CardinalCare
Virginia's Medicaid Program

CHIPAC
Children's Health Insurance Program Advisory Committee of Virginia

VIRGINIA'S MEDICAID PROGRAM
DMAS

Thursday, September 5, 2024
1:00 PM to 3:30 PM
Department of Medical Assistance Services
600 East Broad Street
Richmond, VA 23219
1st floor Conference Rooms A&B

This meeting will be held in person. Members of the public may attend either in person or virtually.

To Join Meeting Remotely:
https://covaconf.webex.com/covaconf/j.php?MTID=m18fdf5b26925a91eb149ffcde531049
Remote Conference Captioning Link:
https://www.streamtext.net/player?event=HamiltonRelayRCC-0905-VA4123

AGENDA

#	Item	
I.	Welcome and Announcements	1:00 PM – 1:05 PM
II.	CHIPAC Business A. Review/approval of minutes from June 20 meeting B. Committee membership and leadership updates	1:05 PM – 1:10 PM
III.	School-Based Services Updates *Bern'Nadette Knight, Jessica Caggiano, and Kari Savage* *Virginia Department of Behavioral Health & Developmental Services* *Amy Edwards, Alexandra Javna, and Kristinne Stone* *Virginia Department of Education*	1:10 PM – 2:10 PM
IV.	Federal Regulatory Updates *Sara Cariano and Jessica Annecchini* *Virginia Department of Medical Assistance Services*	2:10 PM – 3:00 PM
V.	Return to Normal Enrollment Update *Jessica Annecchini*	3:00 PM – 3:15 PM
VI.	Agenda for December 12, 2024 CHIPAC Meeting	3:15 PM – 3:20 PM
VII.	Public Comment	3:20 PM – 3:30 PM

Reasonable accommodations will be provided upon request for persons with disabilities or limited English proficiency. Please notify the DMAS Civil Rights Coordinator at (804) 482-7269, or at civilrightscoordinator@dmas.virginia.gov, at least five (5) business days prior to the meeting to make arrangements.

CardinalCare
Virginia's Medicaid Program

Administration Updates: Final Eligibility Rules and Unwinding

Jessica Annecchini, Senior Policy Advisor

Sara Cariano, Eligibility Policy & Outreach Director

DMAS

Agenda

Topics to discuss today:

- Eligibility Final Rule: Streamlining Medicaid; Medicare Savings Program Eligibility Determination and Enrollment
- Eligibility Final Rule: Medicaid Program; Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes
- Unwinding Updates

Final Eligibility Rules: Legal Base

The Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS) acted upon a proposed rule to codify as final. This rule is referred to as: Streamlining Medicaid; Medicare Savings Program Eligibility Determination and Enrollment

SUMMARY: This final rule simplifies processes for eligible individuals to enroll and retain eligibility in the Medicare Savings Programs (MSPs). This final rule better aligns enrollment into the MSPs with requirements and processes for other public programs. Finally, this final rule reduces the complexity of applications and reenrollment for eligible individuals.

A full copy of the final rule can be found in the federal register, linked here. A copy of a CMS Fact Sheet has been linked here.

Final Eligibility Rules: Legal Base

The Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS) acted upon a proposed rule to codify as final. This rule is referred to as: Medicaid Program; Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes

SUMMARY: This is the second part of a two-part final rule that simplifies the eligibility and enrollment processes for Medicaid, the Children's Health Insurance Program (CHIP), and the Basic Health Program (BHP). This rule aligns enrollment and renewal requirements for most individuals in Medicaid; establishes beneficiary protections related to returned mail; creates timeliness requirements for redeterminations of eligibility; makes transitions between programs easier; eliminates access barriers for children enrolled in CHIP by prohibiting premium lock-out periods, benefit limitations, and waiting periods; and modernizes recordkeeping requirements to ensure proper documentation of eligibility determinations.

A full copy of the final rule can be found in the federal register, linked here. A copy of a CMS Fact Sheet has been linked here.

CMS FINAL ELIGIBILITY RULES

Timeline for State Compliance with Key Provisions

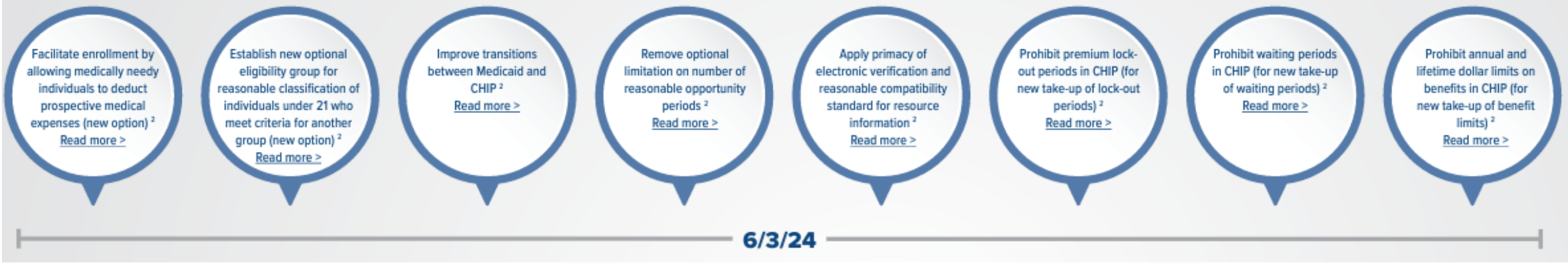
[1] Part I of the final Eligibility Rule
[2] Part II of the final Eligibility Rule

NAMD
National Association of Medicaid Directors

Final Eligibility Rule Provisions

First, we will focus on the items effective immediately upon the final guidance date:

1. Facilitate enrollment by allowing medically needy individuals to deduct prospective medical expenses (new option)
2. Establish new optional eligibility group for reasonable classification of individuals under 21 who meet criteria for another group (new option)
3. Improve transitions between Medicaid and CHIP (FAMIS)
4. Remove optional limitation on the number of reasonable opportunity periods



CardinalCare
Virginia's Medicaid Program

Final Eligibility Rule Provisions

Facilitate enrollment by allowing medically needy individuals to deduct prospective medical expenses (new option)

- This rule allows states to project medical expenses including home and community-based care expenses in the same manner as those that are in facilities. This allows the member to become prospectively eligible rather than retroactively. The change will reduce delayed enrollment and the amount of time prior to providers being paid.
- This has been brought up by legislators in the past but was denied as not federally allowed until the final rule.

Establish new optional eligibility group for reasonable classification of individuals under 21 who meet criteria for another group (new option)

- This is for individuals who don't meet MAGI covered groups but may not meet the definition of ABD.
- Virginia is not taking up this option at this time due to other priorities. It is open to states past the original compliance date.

Final Eligibility Rule Provisions

Improve transitions between Medicaid and CHIP (FAMIS)

- This applies to states that determine Medicaid and CHIP separately, or within separate systems/flows.
- Virginia does not operate in this way (some of you may remember when we used to have a FAMIS CPU); when someone applies we evaluate them for Medicaid and CHIP in one step.
- Virginia is compliant!

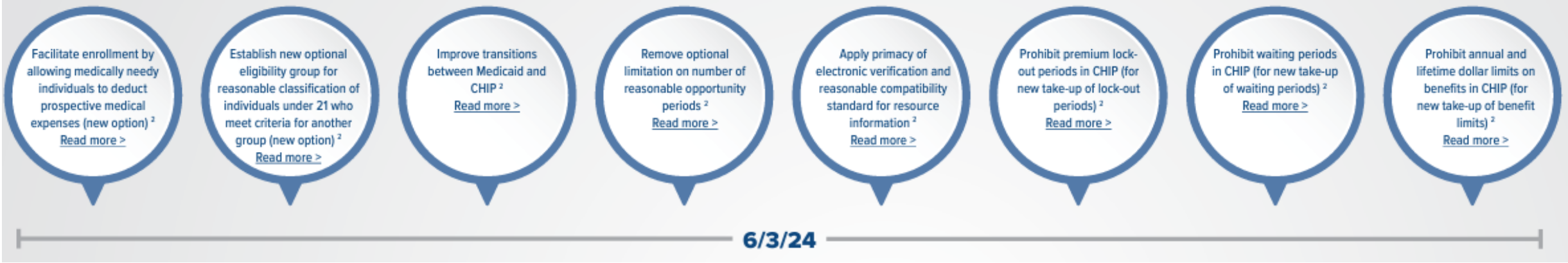
Remove optional limitation on the number of reasonable opportunity periods (ROPs) for Citizenship and Immigration verification

- States have not traditionally put limits on the number of ROPs but this restricts states from doing so; Virginia already allows good cause to extend the current period.
- In addition, when individuals reapply if they were closed for failure to provide the ROP verifications, we cannot hold their enrollment until they provide information (in other words we must approve them with a new ROP)
- We are making system changes to ensure the reapplication policy aligns with the federal guidance, and are otherwise compliant.

Final Eligibility Rule Provisions

First, we will focus on the items effective immediately upon the final guidance date:

5. Apply primacy of electronic verification and reasonable compatibility standard for resource information
6. Prohibit premium lock-out periods in CHIP (FAMIS) (for new take-up of lock out periods)
7. Prohibit waiting periods in CHIP (FAMIS) (for new take-up of waiting limits)
8. Prohibit annual and lifetime dollar limits on benefits in CHIP (FAMIS) (for new take-up of benefit limits)



CardinalCare
Virginia's Medicaid Program

Final Eligibility Rule Provisions

Apply primacy of electronic verification and reasonable compatibility standard for resource information

- Virginia already has policy and processes in place for both income and resource verifications.
- We are strengthening our policy and the number of sources available, however, we are compliant in this area.
- As we grow the sources for resources, we will consider introducing reasonable compatibility (this part of the policy is at state option)

Prohibit premium lock-out periods in CHIP (FAMIS) (for new take-up of lock out periods)

- Virginia was already compliant in this area!

Final Eligibility Rule Provisions

Prohibit waiting periods in CHIP (FAMIS) (for new take-up of waiting limits)

- Virginia is already compliant in this area!

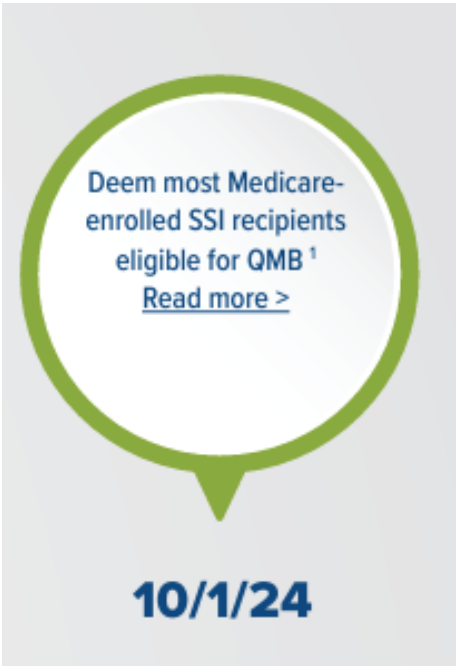
Prohibit annual and lifetime dollar limits on benefits in CHIP (FAMIS) (for new take-up of benefit limits)

- Virginia is already compliant in this area!

Final Eligibility Rule Provisions

Next, we will focus on the MSP rule that is effective 10/01/2024:

Deem most Medicare-enrolled SSI recipients eligible for QMB



CardinalCare
Virginia's Medicaid Program

Final Eligibility Rule Provisions

Deem most Medicare-enrolled SSI recipients eligible for QMB

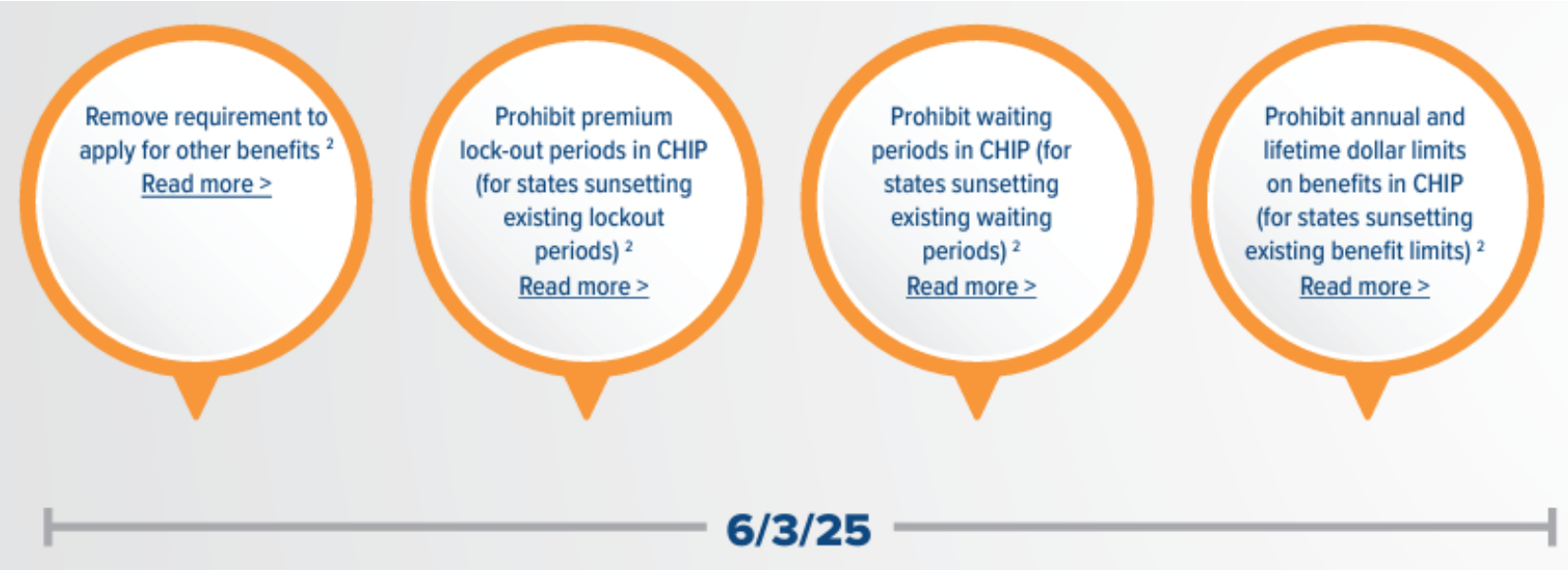
SSI recipients are considered dually eligible for QMB when they are enrolled in Medicare. In this instance, dually eligible means they should qualify for the benefit package afforded to both SSI Medicaid and QMB Medicare Savings Plan recipients. The major difference is the QMB package specifically pays for the part B Medicare premium liability for the member through Medicaid.

Virginia already provides the benefit package for QMB into the benefits for a SSI Medicaid enrollee. We are currently working with the Buy In Unit and MMIS system teams to ensure they are correctly identified in our systems and for federal reporting purposes.

Final Eligibility Rule Provisions

Finally, we will focus on the remainder of items with compliance dates in FY25:

1. Remove requirements to apply for other benefits
2. Prohibit premium lock-out periods in CHIP (FAMIS) (for states sunsetting existing lockout periods)
3. Prohibit waiting periods in CHIP (FAMIS) (for states sunsetting existing waiting periods)
4. Prohibit annual and lifetime dollar limits on benefits in CHIP (FAMIS) (for states sunsetting existing benefit limits)



CardinalCare
Virginia's Medicaid Program

Final Eligibility Rule Provisions

Remove requirements to apply for other benefits

- Previously individuals would be required to apply for other cash benefit programs including veteran's benefits or SSA to gain Medicaid enrollment. The rule removes the ability for states to require application prior to enrollment.
- Virginia has already posted the policy update and provided an interim business process to workers to not ask for pend for this information. System edits have been requested to make any existing information historical and remove this functionality.

Prohibit premium lock-out periods in CHIP (FAMIS) (for states sunsetting existing lockout periods

- Virginia is already compliant in this area!

Final Eligibility Rule Provisions

Prohibit waiting periods in CHIP (FAMIS) (for states sunsetting existing waiting periods)

- Virginia is already compliant in this area!

Prohibit annual and lifetime dollar limits on benefits in CHIP (FAMIS) (for states sunsetting existing benefit limits)

- Virginia is already compliant in this area!

Final Eligibility Rule Provisions

We still want to highlight rules that are coming which we can revisit at a later meeting.

Updating address information and agency action on returned mail

CardinalCare
Virginia's Medicaid Program

Final Eligibility Rule Provisions

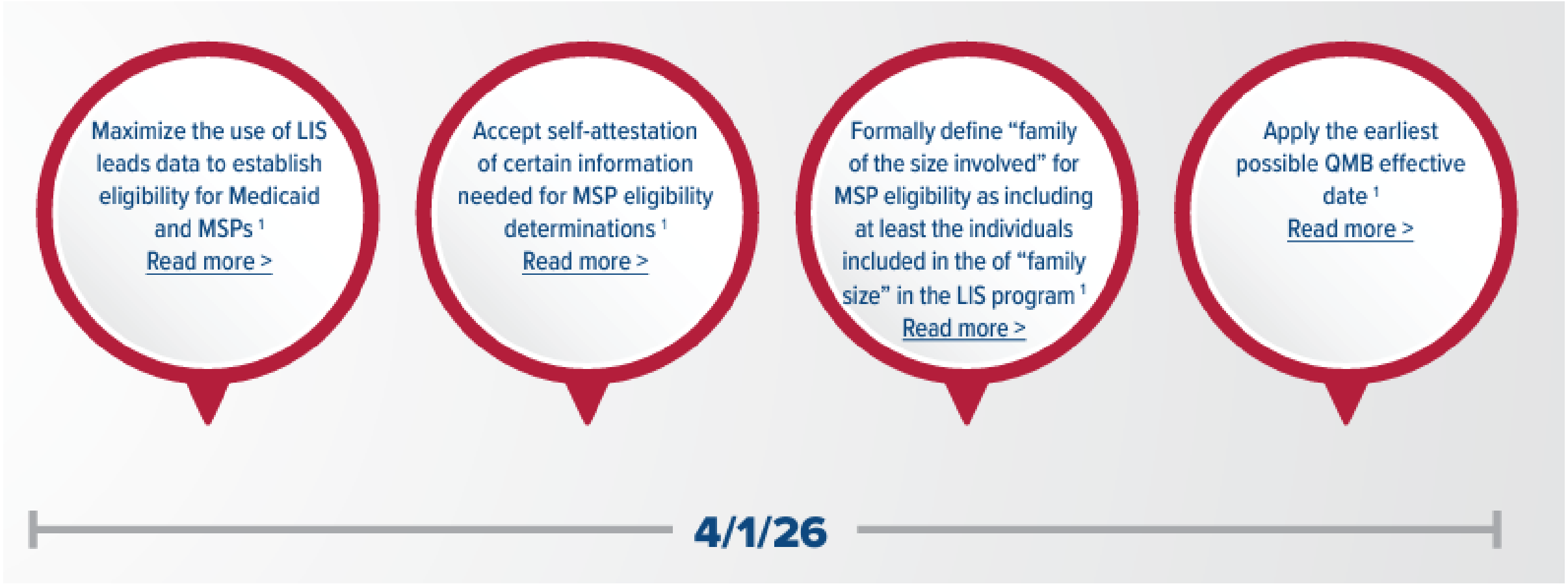
Updating address information and agency action on returned mail

Generally, this is codifying a number of rules outlined in the 2023 CAA guidance, including but not limited to:

- Periodic proactive checks for mismatched contact information, including out of state addresses.
- Requirement for states to utilize data sources such as the National Change of Address (NCOA) files, other state level sources, and data from other entities such as health plans.
- Dual modality outreach is still required when returned mail is received, and there are different paths if the returned mail has a forwarding address, has a forwarding address that is out of state, or no forwarding address.

Final Eligibility Rule Provisions

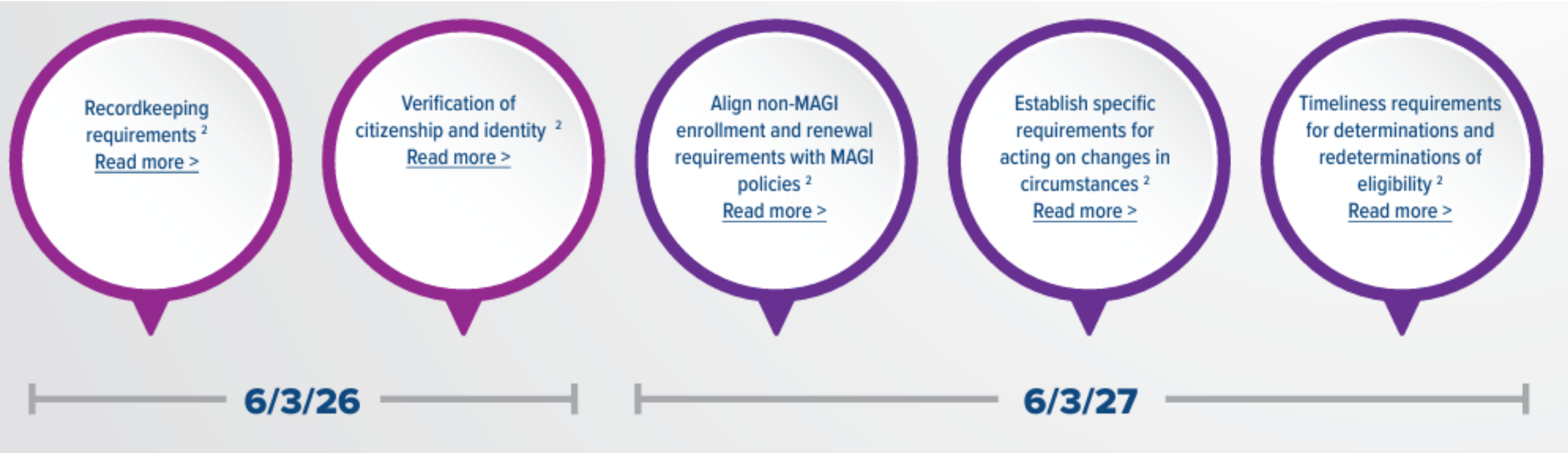
We still want to highlight rules that are coming which we can revisit at a later meeting.



CardinalCare
Virginia's Medicaid Program

Final Eligibility Rule Provisions

We still want to highlight rules that are coming which we can revisit at a later meeting.



CardinalCare
Virginia's Medicaid Program

	Minimum Period for Individual to Provide Additional Information	Maximum Period for State to Complete Timely Determination	Minimum Period for Individual to Submit Information for Reconsideration
Application	At least 15 days	• 45 days • 90 if disability determination needed	90 calendar days
Change in Circumstances – Reported Change	30 calendar days	• End of month that occurs 30 calendar days after change reported • End of month that occurs 60 days after if additional information is needed	90 calendar days
Change in Circumstances – Anticipated Change	30 calendar days	• End of month in which anticipated change occurs • End of month following anticipated change, if all needed information submitted less than 30 calendar days	90 calendar days
Renewal	30 calendar days	• End of eligibility period • End of month following anticipated change, if all needed information submitted less than 30 calendar days	90 calendar days

Compliance – MSP Rule

Below is a table of all items by rule with compliance date and status

Item	Compliance Date	Status
Deem most Medicare-enrolled SSI recipients eligible for QMB	10/01/2024	Working toward compliance
Maximize the use of LIS leads data to establish eligibility for Medicaid and MSPs	04/01/2026	Working toward compliance
Accept self attestation of certain information needed for MSP eligibility determinations	04/01/2026	Working toward compliance
Formally define “family of the size involved” for MSP eligibility as including at least the individuals included in the “family size” in the LIS program	04/01/2026	Working toward compliance
Apply the earliest possible QMB effective date	04/01/2026	Working toward compliance

Compliance – Eligibility Process Rule

Below is a table of all items by rule with compliance date and status

Item	Compliance Date	Status
Facilitate enrollment by allowing medically needy individuals to deduct prospective medical expenses (new option)	06/03/2024	New option, considering for next year
Establish new optional eligibility group for reasonable classification of individuals under 21 who meet criteria for another group (new option)	06/30/2024	New option, not considering at this time
Improve transitions between Medicaid and CHIP (FAMIS)	06/03/2024	Compliant
Remove optional limitation on the number of reasonable opportunity periods	06/03/2024	Compliant in policy, working toward compliance with system changes

CardinalCare
Virginia's Medicaid Program

Compliance – Eligibility Process Rule

Below is a table of all items by rule with compliance date and status

Item	Compliance Date	Status
Apply primacy of electronic verification and reasonable compatibility standard for resource information	06/03/2024	Compliant, will consider changes to reasonable compatibility next year
Prohibit premium lock-out periods in CHIP (FAMIS) (for new take-up of lock out periods)	06/30/2024	Compliant, Virginia does not practice this
Prohibit waiting periods in CHIP (FAMIS) (for new take-up of waiting limits)	06/03/2024	Compliant, Virginia does not practice this
Prohibit annual and lifetime dollar limits on benefits in CHIP (FAMIS) (for new take-up of benefit limits)	06/03/2024	Compliant, Virginia does not practice this

Compliance – Eligibility Process Rule

Below is a table of all items by rule with compliance date and status

Item	Compliance Date	Status
Remove requirements to apply for other benefits	06/03/2025	Working toward compliance
Prohibit premium lock-out periods in CHIP (FAMIS) (for states sunsetting existing lockout periods	06/30/2025	Compliant, Virginia does not practice this
Prohibit waiting periods in CHIP (FAMIS) (for states sunsetting existing waiting periods)	06/03/2025	Compliant, Virginia does not practice this
Prohibit annual and lifetime dollar limits on benefits in CHIP (FAMIS) (for states sunsetting existing benefit limits)	06/03/2025	Compliant, Virginia does not practice this
Updating address information and agency action on returned mail	12/03/2025	Working toward compliance

Compliance – Eligibility Process Rule

Below is a table of all items by rule with compliance date and status

Item	Compliance Date	Status
Recordkeeping requirements	06/03/2026	Working toward compliance
Verification of Citizenship and Identity	06/03/2026	Working toward compliance
Align non-MAGI enrollment and renewal requirements with MAGI policies	06/03/2027	Already compliant
Establish specific requirements for acting on changes in circumstances	06/03/2027	Working toward compliance
Timeliness requirements for determinations and redeterminations of eligibility	06/03/2027	Working toward compliance

CardinalCare
Virginia's Medicaid Program

Wrap Up and Questions

We are happy to give updates on progress toward compliance. Based on the dates given in the timeline, we may not have the same number of updates at each meeting.

CMS has told states they will need to demonstrate compliance; however, we have not been given any compliance templates, documentation, or further guidance on how to prove compliance at this time.

CardinalCare
Virginia's Medicaid Program

CardinalCare
Virginia's Medicaid Program

Unwinding Updates

DMAS

Overall Monthly Overview Status Dashboard

Eligibility Category: (All)

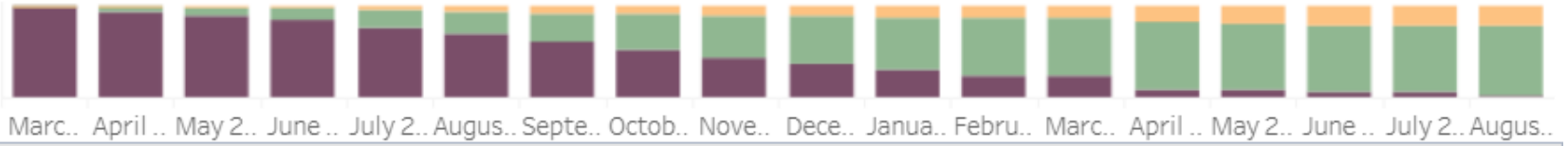
Report Date: 8/14/2024

Program: (All)

Total Members during the start of Unwinding

2,166,381
Members

Overall Members Overview Status



Current Month Overview Status

(Hover over the line to view Monthly Trend)

Redeterminations Needed

69,213

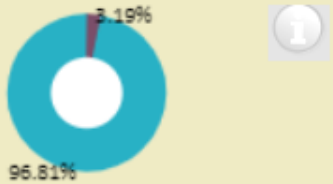
Coverage Closed

480,052

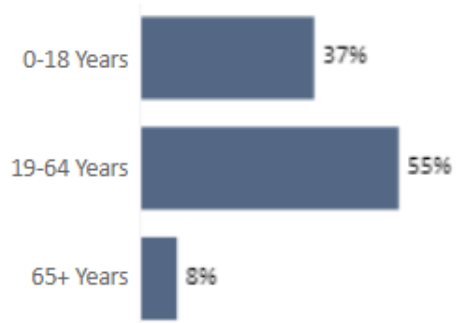
Coverage Renewed and Continues

1,617,116

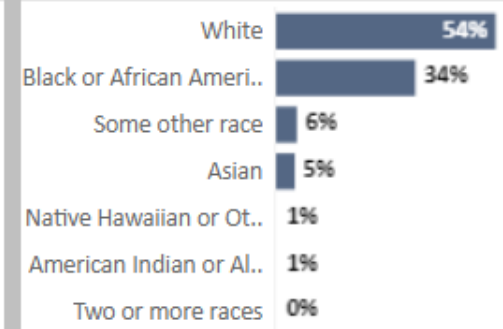
Unwinding Progress



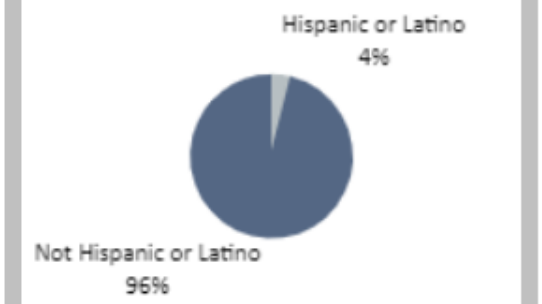
Member Age



Member Race



Member Ethnicity



Member Gender

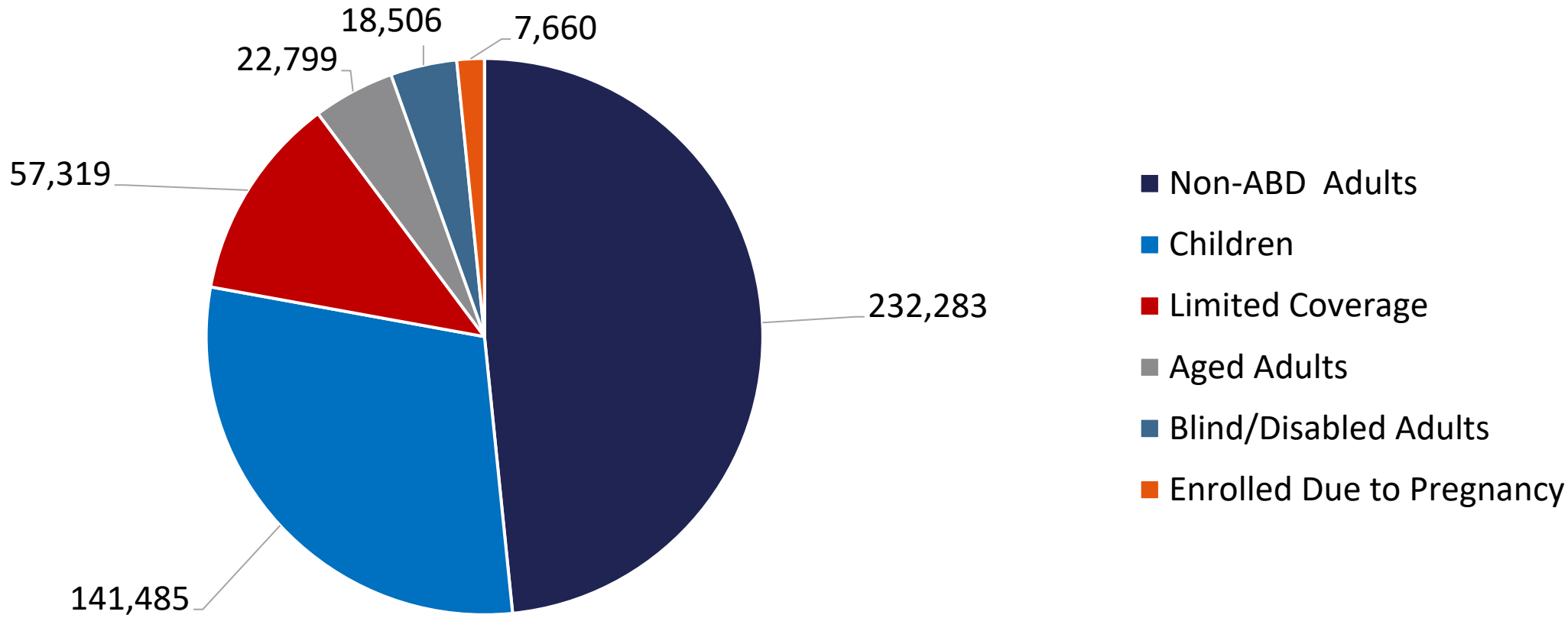
***Data as of 08/14/2024**

Completed by Member
2,166,831
2,097,168*
1,900,000
1,800,000
1,700,000
1,600,000
1,500,000
1,400,000
1,300,000
1,200,000
1,100,000
1,000,000
900,000
800,000
700,000
600,000
500,000
400,000
300,000
200,000
100,000

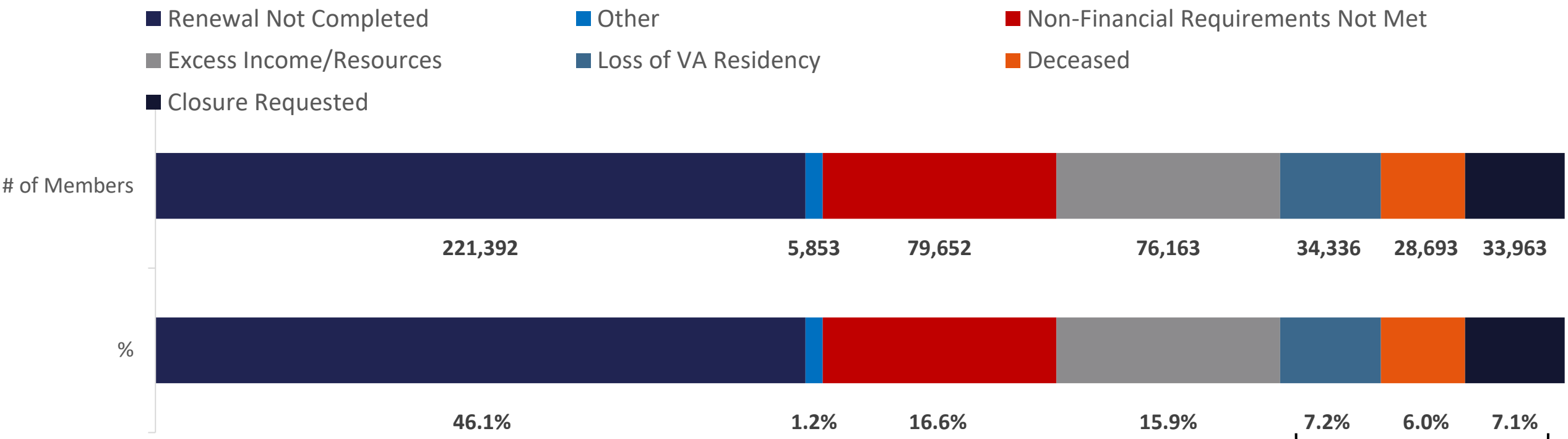
Top Closures by Eligibility Grouping:

Closures through 08/07/2024

The highest closures have occurred among non-disabled adults between the ages of 19-64, followed by children, and then those enrolled in limited coverage such as Medicare Savings Plans, Plan First (family planning coverage), Incarcerated Coverage, and Emergency Medicaid.



Top Closure Reasons



Total Closures as of 08/14/2024: 480,052 members
Procedural closures: 221,392 members or 46.1%
Non-Procedural Closures: 248,085 members or 53.9%

96,992 or 20.1% of closures have occurred for reasons not related to unwinding.

Closing out Unwinding

Virginia initiated its last month of renewals in February 2024 for the unwinding cohort!

- The majority of the work has been completed, meaning that all renewals have been initiated through the ex parte process.
- DMAS and VDSS are working closely together to monitor the status of the backlog and VDSS/LDSS efforts to work through that backlog.
- In order to continue the transparency of data, we are looking at the redetermination dashboard and our enrollment dashboard to see what elements we can combine and revise.
- As you all know, redeterminations are a normal annual process for Medicaid members. Please continue to remind members to keep their contact information updated, report all changes, and react to all mail they receive.
- Thank you for your collaboration throughout unwinding and beyond!

School-Based Mental Health Services

September 5, 2024

Introductions

Amy Edwards
Medicaid Specialist

Alex Javna, LCSW
School Social Work Specialist

Kristinne Stone, LCSW
School Mental Health
Project Manager

Agenda

- Mental Health Trends and Statistics
- Overview of School-Based Mental Health Services
  - School-based mental health professionals
  - OBHW Supports to the Field
  - Inter-agency collaboration
- Medicaid and Schools

Mental Health Trends and Statistics

School systems are well positioned to identify and respond to the behavioral health needs of students. School mental health (SMH) services broaden the reach of mental health services and provide **earlier** and more effective interventions in typical, everyday environments.

- Youth are **six times more** likely to complete mental health treatment in schools than in community settings (*Jaycox et al., 2010*).
- Mental health services are most effective when they are integrated into students' academic instruction (*Sanchez et al., 2018*).
- Effective SMH services decrease mental health symptoms and challenges in students and promote positive social and academic functioning (*Sanchez et al., 2018*).

Virginia Mental Health Trends and Statistics

Findings from the Virginia Youth Survey:

The percentage of high school students who...

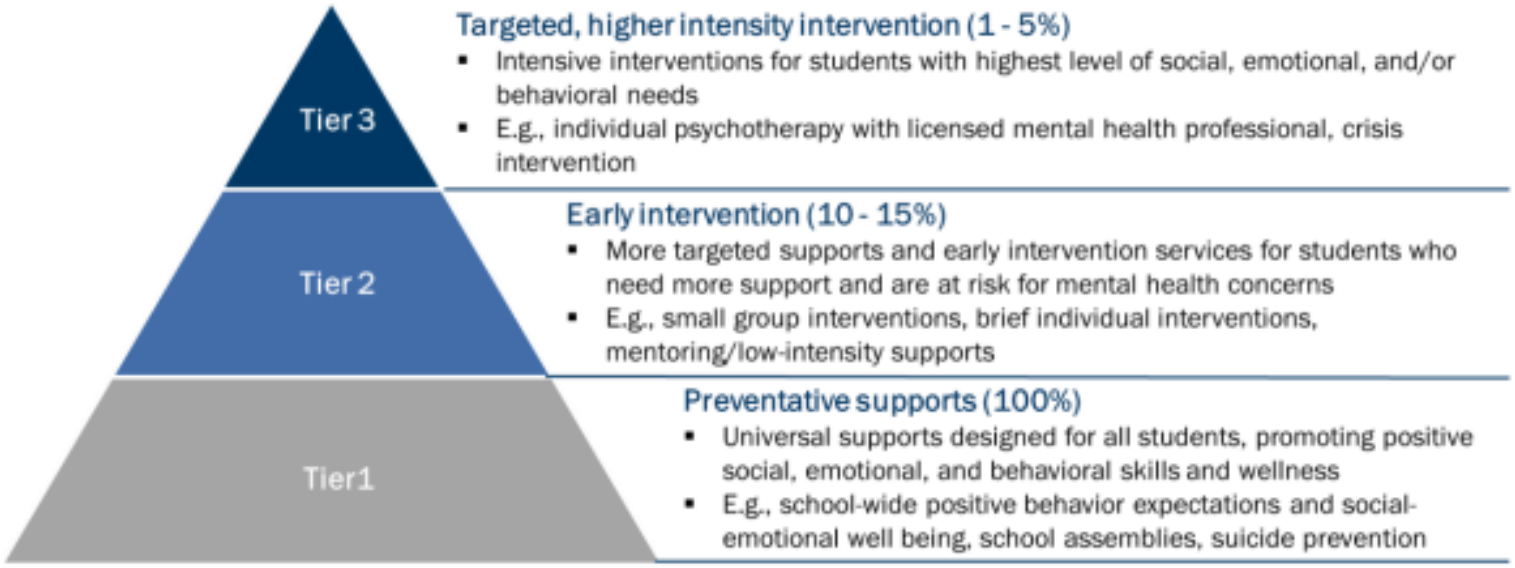
- Felt sad for two weeks or more **increased significantly from 2011 (25.5%) to 2021 (38.2%).**
- Did something to purposefully hurt themselves without wanting to die (such as cutting or burning themselves on purpose one or more times during the 12 months before the survey) **increased from 15.5 in 2019 to 21.2 in 2021**.
- In 2021, 4 **out of 10 (42.6%)** middle school students did not feel good about themselves.

Overview of School-Based Mental Health Services

School-Based Mental Health Professionals

Who are they?

Tiered System of Supports



Source: BHC staff analysis of MTSS models from DBHDS, National Center for School Mental Health

A **multi-tiered system of supports** (MTSS) is a systemic, data-driven approach that allows divisions and schools to provide evidence-based practices and interventions to meet the needs of their students. This is done through a clearly defined process that is implemented to fidelity by all stakeholders within the school and/or division.

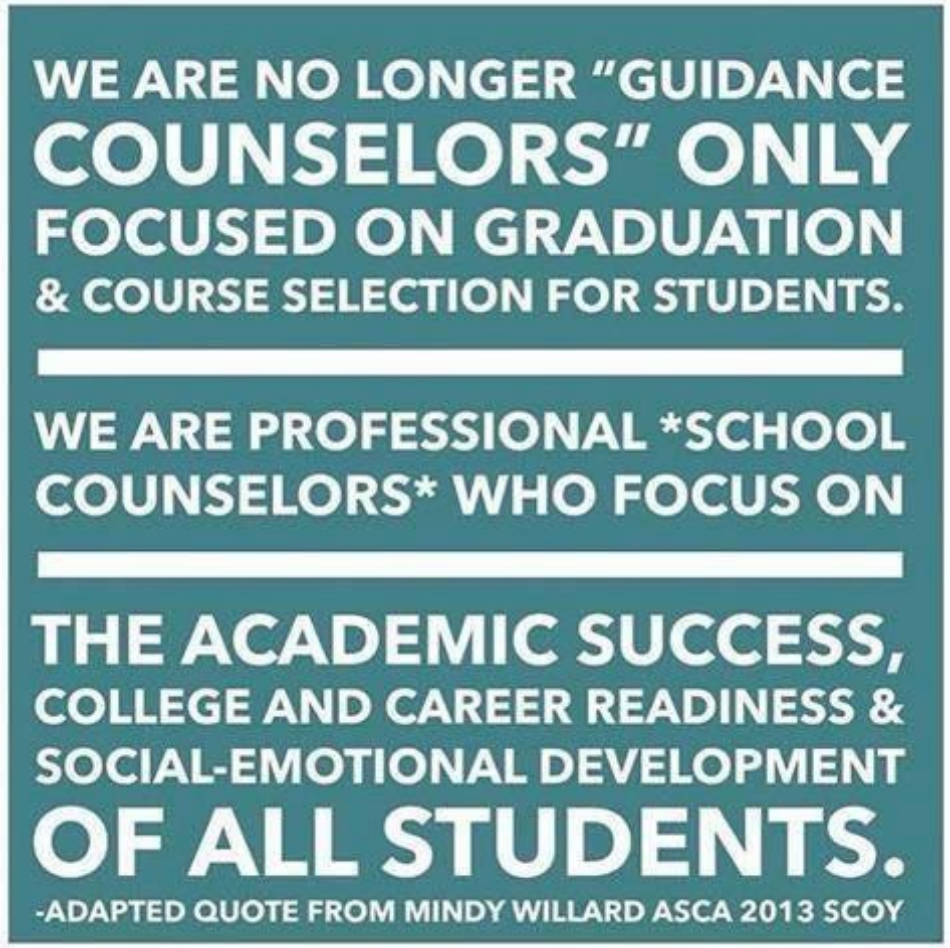
Behavioral Health Commission (2023)

"Schools can provide a variety of services and supports for students who experience or are at risk of developing mental health challenges. These services and supports can range from preventative supports provided to all students to intensive interventions that may only be needed by a few students. Specific services and supports are often aggregated into “tiers” that reflect how intensive they are and which population of students typically uses them (p. 1)."

- 77% of Virginia public school students receive Tier 1 mental health supports in school.
- 55% of students who need Tier 2 mental health supports can access them at school.
- 54% of students who need Tier 3 mental health supports can access them at school .

School Counselors

- Only required school-based mental health professional (1:325 ratio)
- Hold a masters degree in counseling.
- Provide counseling interventions and supports that are data driven and evidence based to ensure efficacy in the school counseling program.
- Collaborate with students, parents, and school staff to design, implement, and continuously improve a school counseling program .
- Abide by the ASCA Ethical Standards for School Counselors.
- Deliver school counseling programs that enhance student growth in three domain areas: academic, career, and social/emotional development
- School counselors in Virginia are required to provide direct counseling services to students 80% of the school day.



School Psychologists

Special Education

- Participate in multi-disciplinary teams
- Assess student cognitive, social/emotional and functional skills
- Help determine disability and recommend interventions or goals to address needs
- Work with families

Emotional/Behavioral Assessment

- Complete Functional Behavioral Assessment and create Behavior Intervention Plans
- Threat Assessment Team
- Suicide Risk Assessment

Student Intervention

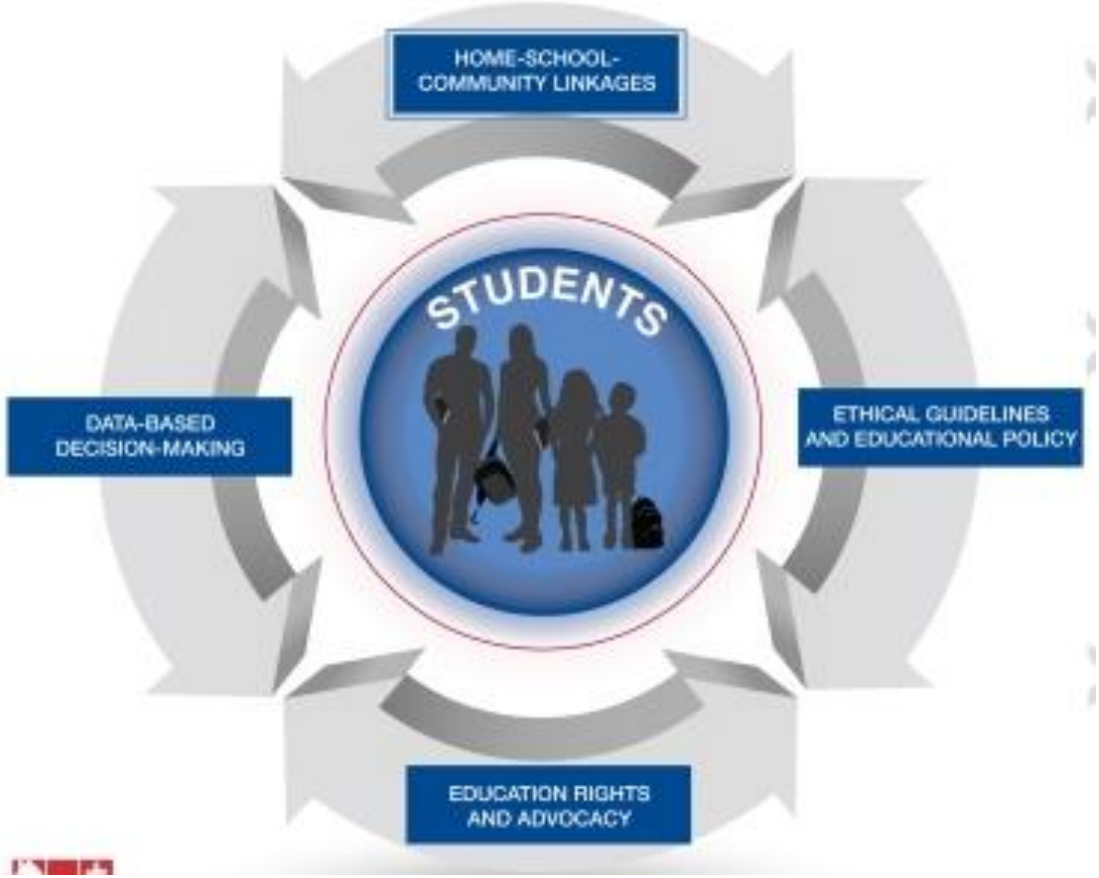
- Design interventions and monitor progress
- Consult with teacher/school staff
- Direct counseling
- Crisis intervention

Train school staff

Develop school-wide practices for prevention/safety/mental wellness

Promote and advocate for a safe, inclusive school environment for all students that is culturally responsive

School Social Workers



Services to Students:

- Participate in special education and 504 evaluation teams and delivering counseling as a related service identified in IEPs
- Provide crisis interventions
- Provide individual and group counseling

Services to Families:

- Parent conferences and home visits
- Provide family education and support
- Provide linkage to community-based resources
- Coordinate and manage multi-agency services

Services to School Personnel and Division:

- Participate in division and school teams to address concerns such as mental health and attendance
- Provide consultation and support to school personnel, including developing and delivering professional development

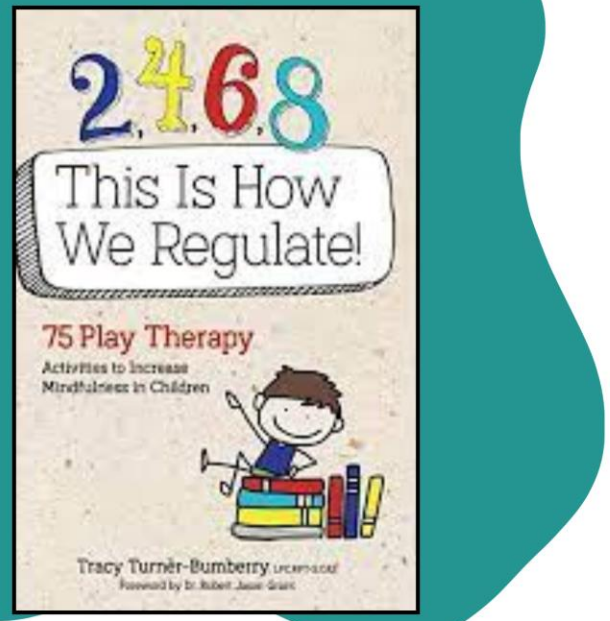
Office of
Behavioral
Health & Wellness
Virginia Department of Education

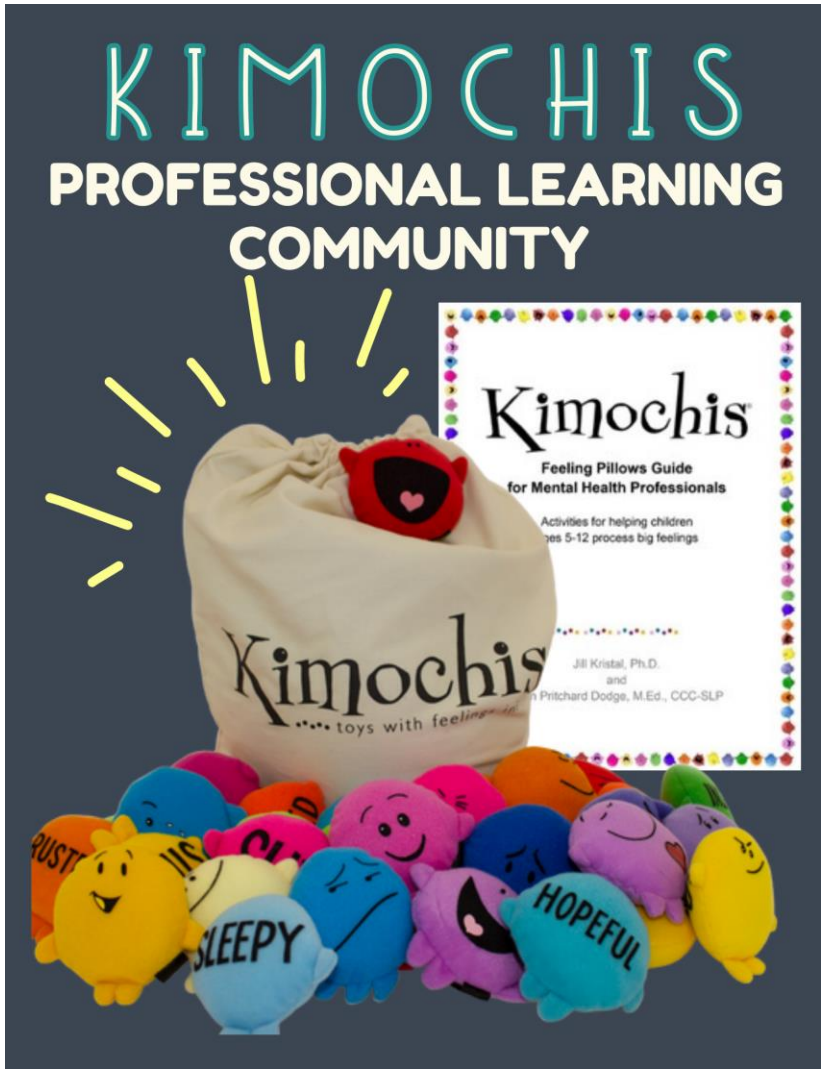
Supports to the Field

Professional Learning Communities

Emotional Regulation

PROFESSIONAL LEARNING COMMUNITY





CAMP WELLNESS

Two conference locations: Harrisonburg & Newport News

The event was focused on providing attendees with an opportunity to learn tools, strategies, and interventions that directly improve school climate and student behavioral health and wellness.

389 school and division leaders, school counselors, school psychologists, school social workers, and other school-based mental health professionals attended.

- 96% of participants are likely or very likely to attend a future OBHW event
- 92% of participants agree or strongly agree that this conference met or exceeded their expectations
- 88% of participants agree or strongly agree that they feel better equipped to respond to the mental health needs of their students

#VAisforSBMH

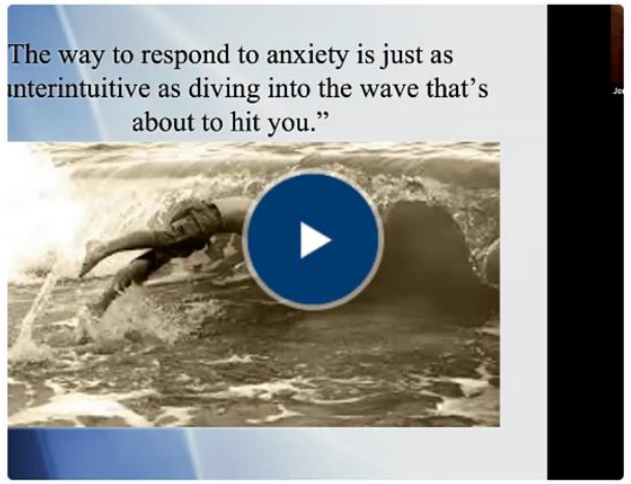
Career and Learning Center

Module 3: Developing a Deeper Understanding of Anxiety Disorders

Diving deeper into understanding anxiety disorders, participants will learn the importance of r... View More

Module 4: Cognitive Behavioral Interventions for Anxiety in School (Part 1)

Participants will learn how teaching specific cognitive coping skills to students will signific... View More



Module 5: Cognitive Behavioral Interventions for Anxiety in School (Part 2)

The gold standard of evidence-based treatment of anxiety is exposure therapy. Exposure techniqu...

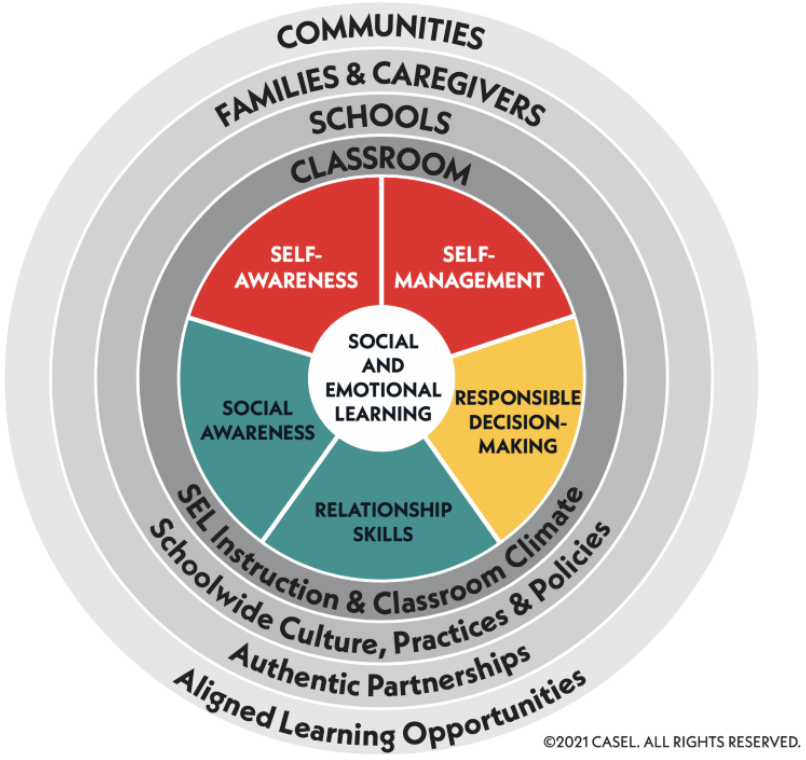
View More

FEEDBACK?

Social Emotional Learning

Virginia defines social emotional learning as:

> "The process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions."



LEARN MORE…

Office of Behavioral Health & Wellness
Virginia Department of Education

- Community Schools
- Suicide Prevention
- Attendance & School Engagement
- Student Support & Conduct
- Bullying Prevention & Response
- Social Emotional Learning
- Virginia is for Kindness Week
- Supports for Military Families
- Preventing & Reducing Youth Substance Misuse

Inter-Agency Collaboration

Federal and State Grant Programs

- Mental Health Professional Development Grant (FY19)
- School Based Mental Grant 1 (FY20)
- School Based Mental Health Grant 2 (FY22)
- DBHDS School Mental Health Integration Grant (FY23)

Federal Grants Data

SMHPs Hired

2020-2021 **21**

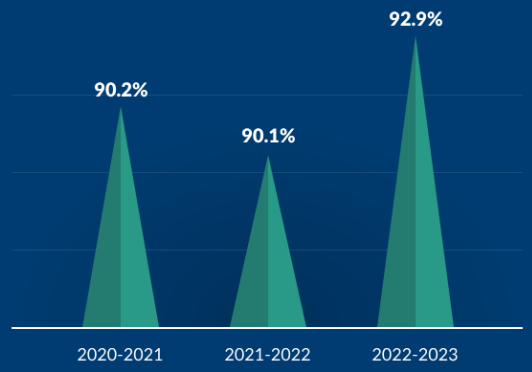
2021-2022 **78**

2022-2023 **46**

# of Professionals Hired 145

SMHP = School mental health professional

SMHPs Retained



SMHP = School mental health professional

Ratio of Students to SMHPs

The reduction of students to SBMH professionals is critical in order to meet the increasing mental health needs of students.

DBHDS-School Based Mental Health Integration Grant

- Pilot (2022 – 2023)
  - 6 Implementation School Divisions received funding.
  - 2 Pre-Implementation received targeted coaching and support.
  - Varying project activities based on the needs of school divisions.
  - Technical Support from VDOE included:
    - Community of Practice Sessions;
    - Asynchronous Learning Modules; and
    - Targeted coaching.

- Expansion (2023 – 2024)
  - 23 School Divisions have received Notification of Award.

DBHDS-School Based Mental Health Integration Grant

- **Schools establish a partnership between a community-based mental health provider** to offer mental health screenings, assessments, mental health and/or substance use services based on student screening/assessment results in the school setting.
- Services must fall within a Multi-Tiered System of Supports (MTSS) / Positive Behavioral Interventions and Supports (PBIS) framework:
  - Emphasis placed on Governor's ALL in VA plan; and
  - Services must be evidence-based or evidence informed.
- Participate in Technical Assistance Support with VDOE and partners.

DBHDS Grant: Data (FY23-24)

The topic presented was useful.

The discussions were valuable.

This CoP session was helpful in implementation.

Summary Totals

37,800
# of student mental health interactions

4,314
# of school staff trained

711
# of schools served

Medicaid and Schools

Medicaid and Schools

- Local educational agencies (LEAs) may seek partial reimbursement from the DMAS for eligible health services provided by Medicaid-qualified providers to Medicaid-enrolled students.

- The DMAS also provides partial reimbursement for health-related administrative activities.

School Division Participation - FY23

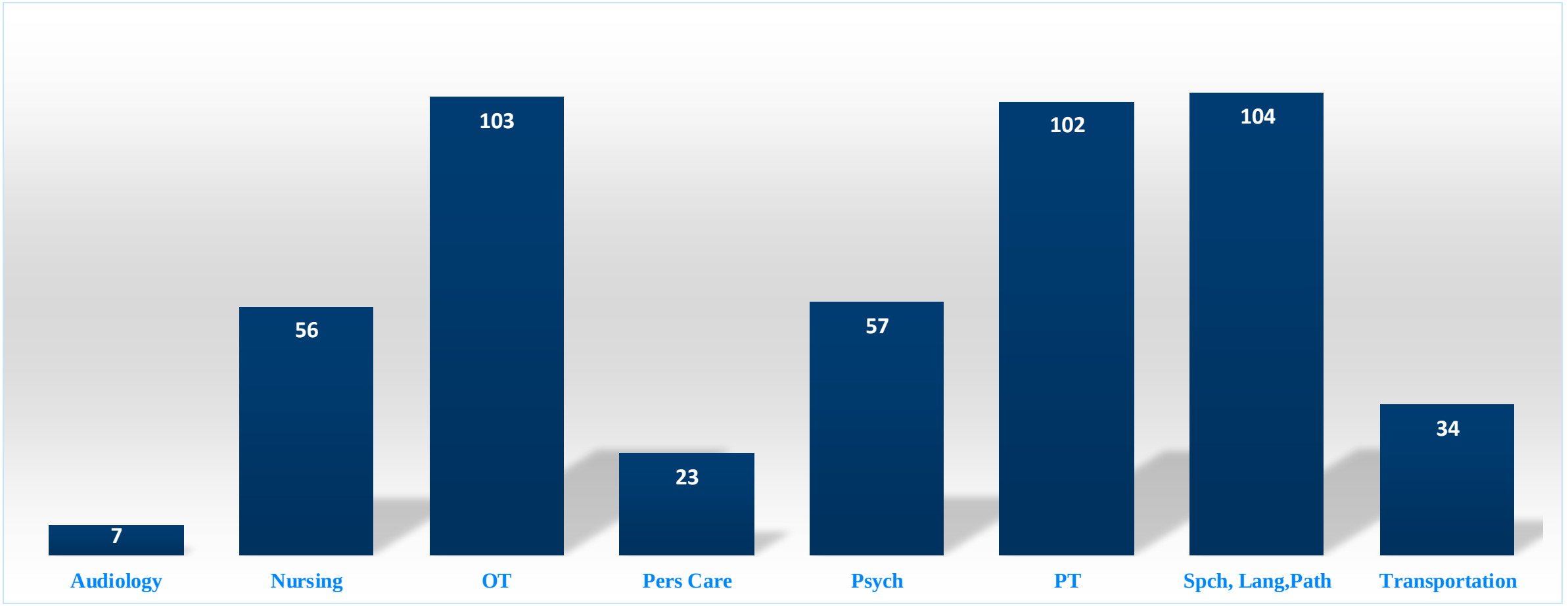
- 108 School divisions participated in the Medicaid and Schools Program.
- Statewide, these school divisions were reimbursed:
  - Administrative Claiming
    - **$6,525,324**
  - Direct Services
    - **$49,540,943**
  - Totaling
    - **$56,066,267**

Medicaid Reimbursable Direct Services

- Physical Therapy
- Occupational Therapy
- Speech Language Pathology
- Audiology
- Mental/Behavioral Health
- Nursing Services
- Medical Evaluations
- Personal Care Services
- Applied Behavioral Therapy
- EPSDT Physicals
- Specialized Transportation (Transportation Services must be in an IEP)
- Evaluations for these services are also covered services and must meet the DMAS requirements to seek partial reimbursement.

SY 2023 LEA Participation by Service Data

Courtesy of UMASS



Medicaid Administrative Claiming

- Participating school division can receive partial reimbursement for covered health-related administrative activities (indirect services) for access to health care services. These health-related activities include:
- Medicaid outreach & application assistance;
- Specialized transportation scheduling/arranging;
- Translation services related to health care service delivery;
- Program planning and policy development related to the delivery of health services;
- Referral, coordination and monitoring of health services; and
- Public Health.

State Plan Amendment

- Effective July 1, 2022, the Medicaid State Plan Amendment (SPA) removed the requirement of the service being listed in the IEP. The SPA also expanded services to include:
- Expanded current billable services outside of special education (with the exception of transportation);
- Expanded Behavioral/Mental Health Providers to include VDOE Licensed Psychologist and School Counselors;
- Added Applied Behavioral Therapy as a direct reimbursable service.
- Adding Public Health as an administrative activity;
- Moved Transportation out of the annual cost report by settling the cost quarterly without claims submission and expanding the definition to include adapted cars and other specially adapted vehicles; and
- Expand services to include some crisis care and screening.

Resources

DMAS School Services Webpage

- Information for Medicaid Coordinators
- Training Information
- Cost Based Reimbursement Information
- Administrative Claiming Information
- Random Moment Time Study Information
- Enrollment Information
- DMAS LEA Provider Manual

VDOE Medicaid and Schools Webpage includes program overview and FERPA/SPED for Medicaid Reimbursement parental consent, and Roles of a Medicaid Coordinator

Questions?

Amy Edwards, Medicaid Specialist

Amy.Edwards@doe.virginia.gov

Alex Javna, School Social Work Specialist

Alexandra.Javna@doe.virginia.gov

Kristinne Stone, School Mental Health Project Manager

Kristinne.Stone@doe.virginia.gov

CHIPAC
Children's Health Insurance Program Advisory Committee of Virginia

MEETING MINUTES

DRAFT
Meeting Minutes
June 20th, 2024

A quorum of the full Committee attended the all-virtual meeting.
The Webex link was also made available for members of the public to attend virtually.

The following CHIPAC members were present virtually:

- **Freddy Mejia (*Chair*)** The Commonwealth Institute for Fiscal Analysis
- **Irma Blackwell** Virginia Department of Social Services (VDSS)
- **Alexandra Javna** Virginia Department of Education
- **Jennifer Macdonald** Virginia Department of Health
- **Kim Bemberis** Virginia Health Care Foundation
- **Laura Harker** Center on Budget and Policy Priorities
- **Emily Moore** Voices for Virginia's Children
- **Heidi Dix** Virginia Association of Health Plans
- **Sarah Stanton** Joint Commission on Health Care
- **Dr. Susan Brown** American Academy of Pediatrics (Va Chapter)
- **Martha Crosby** Virginia Community Healthcare Association
- **Sarah Bedard Holland** Virginia Health Catalyst
- **Kenda Sutton-EL** Birth in Color
- **Hanna Schweitzer** Virginia Department of Behavioral Health and Developmental Services

The following CHIPAC members sent a substitute:

- **Kelly Cannon (Emily Lafon)** Virginia Hospital and Healthcare Association
- **Tiffany Gordon (Robin Zuk)** Virginia League of Social Services Executives

I. **Welcome.** Freddy Mejia, CHIPAC Chair, called the meeting to order at 1:05pm. Mejia welcomed committee members and members of the public and explained that the all-virtual meeting would be recorded, and that live captioning was available via link in the chat. Attendance was taken by roll call.

II. **CHIPAC Business**

A. **Review and approval of March 7 meeting minutes.** Committee members reviewed draft minutes from the March 7 meeting. Emily Moore made a motion to approve the minutes. Jennifer Macdonald seconded, and the Committee voted unanimously to approve the minutes.

B. **Committee Leadership.** Mejia noted a vacancy in the Vice Chair office and offered the Committee an opportunity to nominate a new Vice Chair. Hearing none, Mejia introduced a motion nominating Emily Moore to Vice Chair. Jennifer Macdonald seconded the motion. The Committee voted unanimously in favor. Moore commented that she looks forward to continuing to work closely with the rest of the Committee to advance health outcomes for children in Virginia.

C. **Candidate for Membership.** Mejia directed the Committee to a biographical sketch and completed membership candidate questionnaire for Victoria Richardson, Virginia Poverty Law Center. Emily Moore introduced a motion to approve Richardson's candidacy for membership. Sarah Bedard Holland seconded, and the Committee voted unanimously in favor.

III. **Budget Update**. Truman Horwitz, DMAS Budget Division Director, presented FY24 expenditures to-date as compared to projections and prior years. Highlights include a 12% increase in FAMIS Managed Care enrollment as compared to the same timeframe in FY23, and higher prenatal enrollment. A 30% increase in dental rates in FY23 also contributed to variation. The increase in general fund spending as compared to prior years occurs due to phaseout of the enhanced Federal Matching Assistance Percentage (FMAP) that was given to states during the federal Public Health Emergency (PHE) Medicaid continuous coverage.

Year-to-date FY24 expenditures continue to exceed forecast due to higher-than-expected enrollment resulting from slower "unwinding" from the Medicaid continuous coverage than projected. DMAS continues to closely monitor expenditures.

Mejia asked whether higher-than-projected enrollment is due to more members being eligible to maintain coverage than expected, or whether delays in completing redeterminations have also played a role. Horwitz responded that it is a combination, but primarily that redeterminations are taking longer than expected. To further hone future years' enrollment projections, DMAS has engaged the Weldon Cooper Center to investigate key member demographics and trends, particularly for Medicaid Expansion (which existed for only one year prior to the PHE).

Horwitz shared highlights of the new biennial budget, to include rate increases for dental care, personal care attendants, DD waivers, and durable medical equipment; additional slots for DD waivers and graduate medical education; new FTEs to support Cardinal Care, Third-Party Liability, and eligibility and enrollment functions; and $95M in reserve funding to mitigate uncertainty around unwinding.

IV. **Unwinding Lookback (DMAS/VDSS Joint Presentation).** Jessica Annecchini, DMAS Senior Policy Advisor for Administration, reminded Committee members that the Consolidated Appropriations Act of 2023 (CAA) separated the Medicaid

continuous coverage requirements from the PHE, and set a nationwide beginning date for "unwinding" after March 31, 2023. Virginia took measures to help ensure that eligible Virginians remained enrolled:

Outreach, Operations, and Stakeholder Engagement
As required by the U.S. Centers for Medicare and Medicaid Services (CMS), DMAS conducted and monitored outreach via multiple methodologies, including partnerships with health plans. Virginia was one of the first states to bring together the commercial and Medicaid side of the health plans, a collaboration which proved extremely valuable in helping eligible Virginians remain enrolled.

Cover Virginia expanded operations to include a temporary redetermination unit, and increased capacity for its call center and regular processing unit. Additional new permanent units were established to help with other key tasks and alleviate volume.

DMAS held "unwinding" stakeholder task force meetings twice a month, and published enrollment and redetermination progress data, including termination reasons and other key metrics weekly via the Eligibility Redetermination Tracker (dmas.virginia.gov/data/eligibility-redetermination-tracker/).

System Updates, Training, and Reporting
Irma Blackwell, VDSS Benefit Programs Manager shared that Virginia is still in the process of getting back to normal enrollment. Key eligibility system updates were implemented to increase the rate of *ex parte* (no-touch) renewal success, thus alleviating burden for members and local Departments of Social Services (DSS) alike. Many of these updates were required by CMS, including general reporting updates (all states were required to increase their reporting to meet temporary federal requirements). Some of these reporting requirements were phased out in May 2024, and some Virginia has elected to enable permanently.

Training and information sessions were made available to local DSS staff, to help both those who were onboarded during the pandemic and returning staff understand how to process a redetermination. This was later made into an e-learning refresher, with additional follow-up subject matter expert web support available. More than 2,000 staff attended those sessions. VDSS has now transitioned to standing monthly calls with the intent to continue indefinitely.

VDSS continues to monitor trending activities for training and quality improvement. Avenues include intranet messaging, a deployed VDSS processing team, and regular engagement meetings with the 20 largest LDSS agencies. Five local agencies receive intensive onsite support from VDSS Office of Continuous Quality Improvement.

Frank Smith, VDSS Senior Associate Director, Division of Benefit Programs, shared that an effort is underway to better align data collection from Virginia's two systems (eligibility and enrollment). In May, systems changes were finalized that put **all** members through an *ex parte* attempt prior to sending forms (since most *ex parte* successes occur in member categories that were already undergoing an automated *ex parte* review, this is not anticipated to result in significant change to success rates).

DRAFT

Policy and Appeals

Several significant policy updates extended or expanded coverage during the PHE:

- The removal of the longstanding 40-quarter requirement for lawful permanent residents with at least five years of residency;
- The addition of the FAMIS Prenatal Coverage group for pregnant individuals regardless of immigration status;
- The extension of the postpartum period for lawfully-residing pregnant individuals with the exception of the above going from 60 days to 12 months.

Virginia also adopted several temporary waivers and federal flexibilities regarding appeals, including extending the grace period for appeals exceeding 90 days; allowing coverage to continue during a pending appeal (without requiring the appellant to request it); and foregoing recoupment of the cost of benefits received, regardless of the appeal's outcome. Federal flexibilities have been extended through June 30, 2025. CMS is considering making some permanent.

Monthly appeal volume has increased dramatically: in May 2023, there were 522 open appeals; these trended steadily upward throughout unwinding to more than 2,000 in June 2024. Increased one-time federal funding bolstered the DMAS Appeals Division staff capacity, enabling staff to reach out directly to members whose coverage had been terminated for procedural reasons (supplementing outreach from health plans and local DSS agencies to encourage completion of renewals).

V. **2022-23 Medicaid and CHIP Maternal and Child Health Focus Study.** Dr. Laura Boutwell, DMAS Director of Quality and Population Health, shared highlights of Virginia's 2022-23 Maternal and Child Health Focus Study (MCHFS, found at dmas.virginia.gov/about-us/mission-and-values/office-of-quality-and-population-health/studies-and-reporting/), compiled by DMAS's External Quality Review Organization (EQRO). States are federally required to have an EQRO to evaluate and offer recommendations for program improvement. Virginia elects for its EQRO to complete an annual focus study using linked VDH birth registry data to complete a probabilistic and deterministic analysis that examines:

1. To what extent do women with births paid by Virginia Medicaid receive early and adequate prenatal care?
2. What clinical outcomes are associated with Virginia Medicaid-paid births?
3. What maternal health outcomes are associated about Virginia Medicaid-paid births?
4. What disparities exist in birth and maternal health outcomes for births paid by Virginia Medicaid?

Highlights for infant health outcomes include:

- Virginia did not reach the national benchmark in CY2022 for Early and Adequate Prenatal Care, but did see improvement in the rate of Preterm Births (<37 Weeks Gestation) from the prior year. In some areas of the state, birth outcomes were not directly linked to receipt of Early and Adequate Prenatal Care. In general the Southwest region outperformed every other region in these

indicators.

- When isolated by eligibility category, FAMIS MOMS outperformed national benchmarks for Early and Adequate Prenatal Care, Preterm Births, and Newborns with Low Birth Weight in all three years studied. A noted racial disparity potentially contributed to regional differences within the FAMIS MOMS population: births with Early and Adequate Prenatal Care for black non-Hispanic FAMIS MOMS were the lowest within FAMIS MOMS. That disparity persists.

- In the Northern and Winchester region, FAMIS MOMS did not meet the national benchmarks for Early and Adequate Prenatal Care but did for Preterm Births and Newborns with Low Birth Weight. While the Tidewater region had high rates of Early and Adequate Prenatal Care that exceeded the national benchmark, that region did not meet national benchmarks for Preterm Births and Newborns with Low Birth Weight. Women who enrolled in their second trimester for FAMIS MOMS also had better birth outcomes for Preterm Births and Newborns with Low Birth Weight that outperformed national benchmarks.

The MCHFS compared a study population (those continuously enrolled for 120+ days) and a comparison group (continuously enrolled for <120 days). Overall the study population outperformed the comparison group, showing higher rates of Early and Adequate Prenatal Care and lower rates of Preterm Births.

Highlights for maternal health outcomes in 2022 include:

- The Southwest region had the highest rates of utilization for both postpartum ambulatory and ED care. The Northern/Winchester region had the most favorable rates, and the Tidewater region had the least favorable rates, for postpartum ambulatory care utilization (higher rate is more favorable). The Charlottesville/Western region had the highest rates of maternal depression screening and prenatal depression screening.

- Within the first 90 days after delivery, 17% of postpartum individuals had at least one ED visit. Of these visits, 24.4% occurred between 31 – 60 days after delivery. Differences in ED utilization did not vary significantly based on adequacy of prenatal care.

- Approximately 59% of postpartum women utilized ambulatory care services. Women who were continuously enrolled for more than 180 days had higher rates of Postpartum Ambulatory Care Utilization.

Detailed tables are available in the addenda to the MCH Focus Study. Recommendations from DMAS's EQRO include investigating factors contributing to women's ability to access timely prenatal care and implementing targeted improvement efforts; working with providers to promote the use of standardized maternal depression screening tools; and investigating the utilization of ED services during the postpartum period.

Mejia thanked Dr. Boutwell for her presentation, and in particular the breakdown by race/ethnicity and explanation for disparities. Sarah Bedard Holland, Virginia Health Catalyst, asked what if any data was collected in collaboration with DMAS's Dental Benefits Administrator to track pregnancy outcomes alongside dental care utilization during pregnancy. Boutwell responded that these metrics are collected and in a separate report (dmas.virginia.gov/about-us/mission-and-values/office-of-quality-and-population-health/studies-and-reporting).

Jen Macdonald, Virginia Department of Health, asked whether diagnostic codes related to postpartum ED visits would be included in a future MCHFS. Boutwell thanked Macdonald for this question and answered a preliminary analysis had already been conducted. Primary diagnoses included abdominal pain and respiratory issues. Macdonald shared that VDH's Title V program would incorporate key findings of the MCHFS into its own work.

VI. **CHIPAC History and Mission.** Emily Roller, DMAS Senior Management Analyst – Policy Division, shared a history of Virginia's implementation of the federal Children's Health Insurance Program (CHIP), beginning in 1998. Virginia established a program that was a precursor to what we now call FAMIS, along with an outreach oversight committee. That committee later broadened its scope and became the CHIP Advisory Committee (CHIPAC) in 2004. CHIPAC now assesses policies, operations, and outreach efforts for FAMIS and FAMIS Plus and evaluates enrollment, utilization of services, and health outcomes for enrolled children. CHIPAC strives to make timely actionable recommendations and works alongside DMAS to ensure that meeting content is geared toward providing membership with the ability to help shape the agency's decision making.

Roller gave an overview of key membership responsibilities, including meeting attendance. CHIPAC's membership includes some organizations mandated by the code of Virginia, and others who represent various provider associations, children's advocacy groups and others with significant knowledge and interests in children's health insurance.

VII. **Eligibility for Children and Pregnant Individuals.** Sara Cariano, Director, DMAS Division of Eligibility Policy and Outreach, gave an overview of Medicaid and FAMIS eligibility in Virginia, including both financial as well nonfinancial criteria (e.g., residency, immigration status). Cariano outlined a recent change to eligibility whereby children are granted twelve months' continuous coverage under a new federal requirement.

Cariano laid out basic benefits of the children's and pregnant women's coverage groups. A core difference between children's Medicaid (known as "FAMIS Plus") and FAMIS, Virginia's separate CHIP program, is the availability of the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit in FAMIS Plus. This benefit enables FAMIS Plus children to receive treatment for appropriate medical, dental, mental health, and specialty services for conditions diagnosed during a screening. This is a federal Medicaid benefit and therefore is not available in FAMIS, though

FAMIS children receive full comprehensive coverage for a wide array of covered services.

Benefits for pregnant members are also comprehensive. Virginia covers doula services during pregnancy, birth, and postpartum. Lactation consultation services and breast pumps are covered. Two of Virginia's pregnancy covered groups, Medicaid for Pregnant Women (MPW) and FAMIS MOMS, now provide 12 months of postpartum coverage. FAMIS Prenatal provides coverage through the end of the month in which the 60th day postpartum falls.

Cariano closed by outlining coverage expansions and extensions since Virginia adopted Medicaid Expansion in January 2019.

VIII. **Recent CHIPAC Recommendations.** Mejia referenced a Summer 2022 letter with recommendations to improve children's health care and access as an example of actionable and timely feedback by the CHIPAC. Some of these recommendations (e.g., 12 months' continuous eligibility for children under 19) have already been implemented. Others (e.g., creation of a statewide program to cover children regardless of immigration status) have not been implemented.

Mejia noted that the unpredictable timeline of the state budgeting process has posed a challenge to making recommendations the last two years. He reiterated to the Committee that the second year of the biennium may be an optimal time to think through opportunities.

IX. **Agenda for next Full Committee meeting.** Mejia invited discussion regarding topics for the next quarterly meeting, on September 5. The Executive Subcommittee will meet to finalize September's agenda in July. Mejia invited interested CHIPAC members to consider joining the Executive Subcommittee.

X. **Public Comment.** No public comment was made.

XI. **Closing.** The meeting was adjourned at 3:21pm.

CHIPAC
Children's Health Insurance Program Advisory Committee of Virginia

2025 CHIPAC Meeting Dates
PROPOSED: September 5, 2024

CHIPAC Full Committee Meetings

- **Thursday, March 6, 2025** (1:00–3:30 pm)
- **Thursday, June 5, 2025** (1:00–3:30 pm) *Virtual Meeting*
- **Thursday, September 4, 2025** (1:00–3:30 pm)
- **Thursday, December 11, 2025** (1:00–3:30 pm) *Virtual Meeting*

CHIPAC Executive Subcommittee Meetings

- **Friday, January 17, 2025** (10:00 am–12:00 pm) *Virtual Meeting*
- **Friday, April 18, 2025** (10:00 am–12:00 pm)
- **Friday, July 18, 2025** (10:00 am–12:00 pm) *Virtual Meeting*
- **Friday, October 17, 2025** (10:00 am–12:00 pm)

CHIPAC Quarterly Enrollment Dashboard

Table 1 - CHIP and Medicaid Child Enrollment

PROGRAM	INCOME	# Enrolled as of 07-01-24	# Enrolled as of 08-01-24	Net Increase This Month	% of Total Child Enrollment
FAMIS (separate CHIP program) *Children 0-18 years*	> 143% to 200% FPL	96,482	94,543	-1,939	12%
CHIP-Medicaid Expansion *Children 6-18 years*	> 100% to 143% FPL	93,622	94,335	713	12%
Total CHIP (Title XXI) Children		**190,104**	**188,878**	**-1,226**	**24%**
FAMIS Plus* *Children 0-5 years* *Children 6-18 years*	≤ 143% FPL ≤ 100% FPL	568,442	566,701	-1,741	74%
Adoption Assistance & Foster Care *Children < 21 years*	FPL N/A	14,547	14,459	-88	2%
Other Medicaid Children** *Children < 21 years*	FPL N/A	26	24	-2	0%
Total MEDICAID (Title XIX) Children		**583,015**	**581,184**	**-1,831**	**76%**
TOTAL CHILDREN		**773,119**	**770,062**	**-3,057**	**100%**

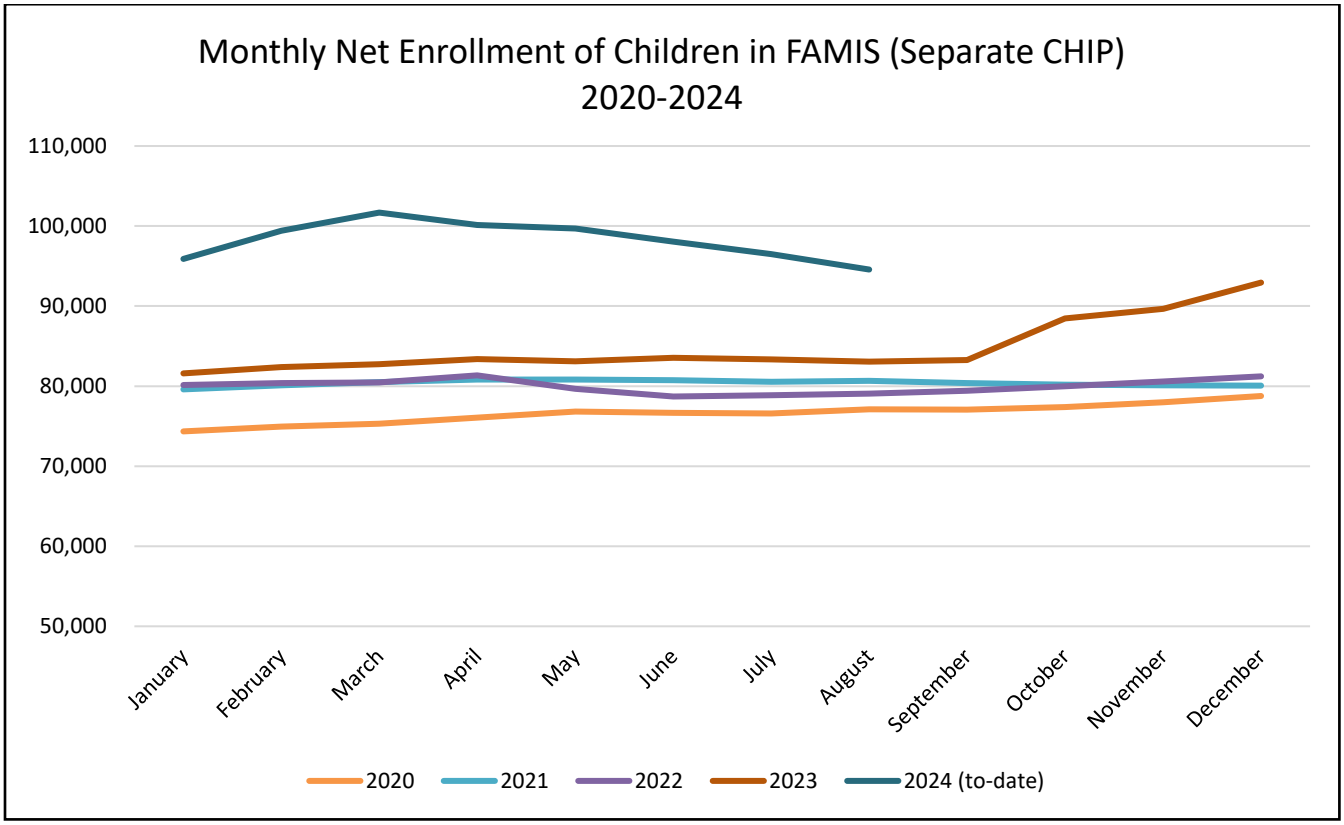
***** *Children under 19 enrolled in a Medicaid Families & Children Aid Category. This count does not include the CHIP Medicaid Expansion group.*
****** *This includes children under 21 enrolled in Medicaid under the care of the Juvenile Justice Department or in an intermediate care facility (ICF-MR).*

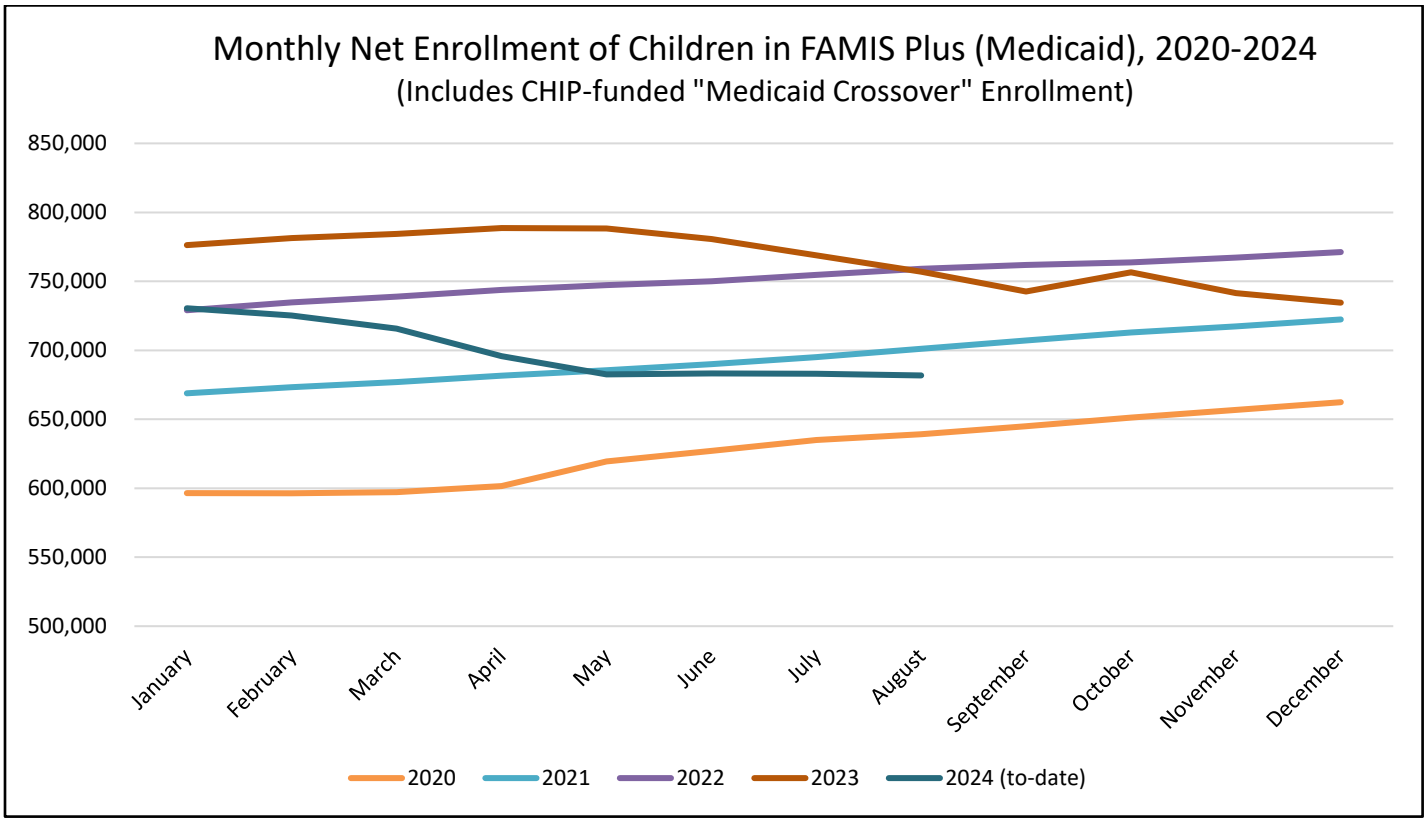
Table 2 - CHIP Premium Assistance Enrollment

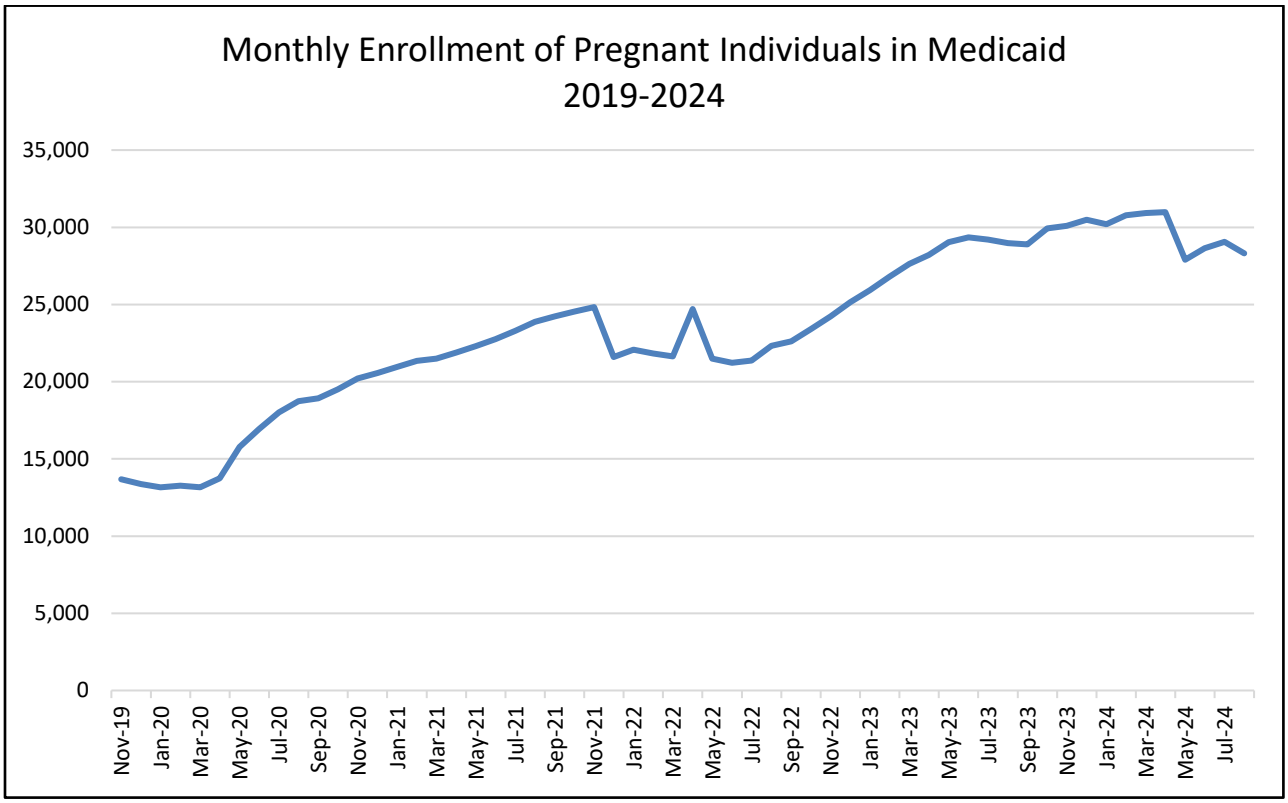
PROGRAM	INCOME	# Enrolled as of 07-01-24	# Enrolled as of 08-01-24	Net Increase This Month
FAMIS *Select* *FAMIS Children < 19 years*	> 143% to 200% FPL	30	25	-5

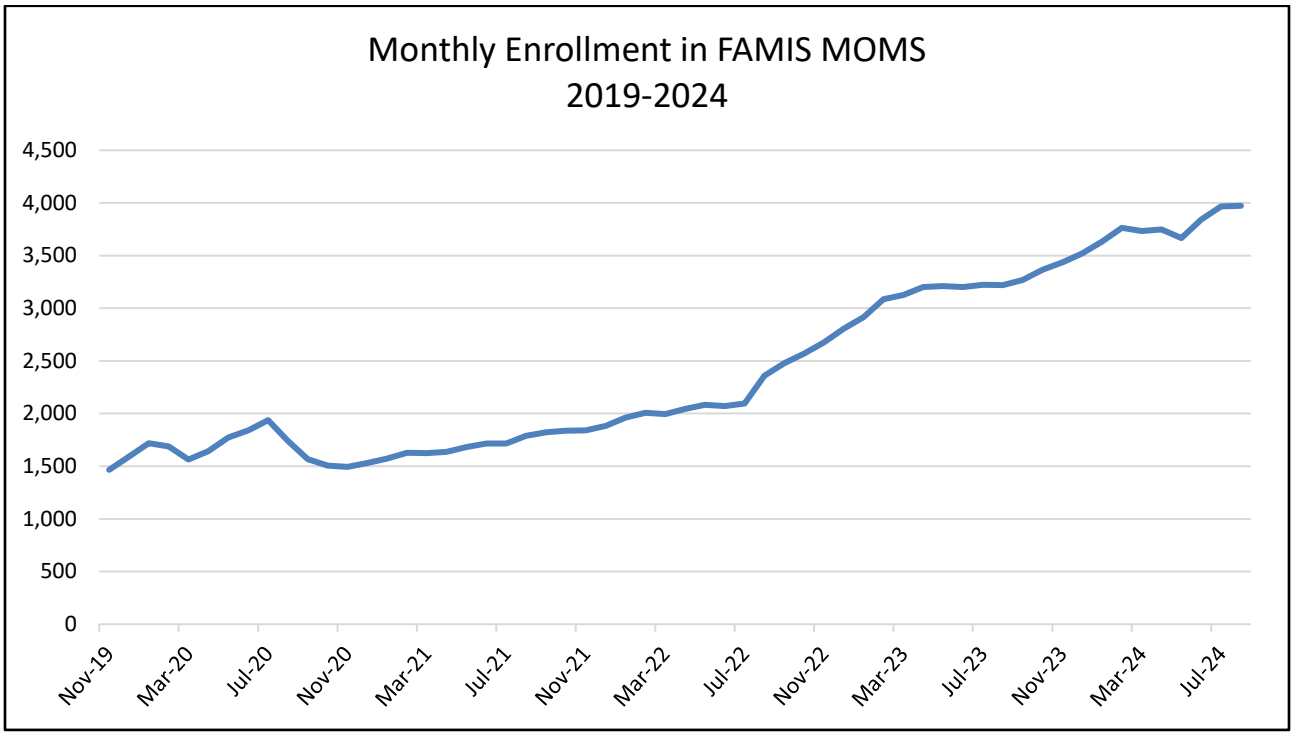
Table 3 - Pregnant & Postpartum Members Enrollment

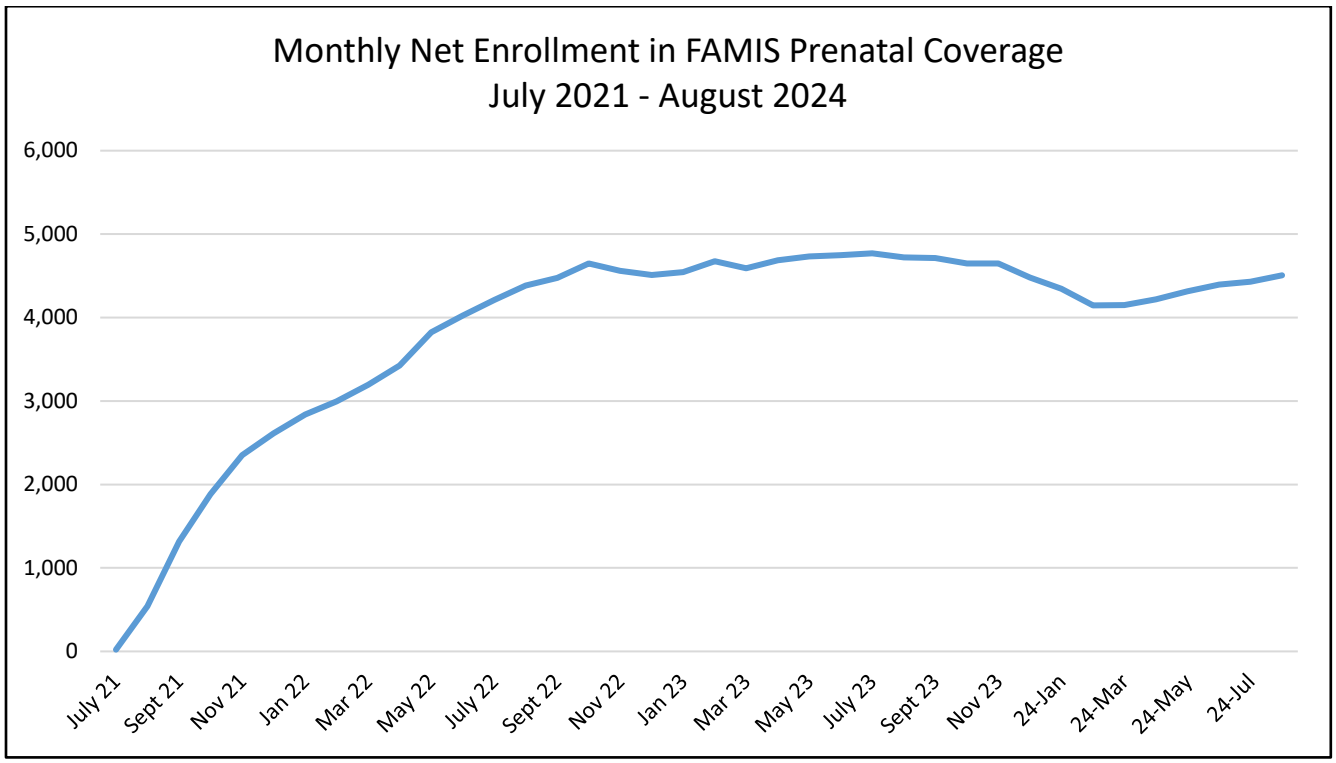
PROGRAM	INCOME	# Enrolled as of 07-01-24	# Enrolled as of 08-01-24	Net Increase This Month	% of Total Pg Enrollment
FAMIS MOMS Pregnant & Postpartum	> 143% to 200% FPL	3,966	3,973	7	11%
FAMIS Prenatal Coverage	≤ 200% FPL	4,431	4,508	77	12%
Medicaid Pregnant & Postpartum	≤ 143% FPL	29,055	28,311	-744	77%
TOTAL Pregnant & Postpartum Members		**37,452**	**36,792**	**-660**	**100%**


Monthly Net Enrollment of Children in FAMIS (Separate CHIP)
2020-2024
110,000
100,000
90,000
80,000
70,000
60,000
50,000
January
February
March
April
May
June
July
August
September
October
November
December
2020
2021
2022
2023
2024 (to-date)


Monthly Net Enrollment of Children in FAMIS Plus (Medicaid), 2020-2024
(Includes CHIP-funded "Medicaid Crossover" Enrollment)
850,000
800,000
750,000
700,000
650,000
600,000
550,000
500,000
January
February
March
April
May
June
July
August
September
October
November
December
2020
2021
2022
2023
2024 (to-date)


Monthly Enrollment of Pregnant Individuals in Medicaid
2019-2024
35,000
30,000
25,000
20,000
15,000
10,000
5,000
0
Nov-19
Jan-20
Mar-20
May-20
Jul-20
Sep-20
Nov-20
Jan-21
Mar-21
May-21
Jul-21
Sep-21
Nov-21
Jan-22
Mar-22
May-22
Jul-22
Sep-22
Nov-22
Jan-23
Mar-23
May-23
Jul-23
Sep-23
Nov-23
Jan-24
Mar-24
May-24
Jul-24


Monthly Enrollment in FAMIS MOMS
2019-2024
4,500
4,000
3,500
3,000
2,500
2,000
1,500
1,000
500
0
Nov-19
Mar-20
Jul-20
Nov-20
Mar-21
Jul-21
Nov-21
Mar-22
Jul-22
Nov-22
Mar-23
Jul-23
Nov-23
Mar-24
Jul-24


Monthly Net Enrollment in FAMIS Prenatal Coverage
July 2021 - August 2024
6,000
5,000
4,000
3,000
2,000
1,000
0
July 21
Sept 21
Nov 21
Jan 22
Mar 22
May 22
July 22
Sept 22
Nov 22
Jan 23
Mar 23
May 23
July 23
Sept 23
Nov 23
24-Jan
24-Mar
24-May
24-Jul