

**Medicaid Member Advisory Committee Meeting**  
**Department of Medical Assistance Services**  
*Via WebEx Videoconferencing*

**June 12, 2023 Minutes**

Committee Members	DMAS Staff
<b>Present: In-Person</b>	<b>DMAS ELT Members</b>
Wendy Bender	Cheryl Roberts, Director
JoAnn Croghan	Sarah Hatton, Deputy Director of Administration
Jacqi Dix	Ivory Banks, Chief of Staff
Lorri Lee Griffin	Adrienne Fegans, Deputy Director of Program Operations
Chiquita Hubbard	Tammy Whitlock, Deputy Director for Complex Care Services
Sheila Johnson	Chris Gordon, CFO and Deputy Director for Finance
Sabrina Redd	John Kissel, Deputy Director for Technology
Kyung Sook Jun	Dr. John Morgan, Chief Clinical Innovation Director
Craig Thomson	Richard Rosendahl, Chief Analytics Officer
	Dr. Lisa Price Stevens, Chief Medical Officer
<b>Present: Virtual</b>	Tammy Whitlock, Deputy for Complex Care Services
Leah Leuschner	<b>Speakers</b>
	Jessica Anecchini, Senior Policy Advisor, Administration, DMAS
<b>Absent</b>	Michael Puglisi, Appeals Eligibility Manager, DMAS
No Members	Brandi Watkins, SNAP Program Consultant, VDSS
	Mark Golden, Economic Assistance and Employment Manager, VDSS
	Will Frank, Senior Advisor for Legislative Affairs, DMAS
	<b>DMAS Support Team Members</b>
	Natalie Pennywell, Outreach and Community Engagement Manager (meeting organizer and facilitator)
	Sonya Scott (meeting organizer)
	Kross Kaai, Information Management
	Dalia Tejada Halter, Outreach and Member Engagement Specialist (meeting organizer)
	Dorothy Swann, Outreach and Member Engagement Specialist (meeting organizer)
	Kristin Lough, Hearing Officer, Appeals Division (prepared minutes)
	Lisa Dove, Digital Accessibility Officer (Photographer)

	<b>Closed Caption</b>
	Jesus A Perez, Civil Rights Compliance Specialist, DMAS
	Dorothy Swann, Outreach and Member Engagement Specialist (meeting organizer)

**Welcome and Call To Order**

Natalie Pennywell called to order the meeting of the Medicaid Member Advisory Committee (MAC or Committee) at 10:05 a.m. on Monday, June 12, 2023, via WebEx online meeting platform. She then introduced the DMAS Agency Director, Cheryl Roberts.

**Welcome**

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*Welcome – Cheryl Roberts – DMAS Agency Director*

Director Roberts welcomed everyone and asked members to please report issues they would like to hear about at future meetings. The meeting will cover unwinding after the COVID-19 Public Health Emergency (PHE) and the associated renewals. Director Roberts asked members to ask questions in the meeting and email staff after the meeting as questions arise.

**Member Introduction**

Ms. Pennywell asked members to introduce themselves, indicate where they are in Virginia, and who they represent on the MAC. The committee members, residing in different regional areas from around the state, introduced themselves and stated who they are represent. Ms. Pennywell asked the speakers to introduce themselves.

**Review and Vote to Approve Minutes from the Meeting on December 12, 2022**

Each of the MAC members were provided a copy of the December 12, 2022, meeting draft minutes, and the draft minutes were also posted on the Committee’s webpage on DMAS’ website, as well as on the Virginia Town Hall website.

MAC member Sabrina Redd made a motion to accept the draft minutes from the December 12, 2022, meeting. MAC member Wendy Bender seconded the motion to accept the minutes. Ms. Pennywell offered the Committee the opportunity to provide objections or changes to the minutes. The Committee then voted to approve the minutes with a unanimous vote.

## **Presentation – Return to Normal; Virginia Medicaid and Appeals**

*Jessica Anecchini – Senior Policy Advisor, Administration*

*Michael Puglisi – Eligibility Cases Manager, Appeals Division*

### **Return to Normal**

Ms. Anecchini introduced the return to normal after the end of the COVID-19 PHE, called unwinding. States were required to maintain enrollment of Medicaid members with few exceptions until the end of the PHE. DMAS started an Unwinding Taskforce effective January 2022 to plan for the unwinding as convened by Secretary Little. In December 2022, Congress passed the Consolidated Appropriations Act (CAA), which allowed redeterminations starting April 1, 2023. Virginia's Mitigation Plan, to keep those eligible enrolled, was approved on March 29, 2023. DMAS intends to reduce churn, where someone loses coverage and regains eligibility within 1-6 months after termination. During the PHE, DMAS saw 41%, or 630,000, increased enrollment, primarily to adults 19-64 who are not disabled. DMAS expects around 14% of members' eligibility to end during unwinding and 4% of members to lose and regain coverage due to churn.

DMAS authorized Cover Virginia to process some renewals, and approximately one-third of members will have an *ex parte* renewal, which will be completed electronically without asking for anything from the members. Outreach and education efforts are in place to remind members to check the mail and look out for renewal applications, if necessary. The Return to Normal Operations Summit included over 300 stakeholders and developed a toolkit for unwinding. Department of Social Services (DSS) owns the system used to process applications, and DMAS worked with DSS to upgrade the system. Local Departments of Social Services (LDSS) and DSS completed several training and information sessions, including weekly calls. DMAS is working with health plans, including Managed Care Organizations (MCOs). Members do not have to complete the paper application; they can call or go online to complete renewals. DMAS is also working with the State Corporation Commission (SCC) to help people obtain marketplace coverage if they are not Medicaid eligible.

DMAS is in Phase III of the community outreach and engagement strategy. Phase I was to encourage members to update contact information in March 2022. Phase II encouraged members to complete paperwork as appropriate, starting March 2023. In Phase III, DMAS and health plans will reach out to members who do not turn in paperwork to be able to complete an evaluation of their coverage and approve Medicaid or refer those individuals to the Marketplace. DMAS has approximately 2.2 million members to reevaluate in the year.

Ms. Anecchini stated that prior to the PHE, DMAS successfully completed 50% of *ex parte* reviews. In March 2023, DMAS successfully completed 64.5% of *ex parte* reviews. In April and May 2023, DMAS

completed significantly fewer renewals, as DMAS was attempting to renew people who could not renew electronically, and who DMAS had not reached in several years. DMAS mailed approximately 70,000-80,000 renewal packets for those households. Once DMAS gets the packets back, they can request additional verifications and hopefully approve those individuals, and if members are denied and think that was inappropriate, they may appeal. Health plans also receive renewal dates and will be proactively reaching out to members if renewals are unsuccessful.

## **Medicaid Appeals**

Mr. Puglisi introduced the Appeals process; if a member receives a termination notice during unwinding, they may appeal that termination. DMAS has an online appeals portal, Appeals Information Management System (AIMS), and members can file their appeal, submit documents, review documents uploaded by the Agency, and view communications about the appeal. Members should use the AIMS portal where possible, but can also walk in, email, fax, call, and mail appeal requests as well. Members should indicate the action and Agency that took the action against them member when they file the appeal, and attach the Notice of Action if possible. They should also provide authority to file an appeal on behalf of another individual, if appropriate. Due to the PHE, DMAS has allowed certain flexibilities in the appeals process, that have since ended. The appeal filing deadline was not enforced until May 11, 2023. DMAS accepted verbal authorizations for representation until January 19, 2022. In-person hearings were suspended until June 30, 2021, but members still have most hearings over the telephone because it was convenient to them. DMAS automatically granted reschedule requests, even if a hearing was missed, until June 30, 2021. MCOs had a shorter timeframe to issue internal appeal decisions, which ended on March 5, 2021.

DMAS still offers continued coverage during the appeals process. During the unwinding, coverage is automatically continued for timely appeals, and there is no risk of financial recovery during the next year. Filing a Medicaid appeal on time means filing an appeal within 30 days of the date of negative action, but DMAS adds five days for mailing. Members can provide a good cause for appealing more than 35 days after the date of the negative action. Members may provide good cause for a delayed appeal request if they were ill, did not receive the notice, had a postal service or address error, filing with another government agency accidentally, or had unusual or unavoidable circumstances. DMAS will request good cause or authorized representative documentation in writing prior to denying an appeal request. For MCO appeals, clients must first exhaust MCO appeals, and then have 120 days after the MCO appeal decision to appeal to DMAS. There is no good cause exception for MCO appeals.

Mr. Puglisi provided access to the DMAS Appeals website <https://www.dmas.virginia.gov/appeals>, AIMS Portal <https://appeals-registration.dmas.virginia.gov/client>, AIMS Portal Training Website <https://vamedicaid.dmas.virginia.gov/training/appeals>, including Frequently Asked Questions and forms in English and Spanish, and Appeals Division contacts, including the AIMS Help Desk.

Mr. Puglisi asked members how can Appeals assist you in navigating the appeal process during unwinding? Do MAC members have questions about the appeal process or where to find resources? Have you been involved in the appeals process, and how was your experience?

Finding the correct person to start the process was difficult, but once the appeal started, it was a smooth process. The DMAS website search engine needs improvement. The AIMS portal is a convenient addition and new information. It may be beneficial to use additional methods to disseminate news, including social media. Some appeals are caused by errors in Agencies, and communications help reduce and clarify those errors. Is there a QA process on behalf of the MCO, as well as errors being made and by whom? Mr. Puglisi answered that he cannot answer QA questions about MCOs, but that Appeals does have a QA process prior to issuing a decision. Leah Leuschner chatted, "Hi. In answer to the question about the Appeals process for basic Adverse Actions, I was not aware that it was not necessary to provide actual written notice from the MCO, for denials/Adverse Actions. Interesting to know and pass along to others." Mr. Puglisi noted that it is not a requirement, but is helpful in reviewing the appeal prior to the hearing.

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Questions and Comments presented by Members:

Director Roberts asked members how they renew their Medicaid eligibility. A member stated that he applied for Medicaid via phone from the local Department of Social Services (LDSS). Some members have received communication that open enrollment is coming, but not a renewal packet or renewal window to know when to renew. Others also apply via phone, as that was most efficient. The LDSS often terminated coverage due to excess income without considering the child's waiver services. A parent of an adopted child expressed concerns working with the LDSS. The Common Help website was not as helpful for a member receiving waiver services, which drives her to call for assistance.

Parents of children who receive waivers are worried about how to renew and maintain the stability of coverage. Director Roberts answered that the renewal process will be hybrid now, and she will follow up with a Medicaid Memo and process change once it is complete. Will DMAS provide a presentation on the Medicaid Memo once it is completed?

Should a family attempt to renew prior to receiving the packet, as well as to know whether someone is in the *ex-parte* group? Ms. Anecchini indicated that the Cover Virginia website has a calendar for the renewal process. If you know your renewal date, you can use that website to determine when to expect the packet. If you do not know, you can call Cover Virginia to ask the renewal date. If a member is part of the *ex parte* group, instead of receiving the packet, they would receive a letter indicating their approval is ongoing.

What percentage of people who appeal are approved after the appeal? Mr. Puglisi answered that when planning for unwinding, we estimated 3.5% of terminations would appeal. What are the chances of those

members regaining coverage? Mr. Puglisi answered that most of our cases prior to the pandemic were remanded to the Agency to correct an error. If we can make a complete decision of that person's eligibility during the appeals process, we will tell the Agency to approve the individual. The appeal right is a constitutional right for members. The Hearing Officers decide independently of any previous decision.

When will automatic continued coverage and prevented recovery end? Is continued coverage for overall coverage or a specific service? Mr. Puglisi answered that continued coverage ends at the end of unwinding, which is expected to be in approximately a year. The continued coverage is for eligibility and services. Once unwinding ends, members may have to repay continued coverage benefits if they are not approved during the appeal process.

**Presentation – Return to Normal; VDSS SNAP & TANF**

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*Brandi Watkins – SNAP Program Consultant, VDSS*

*Mark Golden – Economic Assistance and Employment Manager, VDSS*

Ms. Watkins noted that, as of March 2023, Supplemental Nutrition Assistance Program (SNAP) has served over 466,000 households with over 900,000 participants. In December 2022, CAA separated SNAP emergency allotments from the PHE, and the last month that households received emergency allotments was February 2023. The work requirement was suspended during the PHE, but the work requirements will begin again on July 1, 2023. The student exemption returned on May 11, 2023, so effective June 11, 2023, Agencies will screen normally at recertification using the standard exemptions. Agencies waived the certification interview, and an extension was approved effective June 21, 2023, through May 31, 2024. Agencies have also approved adjusted follow-up procedures for address changes and updated shelter cost not reported to the Agency for the same period.

Mr. Golden noted that Temporary Assistance for Needy Families (TANF) is a time-limited program that helps families when parents or other relatives cannot provide for the family's basic needs. Virginia Initiative for Education and Work (VIEW) provides employment, education, and training opportunities as for TANF recipients. When COVID began, the program had several changes, including voluntary participation in VIEW, months did not accrue on the 24-month clock, there were no sanctions for not participating in VIEW, and there was a hardship extension for all families reaching the 24-month or 60-month time limit. As of January 1, 2023, VIEW became mandatory again. Time limits have been reinstated, and DSS no longer automatically provides a hardship extension for reaching the 60-month time limit. Additionally, sanctions for non-participation are permitted again. DSS has seen employment increase among previous recipients.

Questions raised by Committee Members included:

What jobs, agencies, and training are available to families on TANF to help them prepare for participation in the job market? Mr. Golden answered that there are programs like assistance in obtaining a GED, learning through community colleges, and community-provided job training. A lot of resources are available dependent upon locality.

In Fairfax, major companies work with the program to learn employment skills for free; can this be implemented elsewhere? Mr. Golden answered that a federal program, Workforce Innovation and Opportunity Act (WIOA), started in July 2014 that allowed for all kinds of vocational training. All counties receive some funds to be used in the locality. He encouraged members to inquire within the localities about these skill-training programs.

Are there overlapping options available in association with the training provided by the school system for children with disabilities who are aging out? The member's child has been on the Developmental Disability (DD) waiver for 7 or 8 years. Mr. Golden answered that DARS has some vocational training, but the parent stated that DARS has not returned her call. Mr. Golden and Ms. Pennywell agreed to assist the member after the MAC.

Ms. Pennywell thanked Mr. Golden for his presentation and introduced Will Frank.

### **Presentation – Virginia Medicaid Legislative Updates**

*Will Frank – Senior Legislative Affairs Advisor*

Mr. Frank introduced DMAS's legislative priorities and process. He indicated that the General Assembly has not issued the 2023-2024 budget. DMAS monitors introduced legislation, reviews legislation and budget language for the Secretary and Governor, makes position recommendations to Secretary and Governor and communicates the Governor's positions to General Assembly, and provides expert testimony and technical assistance to legislators on legislation. DMAS key bills covered skilled nursing and long-term care in the 2023 General Assembly Session. Passed bills covered the following topics: skilled nursing screening; staffing standards for nursing facilities; allowing DMAS to increase financial flexibility for members with the DD waiver. DMAS must track data for MCO claims that were denied and why; streamlining the credentialing process for Medicaid-participating providers. DMAS must change the state plan for wheelchair and seating-based technology; must evaluate its ability to comply with requirements regarding DMAS recovering from insurance carriers; and improve pharmacy reimbursement. Virginia bills may be researched at <https://lis.virginia.gov>

Angie Vardell indicated that there is a combined budget cap for members on the DD Waiver.

Questions raised by Committee Members included:

Will DD waiver slots be increased? Mr. Frank answered that increased slots will be determined by the budget, and DMAS is waiting to see. The budget is creating new slots, but since the budget has not passed, nothing allowed in the budget has passed yet. Virginia Department of Behavioral Health and Developmental Services (DBHDS) allocates waivers.

Ms. Pennywell then opened the meeting to public comment.

### **Public Comment**

Kyung Sook Jun has a family member with very aggressive autism who has aged out of services and is at home because no agencies can handle him. One of his parents is unable to work because of his aggression. Because most of the institutions are closed, and children are aged out of special schools, nobody is willing to provide care for him. There are probably other children throughout the state who are stressed and dangerous without those facilities. Will the state implement a plan for those adult children who cannot receive care in a facility?

Craig Thomson noted that there has been discussion within the high-functioning autism community, including crowd-sourcing and online databases like List Serv and Discord.com. The discussions have included additional training and resources for those individuals, as there is a challenge receiving care for those diagnoses within the MCOs.

Sabrina Redd asked that members assist in developing schedules for the upcoming MAC meetings, as members have specific concerns. Ms. Pennywell noted that the time prior to the MAC meeting allows members to raise specific concerns, and that the agendas are developed by trending issues. She encouraged Ms. Redd to request specific topics for discussion before the next meeting.

Lorri Lee Griffin noted it is impossible to obtain services with the DD waiver. Some children sick enough to obtain services through the Commonwealth Coordinated Care (CCC+) waiver cannot obtain child day services. Families seek care from CCC+ providers; however, CCC+ covers adult day services, not child day services. This is a large gap in available assistance. How do parents coordinate with these providers to identify a facility that can accept the child with autism? How will these programs return to normal after COVID?

Leah Leuschner chatted, “The issue being asked about the need for Appeals/Process due to error on MCO end, and how to avoid/limit/track the errors.”

Jacqi Dix noted that COVID has changed a lot, including inflation. Her family left Virginia for North Carolina to Virginia and has a waiver slot. Her family had four in-home caregivers in North Carolina. Still, but in Virginia, the family has no in-home caregivers, and the income limits have required one of the family members to stop working to qualify for coverage. In North Carolina, the pay was \$19-21 per



hour, but in Virginia, the pay is \$9-12 per hour. She has been diagnosed with caregiver burnout syndrome, and her husband is near a caregiver burnout syndrome diagnosis. What happens to families when they do not have the respite to care for their caregivers? This question was forwarded to a subject matter expert and Ms. Dix was emailed the following response: According to the record, Kaitlyn is 21 years old and is with Piedmont Community Services. Ms. Dix is the paid Sponsored Provider for her daughter, so her role is to manage her daughter's daily needs. Kaitlyn is currently supported 24/7.

If Kaitlyn is interested in accessing Group Day Support, it is available under the DD Waiver. Her 1st step would be to talk with her Support Coordinator at Piedmont CSB. If Kaitlyn does not like the options presented to her, then the next step would be for Kaitlyn and her Support Coordinator to meet with the Community Resource Consultant with DBHDS.

There are other options available to Kaitlyn such as Community Engagement or Supported Employment and would also start by contacting her support coordinator if she wishes to explore other available options.

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### **Adjournment**

Ms. Pennywell thanked the Committee for joining. Deputy Hatton thanked members for their participation and engagement. She ensured members that the MAC would continue to identify new issues for future meetings. Ms. Pennywell adjourned the meeting at 12:18 p.m.