

Medicaid Member Advisory Committee Meeting
Department of Medical Assistance Services
In-Person and via WebEx Videoconferencing

August 14, 2023 Minutes

Committee Members	DMAS Staff
Present: In Person	DMAS Executive Leadership Team Members
Wendy Bender	Jeff Lunardi, Chief Deputy Director (meeting co-facilitator)
Joan Croghan	Tammy Whitlock, Deputy for Complex Care Services
Jacqi Dix	Adrienne Fegans, Deputy for Programs
Lorri Lee Griffin	Sarah Hatton, Deputy of Administration (meeting co-facilitator)
Chiquita Hubbard	Dr. Lisa Price Stevens, Chief Medical Officer
Sheila Johnson	Richard Rosendahl, Deputy for Healthcare Analytics & Transformation
Kyung Sook Jun	Ivory Banks, Chief of Staff
	John Kissel, Deputy Director for Technology
	Speakers/Facilitators
Present: Virtual	Laura Boutwell, Director, Quality and Population Health Division, DMAS
Leah Leuschner	Lisa Jobe-Shields, Division Director, Behavioral Health, DMAS
Sabrina Redd	Nichole Martin, Director, Office of Community Living, DMAS
Craig Thomson	DMAS Support Team Members
	Natalie Pennywell, Manager, Outreach and Community Engagement (meeting organizer and facilitator)
Absent	Dalia Tejada Halter, Outreach and Member Engagement Specialist (meeting organizer)
No Members	Dorothy Swann, Outreach and Member Engagement Specialist (meeting organizer)
	Sonya Scott, ITS Operations Analyst (technology support)
	Kelly Bradshaw, Sr Operations Analyst (technology support)
	Kristin Lough, Hearing and Legal Services Officer II (prepared minutes)
	Anita Ayres, Digital Content Manager (Photographer)
	Closed Caption
	HAMILTON-VA Relay Remote Conference Captions (RCC) Representative
	Jesus A Perez, Civil Rights Compliance Specialist, DMAS

Attendance					
# of Committee Members	# of ELT Members	# of Speakers	#of Support Team Members	# of General Public	Total
10	9	3	9	13	44

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, August 14, 2023, in-person and via WebEx online meeting platform. Members of the MAC committee, DMAS executive leadership team members, speakers, meeting support staff, and visitors were asked to introduce themselves.

Member Introduction

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

Review and Vote to Approve Minutes from Meeting on June 12, 2023

Each of the MAC members were provided a copy of the June 12, 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 Wendy Bender made a motion to accept the draft minutes from the June 12, 2023, meeting. MAC member Kyung Sook Jun 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 – Spouse/Parent Caregiver

Nichole Martin – Director, Office of Community Living

Ms. Martin indicated that prior to COVID, legally responsible individuals were not eligible for reimbursement for personal care services. Legally responsible individuals include parents of minor children and spouses. During COVID, the Centers for Medicare and Medicaid Services (CMS) released Appendix K, which allowed those individuals to be reimbursed. Appendix K is active until November 11, 2023, six months after the end of the PHE. After that time, the General Assembly will require families to prove that nobody else is available to provide that care to continue receiving reimbursement for providing personal care services. DMAS sought to update the waiver through CMS to approve this extension, including defining circumstances when a legally responsible person could be paid. DMAS proposed that the individual would have to prove nobody else was available to provide the care, and the reimbursement is capped at 40 hours per week. A personal care agency would hire a legally responsible individual and would provide quarterly in-person visits. The state would conduct quality reviews. The employer must be local to the individual to manage services adequately, and DMAS will only reimburse for unskilled tasks. DMAS requires the employee to outline daily tasks in writing. Public comment ended July 27, 2023, and submitted the application to CMS. DMAS is awaiting a decision from CMS. Once DMAS receives

approval from CMS, it will begin home sessions with stakeholders like families, providers, service facilitators, and agencies.

Questions posed by members included:

How will families demonstrate that nobody is available to provide this care? Families will start by looking for care providers. Some nurses provided by a local agency have been incapable of providing the necessary care. Parents or caregivers can work with agencies to be hired directly to make the process smoother.

Will DMAS define extraordinary care? Some families are unaware of what services are outside of the scope, and DMAS should do training for service facilitators and providers to define what services are in scope. DMAS was required to determine extraordinary care to CMS, and it will be defined upon approval. There are training resources released quarterly, so some of that is currently available.

What if a member is authorized to receive more than 40 hours of care per week? The service authorization of hours may be higher than the number of hours for which a legally responsible individual may be reimbursed.

Presentation – Behavioral Health Care in the Community

Lisa Jobe-Shields, Ph.D. – Division Director, Behavioral Health

Dr. Jobe-Shields thanked members for participating in the MAC and introduced Addiction and Recovery Treatment Services (ARTS), which was implemented in 2017 and provides care for 53,000 members. DMAS is in the early stages of renewing the ARTS waiver, which must be renewed every five years. Provider types serving Medicaid have increased significantly, including providers for care that had not been available in the Commonwealth prior to the ARTS waiver. Project BRAVO enhanced behavioral health services within Virginia to close gaps in mental health services and Medicaid. It prioritizes nine services and changing the reimbursement type and rates. Project BRAVO created a crisis services continuum, which hopes to provide care within an hour. Crisis services allow immediate, within the first 72 hours, and longer-term crisis services. These services include a place to go for assessment, “a recliner” for 23-hours care, or residential care, to ensure stabilization. Virginia has a specific fourth type of care called community stabilization, which is a bridge between mobile crisis response and more extended care, providing referrals to an outpatient provider. Virginia is getting closer to a complete continuum for youth and adults, but there is work to do.

“Right Help. Right Now.” It is a plan to improve behavioral health. There are six pillars, 1. Ensuring same-day care, 2. Reduce the burden on law enforcement, 3. Increase capacity, 4. Targeted support for substance use disorder, 5. Make the behavioral health workforce a priority, and 6. Identify service innovations and best practices in care models. DMAS is also working to make the transition from incarceration to home more stable, as well. The Virginia Medicaid Behavioral Health Dashboard has been active for more than a year, and it provides information about funding and services provided within the community.

Questions and comments raised by Committee Members included:

The Project BRAVO memo increased care in northern Virginia. A comparison study through Managed Care Organizations could assist members in choosing the correct MCOs that could provide care. There was a suicide outside of a Community Services Board that occurred after a mobile crisis referral, but before the mobile crisis team was able to reach the individual.

The VCU pediatric emergency room almost always has someone in a bed with a police officer outside the room because they were not able to find the correct residential facility due to lack of space, referral, or other issues. Additionally, other children are refused care due to medical needs outside of mental health needs, like requiring seizure medication. Residential facilities cannot compel those children to take seizure medication in the facility.

The parent of a school-aged child sees that the behavioral services are not integrated in the school system but believes some symptoms could be mitigated by integration. Many parents must choose between sending a child to school without all the necessary care or provide homeschooling to ensure the child has access to all necessary care, like occupational therapy, that would not be available in the school. What is DMAS contemplating to increase workforce capacity and community capacity? Behavioral innovation planning assistance could help to implement assessments, which would help parents and teachers to identify and implement what the child needs. DMAS will be looking at school-based and crisis services.

Presentation – Quality Measures and Quality Improvement

Laura Boutwell – Director, Quality and Population Health

Ms. Boutwell thanked members for participating in the MAC and defined the DMAS mission: to improve the health and welfare of Virginians through access to high-quality healthcare coverage. DMAS intends to increase quality reporting and seeks to report internally and externally. The DMAS Quality Strategy is a three-year plan to drive quality through the Commonwealth, including setting goals, creating objectives, designing interventions, and monitoring outcomes through measures. The current main goals are to enhance the member care experience, promote access to safe, gold-standard patient care, support efficient and value-driven care, strengthen the health of families and communities, and provide whole-person care for vulnerable populations. Ms. Boutwell outlined strategies specifically for prenatal and postpartum care quality improvement. Healthcare Effectiveness Data and Information Set (HEDIS®) is a performance measure, that requires auditing, both externally and from DMAS, of providers. HEDIS measures for individual MCOs are available on the DMAS website for large categories and specific measures under each of the larger categories. The DMAS website includes additional reporting in the Office of Quality and Population Health section, and members can use the navigation panel on the website. Ms. Boutwell asked the MAC members to present public comments when the Quality group seeks feedback.

Questions and comments presented by members included:

A member has had over 70 appeals, but they were tracked as one grievance. How can that be tracked in the system? Ms. Boutwell will follow up about the appropriate systems.

HEDIS is very helpful when identifying the appropriate MCO to obtain the best care for the member's needs. Written safety plans have become important with some behavioral health needs and can improve and hurry care for those in crisis.

Does DMAS have ways to track transportation assistance? A member has encountered difficulties with transportation. Ms. Boutwell and Ms. Fegans indicated that they would assist in contacting transportation providers using the information on the back of the Medicaid card and asking direct questions as necessary.

Public Comment

Craig Thomson noted that the internal grievance process with the MCO is helpful to identify the best provider who appears for rides to appointments. After a number of grievances, members can obtain specific contact information to ensure appointment rides.

Sabrina Redd thanked the DMAS team and presenters for the MAC and the opportunity to speak.

Chiquita Hubbard thanked the MAC for the opportunity to appear and speak up about the policies and their impact on members. Assistance and coordination within the school will improve children's development and outcomes. Consumers must speak up to ensure DMAS is aware of the problems and needs of the members.

Kyung Sook Jun stated that mobile crisis was unable to come out to assist her family member and that she hopes localities create more mobile crisis responders. For family members who have aged out of school, they do not have anywhere to go, and family members have had to stop working to care for older high-need members. Ms. Jun is concerned for the entire family when children age out of school. Dr. Jobe-Shields noted that DMAS is trying to increase the number of providers in the area. Measuring what providers are available where, identifying needs, and identifying unserved areas then underserved areas.

Adjournment

Ms. Pennywell thanked the Committee for joining the DMAS support staff who helped implement the meeting, and she stated that DMAS would evaluate the MAC member questions and comments to create agenda topics for future meetings.

Deputy Hatton thanked everyone for their participation and asked members to provide questions and concerns to the MAC inbox to drive topics for future meetings.

Ms. Pennywell thanked members for their participation and adjourned the meeting at 11:56 a.m.