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CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES
NURSING SERVICES
TECHNICAL ADVISORY COMMITTEE MEETING

Via Videoconference
February 9, 2023
Commencing at 3:02 p.m.

Shana W. Spencer, RPR, CRR
Court Reporter

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APPEARANCES

BOARD MEMBERS:

Lisa Lockhart, Chair

Dolores (Dee) Polito

April Hester

Jennifer Wiseman

Dr. Eva Stone

1 CHAIR LOCKHART: We'll go ahead and
2 call our meeting to order.
3 Who is present from the Nursing TAC
4 besides Lisa Lockhart?
5 DR. STONE: Eva Stone.
6 CHAIR LOCKHART: Dr. Stone.
7 Anyone else?
8 MS. BICKERS: I thought I saw
9 Jennifer log in but maybe --
10 CHAIR LOCKHART: Well, I thought I
11 heard -- I'm looking down the list now. We
12 have a lot of wonderful folks here from
13 Medicaid, from our services.
14 MS. SHEETS: So if Jennifer is not
15 on, we do not have a quorum.
16 CHAIR LOCKHART: So we cannot do
17 approval of the minutes. So we'll table
18 that, and maybe we can do it unofficially by
19 email. That's always possible.
20 MS. BICKERS: No, ma'am. You have
21 to do that in your public meeting.
22 CHAIR LOCKHART: I'm sorry?
23 MS. BICKERS: You have to approve
24 your minutes via the meeting. So if you
25 don't have a quorum this meeting --

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CHAIR LOCKHART: So we'll have to wait.

MS. BICKERS: Yes, ma'am.

CHAIR LOCKHART: Okay. All right. I understand. I forget. Some meetings I have, we can do it the other way. Thank you for the reminder.

Okay. Well, with that, we'll go ahead and move on to old business. On the list of old business is nurse practitioner reimbursement for preventive health services in schools.

Dr. Stone, I believe that's your forte, so to speak.

DR. STONE: Yes. I was just wondering if we had any update on why the nurse practitioners aren't being paid with the physician -- the 75 percent of the fee schedule.

MS. DAVIS: Hi, Dr. Stone. So I did do some research into the codes that you sent, and the -- the reimbursement for school-based services is a bit different than the fee schedule.

But looking into our system, the rate

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type that was set for those codes was the one that was first generated when expanded access was new, like when we first put in those codes in 2019. And somehow they were not updated with the new rate type of SBS for school-based services, and so that's something we're going to have to fix. And once we do that, those rates should be adjusted.

I can't tell you exactly where they're going to be. That's something I'll have to work with Fairbanks to determine, how we're going to set those rates, but those -- I do expect those to be increased.

I just can't give you an exact amount of where that reimbursement is going to be, but we have identified where that issue is, and that is something that we are working to fix.

DR. STONE: Thank you so much, Erica. So those districts that have been paid at the lower rates, will they be compen- -- will they get back payment, I guess, for those services that they've already provided, or how will that work?

MS. DAVIS: I'm not sure of that.

1 I can take that to leadership and determine
2 if they want -- if they will allow us to do
3 that, to have those claims resubmitted.

4 DR. STONE: Thanks, Erica.

5 MS. DAVIS: You're welcome.

6 DR. STONE: You're wonderful.

7 You're always so helpful.

8 MS. DAVIS: Well, thank you.

9 CHAIR LOCKHART: Always, yeah.
10 Always. So thank you for that and -- Erica.

11 And we're going to back up just a moment
12 because I think we have a quorum now. Dee
13 Polito and Jennifer Wiseman have joined;
14 correct?

15 MS. POLITO: Yes. Hello.

16 CHAIR LOCKHART: Hi. So we just
17 want to back up just a little bit, guys, so
18 we can move to approve the minutes from 12/8.

19 MS. SHEETS: Everyone -- all
20 members need to have their cameras turned on
21 for voting.

22 CHAIR LOCKHART: Jennifer, can you
23 turn your camera on? Can you hear us?

24 MS. POLITO: Lisa, I'll move to
25 accept the minutes as written.

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CHAIR LOCKHART: Okay. Great.

Thank you.

She can hear us. We just can't see her.

Oh, there she is. Hi.

Do you approve of the minutes?

DR. STONE: Yeah. I can second that.

CHAIR LOCKHART: Okay. Okay. Great. Is that an all approve? I'll say aye.

(Aye.)

CHAIR LOCKHART: Great. Okay. We have approved minutes. That's wonderful. Thank you all very much.

So we'll move on to our new business, and that is request for MCOs to provide updates for TAC on how ending of the national state of emergency will impact families related to Medicaid enrollment. That's quite a topic.

I mean, there's been a lot of discussion lately about that. So we'll open the floor on that one. Who wants to -- who's got anything --

Oh, April Hester has joined, too.

1 Welcome. Welcome. Welcome.

2 MS. HESTER: Hey, there. I've been
3 on. I just voted.

4 CHAIR LOCKHART: Oh, that's right.
5 Okay. I'm sorry. I'm sorry. You did.
6 Okay.

7 MS. HESTER: No worries. I'll just
8 turn my camera off. I'm in a patient care
9 area at work, and I just want to follow --

10 CHAIR LOCKHART: Okay. I totally
11 understand. I'm at the hospital, too.
12 Totally understand.

13 MS. HESTER: Yeah.

14 CHAIR LOCKHART: Okay.

15 MS. JUDE: If it's okay, I'm happy
16 to share my screen. This is Victoria with
17 Anthem Medicaid.

18 CHAIR LOCKHART: Oh, great. Great.
19 Thank you.

20 MS. SHEETS: Okay. Let me make you
21 a cohost. Let me stop sharing, and I will
22 make you a cohost. Okay. You should be able
23 to share your screen now.

24 MS. JUDE: Thank you. Can you see
25 that?

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MS. SHEETS: Yes.

MS. JUDE: So as you can see, this is a breakdown for Kentucky member renewals as we begin unwinding. We are looking about 151,000 members in Kentucky with renewal dates in Facets and 9K averaging starting in April 2023. These are 50 percent residing in the top 20 counties.

So you can see we have a heat map here really showing, based off of Medicaid membership, 1 to 10,000 of those that will be -- those counties of focus that will be impacted the most.

And a lot of that will be -- as we begin unwinding and stuff with renewals, redeterminations the first part of the quarter, those individuals will be focused more on passive renewals. But then when you get into April on, that's where we really need to make sure that education piece is there from the Medicaid members individually.

And that's what each MCO has been working on, to make sure that, you know, we have things in line to support our members during this time, during -- in these upcoming

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months.

Would you like me to send this to you?

DR. STONE: Yeah. That would be great.

I'm just curious. So -- so everybody is going to have to reenroll, is what you're saying? And then -- so of those members in the outreach, what kind of outreach will be done to families? And, you know, is there any differentiation by language and so on?

MS. JUDE: So we actually -- the State is scheduling meetings, and we have a meeting next week to really discuss with the MCOs what that outreach will look like.

So I don't want to speak on behalf of that just yet. But I do know starting next week, we will have more information from an MCO perspective to be able to provide you and support our members with communications moving forward.

DR. STONE: Thanks.

MS. SHEETS: And if you want to send that to me, I put my email address in the chat, and I'll make sure that gets out to the TAC.

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MS. JUDE: Thank you so much.

MS. SHEETS: You're welcome.

CHAIR LOCKHART: Wonderful. Thank you.

Any other questions regarding that?

(No response.)

CHAIR LOCKHART: No? Okay. So the --

DR. STONE: Are any of the other --

CHAIR LOCKHART: Yep. Moving along. Request for DMS --

DR. STONE: Lisa.

CHAIR LOCKHART: I'm sorry?

DR. STONE: Lisa, are any of the other MCOs presenting or just Anthem?

CHAIR LOCKHART: Anyone else?

MS. BICKERS: Eva, they may not have a presentation ready, but they may be able to discuss what they're working on.

MS. HARRISON: Hi. This is Samantha Harrison with Humana Healthy Horizons in Kentucky.

We are awaiting the determination by the Department as to how they are approaching the redetermination phase. I know they will be

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rolling out a plan that will address various -- the timing of those redetermination dates as well as the family unit aspect.

I'm not going to speak on behalf of the other MCOs. I do know that our plan does have a project and a workgroup developed to do appropriate outreach once we receive that information from the Department and to assist in education.

So with that being said, once we hear more information of the detailed rollout in regards to how the Department plans to update redetermination dates, we'll have more information that we could share in the future.

DR. STONE: Okay.

MS. NACHREINER: This is Jennifer from Aetna.

And similar to what others have shared, we're awaiting updated information to assess the full scope of impact. We also have an internal workgroup that has been formed. We've got plans for both telephonic and mail outreach to members, potentially text and

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email as well, once we have an idea of what that scope looks like. We might tier those communications depending on that -- the final numbers from DMS.

So while we're working internally to get all of the communications up and running, we have those contingency plans based on volume and the go-forward redetermination rolling date.

MS. JONES: Hi. This is Shannon with WellCare.

And just kind of piggy-backing on what folks are saying, we, too, have had a lot of internal strategic plans around how we're going to move forward with this, the outreach process, identifying the members, and so forth. Again, looking to our partners for the dates and guidance on that. But I can submit something later if you need a slide or presentation but, overall, just strategic sessions.

MS. PAGE: Good afternoon. This is Anna Page from Passport by Molina.

We are doing exactly the same as the other MCOs, developing strategies and working

1 within groups to ensure a smooth transition.

2 DR. STONE: Okay.

3 CHAIR LOCKHART: Anyone else? Is
4 that everybody?

5 (No response.)

6 CHAIR LOCKHART: Okay. Okay to
7 move to the next item?

8 MS. LEWIS: This is Susanne Lewis
9 from United. I was having a little bit of an
10 issue.

11 CHAIR LOCKHART: Oh, wonderful.
12 Okay. Go ahead. I'm sorry.

13 MS. LEWIS: That's okay. I was
14 trying to find the mute button on Zoom. My
15 apologies.

16 CHAIR LOCKHART: I feel you.

17 MS. LEWIS: Yeah. Like the
18 other -- like Humana and Aetna as well, and
19 WellCare, we are doing the same thing. We're
20 having conversations and, again, awaiting a
21 little bit more information, so just kind of
22 in the same position.

23 CHAIR LOCKHART: Okay. Wonderful.
24 Anyone else? We love hearing from
25 everybody.

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(No response.)

CHAIR LOCKHART: Okay to proceed to the next agenda item?

(No response.)

CHAIR LOCKHART: Okay. Moving along. Thank you all very, very much for the input.

Request for DMS to present to TAC to explain presumptive Medicaid eligibility for children ages 1 to 17 and describe eligibility requirements as well as options for health care for immigrant/refugee children coming into Kentucky.

That's -- that's one question in multiple parts. Who would like to speak first?

MR. DEARINGER: Well, this is Justin Dearing with the Kentucky Department for Medicaid Services.

And I know right now is -- you know, we're going through some personnel change in the eligibilities area. We have an assistant director and a branch manager that both retired at the same time.

So we have -- but we have some employees

1 here from eligibility to talk a little bit
2 about presumptive eligibility and dig into
3 the immigrant and refugee children a little
4 bit more.

5 I can tell you that as far as
6 immigrant/refugee children, they are eligible
7 for emergency Medicaid, and that emergency
8 Medicaid is automatically given for 12
9 months. And it covers every -- any emergency
10 service that they may need.

11 So any kind of emergency that they
12 have -- and there's a large list of what that
13 is and what it is not. But any kind of
14 emergency that they need, that covers them
15 for those emergency services only.

16 But I didn't know -- Jordan, are you on?
17 Would you like to talk a little bit about
18 some of the other -- eligibility question
19 there?

20 MS. GRIFFIN: Sure. If I could --
21 let's see. Let me share my screen. Oh, am I
22 able to share my screen? Or I can just talk
23 from my list of stuff here.

24 CHAIR LOCKHART: I think Erin
25 can --

1 MS. SHEETS: Yeah. So I can let
2 you share your screen.

3 CHAIR LOCKHART: -- help you with
4 that.

5 MS. SHEETS: Let me make you a
6 cohost. Hang on just a second.

7 MS. GRIFFIN: Thank you.

8 MS. SHEETS: You're welcome.

9 Okay. You should be able to share now.

10 MS. GRIFFIN: Awesome.

11 So I'm kind of cheating a little bit
12 here. We already had this PowerPoint set up.
13 It was part of the Hospital Presumptive
14 Eligibility For Medicaid Services, Provider
15 Certification Training Program. So I don't
16 know if you all have already seen this or
17 not.

18 But it goes through everything to do
19 with PE. So it's got expected results.
20 Obviously, it's temporary coverage, and we
21 allow that because we expect that they're
22 going to apply and be eligible for full
23 Medicaid benefits within 60 days.

24 Who is authorized to do the PE
25 determinations? So you have to participate

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in the Medicaid program, have access to the Internet, complete the certification training program, and then also abide by the standards of the Medicaid agency.

Services covered include hospital, pharmacy, emergency room services, physician, dental, lab, X-rays. This is for all groups except pregnant women. They have a different list of services. These are some restrictions that are for the pregnant women group only.

Sorry. I'm trying to get this thing out of the way, and it won't go away.

Okay. So who can receive coverage through PE? These are individuals who do not currently receive Medicaid benefits. They cannot have been approved for PE benefits during the current calendar year. They cannot be an inmate in a public institution. They must be a U.S. citizen or have status as a national or some satisfactory immigration status.

That definition is what's considered lawfully present. So as long as they have not -- as long as they have lawful presence

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here in the U.S. and they have not -- hold on. Let me find my definition. So they have to have not violated the terms of their status here in the U.S. to be considered lawfully present, basically. It's a little bit more broader definition than a qualified alien.

Qualified alien status means that they have some kind of, like, citizenship here in the works, or they're a permanent resident, something of that nature. So lawfully present is a little bit more of a broader description there, just for reference.

DR. STONE: So, Jordan, can I ask a question about that?

MS. GRIFFIN: Sure.

DR. STONE: So that extends to children as well? What's the definition for U.S. citizen for -- you know, say a child comes into the country. It's the same? And this is my -- I don't know what kids have to go through as far as getting citizenship.

MS. GRIFFIN: Yes. So that same definition of lawfully present applies to children as well.

1 CHAIR LOCKHART: I have a question.
2 Just a couple of slides back, you talked
3 about what hoops they had to jump through to
4 get this process going. I guess I'm
5 concerned about the immigrants, the
6 immigration piece of it, and this
7 conversation we're having here about
8 qualifications. Because I think there's a
9 lot of room for people to fall through the
10 slats in the floor, if you will.

11 MS. GRIFFIN: Right. Yeah. I
12 understand that concern for sure. It does
13 have a note here. Nonqualified citizenship
14 requires a medical emergency, like Justin was
15 saying earlier. So there is still that
16 coverage available to individuals who are not
17 considered a qualified citizen.

18 And then the Medicaid, which he
19 discussed a little bit of. Medicaid for
20 immigrant children also includes that
21 definition of lawfully present. So they
22 don't have to be a qualified alien, which is
23 a more stricter set of rules. They just have
24 to meet that definition of lawfully present
25 to be eligible as long as they're under age

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19 so...

CHAIR LOCKHART: Okay.

DR. STONE: Is that --

MR. DEARINGER: And just a reminder, the Department of Medicaid is something that is -- most of emergency Medicaid is dictated by CMS, so we would have to submit some type of waiver system in order to reach out to cover any more people. And we'd have to show fiscally how that -- how we could afford that.

So there's a lot of process steps behind that that would probably take a few years as far as, you know, being able to cover other individuals for other things.

We do have emergency Medicaid in place now that covers all individuals regardless of -- you know, that have any other legal status other than, you know, illegal or immigrant status that is there for emergencies.

DR. STONE: So that -- that was what I was going to ask, if that was federal requirements or if it was state requirements.

But just to speak to the issues that's

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happening now -- for example, I work in Jefferson County schools, and we've got about 12,000 children who are not current on their measles, mumps, rubella vaccines. And a lot of that is we've got 60,000 immigrant/refugee children in our district right now who are uninsured.

And so people would think, well, they could just go to their health department for their vaccines. But in Louisville, the health department has two clinics that aren't open every day and -- they're Monday through Friday clinics, and so there's no way the capacity can meet the need.

And so that puts everybody at risk. Because we've been named one of the areas that's high risk for measles outbreak, and that's just one example. But Bowling Green is having the same issue. Northern Kentucky is having some issues.

And so just some things like that. It's really what brought this question to mind because I didn't realize -- it was so much less restricted during the pandemic. Kids could have preventive care. And my

1 understanding is that all went away in the
2 fall, which is what prompted the questions
3 but also lots of concern.

4 MR. DEARINGER: Well, and one other
5 thing to consider is depending on the
6 immigrant group, different immigrant groups
7 will have different eligibility types and
8 requirements. So some immigrant groups are
9 required -- will be able to, you know, have
10 different statuses. So you'd have to kind of
11 specifically talk to what immigrant group
12 you're talking about, you know. Where did
13 they come from when they came over?

14 Because certain situations, you know,
15 and emergencies in other countries, CMS will
16 send out that these immigrants that come over
17 from these countries that are this crisis in
18 this amount of -- in this time frame are
19 allowed other privileges. So, you know,
20 you'd have to kind of dig into it.

21 DR. STONE: Okay. So is that on --
22 Justin, is that on CMS' website, or where
23 would we find that?

24 MS. GRIFFIN: So I know that the
25 DCBS policy manual has a list of all people

1 that are considered in refugee status or meet
2 some other criteria to be eligible, and I'm
3 pretty sure it's available to everyone on the
4 Internet. So I don't mind, you know, linking
5 a copy of that, so you all will have that
6 list.

7 DR. STONE: That would be great.

8 MR. DEARINGER: And their DCBS
9 worker -- their local DCBS worker will have
10 that available as well.

11 MS. GRIFFIN: Yes.

12 Okay. Continuing. Let's see. They
13 obviously have to be residents of the
14 commonwealth and then it has an asterisk down
15 here that PE for pregnant women is limited to
16 one PE determination per pregnancy.

17 Okay. So, here, we get into the family
18 income limits of who can receive coverage at
19 what federal poverty limit. So for children
20 one to five, it's 147 percent of the federal
21 poverty limit. And for children 6 to 18,
22 it's 138 percent. There is no income limit
23 for former foster care children age 19 and
24 under 26.

25 So these are the different categories.

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We have the adult category, pregnant women, children, and former foster care.

This is a note here. Their coverage will continue until a Medicaid application is filed and either approved or denied or on the last day of the second month after determination of PE if no Medicaid application is filed. Because, again, we go back to what our expectations are with this. We expect that they're going to apply and be approved for ongoing Medicaid coverage.

And these are the ways that they can apply in the meantime while they have their presumptive eligibility.

So this is the process. They appear to need financial assistance. They meet their financial criteria. Whoever is taking the application or they will collect information either on the worksheet that I'll show later or enter directly into Kynect. The office itself can enter the patient data on the self-service portal and then immediately print out a PE card to be available.

So as an application-taker, basically, you're going to assist the patient in

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completing the patient information form if you're using that, assist in determining the number of people in their family, and then assist in calculating the monthly family income so that we can determine financial eligibility.

This is the patient information form. It's not a very high-res image, but that's it. Most people do it online now. It's a little bit easier than just filling out the paper form, but it's still there.

So when determining family size, you count the patient, the unborn child or children, dependent children living with the patient under age 19, spouse, and then parents and siblings under 19 including stepparents. You do not count an unborn child's father if they're not married to the patient or dependent children not living in the home and not claimed on their tax returns.

When we look at income, we're talking wages and paychecks, Social Security, pension, alimony, annuities, unemployment benefits. We do not count child support or

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SSI, and we accept client statement of these incomes.

So to get their monthly income, you would just multiply their weekly income by four or their biweekly income by two. You only count the income of the adult patient and spouse and the parents if a child is under 19.

So this is a little bit outdated. We have new numbers for 2023. But these are the typical -- what would be 2022 numbers for family size and their annual household income. Again, outdated numbers, but this is for 200 percent of the FPL.

Okay. There is no income limit -- sorry. There is no income limit for former foster children. Client statement is acceptable verification for their foster care status.

And then this goes into more technical information about how you obtain your PE confirmation or how you become a qualified entity to be able to take PE applications and how to print the confirmation ID card.

They're going to be placed with a

1 Managed Care Organization. Member
2 eligibility information and MCO assignment
3 will be available on KYHealth-Net the day
4 following the initial day of eligibility
5 determination. This might be outdated, too,
6 because I think they're with
7 UnitedHealthcare. They don't have to choose
8 an MCO.

9 So that's pretty much the eligibility
10 questions. Does anybody have any other
11 additional questions regarding PE that we can
12 help with?

13 DR. STONE: That was really good.
14 Thank you.

15 MS. GRIFFIN: Yeah. No problem.

16 MS. SHEETS: And, Jordan, if you'll
17 send me that presentation, I'm happy to send
18 the -- sorry, email it out to the members of
19 the TAC.

20 MS. GRIFFIN: Yeah. Sure. No
21 problem.

22 CHAIR LOCKHART: Yeah. That was
23 very helpful. Thank you very, very much.

24 Anyone else care to speak?

25 (No response.)

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CHAIR LOCKHART: Is that it for responses? We'll move on to the next agenda item if it is. Great information. Thank you very, very much.

So the next agenda item is to receive update on school-based TAG workgroup that was talked about -- oh, I'm sorry. I almost lost my mind there.

MS. DAVIS: Hi. Hello again. So we did have our very first school-based Technical Assistance Guide workgroup meeting January -- I forget the exact date. It was the last Thursday of January. And for that first meeting, we did have 29 participants.

And coming away with that, we had several questions that we are taking back to leadership to get a decision on, one of those being covering nursing service for the entire day for observing and providing assistance to those children that are dependent on ventilators.

Another question is on covering the preventive exams for children during the summer when they are not enrolled in school but for getting them prepared for enrollment.

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And the other question was on some different nursing services that haven't been covered previously. And these are like health education pieces.

And we do have that list of questions prepared, and we just haven't submitted it to leadership yet. But we should have an update on those for our February meeting.

CHAIR LOCKHART: Wonderful. Thank you.

MS. DAVIS: You're welcome.

CHAIR LOCKHART: Any other questions or discussion? Dr. Stone, did you have something?

DR. STONE: I was just going to thank Erica.

CHAIR LOCKHART: Yeah. Yeah. Very good. Thank you very much.

Okay. And then our last agenda item is to receive an update from DMS on maternal/child health and disparities for women of color.

MR. DEARINGER: This is Justin Dearing again. I believe Dr. Theriot was unable to make it. She had a conflict come

1 up, so I'm sure that she has a report to --
2 or an update to give you all on that. But it
3 may -- she may have to email that out because
4 she wasn't able to make it today.

5 CHAIR LOCKHART: Okay. All right.

6 Well, that leaves the floor open. Any
7 items for discussion? And we certainly will
8 carry that last item over for our next
9 meeting.

10 (No response.)

11 CHAIR LOCKHART: Anything any of
12 our MCOs wish to discuss or bring forward?

13 (No response.)

14 CHAIR LOCKHART: Any of our TAC
15 members have anything they want to bring
16 forward? Dr. Stone?

17 DR. STONE: I don't have anything
18 in addition to what we discussed. Thank you,
19 Lisa.

20 CHAIR LOCKHART: All right. Dee
21 Polito, anything?

22 MS. POLITO: Thanks, Lisa. I don't
23 have anything.

24 CHAIR LOCKHART: Okay. Okay.
25 Jennifer Wiseman, anything from you?

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(No response.)

CHAIR LOCKHART: April Hester,
anything from you?

MS. HESTER: No, ma'am. But I
appreciate you asking.

CHAIR LOCKHART: Okay. Wow, this
was a quick meeting, then.

I am grateful for everybody that took
the time to join in. We appreciate the input
on all of our new business items. Excited to
hear the work going on with the school-based
TAG workgroup.

Really appreciate the presentations and
your willingness to share them with us so
that we can take them and share them. I'll
be bringing some of this back to KNA as well.

I don't have anything else to add. If
nobody else does, we can call this an early
afternoon, then.

Do we have a motion to adjourn?

MS. POLITO: I'll make that motion
to adjourn.

CHAIR LOCKHART: Thank you. Can I
have a second?

MS. HESTER: And I will second.

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CHAIR LOCKHART: Okay. I guess that calls it an afternoon, then.

Again, thank you all for giving of your time today. It matters. Everything we do matters. Thank you.

(Meeting concluded at 3:39 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 16th day of February, 2023.

/s/ Shana W. Spencer

Shana Spencer, RPR, CRR