NURSING SERVICES TECHNICAL ADVISORY COMMITTEE
CABINET FOR HEALTH & FAMILY SERVICES

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Via Videoconference
June 16, 2022
Commencing at 3:01 p.m.

Shana W. Spencer, RPR, CRR
Court Reporter

APPEARANCES

BOARD MEMBERS:

Lisa Lockhart, Chair

Patricia Estes (not present)

Jennifer Wiseman (not present)

Beverly Coleman (not present)

Dolores Polito

MS. LOCKHART: Well, greetings, everyone. Thank you for joining us today, and I know that this was a little schedule change from what maybe perhaps was originally anticipated. So we're very glad you're here.

I'm Lisa Lockhart, and you've got an attendance; right?

MS. BICKERS: Yes, ma'am. I have you and Dee, are the only two board members I saw. So if I missed someone, they can now let me know, and I will see if we have -- I don't think we have a quorum as of right now.

MS. LOCKHART: Well, we don't --

MS. POLITO: No, we don't.

MS. LOCKHART: -- with just me and Dee. And nobody said anything about missing. Did they to you, Dee?

MS. POLITO: No. But we have a guest speaker today. I think we should --

MS. LOCKHART: We do. I want to -- I want to forge ahead because we have an important message from you -- for you from some members -- representatives from the Kentucky Nurse's Association. They want to talk to you about school nurses. And it's an

important hot topic, so I don't want to -- I don't want those of you who are here to miss that. So we'll just go ahead and forge ahead.

Everybody had a chance to review the minutes from our last meeting?

MS. BICKERS: We can't approve the minutes if we don't have a quorum.

MS. LOCKHART: Oh, that's right. Never mind. I'll do -- we'll do that virtually, I guess.

MS. POLITO: I believe we haven't approved February's minutes either. We didn't have a quorum at our last meeting either, if I remember correctly. So if we could just keep track of that, so that when we do have a quorum, we can go back.

MS. LOCKHART: Okay.

MS. BICKERS: Yes, ma'am. I will make a note of that.

MS. POLITO: Thank you.

MS. BICKERS: You're welcome.

MS. LOCKHART: Thank you, Dee. So we'll move on to our first agenda item. Looking at our old business, we'll follow up

on our presentation to the MAC. Dee, you did an amazing job.

MS. POLITO: Thank you so much. And we did -- just to keep everyone well informed, we did receive response from the Cabinet. And both of our recommendations were, you know, approved by the MAC, but both recommendations by the Cabinet were sort of tabled so...

I think it's a step in the right direction, though. I think that was really profound on the part of the MAC to, you know, listen to our recommendations, and, you know, the vote was pretty easy. And so we'll just keep -- I guess, continue to make those recommendations so that eventual change can happen.

So I appreciate the fact that Medicaid really is now understanding, or at least hearing the concerns of reimbursement for APRNs and also recognition as providers by -- of CPMs, Certified Professional Midwives so...

MS. LOCKHART: Yes. Very important. Very important.

MS. POLITO: Yes.

MS. LOCKHART: And we appreciate all your work in the presentations, because you've made several now, and you do such a nice job. And I just want to say thank you for that and the time you've spent on that. It's very appreciated.

MS. POLITO: My pleasure.

MS. LOCKHART: And there was time spent in regards to the Kentucky Nurses Association speaking with our governors -- government -- I can't talk, with our government affairs folks, Dr. Brittney Welch.

And so a lot of good dialogue and conversation, and it feels like we're moving forward in a very positive way. So thank you for that.

The upcoming legislation session agenda topics. Any progress with presented topics?

MS. POLITO: So our legislative session begins in -- in the winter months, so I don't have anything different to speak about. And I know that the birth center bill will be presented again to the house and the senate, I think both. I don't have all the

details on that yet. It's still a work in progress.

And then as far as any bill that would influence the reimbursement for APRNs, that might be something to work on outside of this legislative session coming up. So I'm just kind of waiting to see who my senator is going to be. I had --

MS. LOCKHART: Yes.

MS. POLITO: We were redistricted and so, you know, the election will come up and then I'm just kind of waiting until the dust settles before I make an appointment to visit with my new senator.

My representative here in Lexington has always been very supportive of any issues, so I don't -- I don't know yet how things are going to play out.

MS. LOCKHART: Right. Yeah. Same here. So I know that there was conversation last time around the group at large, our guests, if there were areas of interest to the group that you wanted to explore.

Were there any topics that you felt like we needed to bring forward?

(No response.)

MS. LOCKHART: Anyone? No? Okay. Well, you all marinate on that, then; okay?

I know -- so we'll go ahead to new business, then. Next steps for the group. Any follow-up with the MAC? And I understand there is supposed to be. We already discussed that.

Plans to serve again. That actually already went to the KNA Board of Directors. Dee and I both had submitted requests to serve again, and it was approved. And they actually approved the committee. But Dee, you and I will talk offline about that. But that was our -- our applications were approved.

So back to the question about the agenda items for the group, the question was posed to the affiliates, and I know we've got quite a few on the call. Looking for input from you all. What would you recommend as areas of concern or dialogue that you would like to see discussed and brought forward?

(No response.)

MS. LOCKHART: We'll continue

marinating on that, then.

We'll go ahead and move forward to our guest speaker. So I have two representatives with us here today from the Kentucky Nurses Association, amazing, amazing professionals.

Dr. Stone, are you on the call?

DR. STONE: I am.

MS. LOCKHART: And Dr. Hager I see. There you are. So I wanted to introduce to you Dr. Eva Stone, Dr. Kathy Hager, and they want to talk to you about school nurses and reimbursement. Dr. Stone, you want to lead?

DR. STONE: Yeah. That would be great. Do you think it's possible to share my screen? I've got some slides that might be helpful.

MS. BICKERS: Yes. Give me one moment, please.

MS. LOCKHART: I'm not in charge of the screen today, so that should be an easy fix. I know people.

DR. STONE: That's me and technology.

MS. BICKERS: You should now be a co-host. And, Dr. Stone, if I drop my email

in the chat, can you please make sure to send your presentation to me so I can load it to the website as well?

DR. STONE: I will do that, yes. Let me try again. It says that it's disabled participant screen sharing.

MS. BICKERS: Okay. Try it again. Did that work?

DR. STONE: Yes. That's perfect. Let me just pull this up. So thanks, everybody, for letting us talk to you about school -- (audio glitch) Medicaid billing and nursing -- a nurses' association workgroup that has worked on school health services and increasing access to nurses in schools.

Oh, I'm sorry. Now I can't find the present button. Nothing can be easy. Let me try -- okay.

Anyway, so we've been part of this workgroup for several years. Can you see that okay?

DR. HAGER: Yes. Looks good.

DR. STONE: Okay. And so I have co-chaired it and then Kathy has also been a chair. So we've got a group that meets

regularly. And so we've been working on ways to sustain having nurses in the schools. And so school-based Medicaid billing, of course, is one thing that can help build that sustainability model.

And I want to say, Kathy, just hop in anytime you want to hop in, but to give you --

DR. HAGER: I am here mainly as a supporter. She is, by far, the most knowledgeable regarding -- in fact, I'd have to get off and say we'll do it another day. I'm just on for support.

DR. STONE: So to talk to you a little bit about school-based Medicaid billing, which really is different from the Medicaid billing that you're used to, schools are able to become Medicaid providers and bill for school-based services. So it's different than what you see through the managed-care organizations in other systems. This is a different type of Medicaid billing.

And so it's been around for a long time but, historically, schools have just been able to bill for those students with IEPs,

who are receiving special education services. So it would cover things like speech therapy, occupational therapy, physical therapy, some transportation when kids receive services on the days that they rode buses to school, those sorts of things.

And so -- and that was because that's how federal CMS defines school-based Medicaid billing. But in December of 2014, they decided they were wrong about restricting that billing to just students with IEPs. And so they reversed the Free Care Rule. So what -- when people talk about this, they'll talk about reversal of the Free Care Rule. And that's what they are talking about, this expanded Medicaid billing.

So in April of 2019, Kentucky submitted a plan, a state plan amendment to CMS to allow for this expanded Medicaid billing. And then in November of 2019, the file was approved which allowed for increased services.

And, in part, the reason that happened, if you remember several years back, there was a school shooting in western Kentucky, and so

the legislature formed a committee to look at school safety issues. And when they did that, part of the discussion of how to provide more mental health support, more support in schools, was discussed. And so that helped speed the impetus to get Kentucky to move forward with amending the state Medicaid plan.

And originally, nursing was included in that language. But when that bill, Senate Bill One, finally went through, they had removed nurses from the language of those who could -- were providers of mental health services in schools. So that was unfortunate, but it's fortunate this has moved forward in Kentucky.

So we're one 1 of 13 states that currently is participating in this expanded billing. Kentucky is part of a national learning collaborative that we were invited to join because of our work on reversing -- of implementing this in Kentucky.

And so that learning collaborative consists of the school-based representative from Medicaid, Erica Davis, and then from the

Department of Education, which is Lindsey Kimbleton, and then myself from a local education agency. A nurse practitioner recently joined from Bardstown who is also from a local education agency and then we have a Kentucky Youth Advocate.

And The Foundation For Healthy Kentucky is also on that learning collaborative which -- it gives us access to networking with states across the country who are working to implement this and just gives us some good support and connections with the federal CMS as well.

And so the way Kentucky rewrote their state plan was basically to say that we will -- (audio glitch) districts can bill for any service that nurses and APRNs -- health assistants are included among those who are able to bill for services.

And so the big benefit with this, of course, is not only is there -- oh, I think I skipped forward one, didn't I? It can help support. It can help with this work that we've been doing to try and support children to have access to the school nurses all day,

every day, which has been a legislative action item for the Kentucky Nurses Association for several years.

It also can help ensure that children have access to additional health providers. And then, of course, some overall challenges are just the history of structure for billing in the state.

So a couple of things about that. And, recently, I had somebody ask me a question. I was talking about children not having access to healthcare services in Louisville. And so this was with a team of people. I work for Jefferson County Public Schools and coordinate health services.

And so they asked me a very sincere question. And they said, you keep talking about people not having access to health services, but there's providers all over Louisville.

And so it really struck me that if we're working to implement -- to get rid of our structures of systemic racism, and I would throw classism in there, that people don't understand, by and large, what it means to

not have access to health care.

So I work in a school district where we have nearly 100,000 children. 65 to 70 percent of those kids are eligible for Medicaid. We have 14,000 children who are immigrants and refugees, and a lot of those families don't have regular access to health care.

When I started working in JCPS, in the 1920 (sic) school year, I really did a deep dive into our immunization data and found that 1 in 5 children in the district do not have -- are not current on their immunizations and have been working with the health department to really look at the structures of why that is.

And one of the major things that we found is that a lot of the healthcare providers in Louisville do not participate in the Vaccines For Children program, which is basically the only group that will immunize kids who have Medicaid.

So what was happening, if a family took their child for their preventive health visits, which they should be having annually,

they were being told they had to go somewhere else to get their shots, and they're very limited in where they can go for those immunizations. And that's just one example.

But, recently, I looked at who all could -- how many providers do we even have in Louisville with -- that will vaccinate kids who are receiving Medicaid. And so you think about Louisville and the fact that there's multiple, very large healthcare systems there and how many providers are in Louisville.

And there is a total of 67 people, groups that will vaccinate children with Medicaid. And some of those are districts -- like, one of those is -- they're very specific as to what population they can immunize.

And so -- and if we think about what's happening during the pandemic or since the pandemic, in Jefferson County, we had issues with kids even having their preventive health exams done. Historically, only about 80 -- kids are required to have a physical when they start kindergarten and again in sixth

grade for the school district. Again, they should be having annual preventive healthcare visits.

And so in my district, even prior to the pandemic, only about 80 percent of children had that kindergarten physical, and less than 50 percent of sixth graders were having that exam. And so since that time, since the pandemic started, the numbers have been significantly decreased on those preventive health visits.

So, for example, if you look at the State Department of Education website, only about 50 percent of kindergarten students and about 27 percent of sixth graders even had a preventive health exam last year.

So when I talk about those things, I want to say that we, in Jefferson County, have looked -- we look at immunization rates, physicals and immunization as measures of whether kids are accessing the healthcare system.

And so when they don't have those things done, that tells us that they're not accessing the healthcare system. And so we

looked specifically at students who did not have their preventive health exam, and we see who are having preventive health exams.

So that's just one example as to why this is very significant for the state as a whole, especially as we look at social determinants of health. If we're really going to address social determinants of health, then we need to look at the ways we can do it more comprehensively for the state.

So what we've done with KNA, is we did a survey of school nurses this past February. We wanted to look at their work during the pandemic. And so we had 149 people respond to that survey, and they represented 78 school districts across the state. And so we wanted to see what kind of work they were being asked to do.

Because one of the things that federal Medicaid has allowed is for school districts to bill for services related to COVID-19. So they could bill for COVID vaccines. They could bill for contact tracing, for COVID testing.

And so Kentucky wasn't allowing billing

for those services. So we wanted to get an idea of how many -- how many nurses in the state are really being asked to provide these services during COVID-19.

Because, first of all, if it's a reimbursable service, this school-based Medicaid billing doesn't -- it's not a cost to the State. So the funds are federal. There is a match that the State has to make, but that comes off of the amount that the districts are reimbursed.

So it's important to know that because this is something we can implement in Kentucky where we aren't going to be draining the State's budget. We are actually just utilizing resources that are being made available.

So 79 percent of those that responded were registered nurses. 60 percent of those said they had a nurse all day, every day for their schools. So that was good. But, again, these were the nurses who agreed to participate in the survey, so I think that's telling as well.

But only 38 percent of the districts

said their district was participating in expanded Medicaid billing. So that's problematic. Because, again, this is a resource that's available for children, and I really want to emphasize that it's available for children in the state and things that we could be doing as a state to make children healthier.

And one of the most important things that we can do to make them healthy for their entire life is to successfully educate them. And so this is very much -- health and education are very intertwined.

So 30 percent of those responded didn't even know if their district was participating in expanded Medicaid billing, and yet 62 percent said they had to perform contact tracing for their district.

And so we know that nurses were spending a lot of time -- in fact, in the survey, that's one of the things that they complained most about, that was most frustrating to them, is that they had to spend a lot of time doing contact tracing.

They often -- the nurses aren't included

in the groups that got pay incentives in many school districts. And it consumed a lot of their time, yet they didn't feel like they were getting a lot of support for it.

And at the end of the day, the amount of time nurses had to spend contact tracing from 2021 and then we -- we asked for two years, 2021 and then '21-'22. And what happened between those two years is that, originally, health departments had been contributing resources across the state to do contact tracing but then they backed out of doing that.

And so school districts were left to do a lot of that themselves, and so that fell to school nurses. And so health departments have been able to bill Medicaid for contact tracing, but school districts have not.

Now, I think this has been changed. At least verbally, I've been told that the State is going to issue a new Technical Assistant Guide for school districts that will allow billing for contact tracing, COVID testing, and so on. But that has not been released yet.

And it's hopeful one of the things the State could do -- I think it's Colorado. What they did, is when they made that available for their school districts to bill for, they made it retroactive for the year before so that districts could go back and recoup some of those funds needed.

So anyway, so lots of knowledge gap for the nurses when it came to Medicaid billing. So opportunities that we have for this expanded billing, again, funding support for school nurses and other health services for children -- (audio glitch) people with a critical need in Kentucky have had the most negative household outcomes.

And this is an opportunity, gracious, for more physical health services, and we're talking preventive services. We're talking support for chronic illness. We are talking vaccinations as part of the preventive health services, dental services.

These are things that communities should work together and use the school nurses to help coordinate care for students who need these kinds of services. And, again, it's

those children who are not regularly accessing the healthcare system.

Again, in my district, we did a really deep dive into chronic absenteeism, and we were looking -- chronic absenteeism is kids who are missing ten percent or more of school. And we know in Jefferson County, that percentage has increased by seven percent since the start of the pandemic, and that does not kids -- include kids who are in quarantine or isolation.

So it's almost 30 percent of students, all students in Jefferson County are missing ten percent or more of school, which is very significant. Because if you miss more than five days of school, your likelihood of doing poor academically raises significantly.

So we looked specifically at kids who are chronically absent, and we looked at their academic progress which, as you can -- as you can guess, they just weren't making academic progress.

So then we looked at students with chronic health conditions. We looked at diabetes, asthma, and seizures. And we found

that students with asthma were -- about 44 percent of students with asthma in the district are missing ten percent or more of school. It was about 43 percent of kids with seizures were missing ten percent or more of school, and nearly 50 percent of children with diabetes were missing ten percent or more of school.

So, again, this expanded billing is something where -- if we teach nurses how to coordinate care, that we can really be that bridge between the family and the healthcare system.

So some of the big challenges we've -- that are in place with rolling this out. One is consent for services. So as it is currently set up, in order to bill for these services, families have to sign a separate consent. It has to be signed at least once. And then after that, parents just need to be notified annually that this billing is taking place.

Well -- so historically, the kids who had the IEP services, they have an annual meeting. And so at that annual meeting, they

just re-share the letter. They get consent signed because they're meeting with the family.

With expanded billing, there isn't that interaction with families to get that one-on-one consent. So what some states have done is they've looked at their enrollment process for Medicaid. And when they enroll families in Medicaid, they say we have gotten consent to be able to provide services for Medicaid with the enrollment process. So they don't make families sign a separate consent as we are doing in Kentucky.

And so that is one of the biggest barriers that exists right now to getting full implementation across the state. And I know there's work being done with the Department of Education to look at this, but that's something that really, as a group, that this group can be helpful at speaking about and looking into.

Another is that there's just not a lot of training opportunities for nurses. What the nurses told us is they don't know a lot about Medicaid billing because, historically,

it's not been the nurses that have been responsible for this at their district level.

And so one of the things that KNA is working on -- and Kathy can speak to this as well. But what we're going to do is develop some communities of practice for Medicaid billing. So we are going to engage school nurses into educating them about how to bill Medicaid for school health services and how to implement these programs.

And, Kathy, as part of our workgroup, has been working on a standardized curriculum for nurses across the state so that -- we're telling school nurses how to be school nurses, how to do this care coordination so that we can ensure children have access to care and that they're receiving care.

One of the comments that some of the nurses have been frustrated about is that nursing services are limited. So, for example, if you look at -- there's a lot of focus that's happened for mental health and -- (audio glitch) the work with the committee that ran it up, what they were looking to get started is increased access to

mental health services. But unfortunately, there's not been that same emphasis on what nurses could be doing.

And so right now, there's -- the State is going with T-codes to bill for nursing services, and they can only bill for up to 15 minutes no matter what they're doing. And so if you've done care coordination in any other settings, then you know that there are things that take significantly more time than that. And so it really limits the reimbursement for those high -- those interventions that are really high need and time intensive that there's just not reimbursement for.

This next one is really what I'm hoping that this TAC can help with, and that is the decisions have been made on how to roll this out in the state, and there's not been nursing at the table to discuss it.

And I really think this group can be very instrumental in helping make sure that -- you know, nurses know the practice of nursing in schools. And so it's really important that we maximize what services -- that we're billing for everything that we can

bill for. Particularly if it's a federal resource that we're bringing into the state to help provide support to students and families, then why wouldn't we? Why wouldn't we want to do that to the best of our ability?

And then the other challenge -- two other challenges. One is just coordination between groups. And so when I say that, what I mean is we've got this managed care organization. Some of you are on here, and you've got your things that you are working on with your families. And those efforts aren't -- not that it's anybody's fault. It's just the way the system is set up -- necessarily coordinated with school nurses. And so -- who are also trying to bridge the gap of services.

Immunizations is a great example. You know, MCOs give providers lists of kids who are out of compliance with their required immunizations. Well, those kids go to school. So if we worked on data sharing agreements where we could be really coordinating these efforts, then we could

really see a big impact when it comes to children's health.

And right now, the challenge is calendars. And when I say that, what I mean is schools aren't allowed to bill for services that aren't happening during the regular school year. And so summertime is when kids are needing all these preventive health exams.

So there are districts who have set up -- and, again, feedback from nurses. You know, they've set up events where they're going to be doing physicals for students. These are kids who don't have access to care. They -- but they are involved in summer school. They're involved in those other kinds of things.

And -- but they've been told that if you need a physical during the summer, you're not going to get to reimbursed because we don't reimburse during the summer for school-based Medicaid. So that is a barrier, again, to making sure that we're bringing those services to children.

I have shared the link to the current

Technical Assistance Guide that doesn't contain the COVID things. That is -- it was last updated in January, but there should be a new one coming, I hope, before too long.

And then I just wanted to show you a little overview -- this link down here I just included in case you wanted to go to the Department of Education's website and look a little bit at their services when it comes to school-based Medicaid.

And then this I just wanted to show everybody. I don't know if it's something outside of the meeting if you'll have access to, but it just gives a little bit of a -- you can just see what kind of things state by state have been doing as far as reversal of the Free Care Rule and implementation of the expanded billing.

So there's 13 states who have done it and are approved. These states, Arkansas, Minnesota, Missouri, New Hampshire, South Carolina, I should have included them in the 13. They didn't have to do an amendment. Their Medicaid plan was already written to allow for this billing.

So to give you, again, an example. In our district, we became -- I told you we have one in five children who are out of compliance for state-mandated vaccines. We've been working with the health department since I started there in January of 2018 to try and fix systems so that we could have more integration and opportunity for kids to get vaccinated.

And, finally, what we've done is our nurses -- our district, we've become provider nurses for the Vaccines For Children -- (audio glitch). And that's one thing that we want to -- that we can use -- (audio glitch) expanded billing, to help mitigate and help bridge the gap that exists with care for these children.

But when we're doing that, we're also going to be working to establish them with a medical home because we can't be a medical home for children. We can only be a stop-gap measure. But what we can do, if we really teach nurses how to coordinate care and use this opportunity to increase services to students, then we can really make a big

difference.

And I am happy to answer any questions or hand it over to Kathy if she's got anything she wants to add.

DR. HAGER: This is Hager. The only thing that I would add is that Eva has been impressing me for over eight years with her knowledge on school nursing, and I am not a school nurse, per se. I did some nurse practitioner stops when I was working at Bellarmine but nothing working with pre-K through 12, which is where some huge challenges lie.

But what I found when I listened to Eva talk about the social determinants of health, it really hit me and several other people that are on our school nurse task force that school nursing might be the answer -- at least a major part of the answer to population health and addressing all those social determinants of health.

And, Eva, I put in the chat box a comment. I think I found a quote, and I had thought it was over 50 percent of our kids in Kentucky received Medicaid as their health

insurance, and I found 63 percent. Does that sound right? That was 2018.

DR. STONE: Yes, it does.

DR. HAGER: And am I correct that as long as the nurse is providing for a billable service, then we can charge those children during school hours for any service they provide; is that correct?

DR. STONE: It has to be medically necessary.

DR. HAGER: As medically necessary. So my point being, that I think we could be very, very instrumental in kids getting healthcare that would not be accessible otherwise and, at the same time, maybe pay and cover for a large portion of the nurse's salary.

So one of our things on the task force is to get a school nurse in every school and prove their worth, which is why I added the comment about the nurses have got to document what they're doing. Because I think nurses, overall, we don't take credit for all the things we do. And if we could document that, I think we could prove way beyond the value

of the cost of the salary and the benefits of the school nurse.

And then the only other thing I wanted to add was when we talked about -- when Eva talked about the curriculum, we're not trying to tell anybody what to do. We're just trying to make the legislators aware that the curriculum will probably be boosted with mental health because of the fact that safety has become a major issue and because we know that anxiety and depression in all Americans is rising, not just because of COVID. It was rising long before COVID.

So we need to address bullying. We need to address drugs, and there's a whole lot of stuff that doesn't fit into that physical picture that we used to think of as the school nurse and the band-aids and sore throats and stuff like that.

DR. STONE: That's an important point, too, Kathy, which is -- and I didn't elaborate on it very much. But when nursing was removed from the language of Senate Bill One as somebody providing mental health services, it was -- first of all, school

health is a very big safety issue.

Because to the child who has a life-threatening nut allergy, they're not safe in school if they don't have somebody there who can respond to an emergency, No. 1. But No. 2, kids come to school nurses with somatic complaints all the time, but really they have an underlying mental health issue.

And as some of our mental health folks will tell me often kids will come to the school nurse when they might not feel as comfortable going to somebody who is known to be a mental health person in the school district. And at least that is a system of training and then referring kids and so much better if we can do things early on rather than waiting until somebody is in crisis.

MS. LOCKHART: Thank you very, very much, Dr. Stone and Dr. Hager. To the folks that are on the call, the Zoom meeting with us today, do you have any questions you'd like to pose?

MS. KUNTZ: This is Stephanie Kuntz with Anthem. I don't have a question, but this was a great presentation and, I think,

something that the MCOs could really take back and -- you know, to our executive leaders. I agree that this is a -- school nurses could be the answer.

There are lots of gaps in care for well-child visits which includes the immunizations. And we work really hard, and we never seem to move the needle very much because there's just so many different barriers. And this is a great way, a place that kids go all the time and can get these services. So will we have access to this presentation, and I can share with my leaders?

MS. LOCKHART: Yes. We can make that happen, can't we, Dr. Stone?

DR. STONE: Absolutely. And I will add to your point about -- because your point about immunizations is really important. So, like, in our district, in Jefferson County, because of the pandemic, the health department gave us a grant for one year to implement an electronic health record, and we needed that so we could do surveillance for COVID at a district level and be able to

respond quicker and then the district picked up the cost for that for the next year.

But one of the things I was incredibly excited about is because that EHR had the ability to interface with the state immunization registry. And please understand that school districts -- school nurses right now can get access to the registry, but it's on a person-by-person basis. So it doesn't allow you to look at anything on an aggregate -- an aggregate way.

So because we have access now to the registry, once a week, that system is updated with student immunization records. So not only has that helped us to know what's going on with COVID, but it's also helped us to make sure that we have up-to-date records on all the students as to what's entered in the registry.

But what's been very eye-opening about that is that the incredible disparity that exists between schools for COVID vaccination rates. So we have schools where seven percent of students have gotten two COVID vaccines, and we have schools where 84

percent of students have gotten two COVID vaccines.

And as you can imagine, the schools with fewer kids vaccinated are the ones that are our most at-risk families. It's our black and brown students. It's our students living in poverty. They have very low immunization rates because, for years in Jefferson County, they have not had access to vaccines.

So, I mean, I understand the trust issue. We've made clinics available at every school in the district, on-site clinics. And we still only improved that -- overall, the entire district, percentage of vaccinations, two dose of the COVID vaccine, is 33 percent. So it's nowhere where it needs to be for us to keep kids in school.

So in order to interface with the state registry, we had to enter into a data sharing agreement with the Kentucky Health Information Exchange. And so -- but we did that. We were able to do that.

And now KHIE has also done a model agreement for school districts that would allow them to do something similar with

Infinite Campus, which is a student data system. And so that's a really big deal. Again, that's a big step forward in Kentucky.

But to really know where we are when it comes to immunization rates -- and then once we know the true data, then we can figure out how to address the problems. But the disparities by race are disturbing, and I think we'll see the same thing if we look at other vaccinations as well. So yes, I think anything that we can do to work together to partner is just so important for the state.

MS. JONES: Hi. This is Shannon Jones with WellCare, and I agree. I think this is going to be a great presentation for us to take back to our leaders.

My question is just, from my lack of knowledge, is the prevalence of school nurses across. So to your point, some of the school districts, do we have a record of what school districts have school nurses and the percentage of time?

I know some of the schools, for example, in the eastern part of the state, may have one nurse who rotates through an entire

county of schools being their area. So do we know exactly how many of the 120 counties have school nurses, the prevalence, how much time they spend at each? Is that information available?

DR. STONE: So I'm going to pop that over to Kathy because that is something our work -- our group has been working on. And so she has got some good, good data on that.

DR. HAGER: Well, the data is as good as we can get. I should say that. We actually, with the cooperation of the University of Kentucky and the University of Louisville, had students and faculty calling every school in the state.

Now, when you call, you don't always get to talk to the person who knows the most. For example, the receptionist may say, "Yes, we have a school nurse." And then I'll say, "Is she an LPN or an RN?" And she'll say, "Well, she's a nursing assistant."

So -- but we think -- and we think it's pretty close. We haven't tallied up all the high schools. UofL did that with me, and

we're not finished. We have about 25 schools to call. But what is that out of, Eva? Is that 272?

DR. STONE: I don't know how many schools off the top of my head.

DR. HAGER: Okay. It's a large number of schools, so we're almost there. But it looks like -- it's going to look pretty good. Like, 80 percent would have a full-time nurse. That means every day, all day. And I'm going to guess another 15 percent that split those nurses all over the place, like somebody just referenced. And then I think there's about less than five percent who have no access to a nurse at all unless there's an emergency and then I think they call someone.

But that's getting pretty close, and that is much better than it was pre-COVID. We feel sure that those numbers are kind of inflated because of COVID and that when the money gets tight again, that the nurse might be the first to go, which is why we have to document and prove the worth of the nurse, which I think -- I think that we can do that.

DR. STONE: And I just want to --

DR. HAGER: Does that answer your question?

DR. STONE: So I'm going to add to your answer, Kathy.

DR. HAGER: Yeah.

DR. STONE: So on -- on KDE's website -- and I can put the link in the chat -- there is a document you can access that says "school nurse count." And you could look at that file for any given county and see what they've reported as far as the number of nurses. So it's -- again, as Kathy said, it's as good as what's been reported, but it can give you an idea of what the district has reported for nurses.

But to Kathy's point about COVID, so take Jefferson County, for example. Jefferson County, we have over 160 schools. 155 of those are brick and mortar buildings. So that's who we provide services for as far as school health goes.

Prior to the pandemic, the district paid for out of my office, my department, six nurse practitioners. And so the district is

divided up into zones, and so they were overall responsible for those zones. And then they paid for an additional 24 LPNs -- 23 LPNs and one RN.

And then I had a budget with a staffing agency to provide what they called contract services for just -- for kids. So if a child needs catheterized and another one needed insulin, these nurses hopped from school to school during the day to do procedures.

And so it was really a model that was very poor, honestly, and not evidence-based. So we are fortunate to have a data department, so we've been working on evidence-based practices. But because of the pandemic and the funding that was available, we've been able to place a nurse in every school.

So that's a double-edged sword because, No. 1, those nurses have been placed there because of federal funding. So any nurse that's paid out of federal funds can't bill Medicaid. Because you can't -- that's basically double-dipping. Somebody can't be federally funded and bill for their services.

And so that's a challenge. But, again, so it's district-created positions or -- brought on people with their federal dollars, and those particular folks won't be able to bill for services.

But, again, I'll put that link in the chat where you can look to see what the districts had reported over the last couple of years as far as nurses in their schools.

DR. HAGER: And let me add. I was saying 144 schools. It's 171 districts and 1,477 schools. So I'm almost finished with the high schools. I have 23 to call left, and I think there are some in all groups, elementary and high schools, middle schools that do not -- we never get ahold of. We leave messages to answer, and we don't get response.

So there will be some no responders, but we'll have most of the information that we need, at least for the year 2022. And, of course, it's going to change again as new school starts.

MS. JONES: Thank you, guys, so much. I appreciate the information.

DR. HAGER: Thank you for caring.

MS. LOCKHART: Anybody else? Some good questions here. Some good comments.

MS. POLITO: I'm just wondering, is there a specific recommendation that we as the nursing TAC can take to the MAC?

DR. STONE: What I would say, one is to look at consent, the requirement for a consent form for everybody. The consent -- when I say consent, it's not like you can have anybody sign a general consent form. It's a specific form that the Department of Education has developed, so that particular document. So if it's -- if it isn't something the State has to do, that would be something that would be really helpful in supporting the school districts, to do those.

And then the other is really to get a report on how things are going on this -- not necessarily to go back to the MAC, but maybe it is, but something that -- monitoring nursing services, getting reports of what -- you know, how many nursing services are being provided, and are they able to bill for their school scope of practice.

Those would be things that would be very helpful. Because, you know, what I see you all have done is looked at reimbursement issues, and this would be another reimbursement issue for nursing.

MS. LOCKHART: Now, Dr. Stone, just to review again, you referred earlier to the other states having a different process for consent.

DR. STONE: Yeah. So --

MS. LOCKHART: What are they doing that we're -- we're requesting a separate consent. They're grandfathering it in with something else or --

DR. STONE: No. They determined that that consent was to change when the family enrolled in Medicaid.

MS. LOCKHART: I gotcha.

DR. STONE: So California is an example. They've said this is covered when the family enrolled, and so we're not making the schools have another requirement of trying to track down consent forms and answer all this information. We know they have Medicaid. Therefore, they're eligible for

it. The State can bill them.

MS. LOCKHART: Okay. Thank you. Anyone else? Dee, did that answer your question?

MS. POLITO: Yes, ma'am.

MS. LOCKHART: Okay. All right. That was a good question.

Oh, I have something in the chat here. If TAC wants to ask for data about the use of expanded school-based services, they can ask DMS. Would that be you, Mr. Guice?

MS. GUICE: Yes, ma'am. Only it's not mister.

MS. LOCKHART: Yes.

MS. GUICE: It's not mister.

MS. LOCKHART: I'm sorry. I'm sorry.

MS. GUICE: What I wanted to say is that we frequently take a look at the data ourselves, and so all we would need from you is what your specific request would be, like time span. Do you want the CPT codes? Do you want unduplicated services, unduplicated members, place of service? Specifics like that. You make a request to DMS for that

through the TAC. We will do our best to oblige.

MS. LOCKHART: That's wonderful. Thank you so much.

MS. BICKERS: Lisa?

MS. LOCKHART: Yes.

MS. BICKERS: If I may, I would suggest, amongst yourselves, maybe figure out what data it is and the years, like Lee was saying, what you need.

MS. LOCKHART: Okay.

MS. BICKERS: And you can put that under your new business for your next meeting. That data could be discussed.

MS. LOCKHART: Yes, ma'am. That's exactly what I'm thinking.

MS. BICKERS: That way, DMS knows that the request is coming. And the next meeting, you can lay out exactly what data you'd like to look for and then they can gather that up and have it ready to present at your next meeting.

MS. LOCKHART: Wonderful. Thank you. Is there anything else, guys? Any other questions or comments?

(No response.)

MS. LOCKHART: Okay. Well, we are right at 4:00. I want to say thank you to all of you that are here. We really appreciate you taking the time to meet with us today, to join us. Dee, as always, thank you.

And thank you to Dr. Stone and Dr. Hager for taking your time. It was a wonderful, very informative presentation. I think everybody here learned quite a bit this afternoon. And we have some great things to work with moving forward, and I'll be getting back in touch with the two of you. Dee and I, I believe, will get back in touch with the two of you as we look to formulate our possible questions and look at specifically what types of data that we need so we can bring that forward.

Does that sound good to everyone?

MS. BICKERS: And for all the MCOs, once I receive the presentation from Dr. Stone, I should have it uploaded and published onto the website hopefully by tomorrow.

MS. LOCKHART: And is there a way to capture the links that she shared with us, too? It's great when people share them in the chat but --

MS. BICKERS: Yes, ma'am. I should be able to pull the chat, and I can email those links to you. I would -- I'll have to look. I might be able to put them into a Word document and also upload them to the website as well. I should be able to maybe combine that into her presentation.

MS. LOCKHART: Since that was shared in response to some questions asked, I think that would be helpful for the group as well.

MS. BICKERS: Yes, ma'am.

MS. LOCKHART: Okay. Thank you.

DR. STONE: Do you want me to email the presentation, or can you get it from the link in the chat?

MS. BICKERS: If you could mail it to me, that would be wonderful.

DR. STONE: Okay.

MS. LOCKHART: Okay. Well, I guess with that, we can move to adjourn for the

day. Anybody want to make a motion? Dee?

MS. POLITO: Well, I would make a motion, but we don't have a quorum so...

MS. LOCKHART: That's true. I keep wanting to follow a process that we can't follow. I'm so sorry.

MS. POLITO: And I just want to make sure I have the next meeting on my calendar and --

MS. BICKERS: August 11th.

MS. POLITO: August 11?

MS. BICKERS: Yes, ma'am. And our MAC meeting this month -- excuse me, in July is July 28th, is the next MAC meeting for those who are interested.

MS. LOCKHART: July 28th. Okay.

MS. POLITO: So, again, I have a conflict with that second Thursday of the month so --

MS. LOCKHART: August. Meaning the August?

MS. POLITO: Uh-huh. August 11th is -- the second Thursday of the month is always our Medicaid -- our Midwivery Learning Collaborative with the Institute For Medicaid

Innovation. So can we just --

MS. BICKERS: I'll email you and Lisa, and we can look at other dates in August. And we can do that amongst ourselves and then I can always publish on the website if we change the date or if you decide to cancel.

MS. POLITO: Sounds good.

MS. LOCKHART: Sounds good. Sounds very fair. Okay.

Dr. Hager and Dr. Stone, I want to thank you again. We very much appreciate your time and effort today. Like I said, we learned a lot, and we're grateful that you were able to join us.

And thank you -- and thank you, Lee Guice, for the information so that we know how to get more information and data from you. We will definitely be following through with that.

MS. GUICE: Certainly.

MS. LOCKHART: And I guess with that, we can go ahead and adjourn for the day.

DR. HAGER: Thanks, everybody.

MS. LOCKHART: Thank you, everyone.

(Meeting concluded at 4:01 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 June, 2022.

/s/ Shana W. Spencer

Shana Spencer, RPR, CRR