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

****

Via Videoconference
November 8, 2023
Commencing at 2:00 p.m.

Shana W. Spencer, RPR, CRR
Court Reporter

APPEARANCES

BOARD MEMBERS:

Donna Grigsby, MD

Alicia Whatley

Mandy Heacock (not present)

Dr. Amanda Ashley (not present)

Courtney Smith, PhD

Cherie Dimar

P R O C E E D I N G S

MS. SHEETS: Good afternoon. This is Kelli Sheets with DMS. I will be your host for today's meeting.

And I believe right now, I have 2:00, and I believe currently, we just have -- sorry. I see Courtney Smith. It looks like we have three TAC members on. I have Dr. Grigsby, Dr. Smith, and Cherie Dimar; is that correct? Have I missed anyone?

CHAIR GRIGSBY: That's what I see.

MS. SHEETS: Oh, right. Well, currently, we do not have a quorum. But if you want to go ahead and start, if someone joins late, I can let you know. And we can go back to vote on the minutes if you care to do it that way.

CHAIR GRIGSBY: That's fine.

MS. SHEETS: I would just like -- I'm sorry. I would just like to remind the members that when they are voting, in order to comply with open records -- open meetings laws, you must have your camera turned on. And with that, I'll turn it over to you.

CHAIR GRIGSBY: Thank you. That's

actually what I was getting ready to say, too, was to keep our cameras on.

So we don't have a quorum, so we can't approve the minutes at this point. But if we have another member join, then we will be able to go back to that.

The first order of old business was a follow-up on the DMS report on transportation resources. And I feel like we got an email about some answers to some of those questions.

But is there someone on the meeting who can address that? I was just trying to look through my emails to find the email. I think it was a question about: How many parents are allowed to go with the child? And there was one other question answered on that.

Does anyone from DMS have that information?

MS. PARKER: Hi. This is Angie with Medicaid. Rachel Roehrig, who is the presenter of the transportation, she wasn't able to join with us today. But I was thinking that you're correct. She did send that email out. But I'd have to find it and

see if I can locate it for you and get the specific answer for you.

CHAIR GRIGSBY: Okay.

MS. SHEETS: I actually have it pulled up. I can send it back out if you'd like.

CHAIR GRIGSBY: Yeah. That would be wonderful. Thank you.

MS. SHEETS: Sure.

CHAIR GRIGSBY: Because I knew I saw it just earlier. And then when I looked at the agenda and was trying to pull it back up, I couldn't find it so...

DR. SMITH: I know. I have it somewhere, too, and I just can't find it.

MS. SHEETS: Okay. I just sent that on.

CHAIR GRIGSBY: Okay. Thank you.

MS. SHEETS: You're welcome.

CHAIR GRIGSBY: Let me -- let me see if I can pull that up, so we can review it quickly together. For those of you that may not have received the email, there were a couple of questions that we had at the end of the meeting last time.

Okay. So here are the two questions and answers: How does it work when the appointment is for the child but both parents want to go? Can they -- is there only one parent allowed to attend the trip with them? And the answer is: Only one parent or legal guardian is covered when a minor child who has the appointment is transported.

The transportation provider receives no compensation for additional seats. The ability for additional passengers to ride is solely up to the transportation provider as to whether they have the capacity or whether they wish to charge the additional passenger or not.

In the majority of situations, the transportation providers are very good to work with families and usually will allow others to ride free. But ultimately, we have no authority, what they do with the other revenue seats not under contract with the NEMT program.

And then: Can siblings and others attend the NEMT trips when the parent that is taking the child doesn't have child care? It

would be, again, up to the transportation provider taking into consideration if any other person has a scheduled trip on the same vehicle.

Medicaid only covers the adult member who has an appointment, the minor member who has the appointment and one parent or guardian, or an adult member and an escort (if required) and certified as needing an escort due to the history of behaviors.

So those were the answers to the outstanding questions that we had from last time. Any comments or questions?

DR. SMITH: I mean, I think we asked those questions, you know, because of barriers that we were -- I guess people were hearing about when there were siblings and different things. And, I mean, I don't know. I mean, it doesn't really sound like -- I don't know whether there's a solution based on the answers.

I mean, isn't that where our questions came from, was hearing about either parents who didn't come or missed appointments or cancelled appointments because they had no

transportation for family members or siblings usually, I think?

CHAIR GRIGSBY: Yes. And, again, it sounds like if the transportation provider can work with the family, they try to do so, but we really have no ability to impact that.

DR. SMITH: And I don't know this. I may be speaking out of turn. But I know that there are -- or I used to know that there were some parameters around how far in advance you have to cancel a ride if you need to cancel a ride.

And I just wonder what's happening if they cancel them in the moment because they don't have immediate, you know, availability for a sibling, if that counts against them. I mean, probably it does, I would assume.

I might be wrong, but I think there used to be, like, a 24-hour window of needing to cancel a ride without having -- I don't know what the penalty is, but I felt like I used to hear about penalties about that.

MS. PARKER: I'm not aware of the penalties, but I'll have to go back and look to see if there is any.

DR. SMITH: This has been a number of years.

MS. PARKER: Obviously, they want more -- as much notice as possible so that in case they need to schedule someone else during that time or whatever.

DR. SMITH: Sure. It's understandable.

MR. OWEN: This is Stuart Owen with WellCare, and the federal rules don't allow a penalty so -- yeah.

DR. SMITH: Good.

MR. OWEN: And that's been a complaint, I know, with some of the transportation providers when people no-show and they make the trip. They're out the money, but there's no consequences.

DR. SMITH: I was referencing a hist- -- a while back that I had heard about that. So I guess I'm glad to hear there aren't, but I understand that that puts the transportation provider in a bind or a loss.

CHAIR GRIGSBY: Okay. Thank you.

MS. SHEETS: Dr. Grigsby, Alicia Whatley just joined, so you do now have a

quorum.

CHAIR GRIGSBY: Okay. Great. Alicia, welcome to the meeting.

We were just waiting for our fourth member to join us so that we could look back at the minutes. We just had a follow-up conversation on the transportation resources, and I think you probably just got another copy of those answers sent to your email. I think that it was sent to us previously as well, but it really just kind of addressed those couple of questions that we left here with last time.

MS. WHATLEY: Awesome. Thank you. And sorry for being a few minutes late today.

CHAIR GRIGSBY: Oh, no. That's -- no. We're glad you could join us. We understand that -- I mean, and it's only eight after, so it's not like you're terribly late, but thank you.

So let's go back to the approval of minutes. Has everyone had a chance to look over the minutes? Do I have a motion to approve the minutes?

DR. SMITH: I motion to approve

them.

CHAIR GRIGSBY: Thank you.

And a second?

DR. SMITH: Can I second it, too? I don't think I can.

MS. DIMAR: I second it.

CHAIR GRIGSBY: Oh, okay. All in favor, aye.

(Aye.)

CHAIR GRIGSBY: I'm trying to see all of my members.

All right. So going back to old business -- I am looking for Alicia, and I have -- I can't see you, Alicia. I'm sorry. I'm trying to find you on my screen.

MS. SHEETS: She is on camera. You might have to change your view.

CHAIR GRIGSBY: Oh, I gotcha. Okay. Perfect. All right.

So let's go back to old business. There was going to be a discussion on the immunization report on barriers and concerns from the Early Childhood Vaccine Task Force.

MS. BACK: Hello. Am I able to share my screen?

MS. SHEETS: Hi, Crystal. This is Crystal Back. And yes, Crystal, you are able to share your screen.

MS. BACK: Okay. Thanks for the introduction. But those of you who don't know me, my name is Crystal Back. I'm a nurse consultant with the KDPH Immunization Branch, and I lead the Early Childhood Vaccine Task Force.

I was asked here today to share a little information about the task force and to discuss some barriers and concerns to immunization and data sources that I use.

So our purpose at the Early Childhood Vaccine Task Force aligns and supports the Kentucky Department For Public Health's mission to prioritize the health, safety, and well-being of Kentucky citizens by: Increasing early childhood vaccination rates in the state of Kentucky and mitigate the occurrence of vaccine preventable diseases; by promoting the timely initiation and completion of recommended vaccinations from birth to early childhood.

These efforts align with the Advisory

Committee on Immunization Practices' guidelines and intervals to ensure comprehensive and effective immunization practices. The Early Childhood Vaccine Task Force aims to empower healthcare providers, equip the public with accurate information, and foster a supportive environment for early childhood vaccinations.

Our goals are to achieve a 4 percent increase in vaccination rates by 2025 for: One, children in kindergarten based on the rates reported on the Kentucky Annual School Immunization Survey for the vaccine criteria that I have listed; two, children who are 24 months old based on the rates reported by the CDC ChildVaxView for the vaccines and criteria listed; and three, for COVID-19 vaccination rates in children ages 0 to 4 years.

Which I was using the COVID-19 dashboard, but it has been discontinued. As of right now, I have sent out a request to get an internal report of doses administered. So that way, we will still have something to track our progress with.

Since I know I just have a brief amount of time here to speak, I'm just going to do a quick review of our main strategy points with a few of our highlights as a group, which are communications and marketing.

In a subgroup of collaboration with the School Health Branch, we created the Back-to-School Outreach Toolkit, which was presented live multiple times virtually and in person. There is also a recorded version that is available on ky.train.org that nurses can receive 1.2 contact hours for.

And we have also developed educational materials for dissemination and use by providers that have been sent out and shared by members of our group along with being available on the immunization outreach website.

So focusing on early childhood groups and partners, we have been providing education and promoting the use of KYIR and, in collaboration with DMS and MCOs, to find care gaps that need to be addressed. And DMS has created a survey, Pediatric Vaccine Practices and Perceptions for Kentucky

Healthcare Providers, that will hopefully be launched soon.

And we are also collaborating with local health departments and our VFC field reps to help identify influencers in the community to promote and inform best practices in our area, so we may see little pockets of lower uptake on vaccines.

So I took over the group around April of this year. And when I very first started, we had very few -- well, the group had several members, but there was very few participants or only one or two that were showing up per meeting. Since then, we have grown the group with lots of internal and external partners.

We have members from local health departments, Kentucky Voices For Health, Community Action Kentucky, HANDS, Head Start, the School Health Branch, Immunize Kentucky Coalition, KRHA, Kentucky Youth Advocates, DMS, and then, of course, all of our MCOs.

And we're still growing. I'm looking forward to this group doing great things. I really am. And hopefully we get vaccination uptake rates improved.

So there was a new MMWR on vaccination coverage by age 24 months among children born in 2019 and 2020. The NIS Survey for Children for U.S. 2020-22 was just released on November 3rd. One of the things this survey recognized was disparities in vaccination coverage among children and are widening for some groups.

The MMWR states that persistent disparities in coverage among children in racial and ethnic minority groups as well as those who are not privately insured, who live in rural areas, and who live below the poverty level must be addressed to ensure that all children are protected from vaccine-preventable diseases.

So estimated coverage of most childhood vaccines was similar on the MMWR among children that were born during 2019 and 2020. Among children born during 2019 and 2020, coverage was higher among those who were privately insured compared with uninsured children and children insured by Medicaid or other insurance.

Numerous disparities in coverage by race

and ethnicity were observed. According to the MMWR, universal and equitable access to vaccination will require overcoming often interrelated economic, logistical, and attitudinal obstacles.

Interviews of parents identified issues such as appointment-scheduling challenges, incomplete knowledge of the schedule of recommended vaccines, limited availability and high cost of child care for other children in the household, and lack of transportation as factors that limit access to care.

Strategies that have been found useful in addressing barriers to vaccination include identifying venues other than physician offices for the administration of vaccines such as health departments, child care centers, and pharmacies.

Strong provider recommendations, reminder, and recall interventions, which our VFC field reps also promote. Standing orders, vaccination status review at every healthcare encounter, and expanded use of immunization information systems, which we

use at KYIR here in Kentucky for consolidated immunization histories.

So data sources that I use. This is one of the questions, I think, that the TAC was wanting me to be here for. I have created some charts and stuff in the past, but most of the stuff that I create and use all comes from these data sources here.

We can go look at the ChildVaxView. Give me just a second. Are you all familiar with the ChildVaxView?

CHAIR GRIGSBY: I will say no.

MS. BACK: Okay. Well, this is a survey that is used. If you go to -- I can go back to the home page, maybe. This is a survey, though, that is used throughout the U.S., the National Immunization Survey. And this one is for child.

There's also a TeenVaxView and a FluVaxView and a CovidVaxView, so you can look at different age groups that you're wanting to look at.

I mostly use the ChildVaxView. Whenever you go on this website, if you just want to look at any certain vaccines, series of

vaccines -- I'll just use the Combined 7 series here. It'll automatically populate the United States average, and this goes by -- for each year, as you can see down here at the bottom, by the birth year.

If you come over here to the side, you can actually choose -- if you want to look at Kentucky or the surrounding states -- because a lot of times, I'll compare us to other states as well. But you can just choose what you want to look at. And then I have selected for age up to 24 months. So you can see where Kentucky has went. So this is children that were born in 2019 and 2020.

Another way you can look at it also is whenever you right click right here, it'll pop up, show as table, which I like to do. And then it puts all your information where you can kind of look at it down here in this little chart.

But compared to the U.S., as you can see, for the Combined 7, we took quite a bit more of a downhill spin versus the national average.

Anyway, I just wanted to show you guys

this. Do you want me to drop the links to these VaxViews into the chat? Okay. And I won't take up all of your all's time.

CHAIR GRIGSBY: Do we think that the issue with us dropping so dramatically had to do with COVID or other factors in addition to COVID? Because everybody was dealing with COVID.

MS. BACK: Right.

CHAIR GRIGSBY: Whatever happened between 2019 and 2020 was dramatically different for Kentucky.

MS. BACK: Right. And then I started adding on some of the -- when I was looking at some of the other states, they actually had improved according to this survey.

Some of the things -- I do think that COVID -- the MMWR didn't say that COVID was a factor to these results. I believe it did have somewhat of a factor in ours just because, like, if you look at rotavirus being one, I know we dropped dramatically here.

But that was in -- when 2020 started, that's when the pandemic started. When COVID

first come to the U.S., I think we were shut down by March, if I'm remembering correctly. And for all these children, babies that were born, they didn't get in to get vaccines in that beginning. And they were terrified, everybody was, afraid to go to doctors' offices. And they were just -- just afraid. Parents didn't want to take, you know, their child where they might could get COVID, their new baby.

So, I mean, but if you look at rotavirus, this is where it kind of makes sense that COVID played a factor in ours just because of the fact that if you don't start, you know, rotavirus by 15 weeks, then they're not going to start it at all. So, you know, why -- so seeing that big decrease, it just made me think that.

But like I said, this information just was released on the 3rd and updated, so I still want to do some more digging around. And I know with my Early Childhood Task Force next month, I'm going to try to have some charts made and compare and look at solutions and factors that may have contributed.

DR. SMITH: You might have said this but -- so we don't have data beyond 2020 right now on this?

MS. BACK: Well, this is children -- this is the birth year, so this is children that were --

DR. SMITH: Oh, gotcha.

MS. BACK: -- born in 2020 that's, like, two years old now.

DR. SMITH: Born. Gotcha.

CHAIR GRIGSBY: And if you look at, let's say, DTaP in that same period, does it drop as dramatically, or do we think it has to do with --

MS. BACK: Not as dramatically, no.

CHAIR GRIGSBY: Oh, yeah.

MS. BACK: You actually increased.

CHAIR GRIGSBY: Yeah, none at all. Yeah.

MS. BACK: Yeah. So if you look compared to 2018, you know, we had a little bit of an increase and then we increased in 2020, for the children born in 2020, also, for the four -- greater than or equal to four doses.

CHAIR GRIGSBY: Well, and that's really interesting, that it -- I mean, based on what you showed us, it looks like the rotavirus accounts for a lot of that drop, and that would make sense. Because if we had closed down offices except for emergency stuff, those babies that were born before then or during that time would not have gotten in soon enough to get that first dose in time.

MS. BACK: Right. And I was actually working in a pediatric clinic at the time during COVID. And I can remember whenever telehealth first started, like, we were only seeing the sick ones. Everybody else -- even well child's were able to be done over telehealth. So here you're doing the, you know, well child visit, but you wasn't getting their vaccines. And you were trying to schedule that, so then just keep -- you know, keeping that compliance.

CHAIR GRIGSBY: Yeah.

MS. BACK: But, I mean, I'm not -- I can't state for everybody in Kentucky what, you know, they were seeing in their offices

or how it was handled because I know I'm just in a small rural health clinic, is where I was at. But I do feel like COVID did have an impact on these numbers, most certainly.

But I don't want to take up all of your all's time because I know she just asked me to speak five or ten minutes, and I'm probably well over that. And I thank you all for having me today and letting me speak.

I'll also drop my email in the chat. I'll stop sharing.

CHAIR GRIGSBY: Thank you. And I'm sure the other members may have questions. So does anyone have any other questions or comments about this information? Thank you so much. It was very helpful.

MS. BACK: Oh, you're welcome. I appreciate you all, and thank you all for having me. And like I said, I'll drop this in the chat and my email.

CHAIR GRIGSBY: Okay. Any other questions?

(No response.)

CHAIR GRIGSBY: And if there are others who want to become involved in the

Early Childhood Vaccine Task Force, should they reach out to you specifically?

MS. BACK: Oh, yes. Absolutely. Feel free to -- or if y'all know anybody that you think would benefit from joining our task force. Because like I said, I just took it over early April, and we're just now kind of getting to the point where we've actually grown and have, you know, some really valuable members that can contribute. And I feel like we're going to start doing amazing things so -- so yes.

CHAIR GRIGSBY: Okay. Thank you.

Moving on to new business, last time we were together, we talked about some future topics and when we would discuss them. So it looks like -- we talked about our January meeting would be devoted to the report on homelessness research project.

Is there someone specifically that we need to reach out to to speak to that report?

MS. PARKER: This is Angie Parker. We -- my division, quality and population health, will have something for a presentation for that meeting.

CHAIR GRIGSBY: Okay. Thank you. And then the report on Kids Count Data Book, I believe, Alicia, you were going to present that information to us either in January or March.

MS. WHATLEY: Yes. So the new data is released next week, so I'm happy to do that just kind of whenever it fits into the schedule. And I'll have to look ahead at the calendar for the meetings on maybe which one would work better for me.

CHAIR GRIGSBY: Okay. Well --

MS. WHATLEY: I know there was some conversation about the meeting schedule for next year anyway. So maybe once we determine what the dates will be, I can let you know which one would be better for my schedule.

CHAIR GRIGSBY: And we can talk about that -- when we get down to the next meeting, we can talk about potential dates, the dates that we have and then the potential dates if we decide to go to quarterly meetings.

Are there any other questions or comments on new business?

(No response.)

CHAIR GRIGSBY: And then under general discussion, any future topics suggestions? I feel like we have topics for the next couple of meetings, but are there any other pressing issues that we feel like need to be added to those agendas?

(No response.)

CHAIR GRIGSBY: Okay. Any recommendations that we need to make, based on this information that we've received today, to the MAC at their next meeting?

(No response.)

CHAIR GRIGSBY: This is a very quiet meeting.

Okay. And the next MAC meeting is when, Kelli?

MS. SHEETS: Let me look real quick. I believe it's December 14th, maybe. No. I'm looking. Hang on. So sorry. I think because it's December -- there it is. It's November 30th, actually.

CHAIR GRIGSBY: And, again, that's a Thursday morning, I believe; correct?

MS. SHEETS: It -- yes. November

30th, which is a Thursday at 10:00 a.m.

CHAIR GRIGSBY: Again, I'm going to try to get these. I may reach out to you, Kelli, and get the dates for next year.

Are they going to be every two months still next year, or are they going to quarterly?

MS. SHEETS: Yes. No. They're going to stay every two months. There have been a few TACs who have elected to go to quarterly, so we did want to offer that option to all of the TACs.

CHAIR GRIGSBY: Okay.

MS. SHEETS: And so if that is the pleasure of the Children's Health TAC, we can certainly make that happen.

CHAIR GRIGSBY: Okay. We'll talk about that in just a minute. Is anyone available to go on the 30th at 10:00?

(No response.)

CHAIR GRIGSBY: Okay. And we don't really have any recommendations to take forward to the MAC. So let's talk briefly --

(Brief interruption.)

CHAIR GRIGSBY: Let's talk about

the meeting schedule for next year. We have been given the dates if we go every other month or if we -- like we have been doing or if we go to quarterly. So I would like to hear from the members of the TAC as to how they feel we can best serve this group.

I can tell you we're at the end of our agenda today, and we've been together for 30 minutes. So this is a very brief meeting. They're not always quite this brief but -- and, again, when our MCOs are presenting, it typically does take a little bit longer.

So any thoughts among the members of the TAC in terms of meetings?

DR. SMITH: I mean, I guess if we decided to go to quarterly like other groups are, I mean, we could see how it went for the year and then change back, I'm assuming, if we felt like we had more business than we could do in quarterly meetings.

MS. SHEETS: Yes. And you could also always call a special meeting. If something comes up between your meetings that you feel is urgent and you need to discuss before the next meeting, you can always call

a special meeting. And Erin and I are happy to help you -- help you all do that.

CHAIR GRIGSBY: Okay. And I think, Erin or Kelli, one of you sent us potential dates if we went to quarterly versus every other month.

MS. SHEETS: Yes. I believe Erin sent those out. Let me see if I can pull that up.

DR. SMITH: January 10th, April 10th, July 10th, and October 9th.

MS. SHEETS: There you go.

CHAIR GRIGSBY: Thoughts among the members?

DR. SMITH: I mean, I can do those dates. I was one of the ones that responded that I just needed to check, and I did check before this meeting. And as of right now, I could switch it from every other month to quarterly on those dates.

CHAIR GRIGSBY: Okay.

MS. DIMAR: I'm fine with either way. You know, if there is a need and we need to do it sooner, it sounds like there is a way that we can call a meeting sooner.

Because we don't want to not be able to do something we want done that's important. So if there is another way that we find out, that would be great so...

CHAIR GRIGSBY: Okay.

MS. DIMAR: Call one sooner.

MS. WHATLEY: Yeah. I'm fine with the quarterly schedule. We can try that out and, like others said, you know, meet more often if ever -- if it's needed.

CHAIR GRIGSBY: Okay. All right. So it sounds like -- I assume we don't have to take a vote. This is just something we can discuss and move forward with; correct?

MS. SHEETS: Yes. You don't need a vote. Just let me know what your pleasure is, and we will work it out.

CHAIR GRIGSBY: So it sounds like the group is in favor of going to quarterly meetings for the next year with the understanding that we can set a meeting up more -- you know, between those meetings if we feel like something urgently needs to be discussed.

DR. SMITH: Are you okay with that,

Dr. Grigsby?

CHAIR GRIGSBY: Sure. Yeah. I think it will be harder for me to set up a meeting -- because I do have a regular Wednesday clinic. So I think if we say, hey, we've got to do this in two weeks, I won't be able to do that unless I switch some coverage around, and that's okay. But yeah, no, I am fine with doing it quarterly.

And then I guess before we wrap up, I want to give -- I appreciate all of the folks from the MCOs being here, and I want to give you an opportunity to comment, to pose questions, to maybe bring up any pressing issues or news that you feel like needs to be shared with the TAC.

Do we have anything from any of the MCOs?

MR. OWEN: It looks like we're quiet, too. I'm sorry.

CHAIR GRIGSBY: One of those days, I guess, where we covered what we needed to very efficiently, and I guess we will give everyone the gift of time.

If my -- if there's nothing else, I

would ask that the TAC members stay on, so we can work on the agenda for January. And I want to give the MCOs one more opportunity to comment.

(No response.)

CHAIR GRIGSBY: Then I will ask for a motion to adjourn.

MS. DIMAR: I move that we adjourn.

CHAIR GRIGSBY: And a second?

DR. SMITH: I second.

CHAIR GRIGSBY: All in favor?

(Aye.)

CHAIR GRIGSBY: Okay. We will adjourn this meeting, and we will be getting back together January the -- oops. Sorry. Is it January 10th? Yes. January 10th from 2:00 to 4:00.

And then if my -- Kelli, if you and the TAC members can stay on, we will discuss our agenda in January. Thank you all.

(Meeting concluded at 2:36 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 17th day of November, 2023.

/s/ Shana W. Spencer

Shana Spencer, RPR, CRR