

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

**April 8, 2024 Minutes**

<b>Committee Members</b>	<b>DMAS Staff</b>
<b>Present: In Person</b>	<b>DMAS Executive Leadership Team Members</b>
JoAnn Croghan	Cheryl Roberts, Agency Director
Jacqi Dix	Jeff Lunardi, Chief Deputy Director
Lorri Griffin	Sarah Hatton, Deputy Director of Administration
Chiquita Hubbard	Ivory Banks, Chief of Staff
Sheila Johnson	Tammy Whitlock, Deputy Director for Complex Care Services
Brian Marroquin	John Kissel, Deputy Director for Technology
Bryan Roaché	Dr. Lisa Price Stevens, Chief Medical Officer
Kyung Sook Jun	
	<b>Speaker(s)/Facilitators(s)</b>
<b>Present: Virtual</b>	Sara Cariano, Director, Eligibility Policy and Outreach Division, DMAS
Mark Dixon	Melissa Terrell, Medical Assistance Program Consultant, Sr., VDSS
Leah Leuschner	Ashley Harrell, Senior Program Advisor, Behavioral Health Division, DMAS
	Christine Minnick, Child Welfare Program Specialist, DMAS
<b>Absent</b>	Adrienne Fegans, Deputy Director of Program Operations, DMAS
Sydnee Evans	
	<b>DMAS Support Team Members</b>
	Natalie Pennywell, Outreach and Community Engagement, Manager (meeting organizer and facilitator)
	Dorothy Swann, Outreach and Member Engagement Specialist (meeting organizer)
	Kristin Lough, Hearing Officer (minutes recorder)
	Jonathan Hendler, Visual Communications Designer (photographer)
	Rachel Lawrence, Strategic Initiatives Specialist (greeter and attendance support)
	Norman Gaines, AV Specialist (technology support)
	Sonya Scott, ITS Operations Analyst (technology support)
	<b>Closed Caption</b>

	Jesus A Perez, Civil Rights Compliance Specialist, DMAS
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<b>Attendance</b>					
<b># of Committee Members</b>	<b># of ELT Members</b>	<b># of Speakers</b>	<b>#of Support Team Members</b>	<b># of General Public</b>	<b>Total</b>
10	8	5	6	42	71

<b>Member Engagement Since Last Meeting</b>				
<b># of Comments</b>	<b># Inquiries</b>	<b># Outstanding Inquiries</b>	<b># Inquiries Closed</b>	<b>Total</b>
5	29	0	29	34

**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, April 8, 2024, via WebEx online meeting platform. Ms. Pennywell went over an accessibility check-in to assist in accessibility for all listeners. She then introduced the DMAS Director, Cheryl Roberts.

**Welcome**

*Welcome – Cheryl Roberts, Agency Director*

Director Roberts greeted the Committee and thanked the Committee for their participation. She hoped that the members receive valid and reasonable information in the meetings and that the MAC members communicate back to DMAS, either in writing or by speaking at the meeting. Director Roberts reminded the MAC members that each represent about 166,000 Medicaid members, and that their participation is important.

*Welcome – Jeff Lunardi, Chief Deputy Director*

Deputy Director Lunardi greeted everyone and stated how important it is to make sure the policies in place work for the members.

*Welcome – Sarah Hatton – Deputy of Administration*

Deputy of Administration Hatton greeted the Committee and thanked the Committee for their participation in the MAC meeting. She explained that the members would have opportunities to help throughout the year, including the online application process.

### **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 representing. Director Roberts indicated gratitude for those members and expressed her experience about representing a child with long-term care needs.

### **Review and Vote to Approve Minutes from Meeting on November 13, 2023**

Each of the MAC members were provided a copy of the November 13, 2023, 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 Jacqi Dix made a motion to accept the draft minutes from the November 13, 2023, meeting. MAC member Lorri Griffin 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 - Virginia Medicaid 12-Months Continuous Eligibility (CE) for Children**

*Sara Cariano – Director, Eligibility Policy and Outreach Division*

Effective January 1, 2024, children in Medicaid and FAMIS will remain enrolled for a 12-month protected coverage period, regardless of changes in circumstance, including parental income increases. This will not apply for children who turn 19, move from the state, request termination of coverage, have eligibility approved incorrectly due to fraud or error, death, or for children whose Medicaid was approved with hospital presumptive eligibility (HPE) with a "reasonable opportunity period." Enrolled children cannot be moved to FAMIS during the period because it is considered a reduction of coverage.

Annual renewals are still required, but once children are approved after a renewal, a new 12-month CE period begins. Families must still report changes within 10 days of the changes occurring, which will make renewals easier. The CE period is not applicable to parents, so reporting changes allows workers to properly reevaluate the entire family timely. The intent of this additional coverage reduces churn, which

is losing coverage due to administrative issues rather than lack of eligibility, as well as reduces workload at the local departments of social services and reduces cost to providers.

Questions and Comments from Committee Members:

In response to a question about whether members had heard of the program and how they learned of changes within Medicaid, the following responses were received.

A member had heard of the program.

A member typically learns of changes from DMAS via emails. She indicated great appreciation for the program and asked why DMAS does not open the same opportunities for people with long-term care (LTC).

A member stated that he was not aware of this opportunity but learns most of the information about Medicaid through a newsletter from his local Department of Social Services. How much time do parents have to recertify and what are the steps for that?

Ms. Cariano answered that all the local Departments of Social Services are required to comply with the same rules. The eligibility period for adults is 12 months for most adults unless something changes, their coverage will continue. However, families must report changes within 10 days of the changes occur, like increased income, pregnancy, and others. Agencies attempt to review eligibility ex parte, which means not sending the big renewal packet in the mail and instead completing the review electronically. Members can renew on paper, online, or via a telephone call to Cover Virginia. Prior to ending coverage, the LDSS sends a notice informing people that their coverage will reduce or end along with appeal rights. Members also have 90 days after closure due to failure to provide a renewal application to reapply.

Ms. Pennywell thanked the participants and introduced Ms. Terrell.

### **Presentation – Role of Local Department of Social Services**

*Melissa Terrell – Medical Assistance Program Consultant, Sr., Virginia Department of Social Services*

Ms. Terrell introduced Virginia Department of Social Services (VA DSS), which is in partnership with local departments of social services (LDSS) and the Community Action Partnership (VaCAP). Ms. Terrell indicated that the experiences in a specific LDSS may vary from other offices, but they are part of five regions of the state and held to the same policy throughout the state. Ms. Terrell noted that there are limitations with internet access and mail delays and walked members through alternative access through

[www.dss.virginia.gov](http://www.dss.virginia.gov). The website includes contact information for each LDSS, press releases, and access to LDSS websites, if they exist.

LDSS reviews ongoing coverage and new applications for Medicaid and FAMIS. DMAS manages the Medicaid payments, cards, and more. LDSS will refer members with inappropriate coverage or payments to the DMAS Recipient Audit Unit (RAU) or, if they lose coverage, to the State Health Benefit Exchange. People can apply and renew online at Common Help [www.commonhelp.virginia.gov](http://www.commonhelp.virginia.gov). Individuals can receive a paper application mailed to them, which they can then mail, fax, or drop off to the LDSS. People can also call the Virginia Department of Social Services Enterprise Call Center at (855) 635-4370. Applicants can take photographs of verifications and email those pictures to workers, but they can also mail, fax, or drop off verifications during the application process. Ms. Terrell asked that members provide feedback of communication with a LDSS.

Responses from the Committee Members:

LDSS workers have told members that cannot email responses to them only to hear days later that they will accept electronic verification via email. Ms. Terrell stated that there should not be a LDSS without email access.

Is the system mobile friendly, are there apps or preferred browsers? Some of the helpful information mentioned by Ms. Terrell was not available on a phone browser. Ms. Terrell navigated through the webpage on her phone and noted that she also could not find some of the helpful links and would report it to the appropriate individuals after the meeting.

Some local nonprofit organizations could help applicants and members access Medicaid applications and benefits from Social Services. Do local agencies have lists of those organizations to help members? Ms. Terrell indicated that she encouraged local agencies to keep information about their locality for referrals for assistance, and that she would encourage creation and preservation of those lists again.

Are there rules against sending certain types of information? Members have received pushback from workers about receiving information that could violate HIPAA. Are there rules about emailing potential Protected Health Information (PHI) or for family members and representatives sending emails on behalf of the applicant or member? Ms. Terrell indicated there could be pushback from workers for fear of lack of encryption on incoming emails.

Ms. Hatton stated that Cover Virginia has a separate email inbox that can accept the information coming in, but that Cover Virginia will not respond to the recipient because of PHI and HIPAA protection. Ms. Hatton agreed to send that information to the members.

Is Adoption Assistance coverage available to members after 18? What happens when she becomes an adult for Medicaid? Ms. Terrell referred the member to her Adoption Assistance Case Manager. Ms.

Cariano indicated that the parent's income may count as the member becomes an adult. One of the biggest pieces for those individuals is to obtain a Social Security disability approval if possible.

Case workers do not return calls and members do not receive mail approvals or denials, including online responses when renewals are completed online. Case workers have voicemail messages that say do not leave more than one message, I will return your call, but the calls are not returned. Members are expected to return timely, but those responses are not reciprocated.

### **Presentation – Addiction and Recovery Treatment Services (ARTS) 1115 Waiver Renewal**

*Ashley Harrell – Senior Program Advisor, Behavioral Health Division*  
*Christine Minnick – Child Welfare Program Specialist*

Ms. Harrell explained that a demonstration waiver, 1115, allows DMAS to use federal Medicaid dollars for certain benefits. It was initially approved for the Governor's Access Plan (GAP), and 1115 waivers are typically approved for five years. This waiver, which expires December 31, 2024, approved benefits for substance use disorders, former foster care youth who aged out, and high needs support benefits. The General Assembly did not provide funding support for the high needs support benefit.

Ms. Minnick noted that individuals who turn 18 while in foster care in any state will continue receiving Medicaid coverage up to age 26. Through the waiver, DMAS hopes to help prevent homelessness, incarceration, and substance abuse, as well as continuing to enroll those individuals in Medicaid automatically after aging out of coverage.

Ms. Harrell introduced the ARTS program, including opioid addiction and substance use disorders programs. ARTS includes managed care which allows coordination between physical healthcare and behavioral health. Individuals aged 21 and over will receive care in facilities with 16 or more beds for treating behavioral health issues. Individuals can be seen in an acute care setting or an inpatient setting. This is beneficial for crisis and overdose events. This also allows DMAS to implement evidence-based criteria.

Overdoses increased substantially between late 2019 and 2022, which has peaked around 108,000 fatalities, which is a 64% increase in Virginia between December 2019 and 2021. Fatal drug overdoses have been the leading method of unnatural death since 2013 in Virginia, and fentanyl has been the driving force behind overdoses. Ms. Harrell walked members through increasing care for recovery over the past few years.

Questions raised by Committee Members included:

Under Project BRAVO, for members 11 to 18, can you speak to the supply of providers and needs? What is DMAS doing about it? Ms. Whitlock answered that DMAS is aware there are not sufficient licensed providers, but the Governor's Right Help Right Now plan is working to drive new providers and education for those individuals.

DMAS needs to address having sufficient workforce. Programs are available through high school prior to college, and we should continue to encourage those individuals to pursue those career opportunities earlier and with more support.

A member has a friend who owns a behavioral health clinic and that friend struggles with hiring mostly because of the restrictions becoming licensed. The clinic owner is not reimbursed if those individuals are unlicensed, and that friend is struggling to keep the clinic open due to the costs of paying workers with insurance restrictions.

Can DMAS speak with stakeholders and design a specific program to help those who may want to get in the mental health field? This program could provide support for management, payment, billing, and continuation of practice. Ms. Harrell stated that DMAS works with providers to assist with billing, but acknowledged how complex management process can be.

Ms. Harrell asked members what they saw as the biggest challenges for former foster care youth and individuals with substance use disorders.

### **Presentation – Cardinal Care Resources and Transportation Process Review**

*Adrienne Tyler Fegans – Deputy of Programs and Operations*

Ms. Fegans introduced Cardinal Care, the new name for the Virginia Medicaid program. DMAS has put out for bid a contract for the five DMAS health plans as part of the process. DMAS will change the communication and style of communication for members. DMAS will still send out letters but will include additional communication styles like social media. Ms. Fegans asked for help from the MAC members to help her review the letters for accessibility and understanding for the members. There will be member Town Halls and Ms. Fegans would like MAC members to appear at the Town Halls if possible. Ms. Fegans asked that MAC members provide comment on the logo options available in her presentation. She also asked for participants in a national group that will meet twice about Medicaid non-emergency transportation.

Questions raised by Committee Members included:

Are caregivers eligible for the transportation advisory group? Yes.

### **Public Comment**

Chiquita Hubbard thanked the MAC for the opportunity to present. She mentioned that families are often caregivers and asked about the political process of approving a bill regarding caregivers.

Kyung Sook Jun provided public comment.

Jacqi Dix noted that there are benefits for individuals under 21 and over 21. There are benefits for those under age 21, and her daughter is age 21, but cognitively is not. Ms. Dix encourages waiver services that are serving individuals with developmental delays.

Brian Marroquin indicated that there are several providers on the MCO Provider Directories, but when you research those providers, many of them are in the same practice. This is misleading and can become problematic. Many specialty doctors do not accept Medicaid.

### **Adjournment**

Ms. Pennywell thanked the Committee for joining, and she stated that DMAS will evaluate the MAC member questions and comments to create agenda topics for future meetings.

Ms. Pennywell thanked members for their participation and adjourned the meeting at 12:33 p.m.