

CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID SERVICES  
CHILDREN'S HEALTH  
TECHNICAL ADVISORY COMMITTEE MEETING

\*\*\*\*\*

Via Videoconference  
October 9, 2024  
Commencing at 2:02 p.m.

Shana W. Spencer, RPR, CRR  
Court Reporter

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**APPEARANCES**

**BOARD MEMBERS:**

- Donna Grigsby, MD
- Alicia Whatley (not present)
- Natalie Crawford
- Courtney Smith, PhD
- Cherie Dimar
- Amanda Ashley (not present)

1                                    P R O C E E D I N G S

2                                    CHAIR GRIGSBY: Welcome to  
3 everyone. I'm sorry that I was talking to  
4 you without any sound, which sometimes is  
5 best for me. But let's go --

6                                    DR. SMITH: I was actually asking  
7 you if you were talking to us without sound  
8 without sound myself so...

9                                    CHAIR GRIGSBY: Welcome, everyone.  
10 If you are from one of the MCOs or are our  
11 guest, please put your name and credentials  
12 information in the chat.

13                                   I feel like we have a new member, but I  
14 don't know if that new member is with us.  
15 So, Erin, are you here?

16                                   MS. SHEETS: She's out today. I  
17 have been out myself, so I will look into  
18 that and let you know.

19                                   CHAIR GRIGSBY: I can't hear --  
20 there's something going on with our Zoom  
21 today.

22                                   MS. SHEETS: Can you hear me?

23                                   CHAIR GRIGSBY: We're all muted or  
24 something.

25                                   MS. SHEETS: Can you hear me now?

1 This is Kelli Sheets.

2 CHAIR GRIGSBY: Thank you all for  
3 being here. I cannot hear if someone from  
4 Kentucky Medicaid is trying to speak. The  
5 box lights up, but I can't hear anything.  
6 Can you guys hear?

7 MS. SHEETS: Hi. This is Kelli  
8 Sheets. Can you hear me now?

9 MS. DIMAR: Just a little bit.

10 MS. SHEETS: Let me try opening my  
11 laptop. Does that help?

12 CHAIR GRIGSBY: Yeah. You're  
13 pretty soft so...

14 MS. SHEETS: Okay. Well, I don't  
15 have much of a voice.

16 CHAIR GRIGSBY: Okay. I'm sorry.

17 MS. SHEETS: No. It's okay. I'll  
18 try very hard to speak louder, as loud as I  
19 can.

20 CHAIR GRIGSBY: Okay.

21 MS. SHEETS: Erin is out today, so  
22 I am your host for the day.

23 CHAIR GRIGSBY: Okay.

24 MS. SHEETS: And we are at 2:03, so  
25 if you want to go ahead and get started, we

1 can.

2 CHAIR GRIGSBY: Okay.

3 MS. SHEETS: I have four members, I  
4 believe. If there are any others on that I  
5 did not get, if you would please let me know.  
6 I have Donna Grigsby, Natalie Crawford,  
7 Courtney Smith, and Cherie Dimar.

8 CHAIR GRIGSBY: Okay. And,  
9 Natalie, have you been with us before?

10 MS. CRAWFORD: No, ma'am. Today is  
11 my first meeting.

12 CHAIR GRIGSBY: Okay.

13 MS. CRAWFORD: I am our new Family  
14 Resource and Youth Service Center Coalition  
15 representative.

16 CHAIR GRIGSBY: Okay. Well,  
17 welcome. Natalie, I'm Donna Grigsby. I'm a  
18 pediatrician at UK, and I'm representing the  
19 Kentucky Chapter of the American Academy of  
20 Pediatrics. And, Cherie and Courtney, if you  
21 would introduce yourselves as well.

22 MS. DIMAR: I'm Cherie Dimar. I'm  
23 with the Kentucky Parent Teacher Association.

24 DR. SMITH: I'm Courtney Smith. I  
25 represent the Kentucky Psychological

1 Association.

2 CHAIR GRIGSBY: All right. Well,  
3 welcome, Natalie. We're glad to have you  
4 join us.

5 Four members establishes a quorum; is  
6 that correct?

7 MS. SHEETS: That is correct, yes.

8 CHAIR GRIGSBY: Okay. So now that  
9 we've established a quorum, can I have a  
10 motion to -- did everyone have a chance to  
11 look at the minutes from last meeting? And  
12 can I have someone move to approve the  
13 meeting -- the minutes?

14 MS. DIMAR: I move to approve the  
15 minutes from the last meeting.

16 CHAIR GRIGSBY: Okay. And do I  
17 have a second?

18 DR. SMITH: I'll second it.

19 CHAIR GRIGSBY: Okay. All in  
20 favor?

21 (Aye.)

22 CHAIR GRIGSBY: Okay. All right.  
23 We're going to move on to old business.

24 Update on school-based services. We  
25 were looking for information on payment for

1 services outside of school hours.

2 Do we have someone that will update us  
3 on that?

4 MS. NEWSOME: Can you hear me?

5 CHAIR GRIGSBY: Yes. Thank you.

6 MS. NEWSOME: Okay. I'm sorry. I  
7 was having a moment trying to get it off of  
8 the -- get it off mute. Let's see.

9 We did have a meeting with PCG, and  
10 that -- his name was Peter. He created a  
11 PowerPoint and stuff. So I will put that in  
12 there, the link, so everybody can go and  
13 watch it. It's about 30 minutes. That's  
14 about it.

15 But he was telling the pros and the cons  
16 for the -- trying to do it outside of school  
17 hours and everything. So there's kind of a  
18 lot that -- it's not that it's impossible  
19 because it is possible. But there's a lot  
20 more to it that will ultimately be the  
21 responsibility of the whole state versus just  
22 one or two counties that may or may not want  
23 to do just a couple of after-hour clinics or  
24 something.

25 So -- but as far as that goes, you know,

1           that's something that KDE and DMS would have  
2           to, you know, come together and kind of get  
3           worked out. Let me see here. And I just put  
4           the link in the chat.

5                     MS. SHEETS: And I will send that  
6           link out by email after the meeting.

7                     CHAIR GRIGSBY: Okay.

8                     MS. NEWSOME: Do you have any  
9           questions?

10                    CHAIR GRIGSBY: So let me just make  
11           sure I understood what you said. So it's  
12           something that will have to be looked at  
13           statewide, not county to county, in terms  
14           of --

15                    MS. NEWSOME: Right.

16                    CHAIR GRIGSBY: Okay.

17                    MS. NEWSOME: Yeah. Because of the  
18           cost settlement and the random time study, it  
19           doesn't just -- it's not an isolated county  
20           that wants it. It has to be -- and that's  
21           sometimes what can cause the state to  
22           actually not get back all the funds by doing  
23           that. So that's something KDE is going to  
24           have to do.

25                    Now, if you do come across when you're



1 watching the video, then -- and you have any  
2 questions, please feel free to go ahead and  
3 send those to me. And I will get those to  
4 Peter so that he can get those answered for  
5 you.

6 CHAIR GRIGSBY: Okay. Thank you.

7 Any questions or comments?

8 (No response.)

9 CHAIR GRIGSBY: Okay. The next  
10 item agenda under old business is oral health  
11 emergency care and OR delays, but I don't  
12 know if we have anyone here that's prepared  
13 to talk about this.

14 MS. FRITZ: This is Carrie at  
15 Molina. I have a brief update that I can  
16 give to you from the Molina view. Working  
17 with our partner DentaQuest, we have  
18 continued to hear there are challenges, you  
19 know, with providers getting OR services, and  
20 we are looking at alternative options. That  
21 was sedation.

22 Some of the groups are actually  
23 contracting with us on the medical side such  
24 as Mortenson to be able to perform sedation  
25 in their offices. And we also have a

1 partnership with SmileMD. We are expanding  
2 in 2025.

3 CHAIR GRIGSBY: Okay.

4 DR. CAUDILL: Hello. This is  
5 Dr. Caudill.

6 CHAIR GRIGSBY: Yes.

7 DR. CAUDILL: Yeah. This is  
8 Dr. Caudill, vice president for Avesis and  
9 also the Kentucky state dental director.

10 Similar to Molina, the three plans that  
11 we're administering -- which is Humana,  
12 WellCare, and Aetna. We've also been  
13 contracting with SmileMD for the past four  
14 years, expanding access to care because a lot  
15 of our pediatric dentists were being frozen  
16 out of the ORs for, from what I was told,  
17 more lucrative procedures.

18 And so that's when I reached out to  
19 SmileMD and brought them into Kentucky, and  
20 they had some rough spots. They've now got  
21 new leadership and are expanding their  
22 services, not just central Kentucky but in  
23 more locations.

24 And there's also two additional services  
25 that are offering in-office anesthesia. Now,

1           these are primarily for ASA 1 and ASA 2 kids.  
2           Any kids sicker than that still need to go to  
3           the OR.

4                   CHAIR GRIGSBY: Okay. Any other  
5           updates from any other provider groups or  
6           MCOs?

7                   (No response.)

8                   CHAIR GRIGSBY: So, Dr. Caudill,  
9           are you telling us that this continues to be  
10          an ongoing issue?

11                  DR. CAUDILL: I'm still hearing it  
12          some.

13                  CHAIR GRIGSBY: Okay.

14                  DR. CAUDILL: Now, I understood  
15          that there were some new federal guidelines  
16          to increase compensation to hospital ORs and  
17          their departments for dental procedures. I'm  
18          not sure if that has taken place yet, though,  
19          or if the word has filtered down, or they're  
20          opening up more slots. But it has been a  
21          real problem for several years.

22                  CHAIR GRIGSBY: Okay. Well, and  
23          perhaps this is something that we bring to  
24          the -- I can't imagine it's not been brought  
25          to the attention of the MAC. Do you know if

1 the MAC is aware of this issue as well?

2 DR. CAUDILL: I know the Dental TAC  
3 is.

4 CHAIR GRIGSBY: Okay. I don't know  
5 if it's --

6 DR. CAUDILL: I don't know if  
7 they've taken it to the MAC or not.

8 CHAIR GRIGSBY: Yeah. I don't know  
9 if it's someone -- if someone from the Dental  
10 TAC has brought it to the MAC. But certainly  
11 we could, you know, bring that as a  
12 recommendation to the MAC, that they -- or  
13 certainly let them know that we have concerns  
14 about what we're hearing about these OR  
15 delays for dental procedures for children.

16 DR. CAUDILL: And it seems to be  
17 more geographic, you know, individual  
18 hospitals. They have their own individual  
19 contracts on the medical side with the MCOs.  
20 But we're finding, in some areas, there's not  
21 a backlog and not a delay. In others,  
22 there's a very large delay.

23 CHAIR GRIGSBY: Okay. And do we  
24 know what those specific areas are, or is  
25 that something we need to just reach out to

1 the Dental TAC about? I just think it will  
2 be nice if we both kind of put our concerns  
3 forward to the MAC.

4 DR. CAUDILL: I mean, I could take  
5 a poll of our pediatric providers and get a  
6 sense, you know, of which geographic areas  
7 are struggling and maybe get that back to  
8 you. I'm actually at a Primary Care  
9 Association meeting in Lexington right now,  
10 though.

11 CHAIR GRIGSBY: Oh, okay. Sure.  
12 If you wouldn't mind doing that. Obviously,  
13 we've been discussing this for a bit, so it's  
14 not urgent that we have to have the  
15 information immediately. But it certainly  
16 would be something that I think would be nice  
17 for us to reach out, in collaboration with  
18 our dental colleagues from the Dental TAC, to  
19 say, hey, this is an ongoing issue in certain  
20 areas, and we just want to make folks aware  
21 of it.

22 DR. CAUDILL: Well, bringing in the  
23 outside anesthesia groups, which usually  
24 consists of an MD anesthesiologist and then a  
25 registered nurse and a paramedic. And they

1 bring in everything, after making sure the  
2 facility qualifies as far as facilities and  
3 space for a gurney in the emergency and all  
4 the things, and a separate recovery area.  
5 That has alleviated a lot of the pressure.

6 But then we still have areas where they  
7 don't go to because there's not enough, you  
8 know, pediatric offices in the area to  
9 justify a team, you know, going to that area  
10 on a regular basis. So those areas are still  
11 struggling, is my understanding.

12 But I'll try to get that information for  
13 you.

14 CHAIR GRIGSBY: Okay.

15 DR. CAUDILL: Because when I was in  
16 clinical practice in Kentucky, I treated this  
17 population. I treated special needs  
18 population, and I -- but I was licensed also  
19 in general anesthesia. So I could do it in  
20 the office, or I could take them to the OR in  
21 Morehead or UK.

22 CHAIR GRIGSBY: Okay. All right.  
23 Thank you. Thank you for your help with  
24 this. We can at least -- if there are  
25 certain areas --

1 DR. CAUDILL: Okay. I'll try to  
2 get that for you.

3 CHAIR GRIGSBY: Okay. Thank you so  
4 much.

5 Okay. Any other comments or updates  
6 from other MCOs on this issue?

7 (No response.)

8 CHAIR GRIGSBY: Okay. Moving on  
9 through the agenda, the next item is  
10 information on immunization gaps from school  
11 data.

12 I feel like this was a follow-up to a  
13 discussion we've had in the past and that I  
14 think they were waiting kind of to get into  
15 the school year before we could get new data  
16 about the immunization rates that we're  
17 seeing.

18 DR. THERIOT: I have some  
19 information. I was -- this is Dr. Theriot.  
20 I was going to bring you to the school  
21 immunization website. Well, I am going to  
22 attempt to do that.

23 CHAIR GRIGSBY: Okay.

24 DR. THERIOT: So I shall try.

25 CHAIR GRIGSBY: Thank you.

1 DR. THERIOT: I can't believe I  
2 have so many windows open. Oh, here it is.  
3 Can you guys see that? Yay. Okay.

4 This is -- and you're right. The  
5 information was just updated. This is the  
6 Kentucky Environmental Public Health Tracking  
7 System, and they -- and it's from our  
8 Cabinet. And they have a special area on  
9 Kentucky immunizations schools -- for schools  
10 survey, and it's open to the public.

11 And you can see -- let me move this out  
12 of the way. They have a little explanation,  
13 and you guys are probably smarter than me.  
14 When I was looking at it, I was trying to  
15 find HPV rates. And I was like, why can't I  
16 find those? Well, it's because this is the  
17 school immunization tracking. The school  
18 doesn't care about HPV. You know, they only  
19 report on the things that are required for  
20 the school system.

21 And so in the middle of the screen, you  
22 can see, like, when they say -- when they  
23 look at the DTaP rate, you know, they're  
24 saying you're up to date if you've had four,  
25 for example; polio if you've had three.



1                   So if you go to kindergarten  
2                   immunizations, you can scroll down. Let me  
3                   move over a little bit. And if you guys can  
4                   see that, and you can look -- this is for  
5                   kindergarten -- how many of the kids in  
6                   kindergarten have had two Hep As, for  
7                   example. And you can look at that over time,  
8                   from the 2018-2019 school year into the  
9                   2023-24 school year.

10                  And so looking at that, you know,  
11                  they're all about the same. It is amazing  
12                  that they're not all the same. So 90 percent  
13                  of the kids entering kindergarten have two  
14                  Hep As. Let's see this one. And 91.7  
15                  percent have three polio vaccinations. So  
16                  you can kind of look at that.

17                  I asked them why -- this dark blue line  
18                  at the bottom is all immunizations, and I  
19                  asked them why that is lower than the  
20                  individual counts above. And they said it's  
21                  always going to be like that because people  
22                  are, you know, hit and miss on having all of  
23                  your vaccines up to date.

24                  So if you just miss one Hep A, for  
25                  example, you're going to knock this total

1 down. So this is the total of all the people  
2 that have not -- you know, have not been  
3 completely immunized for kindergarten. And  
4 so our rate right now for this last school  
5 year was 84.7.

6 And then you can look, and so you can  
7 say, okay, what is this one? Click on that.  
8 This is religious objections, so that's 2  
9 percent. And this is an interactive website  
10 that you guys can all go to. This one is not  
11 up to date with all vaccines, so 10 per- -- 9  
12 percent of them.

13 And then you can also change and look at  
14 what counties. So let's find -- is this  
15 Fayette? So Fayette County, all vaccines,  
16 88.89 percent, so that's better than the  
17 state average.

18 Some of the counties, Jackson County,  
19 98.65 percent. So you can see some of the  
20 counties are doing better than others. And  
21 then this basically says -- this breaks it  
22 down by county. Same thing that you can get  
23 from the map, and you can click on it and  
24 see, you know, what your overall rate is and  
25 what, you know, your individual vaccinations

1 are for that county.

2 So let's see. Let me go back. I keep  
3 moving the picture thing out of the way.

4 There we go.

5 So seventh grade immunizations, which is  
6 where I goofed up and was looking for HPV,  
7 you can see the same sort of thing. The  
8 overall immunization rate for last school  
9 year was 80 percent, so worse than  
10 kindergarten.

11 Menactra, surprisingly, is the lowest  
12 out of the individual vaccinations, which is  
13 83 percent. And you can -- again, at least  
14 the religious objections rate dropped to 1.4,  
15 1.5 percent here.

16 And then when you're looking at kids  
17 exiting -- getting close to exiting, our rate  
18 is 53.89 percent, which is horrible. So  
19 these -- you know, because I think  
20 pediatricians -- I know I'm biased, but we do  
21 a really good job of immunizing our kids.  
22 And then when they grow up, they're basically  
23 lost to follow-up, and they're out of our  
24 control.

25 But when you're looking at this,

1           Menactra is still low. Keep in mind this  
2           overall immunization rate, the 53.98 percent,  
3           that is not even thinking about HPV. You  
4           know, usually, when that's incorporated in  
5           it, it's a whole lot worse. So this is your  
6           basic Menactra, Tdaps, Hep As, all of that.  
7           So that -- we have a lot to work on for that.

8           This is the map when you wanted to look  
9           at that. And then again, same as before, you  
10          can look at the individual county level data.

11          So I want to stop sharing now. I can  
12          tell you we're trying to do things -- oh,  
13          good. Crystal is here. Hi, Crystal.  
14          Crystal Back is here. She is -- I think of  
15          her as the guru for childhood immunizations  
16          in the state. She works in public health.

17          But -- so we have a lot -- we have a lot  
18          to do. Our immunizations are going in the  
19          wrong direction, and we really -- we're  
20          working with public health. We're working  
21          with our MCOs to try and improve some of  
22          these rates. But you can see, you know, with  
23          the school system and their recordkeeping,  
24          it's -- I think it's worse than I would have  
25          imagined.

1 But, again, anybody can go to these  
2 websites. They're public. They're  
3 interactive, and that's all I have for you  
4 guys for today.

5 CHAIR GRIGSBY: Dr. Theriot, do  
6 you -- I know Menactra was the lowest, but is  
7 that what's pulling that number down so much?  
8 Because it feels like those numbers are in  
9 the 80s unless I'm looking at the thing  
10 wrong. But then, all of a sudden, when you  
11 go to all of them together, it's in the 50  
12 percent range. So is it --

13 DR. THERIOT: It's because when you  
14 look at the kiddos and say who's got all of  
15 them, who's got the right number, it's in  
16 that 50 percent range. So somebody might  
17 have missed a Hep A or, you know, Menactra or  
18 something like that. And, you know, if  
19 they're not doing sports, they don't go as  
20 often as the little ones. And so you're  
21 missing them because they're just not going.

22 And maybe -- you know, maybe everything  
23 was meant to be well, and maybe you were out  
24 of one of the shots when they were in. But  
25 then they just don't come back for two years,

1 and they don't think about it.

2 CHAIR GRIGSBY: So it's just a  
3 combination of a lot of -- it's not just  
4 like, oh, my gosh, we've got some  
5 information -- like, we've got some education  
6 to do on certain vaccines. It's like it's a  
7 little bit of everything.

8 DR. THERIOT: It is, but it is  
9 getting worse. And we don't know why it's  
10 getting worse. A lot of people became  
11 mistrustful of vaccines during COVID, and  
12 that -- I mean, I'm just throwing that out  
13 there as a possibility, that suddenly now  
14 people are not -- you know, you may have been  
15 up to date before, and now you just don't  
16 want your kids to get any more vaccines. So  
17 maybe they were up to date and just need, you  
18 know, a Tdap or something and the family  
19 doesn't feel comfortable getting that last  
20 shot. But it's a big problem.

21 CHAIR GRIGSBY: Yeah. And what  
22 does the school -- like, in terms of the  
23 school's responsibility, do they have -- I  
24 mean, are they reaching out to these families  
25 and saying, hey, your child doesn't have the

1           legally required vaccines or what -- because,  
2           you know, I always naively say -- when  
3           patients come into our clinic and we don't --  
4           for some reason, we can't find immunizations,  
5           I'm like, well, they're in school. Somebody  
6           is looking at that.

7                     DR. THERIOT: I say the same thing.  
8           And I also have parents come in and say, you  
9           know, October 1st -- they gave me until  
10          October 1st to get his kindergarten shots  
11          done. And now it's October 2nd, and they  
12          told me he can't come back until he gets his  
13          shots. I mean, I've had moms tell me that.

14                    But I don't know. I don't know what's  
15          happening. You can see that the rates for  
16          the exemptions are very low. I didn't go  
17          into it. There was a little sliver on some  
18          of those charts. And the little sliver is  
19          the medical exemptions, you know, which is,  
20          like, .3. I mean, it's very low. So even  
21          that combined with the religious exemptions  
22          is a very small percentage of the patients.  
23          So I can't explain it at all.

24                    CHAIR GRIGSBY: And are we now  
25          accepting philosophical exemptions?

1 DR. THERIOT: That is not in  
2 Kentucky law.

3 CHAIR GRIGSBY: That's what I  
4 thought, but I just -- I'm trying to  
5 understand how this -- you know, probably as  
6 you are, like, how is this happening and why.  
7 Yeah. Okay. Thank you.

8 DR. THERIOT: But it is a great  
9 website if you want to go to it and see.

10 CHAIR GRIGSBY: Okay. Could you  
11 send us the link?

12 DR. THERIOT: Sure.

13 CHAIR GRIGSBY: Okay. Thank you.

14 DR. THERIOT: I'll send it to Kelli  
15 and then she can --

16 CHAIR GRIGSBY: Yeah. That would  
17 be perfect. Okay.

18 DR. THERIOT: And then I also sent  
19 out something on chronic absenteeism. I  
20 don't know if you saw that, that Erin was  
21 going to send that out to everybody on the  
22 TAC, about kids that are chronically absent  
23 from schools, which is becoming a huge  
24 problem as well.

25 CHAIR GRIGSBY: Okay.



1 DR. THERIOT: Must be a post-COVID  
2 type thing.

3 CHAIR GRIGSBY: Okay. Yeah. I --  
4 you've probably seen this, too. I have kids  
5 come into clinic, and they're like, I don't  
6 want to go to school. You know, what's  
7 happening at school that makes you not want  
8 to go to school? Courtney, you probably see  
9 this as well.

10 You know, I just don't want to go. I  
11 don't want to leave the house. Okay. Well,  
12 I don't want to leave the house either but,  
13 you know.

14 DR. THERIOT: Well, it's that, and  
15 it's: Well, why do I have to go to school?  
16 Because all I do is work on my computer or on  
17 my tablet when I'm at school. Why can't I do  
18 that at home? I can do it in half the time.  
19 And, you know, the moms might say, well,  
20 you've got a point there. Stay home.

21 CHAIR GRIGSBY: Yeah.

22 DR. THERIOT: So the chronic  
23 absenteeism is a huge problem.

24 CHAIR GRIGSBY: Okay. Well, maybe  
25 that's something we need to look at in one of

1           our future agendas, is, you know -- because I  
2           know that it's a bit of a problem. I'm sure  
3           I don't know the extent to which it's become  
4           a problem, and that may be helpful for us to  
5           know.

6                     DR. THERIOT: Okay. I can send you  
7           some contact information.

8                     CHAIR GRIGSBY: Okay.

9                     DR. SMITH: And I think it's a lot,  
10          you know, easier and, I guess, I don't know,  
11          maybe more acceptable -- and I don't mean to  
12          say anything derogatory about this. But  
13          parents can select, you know, home school,  
14          you know, virtually. Obviously, they can  
15          also do it themselves. And, I mean, I think  
16          the pandemic did wonderful things for us in  
17          that regard and maybe terrible things for us  
18          in that regard all at the same time.

19                    And I don't know if our -- you know, the  
20          PTA -- Cheryl might have some information  
21          about that, too. I guess I just feel like a  
22          lot of the families we see here are just  
23          choosing to do virtual programming that the  
24          schools readily provide, typically. Now,  
25          that's in Louisville. That may not be

1           everywhere.

2           Plus, I personally work with a very sick  
3           population with no immune system, working  
4           just with transplant patients. So that's a  
5           whole 'nother level, when you have a chronic  
6           illness and parents are worried about  
7           exposure even though our doctors say they're  
8           fine to go. So it's tricky all the way  
9           around.

10                   DR. THERIOT: Oh, yeah. Well,  
11           thank you.

12                   CHAIR GRIGSBY: Well, if I'm  
13           hearing agreement from TAC members, perhaps  
14           this is a topic that we can put on our agenda  
15           for a future meeting.

16                   MS. DIMAR: I was going to mention  
17           in our national PTA monthly newsletter, one  
18           of the big articles is: Are parents giving  
19           their kids too many mental health days? I  
20           mean, there's just a lot of things at play  
21           nationally that are maybe causing this to be  
22           more of a problem. That was the big issue,  
23           the big topic on our last bulletin. But --  
24           so I would agree. That's something we need  
25           to probably look at more.

1 CHAIR GRIGSBY: Okay. Thank you.  
2 And thank you, Dr. Theriot, for bringing that  
3 to our attention.

4 All right. Any other questions,  
5 concerns, information on immunization gaps?

6 (No response.)

7 CHAIR GRIGSBY: Okay. I think --  
8 and I just need to check with Kelli about  
9 this. But I feel like under new business,  
10 there was an additional agenda item that was  
11 added to an email we received. But I'm  
12 just -- and I don't know if we're allowed to  
13 discuss it if it wasn't published.

14 MS. SHEETS: Yeah.

15 CHAIR GRIGSBY: But it was on ACOs.

16 MS. SHEETS: I'm afraid I'm not  
17 aware of that.

18 CHAIR GRIGSBY: It was the first  
19 item listed on the new agenda under new  
20 business, but I don't know if that was  
21 published, you know, as the updated agenda or  
22 not. And I feel like the rules are we have  
23 to have it in the published agenda before we  
24 can discuss it; is that correct?

25 MS. SHEETS: That is correct.

1           Maybe that just needs to get moved to the  
2           next agenda, the next meeting agenda.

3                   CHAIR GRIGSBY: I'm sorry, Kelli.  
4           I couldn't hear that. I'm sorry.

5                   MS. SHEETS: Don't apologize. It's  
6           all me and my voice, and I'm so sorry. But  
7           yes, if you want to push that to the next  
8           meeting agenda, that would probably be best  
9           because I am unaware of it.

10                   CHAIR GRIGSBY: Okay. Okay. So  
11          just to let the folks on the meeting know,  
12          there were several questions raised about  
13          ACOs, and so we will -- we will put that  
14          forward as new business for next -- for our  
15          next meeting.

16                   It also looks like we're discussing  
17          Medicaid services for incarcerated youth in  
18          the January meeting and then the third new  
19          business item is the 2025 meeting schedule.

20                   So TAC members, MCO members as well, do  
21          we feel like that quarterly meetings allow us  
22          to discuss what we need to discuss? We  
23          previously had meetings every other month and  
24          then, this year, we went to quarterly  
25          meetings. And I feel like our agendas

1 haven't been overly full. So my thought is  
2 that it would be appropriate to continue to  
3 be on quarterly meetings, but I'm open to  
4 discussion and suggestions from others.

5 DR. SMITH: I agree with you,  
6 Dr. Grigsby, that it feels like it's been  
7 enough. I am open to other thoughts. I  
8 mean, I think when we met every other month,  
9 we were getting off within an hour often,  
10 sometimes less than that, even when we had  
11 pretty dense presentations, it felt like, or,  
12 you know, when our agenda was fairly full.

13 That's my two cents, but I'm open to  
14 doing them every other month, whatever we  
15 need, whatever everyone thinks we need.

16 MS. DIMAR: I agree. It seems like  
17 we're able to cover the information that we  
18 want to get done and not, you know, be done,  
19 like, an hour early. So I think the time  
20 amount seems appropriate.

21 CHAIR GRIGSBY: Okay. All right.  
22 Any thoughts from our Medicaid colleagues or  
23 our MCO colleagues? Is everyone comfortable  
24 that there aren't big issues arising between  
25 our meetings?

1 MR. OWEN: This is Stuart Owen with  
2 WellCare. I was going to say we're here to  
3 serve at your pleasure, the MCOs.

4 CHAIR GRIGSBY: Thank you.

5 MR. OWEN: So whatever you prefer.

6 CHAIR GRIGSBY: Okay.

7 MR. COX: And this is the other  
8 Stuart from Anthem. We're in the same boat.  
9 We'll support as appropriate, and quarterly  
10 sounds good.

11 CHAIR GRIGSBY: Okay. I appreciate  
12 that.

13 So given that we are typically the  
14 second Wednesday, our meetings next year,  
15 then, would fall in January, April -- let's  
16 see if Grigsby can come up with this -- July  
17 and October; is that correct? Does that  
18 sound good to everyone?

19 The one meeting I have some concern  
20 about is the April meeting because Easter and  
21 spring break are late. So that may be  
22 something -- obviously, not necessarily -- I  
23 think next year, Easter falls late, which  
24 means spring break falls late as well.

25 So our meeting would be April the 9th.

1 Let me see. And I feel like -- oh,  
2 actually -- I mean, again, we can talk about  
3 this later because I -- you know, obviously,  
4 if everybody is off on spring break that  
5 week, we probably need to think about a  
6 different week.

7 DR. SMITH: Yeah. Easter is on the  
8 20th, but I believe JCPS here in Louisville  
9 has spring break that first week of April, I  
10 believe. I believe. It could be the last  
11 week of March. I could look really quickly,  
12 but I'm sure everyone --

13 CHAIR GRIGSBY: Yeah. Let me look  
14 really quickly at --

15 DR. SMITH: I can look real quick,  
16 too.

17 CHAIR GRIGSBY: Okay. I will look  
18 at Fayette County as well, not because I'm  
19 going to be gone but because I'm typically  
20 covering clinic a lot during that week as one  
21 of the old folks who doesn't have children in  
22 school.

23 DR. SMITH: What I'm seeing it for  
24 JCPS, the biggest -- you know, the bigger  
25 district in Louisville, is the first -- wait,



1 let's see. I wonder why it doesn't -- oh,  
2 yeah. March -- oh, it's March 31st through  
3 the 4th so...

4 CHAIR GRIGSBY: Not an issue.  
5 Yeah. Let me look at -- it looks like  
6 it's -- it does look like it's that week for  
7 Fayette County, the 7th through --

8 DR. SMITH: So it counts Easter for  
9 yours.

10 CHAIR GRIGSBY: Yeah.

11 DR. SMITH: Ours is the week  
12 before. Well, Easter is not till the 20th,  
13 though.

14 CHAIR GRIGSBY: Yeah. I'm not  
15 sure -- yeah. Spring break is that week, so  
16 we may want to think -- since we have --  
17 since we're six months ahead, we may want to  
18 think about doing that -- and I don't know if  
19 Jefferson County spring break affects a lot  
20 of folks.

21 I just know that I'm typically in clinic  
22 on Wednesday afternoons, and I'm certainly in  
23 clinic when it's spring break week. So that  
24 would be the 9th, but we can talk about that.

25 DR. SMITH: Okay. Are we allowed

1 to choose a different Wednesday?

2 CHAIR GRIGSBY: That's what I need  
3 to check.

4 DR. SMITH: Okay.

5 MS. SHEETS: You can move the  
6 meeting. That's perfectly fine. But I would  
7 have to -- Erin or I, one, would have to  
8 check with our schedule because we have 16  
9 other TACs and a MAC.

10 DR. SMITH: Right.

11 MS. SHEETS: We would have to check  
12 and see --

13 CHAIR GRIGSBY: Right. Okay.

14 DR. SMITH: Should we put that on  
15 our agenda for the next -- maybe we should  
16 put that on the agenda for the January  
17 meeting, then.

18 CHAIR GRIGSBY: Yeah.

19 DR. SMITH: To choose an April date  
20 that works.

21 CHAIR GRIGSBY: Okay. And then  
22 future -- under general discussion, future  
23 topic suggestions. We have a topic for  
24 January. We've talked about preventive care  
25 for adolescents and bullying, and now we're

1 talking about absenteeism, which I would like  
2 to see us, depending on how long we feel the  
3 discussion for the January meeting would  
4 take, particularly since we're talking  
5 about -- there were questions about ACOs as  
6 well.

7 So perhaps -- I don't know if we want to  
8 try talking about absenteeism in January as  
9 well versus April. It depends on how full we  
10 think the agenda is going to get.

11 So I don't think -- and let me ask you  
12 this, Dr. Theriot. You may know the answer  
13 to this. For -- will we need reports from  
14 each MCO about the services for incarcerated  
15 youth, or is that a Medicaid specific, not  
16 necessarily the MCOs, for incarcerated youth?

17 MS. SHEETS: Yeah. That would be  
18 for Medicaid.

19 CHAIR GRIGSBY: Okay. So it  
20 probably -- we probably would be able to add  
21 the information -- the report on absenteeism  
22 that same meeting.

23 DR. SMITH: Sounds good.

24 CHAIR GRIGSBY: Are there any other  
25 suggestions for topics, future topics?

1 (No response.)

2 CHAIR GRIGSBY: Are there any --  
3 oh, okay. I'm just looking at the message in  
4 the chat. Okay. So that's the  
5 Children's TAC page. Okay. Thank you.

6 Are there any updates from the MCOs? I  
7 know sometimes we usually ask if there are  
8 any updates or anything that any of the  
9 organizations need to share or anything the  
10 MCOs need to share. So any updates from our  
11 TAC members from their organizations?

12 MR. OWEN: This is Stuart with  
13 WellCare -- Stuart Owen with WellCare. I'll  
14 just mention, as far as the immunizations, we  
15 all partnered together, just a little news,  
16 the MCOs through our association at the state  
17 fair, to -- we had vaccines that we --  
18 immunizations that we offered.

19 We gave out 30 -- I believe it was,  
20 like, free admission to the rides. I think  
21 it was, like, a 30-dollar value, and this is  
22 not just children. You know, this would be  
23 anybody.

24 But I think we almost hit 2,000 people  
25 that were immunized in the state fair. That

1 was just, you know, again, all the MCOs  
2 partnering together through our association.  
3 We had a booth at the fair, and we partnered  
4 with Walgreens, which was wonderful because  
5 they were there every day to do the vaccines.  
6 So I just thought I'd share that news.

7 CHAIR GRIGSBY: That's a wonderful  
8 way to get immunizations to the public. I'm  
9 not sure I would have really enjoyed going to  
10 the fair and getting a shot but, you know,  
11 that was just me as a kid. But how nice for  
12 the parents, that you can -- that that was an  
13 option.

14 DR. THERIOT: I was just going to  
15 say that. Come on, kids. Let's go to the  
16 park. Oh, by the way, we're getting a shot.

17 CHAIR GRIGSBY: Whoops. Sorry.  
18 Got to have a shot before you get on the  
19 rides.

20 MR. OWEN: You (inaudible)  
21 everything.

22 CHAIR GRIGSBY: No. See, I would  
23 have been the kid that just left because, you  
24 know, I would have been like, I'm not getting  
25 a shot. I'm going home. Yeah. That's

1 awesome, though. That's a great way to reach  
2 out to folks. I just -- I love that. You  
3 know, as a kid, I wouldn't have loved that.  
4 But as an adult who advocates for easy access  
5 to vaccines, I love that you guys did that  
6 so...

7 And there's a question in the chat.  
8 Which vaccinations were given?

9 MR. OWEN: So it was flu for --  
10 WellCare actually -- we had some additional  
11 vaccines. The ones that the association --  
12 that we all partnered together on, for  
13 certain, was the flu. It may have included  
14 COVID. I definitely know it was the flu.

15 But then WellCare, we actually -- we  
16 were next to it, and we offered some more,  
17 like, including HPV. There was about eight  
18 or nine different vaccines that WellCare  
19 offered as well. But the association, we all  
20 came together for the flu.

21 And, you know, this was in the middle of  
22 August, so that's kind of a challenge.  
23 People are like, oh, it's too early, but it  
24 really isn't. And, you know, just as a  
25 comparison, it was, I think a couple of years

1                   ago, maybe 900. So it was -- yeah. I forget  
2                   the exact number. It was very close to  
3                   2,000, maybe over 2,000.

4                   CHAIR GRIGSBY: Okay. Wonderful.  
5                   And here is a follow-up question to that,  
6                   Stuart. I'm sorry. I apologize.

7                   MR. OWEN: No problem.

8                   CHAIR GRIGSBY: Was there a way to  
9                   get -- were those all entered into the  
10                  immunization registry?

11                  MR. OWEN: Yes. Great question.  
12                  Walgreens handled that. All of it was  
13                  entered and documented in the registry as  
14                  well.

15                  CHAIR GRIGSBY: Wonderful. That's  
16                  great news.

17                  MR. OWEN: Yeah. And, again, I  
18                  mean, Walgreens really was wonderful. I was  
19                  there for one day, and they were super  
20                  friendly and helpful. They were a great  
21                  partner in doing this.

22                  CHAIR GRIGSBY: That's wonderful.  
23                  And from someone who was practicing before  
24                  the registry and after the registry, it is  
25                  one of the best things we have done in this

1 state, I'm going to say. It's been amazing  
2 that we've been able to not have to  
3 re-immunize children who have already been  
4 immunized. So...

5 All right. Any other updates from the  
6 MCOs or other organizations? Okay. So today  
7 is the immunization summit. Many of the MCOs  
8 have sponsored and are attending, which is  
9 wonderful.

10 Okay. So moving through the agenda,  
11 recommendations. I think, certainly, we will  
12 share our concern about what we're hearing  
13 about OR delays. But perhaps we will save  
14 that when we have data about specific areas  
15 that are certainly more significantly  
16 affected.

17 Okay. MAC meeting representation.  
18 Again, still on Thursdays, I believe. Is  
19 that correct, Kelli?

20 MS. SHEETS: Yes, ma'am. That is  
21 correct.

22 CHAIR GRIGSBY: Okay. And I  
23 feel -- and which Thursday is that?

24 MS. SHEETS: Let me look real  
25 quick. I'm sorry.



1 CHAIR GRIGSBY: For those of you  
2 that are new, the MAC meets on Thursdays.  
3 Both Dr. Smith and I have clinical  
4 commitments those days, so it's difficult for  
5 us to go to those meetings as  
6 representatives.

7 MS. SHEETS: It's the fourth  
8 Thursday of the month. So the next --

9 CHAIR GRIGSBY: The fourth Thursday  
10 of the month?

11 MS. SHEETS: Yeah. Of every other  
12 month, yes.

13 CHAIR GRIGSBY: Every other month.  
14 Okay.

15 MS. SHEETS: So the next one would  
16 be on November 21st.

17 CHAIR GRIGSBY: November 21st.  
18 Okay. So perhaps we'll send out an email to  
19 see if anybody would be available to join.

20 Okay. Any other questions? I have  
21 been -- we are going to get the gift of a lot  
22 of time today, guys, unless someone has  
23 anything else we need to discuss.

24 And could the members of the TAC stay  
25 on, so we can work on January's agenda?

1 Do I have a motion to adjourn?

2 DR. SMITH: I motion for us to

3 adjourn.

4 CHAIR GRIGSBY: Okay. And a

5 second?

6 MS. DIMAR: I second.

7 CHAIR GRIGSBY: Okay. All in

8 favor?

9 (Aye.)

10 CHAIR GRIGSBY: Okay. If you all

11 would stay on. And, Kelli, if you would stay

12 on, we will work on -- thank you all for

13 coming. We are giving you the gift of an

14 hour and ten minutes. I was trying to go

15 slowly and be thorough, and we just went very

16 quickly today. So we were very efficient, so

17 thank you all for being here.

18 MR. OWEN: Thank y'all. Have a

19 great rest of the day.

20 CHAIR GRIGSBY: And we will see you

21 all in January.

22 (Meeting concluded at 2:50 p.m.)

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C E R T I F I C A T E

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

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

Dated this 24th day of October, 2024.

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