and the bleed-over into all other shots.

I think we kind of saw that with COVID shots and flu shots. So many more people

did not get their flu shots this past year.

It could also be that nurses in the rural areas, you might have one or two local health departments or one school nurse and suddenly that person is no longer doing shots. They're busy doing COVID testing or contact screening and things like that.

So, it could be they didn't have that many people doing that sort of work and they had to take them away or, again, in the rural areas, they may only really get shots at school. And, so, if the kids aren't in school, they're not getting shots.

I don't know. I've thought about this a lot and I don't have an answer.

MS. ARFLACK: This is Cindy Arflack from Aetna. I would agree that it's not just one thing. I think it's multi-faceted. I think that a lot of the offices didn't have enough staff to take this in, as well as there's other - you know, people aren't going back yet. I mean, there's a lot of different things.

I think it's up to us, though, to reach out to the providers, talk to our provider community and also talk to our members to try to get

them back in to talk to our providers.

So, I think it's multi-faceted, to be honest. I don't think it's any one thing that's causing it. I think there are several reasons. So, we need to address all of them. I mean, I think that's what we need to do and that's what we're going to have to do.

MS. BEAL: This is Jessica with Passport, and I would agree. I wouldn't expect to see a rebound effect with well-child exams, for example, because if you're five, you can't go back and redo a four-year-old visit developmentally, although four-year-olds get vaccinations. So, that might be a five-year-old that's getting some catch-up vaccinations.

But in talking to the providers a lot lately, it feels like the COVID barrier was real in terms of focusing on that as a vaccine as opposed to other vaccinations.

Health departments being shut down for a while was still a barrier, work-arounds for that, and, then, hearing from some of our providers that take smaller numbers of Medicaid members and do not participate in the Vaccination for Children Registry and just are now completely out of

the habit because of the additional barriers from COVID about thinking through how they work with those kiddos in particular.

And I think the COVID barrier there is when kiddos can't get their vaccines with their well-child check and you've got a trepidatious parent who is scared to go some place again - they were already brave enough to go to that provider visit - saying now you've got to go somewhere else and expose your kiddo again, it's really scary when there's no vaccines for children in the range where we need the most vaccinations in kids for their regular vaccine scheduling.

DR. GRIGSBY: That makes sense. Anything else? Mahak got called away to another call. So, I can't see the agenda. Is there anything else before we move forward?

Where are we now? I guess we didn't talk about the students that are opting to do home school. Do we have any information on that topic?

I don't think Pat is here. Pat, are you with us?

Mahak, we were just looking at that issue and I don't think Pat is with us. So, I'm

not sure anyone can give us an update on that.

MS. KALRA: That's unfortunate. I know that is something that she was going to bring to the table and we could table that for the next meeting, and I'll circle back with her via email. And, Erin, can you do that as well? Maybe I'll just copy you on there so you can hold us accountable to make sure that we have a speaker for this piece of it.

MS. BICKERS: Yes, ma'am.

MS. KALRA: Thank you. I'm sorry, guys. It's the Legislative Session and I'm getting calls left and right about certain issues that are popping up. So, I am trying to multitask and knock out multiple things at one point.

I know I can't do that really well. So, I missed part of the conversation, but hopefully we have a better understanding of where and what we're doing with COVID vaccines and also preventive visits for kids.

I don't know if there were any gaps that were discussed that we need to focus our attention on or any recommendations that this team would like to present to the MAC. If you all see something, let's go ahead and discuss it because we

have a quorum.

So, I'm just going to pause right there to see if there's any recommendations that we want to move forward before we go through the other agenda items.

DR. GRIGSBY: I feel like one thing that was mentioned was just that the thought is that this decrease in preventive visits and vaccines is something that is multi-factorial.

Do we want to recommend that someone take a look at this more closely to try to overcome barriers or work through the MCOs to try to overcome this?

I know the MCOs are all - it sounds like they're doing a lot of work around getting folks in for these visits.

And if I'm not mistaken, there are a few that we don't have all the data from from 2021 maybe, all of it, to see if other improvements are happening but still definitely some gaps. It seems like it's coming back but it's slow.

MS. KALRA: So, it sounds like there's no immediate recommendations. Maybe this is just a standard agenda item is just getting more routine numbers around prevention visits. When

there's any updates, we would love the MCOs and DMS to provide us with updates, kind of an ongoing agenda item just to make sure that we're monitoring this. And if there's anything that bubbles up that we could recommend, we will. Does that sound like a good solution? Is that a fair request from our MCO and DMS friends?

MS. BEAL: I think the MCOs could probably present again when all of our HEDIS measures are in for 2021 and we have full claims by then. It was just a little premature.

MS. KALRA: Okay. That's good to know.

MS. BEAL: Just a thought if that's okay.

MS. KALRA: No, that's totally fine. I just want to make sure that our timing is correct and we're setting reasonable expectations to this group. So, that makes complete sense.

Can you guys remind me when - so, obviously our next meeting will - when is our next meeting? Sorry. Erin, you probably know this better than I do.

MS. BICKERS: May 11th.

MS. KALRA: Do you think that is

an appropriate time to have that information or do we have to hold off until our summer meeting? That was a question to the MCOs, knowing that you all will have the data. It won't be available until - oh, okay. So, I guess we could hold off until potentially our fall meeting, or if we do have a July meeting, that one. So, we will see if that works.

Erin, can you make sure that we at least add that to our or at least hold us accountable to include this topic in our third meeting or fourth meeting of the year?

MS. BICKERS: Yes, I will, and I was trying to pull it up. It looks like you guys also have a July 13th. So, if it's available in June, you guys might be able to have that maybe in your July meeting, if that's okay with the MCOs. I don't want to speak for them.

MS. KALRA: I feel pretty good about having it in our July meeting. I don't know if that makes sense to the MCOs that are at the table.

MS. ROSS: This is Tabitha from WellCare. I'm not sure from the Quality Department. If it's available, we will make sure it's presented at that July meeting for you. If not, then, it will be for the fall.

MS. GUICE: Maybe you could ask - this is Lee Guice. Maybe you could ask the MCOs to let this TAC know in May if it will be available in July. That way you can anticipate when to report on it.

MS. KALRA: That is perfectly - that sounds good. So, for our May meeting, just let us know if it's available. And if not, then, we will have to brainstorm other topic ideas. So, if you all could do that, that would be very helpful.

I don't know if there are other Medicaid or MCO updates that they want to share. I know that wasn't a part of the request but we always have it on the agenda.

So, I'm just going to take a second to just stop there to see if there's any Medicaid or MCO updates other than what was presented. I am hearing none.

MS. BICKERS: I have something very briefly. It's not super urgent or important, but DMS has gotten the equipment; that around your May meeting, we can take a vote to see if you would prefer to stay virtual or possibly back in person.

So, I just wanted to throw that out there, that whoever types up your agenda, that by

May, we should have that option of in-person meetings for the TACs who would like to meet in-person again. So, I just wanted to throw that out there.

MS. KALRA: I think we should go ahead and just talk about that right now since it's brought up and knowing that May is just couple of months away.

So, just opening it up to the members, how would you all feel about having going back to in-person meetings?

DR. GRIGSBY: Didn't we also talk at one time about doing hybrid possibilities for people who travel?

MS. BICKERS: I think it would be your July meeting would be your next in-person. May is the goal of trying to figure out who wants to return; but to answer your question, Courtney, yes, I believe there will still be the option to still have the Zoom link and everything.

We just got that equipment. So, as I learn more about that and how that is going to work, I will have more information for you guys at the May meeting.

MS. KALRA: So, I guess just hold off until the May meeting so we could have a

more robust conversation. Thanks, Erin.

Moving through the agenda, I know that I put on here for General Governance Issues. I would like to say that I've enjoyed leading the TAC but also at the same time, I feel like I cannot give it my 100% effort of being a Chair.

And I've certainly been struggling the last couple of years as my role at the organization continues to grow and as legislative responsibilities continue to add on to my plate.

And, so, I'm happy to stay on as the Chair. I'm also happy to pass the baton and let somebody else be Chair of this TAC.

So, I just wanted to get the members' thoughts around that. We didn't even discuss a Vice-Chair, I believe, in the past. So, it's nice to even have that option.

So, I'm just throwing it out there for our TAC members here joining us today to think through that process. Again, I know during the Legislative Session and gearing up, these January and March meetings are quite busy for me.

And, so, I just wanted to say and open that opportunity up for anyone that would

like to be Chair and we could certainly have a vote next meeting or even would like to be Vice-Chair or something along those lines.

DR. GRIGSBY: I am happy to help. If you want me to be Vice-Chair and be available when you're not available, I will leave that to you. I also am not happy to be Vice-Chair if someone else has a burning desire to do it. I'm happy to just be a member of the team.

MS. SMITH: I would gladly nominate you as Vice-Chair.

DR. GRIGSBY: I appreciate that. I don't want to jump in there and take it away from anyone that has a desire to do it but I am happy to help.

MS. KALRA: Would anybody else like to put their name in the hat? I know we've got a nomination but I just wanted to ask.

MR. FLYNN: I'll gladly second the nomination. And, guys, I'm going to be honest with you. It's not that I'm not interested in it at all. I've got two things that hold me back from it.

(A) is just like Mahak, when the Legislative Session comes in, I'm on a committee with Family Resource Centers that spends about twenty

days and two months in Frankfort and it makes it really hard for me to commit during those same months.

And, then, the other piece of it is I've hit that magic thirty number. So, I really don't know how long my employment with Family Resource Centers is going to continue. So, I would hate to take on a role that I'm going to have to give up as soon as I decide it's time to go to the house.

DR. GRIGSBY: Congratulations. You finally turned thirty. That's awesome.

MR. FLYNN: I'm afraid it's not that magic thirty.

MS. KALRA: We completely understand, Michael. I know you've been a part of this TAC for as long as I can remember. So, I understand.

And, again, like I said, I'm also happy to delegate my duties as Chair but I want us to start having that conversation and at least building up those plans knowing that it has been apparent that there's times where I can't step in as Chair.

So, it sounds like the solution is a Vice-Chair and having Dr. Grigsby be the Vice-

Chair. We could wait in May to get some more committee members just to confirm that or we could go ahead and do it right now.

So, I'm just going to open it up for all of you guys that are on.

MR. FLYNN: We have a quorum. We can make it official. We may not have that in May.

MS. KALRA: To that point, I heard Courtney motion and I heard, Michael, you seconded or vice versa. We received both of those. So, Dr. Grigsby. Is there anybody that objects to this decision? It doesn't look like it or sound like it.

So, Dr. Grigsby, it sounds like you are our Vice-Chair. Appreciate it and I know you've stepped up. So, thank you.

That was all the business that we had. I don't know if there's anything that you all want to bring to the table but that's all that I had for the agenda.

If there's nothing else, the meeting is adjourned.

MEETING ADJOURNED